



Review Article

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CONCEPT OF MANAS IN AYURVEDA AND ITS ROLE IN PSYCHOPHYSIOLOGICAL REGULATION: AN INTEGRATIVE REVIEW

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ABSTRACT

Ayurveda describes health as a state of dynamic balance between Sharira(body), Indriya (Sensory and motor systems), Manas (Mind), and Atma (Conscious self), and places strong emphasis on the role of Manas in both the origin and recovery of disease. Classical texts identify Rajas (Hyperarousal) and Tamas (Hypoarousal) as manasika dosha (mental regulatory patterns) and explain Prajnaparadha (impaired insight), Asatmyendriyarthasamyoga (unhealthy sensory exposure), and Parinama (Time-dependent biological change) as fundamental factors responsible for disease development. Modern research in psychoneuroimmunology, stress physiology, gut-brain interactions, and neuroplasticity helps us understand, in measurable biological terms, how mental states influence neuroendocrine, immune, metabolic, and autonomic functions. This review explains key Ayurvedic concepts such as Manas (Mind), manoguna (Qualitative mental functioning), manasika bhava (mental-emotional states), Agni (Metabolic efficiency), Ojas (Systemic resilience), Bala (physiological resilience), Medhya Rasayana (Neurocognitive enhancers), Dinacharya (daily routine), and Sattvavajaya (Cognitive-behavioural and emotion-regulation therapy) through established physiological mechanisms, including hypothalamic-pituitary-adrenal axis activity, limbic-prefrontal regulation, autonomic balance, inflammatory signalling, and microbiome-brain communication. By understanding these concepts through modern physiology, the article highlights how psychological disturbances contribute to psychosomatic disorders and how mind-centred Ayurvedic interventions can restore psychophysical balance. Strengthening Manas through cognitive regulation, ethical conduct, structured daily routines, Medhya Rasayana, and contemplative practices emerges as a biologically sound and evidence-consistent approach for preventing and managing modern lifestyle- and stress-related disorders

Keywords: Manas, Medhya Rasayana, psychoneuroimmunology, stress physiology, gut-brain axis, Mental Health.

INTRODUCTION

Ayurveda defines Ayu as the integrated functioning of Sharira, Indriya, Manas and Atma.^{1,2} Within this framework, Manas is not treated as an abstract philosophical entity but as a practical determinant of health and disease. Classical descriptions repeatedly emphasize that the body follows the mind, and that disturbances of Manas can precipitate disorders even in previously stable somatic systems. This idea closely parallels the modern biopsychosocial model, which recognizes that cognition, emotion and behavior exert measurable effects on neuroendocrine, immune and metabolic pathways.

In recent decades, research in Psychoneuroimmunology³, Autonomic neuroscience, Gut-Brain⁴ physiology and Neuroendocrinology has transformed our understanding of how stress, emotional states and cognitive patterns influence physical disease. Chronic psychological stress⁵ is now firmly associated with increased systemic inflammation, altered cortisol rhythms, impaired glucose regulation, endothelial dysfunction, disturbed sleep and heightened cardiovascular risk. These findings provide a scientific language for what Ayurveda has long described through constructs such as Rajas⁶, Tamas⁶, Prajnaparadha⁷, Chinta, Krodha, Shoka, Agni and Ojas.

CONCEPT OF MANAS

Classically, Manas is described as Sukshma(minute), intimately linked to Hrudaya and constantly interacting with Indriya and their Artha (stimulus). It is responsible for cognition, attention, emotional colouring of experience, volition and internal dialogue. Although not mapped to a single anatomical structure, Manas can be understood as a functional composite that includes emotional processing, executive control, memory, and autonomic regulation.

In neurobiology, these functions are distributed across several interconnected networks: the limbic system (particularly amygdala and hippocampus) for emotional valence and memory; the prefrontal cortex for executive control, decision-making and behavioural inhibition; the anterior cingulate and insula for interoception and self-awareness; and hypothalamic and brainstem centres for autonomic and endocrine regulation. Manas may be interpreted as a conceptual umbrella that encompasses the integrated functioning of these circuits rather than a single anatomical structure.

The three manoguna Sattva, Rajas and Tamas describe qualitative aspects of mental functioning. Sattva represents clarity, stability, insight and adaptive behavior. It parallels a state in which prefrontal regulatory circuits are functioning optimally, autonomic balance is maintained, and emotional responses are

flexible and proportionate. Rajas is characterised by hyperactivity, agitation, impulse, competitiveness and unrest; it resembles states of sympathetic overactivation, heightened limbic reactivity and rapid, less-regulated thought. Tamas is characterised by inertia, heaviness, confusion, withdrawal and avoidance; it resembles states associated with low behavioural activation, impaired motivation, circadian dysregulation and reduced cortical arousal.

Rajas and Tamas are described as manasika dosha because their excess disrupts the normal functioning of Manas. This echoes modern understanding where persistent hyperarousal or hypoactivation of neural circuits leads to maladaptive emotional and behavioural patterns. Sattva, in contrast, is the quality that stabilises Manas, helps insight and supports resilient, healthy responses to internal and external stimuli.

Table 1: Manoguna and approximate modern psychophysiological correlates.

Manoguna	Ayurvedic Description	Approximate Modern Correlates
Sattva	Clarity, stability, insight, balanced emotion, appropriate action.	Optimal prefrontal regulation, good autonomic balance, flexible emotional responding, higher heart rate variability.
Rajas	Hyperactivity, restlessness, competitiveness, impulsivity.	Sympathetic overdrive, heightened limbic reactivity, rapid thought, increased stress hormone output.
Tamas	Inertia, dullness, confusion, withdrawal, avoidance.	Reduced cortical arousal, low motivation, circadian disruption, behavioural inhibition and rumination.

Classical causes of disease as psychobehavioural mechanisms

Ayurveda identifies three fundamental causes of disease: Prajnaparadha, Asatmyendriyārtha Samyoga and Parinama⁷. Although described in a different way, all three correspond closely to patterns of cognition, behaviour and environmental interaction now recognised as central in the development of chronic disease.

Prajnaparadha is often translated as an offence against wisdom. It represents a breakdown of Dhi, Dhriti and Smriti. In modern terms, this is analogous to executive dysfunction, cognitive distortions and impaired behavioural regulation. A person may know that a certain habit such as sleep deprivation, addictive scrolling, overeating or uncontrolled anger is harmful, yet repeatedly engage in it. This repeated override of internal wisdom both reflects and reinforces dysregulated neural circuits in the prefrontal and limbic regions, consolidating unhealthy patterns that gradually disturb dosha balance and physiology.⁸

Asatmyendriyārtha Samyoga refers to improper contact between Indriya and their objects, which can be excessive, deficient or perverted. In modern life, this is seen in constant digital stimulation, noise pollution, artificial lighting that suppresses melatonin, erratic eating patterns driven by cravings rather than hunger, and engagement with disturbing or violent content. Such patterns lead to chronic sympathetic activation, endocrine disruption, sleep disturbance and altered reward signaling, which over time manifest as anxiety, irritability, fatigue, attention problems and metabolic impairment.⁹

Parinama describes the impact of time and environment. Natural ageing, seasonal transitions, major life events and rapid environmental changes (including climate, urbanization and social upheaval) act as stressors that challenge homeostasis. Modern physiology describes similar challenges in terms of allostatic load the cumulative burden of chronic stress and adaptation on the body. When adaptive capacity is exceeded, dosha become unstable, Agni is impaired and Ojas is weakened, increasing susceptibility to both physical and mental illness.¹⁰

Manasika bhava, emotion and disease expression

Ayurveda gives detailed attention to manasika bhava such as Chinta, Krodha, Shoka, Bhaya, Irshya and Lobha, not as abstract moral categories but as forces that directly affect Sharira. Each bhava has a characteristic physiological signature and long-term health consequence.¹¹ Modern science confirms that repeated emotional states remodel neural circuits, alter hormonal profiles and modulate inflammatory signaling, ultimately influencing the incidence and course of many diseases.

Chinta, a state of persistent worry and mental restlessness, is associated with elevated baseline cortisol, reduced heart rate variability, sleep fragmentation and dyspeptic symptoms. Over time it may contribute to functional bowel disorders, hypertension and impaired glucose regulation. Krodha, intense and frequent anger, is associated with abrupt sympathetic surges, endothelial dysfunction, increased platelet activation and higher levels of inflammatory cytokines; this pattern is linked with gastritis, peptic ulcer, migraine and cardiovascular events. Shoka, sustained grief and loss, has been shown to reduce natural killer cell activity, increase susceptibility to infections and worsen outcomes in existing chronic illnesses.

Table 2: Manasika bhava, approximate physiological correlates and example disease tendencies.

Manasika bhava	Physiological Correlates	Example Disease Tendencies
Chinta	Chronic HPA activation, raised cortisol, reduced HRV, sleep disturbance.	Functional bowel disorders, tension headache, hypertension, impaired glucose tolerance.
Krodha	Sympathetic surges, endothelial stress, platelet activation, inflammatory cytokines.	Gastritis, peptic ulcer, migraine, cardiovascular risk.
Shoka	Reduced immune cell activity, altered sleep, increased inflammatory tone.	Infections, poor wound healing, worsening of chronic illness.
Bhaya	Autonomic instability, muscle tension, altered breathing patterns.	Palpitations, dyspnoea without structural disease, panic-like presentations.
Irshya	Persistently activated reward and comparison circuits, stress mediators.	Addictive behaviour, stress-aggravated metabolic disease.
Lobha	Dopamine-driven craving, overconsumption, disrupted satiety signalling.	Obesity, dyslipidaemia, non-alcoholic fatty liver disease.

Bhaya, persistent fear, keeps the body in a defensive state with heightened vigilance, muscle tension and altered pain perception; over time this contributes to anxiety states, autonomic instability, palpitations, hyperventilation and functional respiratory complaints. Irshya (jealousy) and Lobha (excessive craving) are associated with dysregulated reward pathways, compulsive behaviour and poor behavioural choices, predisposing individuals to addictive patterns and lifestyle disease.

Sharirika Dosha, Agni, Ojas

Sharirika dosha Vata, Pitta and Kapha are classically described as regulatory principles governing movement, transformation and stability. From a systems perspective, they can be understood as composite descriptors of neuroendocrine, metabolic and structural processes rather than single entities. Vata aligns with rapid signaling, variability and movement, including neural conduction, autonomic fluctuation and peristalsis. Pitta aligns with processes of biochemical transformation such as enzyme activity, metabolic rate and inflammatory reactions. Kapha aligns with anabolic processes, storage, lubrication and structural integrity, including extracellular matrix maintenance, anabolic hormones and tissue resilience.

Agni, the principle of digestion and metabolic transformation, spans not only gastrointestinal digestion but also cellular and mitochondrial metabolism.¹² When Agni is balanced, nutrients are efficiently digested and assimilated, energy production is stable and there is minimal generation of reactive metabolites. Mandagni impaired Agni corresponds to hypometabolism, impaired mitochondrial efficiency, dysbiosis, accumulation of partially processed metabolites and a tendency toward fatigue, heaviness and metabolic disease. Tikshnagni, excessive Agni, may resemble hypermetabolic states with increased catabolism, acid secretion and inflammatory drive.

Ojas is described as the essence of all dhatu, representing vitality, resilience and resistance to disease.¹³ In modern terms, Ojas can be viewed as the emergent property of robust immune function, healthy endocrine rhythms, efficient energy metabolism, structural integrity and psychological stability. Proper Ojas formation corresponds to good stress tolerance, low baseline inflammation, good sleep quality, sustained energy and emotional stability. Low Ojas corresponds to frequent infections, slow recovery, fatigue, poor concentration, low mood and susceptibility to psychosomatic illness.

Physiological pathways linking manas and sharira

The language of modern physiology allows us to describe in detail how disturbances in Manas are transmitted to Sharira. Four major pathways are especially important: neuroendocrine signaling, autonomic regulation, immune modulation and gut-brain¹⁴ communication. These pathways do not operate in isolation; they are deeply interconnected and form feedback loops that either maintain health or perpetuate disease depending on the quality of mental and behavioral inputs.

Neuroendocrine pathway: The hypothalamic-pituitary-adrenal axis is central in translating perceived stress into hormonal responses. When a situation is interpreted as threatening or overwhelming, higher brain centers activate hypothalamic neurons, which release corticotropin-releasing hormone. This stimulates pituitary release of adrenocorticotropic hormone, which in turn triggers cortisol secretion from the adrenal cortex. Acute activation of this axis is adaptive; it mobilizes glucose, increases alertness and temporarily modifies immune function.

However, chronic activation due to persistent Chinta, Krodha or Bhaya leads to sustained cortisol elevation or dysregulated rhythms, contributing to central adiposity, insulin resistance, muscle wasting, bone loss, immune suppression and impaired Agni.

Autonomic pathway: The balance between sympathetic and parasympathetic activity determines cardiovascular tone, respiratory pattern, gastrointestinal motility and many aspects of energy distribution. Persistent Rajas dominant states are associated with sympathetic predominance tachycardia, increased blood pressure, shallow breathing, reduced digestive secretions and tight musculature. Tamas dominant, withdrawn states may show blunted but unstable autonomic patterns with low variability. Sattva, in contrast, is associated with good heart rate variability, adaptive shifts between activation and relaxation, and a subjective sense of calm alertness.

Immune-inflammatory pathway: Emotional distress and chronic stress influence immune cells through neuroendocrine and autonomic channels. Sustained stress is associated with increased production of proinflammatory cytokines such as interleukin-6 and tumor necrosis factor- α , changes in leukocyte distribution and impaired antiviral defenses. From an Ayurvedic viewpoint, this resembles a pattern of aggravated Pitta with weakened Ojas. Such a state is linked with atherosclerosis, metabolic syndrome, autoimmune tendencies and accelerated tissue ageing.

Gut-brain pathway: The digestive tract hosts a complex microbiome and a dense neural network that continuously communicates with the central nervous system via neural, hormonal and immune signals. Psychological stress alters gut motility, permeability, microbial composition and secretory profiles. These changes feed back to the brain, influencing mood, cognition and pain perception. This bidirectional relationship mirrors classical descriptions of the link between Manas, Agni and Rasa dhatu; when Agni is impaired by emotional states, both local and systemic pathology may follow.

Ayurvedic interventions for manas

Ayurveda offers a structured range of interventions for re-establishing balance in Manas and its downstream effects on Sharira. These can be broadly grouped into cognitive-behavioral approaches (Sattvavajaya), ritual and contemplative methods (Daivavyapashraya), rational use of diet, lifestyle and Yuktivyapashraya, and long-term rejuvenative strategies (Rasayana, particularly Medhya Rasayana). Modern research provides increasing support for the biological plausibility and clinical effectiveness of these approaches.

Sattvavajaya Chikitsa includes guidance to avoid unwholesome thought patterns, cultivate beneficial cognitions, develop self-observation and restraint, and strengthen qualities such as compassion, contentment and discrimination.¹⁴ These methods parallel techniques used in cognitive behavioral therapy and mindfulness-based interventions. Neuroimaging studies of such practices show increased activation and even structural thickening of prefrontal regions, reduced amygdala reactivity, improved connectivity within regulatory networks and enhanced neuroplasticity. Physiologically, they are associated with lowered cortisol, improved heart rate variability, better sleep and reduced inflammatory markers.

Daivavyapashraya Chikitsa encompasses mantra, meditation, and engagement in spiritually meaningful rituals. Chanting and meditative repetition of sound patterns have been shown to induce

alpha and theta brainwave dominance, activate parasympathetic pathways and improve subjective well-being. Regular engagement in such practices can gradually shift the baseline of Manas from Rajas or Tamas dominant patterns toward Sattva, thereby reducing the frequency and intensity of stress responses.¹⁴

Yuktivyapashraya Chikitsa focuses on logical, targeted use of Ahara (diet), Vihara (lifestyle) and Aushadha (medicine) to correct specific dosha and support Agni and Ojas.¹⁴ A predominantly sattvic diet rich in fresh, unprocessed foods, adequate fibre and phytonutrients aligns with anti-inflammatory, Mediterranean-style dietary patterns shown to improve mood, reduce cardiovascular risk and support microbiome diversity. Regulation of meal timing supports circadian entrainment of digestive and metabolic systems. Vihara components such as adequate Nidra (sleep)¹⁵, structured Vyayama (physical activity) and mindful sensory consumption directly modify autonomic tone, endocrine rhythms and metabolic flexibility.

Panchakarma, when used appropriately, can be seen as an intensive intervention aimed at removing accumulated ama, resetting physiological patterns and providing a window for establishing new habits. Emerging studies suggest that such programs can reduce inflammatory markers, alter metabolomic profiles, improve subjective energy and mood, and enhance overall quality of life. These shifts reflect improvements in Agni and Ojas mediated by both behavioural and biochemical changes.

Medhya Rasayana and Neurocognitive Support

Medhya Rasayana refers to a group of interventions, especially dravya, that specifically support Dhi, Dhriti and Smriti.¹⁶ Classical examples include Brahmi (*Bacopa monnieri*),

Mandukaparni (*Centella asiatica*), Shankhpushpi (*Convolvulus pluricaulis*) and Yashtimadhu (*Glycyrrhiza glabra*). Modern studies suggest that Brahmi enhances memory acquisition and retention, likely through modulation of cholinergic function, antioxidant effects and increased brain-derived neurotrophic factor expression. Mandukaparni has been associated with anxiolytic and neuroprotective effects, partly mediated by antioxidant, anti-inflammatory and vascular mechanisms. Shankhpushpi is reported to improve learning and reduce stress-related markers in experimental models, and Yashtimadhu has demonstrated neuroprotective, adaptogenic and anti-ulcer properties.

From an integrative perspective, Medhya Rasayana may be understood as working on multiple levels: stabilising neuronal membrane function, supporting neurotransmitter balance, reducing oxidative and inflammatory stress, improving cerebral microcirculation and buffering the impact of psychological stress on both brain and peripheral organs.

Sadvritta Palan (Good Conduct) And Achara Rasayana (Behavioral Rejuvenation)

These practices emphasize ethical and pro-social behaviors. Their mode of action can be explained by positive psychology and social neuroscience. Engaging in acts of kindness, truthfulness, and compassion (Achara Rasayana)¹⁷ has been shown to trigger the release of neurochemicals like oxytocin, serotonin, and dopamine. This produces a “helper’s high” that lowers stress levels and strengthens social connection. By consistently practicing these virtues (Sadvritta), individuals strengthen the top-down control of the prefrontal cortex over the limbic system, leading to greater emotional stability.¹⁸

Table 3: Selected Ayurvedic interventions for Manas and approximate modern mechanistic correlates

Intervention	Ayurvedic Description	Approximate Modern Mechanisms
Sattvavajaya	Correction of unwholesome thoughts, cultivation of Sattva, strengthening Dhi–Dhriti–Smriti.	CBT- and mindfulness-like effects; enhanced prefrontal control; reduced amygdala activity; neuroplastic changes; lower cortisol; improved HRV.
Daivavyapashraya	Mantra, meditation and spiritually meaningful practices for mental stability.	Alpha and theta brainwave dominance; parasympathetic activation; reduced stress perception; improved emotional regulation.
Sattvic Ahara–Vihara	Pure, fresh diet; adequate Nidra; structured Vyayama; regulated sensory intake.	Anti-inflammatory diet; microbiome support; circadian alignment; improved autonomic balance and metabolic health.
Medhya Rasayana	Herbal measures to support Dhi, Dhriti and Smriti.	Neurotrophic, antioxidant and anti-inflammatory effects; modulation of neurotransmitters; improved cerebral circulation and cognitive performance.
Sadvritta Palsan (Good conduct)	Observance of ethical conduct, self-discipline, truthfulness, restraint, and socially appropriate behaviour for mental and moral stability	Strengthening of prefrontal cortical regulation over limbic activity, improved emotional regulation, reduced impulsive responses, and enhanced stress resilience through better top-down cognitive control
Achara Rasayana (Behavioral & ethical lifestyle)	Practice of virtuous and pro-social behaviors such as compassion, honesty, kindness, and empathy to promote mental well-being and longevity	Activation of positive psychological pathways with increased release of oxytocin, serotonin, and dopamine; reduction of stress responses; enhanced social bonding, emotional security, and autonomic balance

DISCUSSION

The preceding sections demonstrate that classical Ayurvedic descriptions of Manas, manoguna, manasika bhava, Prajnaparadha, Agni and Ojas can be understood through established concepts in modern neurobiology and systems physiology. Manas may be viewed as a functional construct incorporating emotional processing, executive control, autonomic regulation and interoceptive awareness. Rajas and Tamas dominant states resemble chronic hyperarousal and hypoactivation patterns, respectively, with clear consequences for endocrine, immune and metabolic function. Sattva aligns with flexible, resilient modulation of these systems.

The mind–body connection is not a vague metaphor but a set of definable and measurable relationships mediated by hormonal, neural, immune and microbial signals. Persistent Chinta, Krodha, Shoka, Bhaya and other disruptive bhava exert their effects largely through chronic activation or dysregulation of these pathways. Over time, this contributes to the development of noncommunicable diseases that dominate global morbidity and mortality today. Ayurveda anticipated this trajectory by giving primary importance to Manas in both the origin and management of disease.

Ayurvedic interventions aimed at Manas can be understood as methods for recalibrating these pathways. Sattvavajaya improves top-down regulation, reduces maladaptive cognition and strengthens adaptive response patterns. Daivavyapashraya and meditative practices down-regulate stress circuits and enhance parasympathetic tone. Yuktivyapashraya aligns diet, sleep, activity and sensory input with biological rhythms and needs. Medhya Rasayana provides biochemical support to neurons and glia, improves antioxidant defences and enhances neurotrophic signalling. Together, these measures reduce allostatic load, improve Agni, preserve or restore Ojas and thereby reduce the incidence and impact of psychosomatic and lifestyle-related disorders.

From a clinical perspective, this integrated understanding encourages practitioners to pay closer attention to psychological etiology and to address them systematically alongside physical etiology. It also suggests that outcome measures in future research on Ayurvedic interventions should include modern biomarkers of stress, inflammation, autonomic balance and neurocognitive function in addition to classical parameters. Such studies would further clarify the mechanisms by which manas-centered therapies influence sharira and could help position Ayurveda as a key contributor to integrative medicine.

CONCLUSION

Recognising the central role of Manas invites a shift in clinical emphasis from treating isolated symptoms or organ systems to working more deeply with patterns of thought, emotion, behavior and relationship. Such an approach has the potential not only to reduce the burden of psychosomatic disease but also to foster a more coherent, meaningful experience of health and healing for individuals and communities.

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