

SYSTEMIC REVIEW TO ASSESS ROLE OF SWASTHWARITA AND YOGA IN STRESS
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ABSTRACT

Background: Stress-related disorders are among the most significant burdens to global health, affecting emotional, behavioral and physiological functioning over varied experiences. Ayurveda understands *Swasthavritta* as the science of health maintenance through lifestyle discipline, which includes diet, daily routine, behavior and *Yoga*. Current literature is increasingly investigating *Yoga*, *Pranayama* and mindfulness as therapeutic interventions in the management of stress. This systematic review combines traditional Ayurveda principles and current clinical studies. **Methods:** A PRISMA-aligned search strategy was followed for this review. Major scientific databases PubMed/MEDLINE, Embase, Scopus and Web of Science, etc. were systematically searched using specified key-words. Studies showing effects of *Swasthavritta* and *Yoga* on mental health were included and data extracted to acquire reasonable outcome. **Result:** This review demonstrates that both the classical science of *Swasthavritta* and modern *Yoga*-based interventions independently and synergistically reduce stress-related symptoms. **Conclusion:** Ayurvedic *Swasthavritta* principles and *Yoga* practices help to reduce stress and improve quality of life in a number of ways. Evidence corroborates their incorporation into preventive health and clinical stress-management initiatives.

KEYWORDS: Swasthavritta, Yoga, Stress, Pranayama, Mental.

INTRODUCTION

These days, people's lives are changing a lot. Because of busy schedules and strange work hours, the health rate is going down and the number of diseases and stress levels is going up quickly. People are getting sick because they don't take care of their bodies, minds, spirits, and environments in the right way. Poor eating habits, smoking, drinking alcohol, not exercising enough, stress, and an unhealthy routine can all cause imbalances in the body that can lead to diseases. Health and diseases are interconnected, as both are influenced by our *Ahara*, *Vihara* and *Oushadha*. The majority of diseases are brought on by poor eating habits and incorrect food preparation.^[1-3]

Stress-related disorders, such as generalized anxiety disorder (GAD), adjustment disorders, occupational stress syndromes and somatoform stress presentations,

are increasing worldwide. Long-term stress can mess up the neuro-endocrine system, immune system, metabolism, and mental health. Ayurveda addresses stress reduction via *Swasthavritta*, the science of healthy living, focusing on *Dinacharya*, *Ritucharya*, *Sadvrutta*, *Achara Rasayana*, *Ahara Vidhi*, *Yoga* and *Pranayama*.

Swasthavritta branch focuses on preventative measures for living a healthy life. *Swasthavritta* focuses on maintaining one's health and preventing illnesses through naturopathy, *Yoga*, diet and hygiene. Living a healthy life is defined and acknowledged by Ayurveda. It is a way of life that encompasses not only the use of herbs for treatment but also a healthy diet, routine, behavior and rules that are helpful in leading a healthy life. Considering the critical factor of increasing incidences of stress related disorders and clinical significance of

Swasthavritta, present article explores the Role of *Swastharita* and *Yoga* in stress related disorders.^[2,3]

AIM AND OBJECTIVE

This investigation aimed to systematically identify different studies of *Swasthavritta* and/or *Yoga* for stress or mental-health outcomes.

METHODS

A PRISMA-aligned search strategy was followed for this review. Major scientific databases PubMed/MEDLINE, Embase, Scopus and Web of Science, etc. were systematically searched, to capture related literatures. Search terms incorporated key concepts such as *Swasthavritta*, *Pranayama*, *Yoga*, Stress, Mental illness. Searches were conducted on the various studies showing role of *Swastharita* and *Yoga* in stress related conditions.

Inclusion Criteria

- ✓ RCTs, controlled clinical trials, cross-over trials, cohort studies, systematic reviews/meta-analyses

- ✓ Interventions involving *Yoga*, meditation, *Ppranayama*, or *Swasthavritta*-based lifestyle practices

Exclusion

- ✓ Non-stress conditions
- ✓ *Yoga* for non-mental-health domains only
- ✓ Case reports, narrative reviews without data
- ✓ Studies lacking measurable stress outcomes

Data Extraction Process

Every possible study was double-checked by two researchers, who then extracted the data, which included the author's name, year of publication, the study model, duration and impact on stress, etc. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow chart, which is shown in **Figure 1**, was used to select the publications.

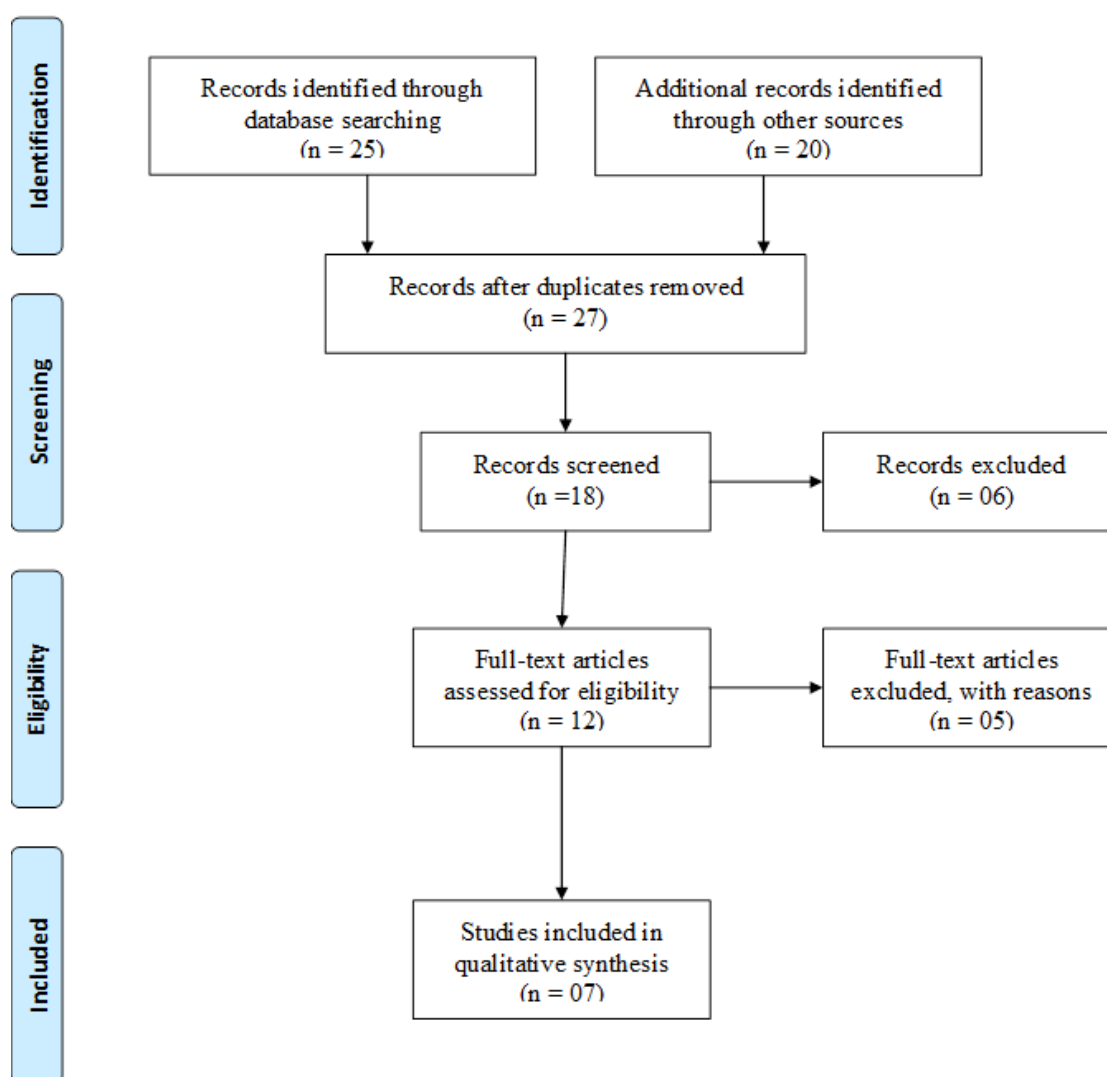


Figure 1: PRISMA Flow Diagram used for data collection and selection.

RESULTS

After identifying 25 records through database searches and another 20 records from other sources, there were 27 unique studies left for screening, of which 18 records were screened by title and abstract, resulting in the exclusion of 6 studies for being irrelevant, 12 full-text articles were evaluated for eligibility, and 5 were

excluded for specific reasons, such as inadequate outcome data or inappropriate study design, and 07 studies met all inclusion criteria and were included in the qualitative synthesis of the review. **Table 1** depicted the key features of studies selected for present systemic review analysis.

Table 1: Key-features of selected studies; showing effect on stress or mental illness.^[4-10]

S. No.	Reference	Design / N	Intervention	Duration	Outcome
1	Schleinker et al., 2024 — meta-analysis of yoga for stress.	Systematic review & meta-analysis — 12 RCTs	Yoga (various styles)	4–12 weeks (typical)	Perceived Stress Scale (PSS)
2	Rhoads et al., 2025 — meta-analysis: “Yoga as an intervention for stress”.	Meta-analysis — 36 studies	Yoga	6–16 weeks (range)	PSS / perceived stress
3	Trivedi et al. / Bhramari (humming) HRV study, 2023.	Experimental physiological study — 45 adults	Bhramari (humming pranayama)	Session-level measurements	↑ Parasympathetic HRV / improved vagal markers during/after humming.
4	Lee et al., 2022 — RCT in cancer caregivers (PLOS ONE).	RCT — 50 (pilot)	Yoga-based stress reduction program	~8–12 weeks	Improved some psychological and metabolomic markers; limited power — promising reduction in stress measures.
5	Streeter et al., 2010 — yoga vs walking; GABA & mood study.	Experimental RCT / physiological (small N)	Yoga (postures + breathing)	Single session / 12-week formats in related work	Yoga associated with increased brain GABA and improved mood, plausible mechanism.
6	Sharma VK et al., 2013 — fast vs slow pranayama on perceived stress.	RCT / controlled trial	Fast (kapalabhati) & slow pranayama	6 weeks (typical protocol)	Both fast and slow pranayama reduced PSS; improvements in cardiovascular parameters.
7	Fogawat et al., 2024 — workplace yoga (blue-collar workers) RCT (feasibility & outcomes).	RCT — ~128 workers	Yoga-based loosening exercises (YLE) at workplace	Several weeks (workplace program)	Significant reductions in burnout/fatigue/pain and improved quality of life vs waitlist — feasible workplace delivery

The research presented in the table demonstrates, all together, that *Swasthavritta* and *Yoga*-based interventions lessen stress consistently across different populations and study designs. Studies, indicating significantly more favorable reductions in perceived stress, generally measured using the Perceived Stress Scale (PSS). Experimental physiological studies provided mechanistic evidence that demonstrated increased parasympathetic activity, vagal tone, and GABA levels after programs specifically *Yoga*. The workplace-based evidence illustrated feasibility and efficacy for *Yoga*-based programs in the form of reduced burnout, fatigue, and improved overall quality of life for occupational group. Overall, the table provides reliable evidence, from biochemical, physiological, psychological, and workplace group factors, to establish a strong association with the value of *Yoga* and *Swasthavritta* practices for stress management.

DISCUSSION

Yoga and *Swasthavritta* practices cause major changes in the brain's neurophysiology, neurochemistry, and neuroelectricity. Different brain wave patterns correspond to different mental states: beta waves show alertness and focus, theta waves support attention, intuition, and memory, and alpha waves promote creativity, relaxation, and visualization. According to research, *Yoga* and *Swasthavritta* practices promotes deep mental calmness and relaxation by increasing theta, alpha, and delta wave activity while decreasing overall brain-wave frequency.

These practices produce subtle energy that promotes mental clarity and serenity. Meditation improves brain function, enhances concentration, perception, memory, and intelligence, and helps to reduce cravings for tobacco, alcohol, and drugs. Ayurvedic principles such as *Dinacharya*, *Ratricharya*, *Ritucharya*, *Achara Rasayana*,

Ahara, *Sadvrutta*, and the use of *Medhya Rasayanas* have a major positive impact on mental health. These exercises stimulate the mind, enhance focus, establish emotional equilibrium, and boost general steadiness and serenity. *Yoga* also improves pulmonary function, heart rate variability, stress levels, mood, and quality of life.

CONCLUSION

Yoga consistently improves heart rate variability, lowers perceived stress, and improves overall quality of life, according to evidence from both contemporary clinical trials and traditional Ayurvedic texts. *Swasthavritta* is a useful addition to *Yoga* because it provides a thorough lifestyle framework that reinforces these advantages. *Yoga* and *Swasthavritta* combined may offer better therapeutic and preventative results for stress-related conditions.

Limitation and Future Perspectives

To assess combined *Swasthavritta-Yoga* modules, randomized controlled trials with standardized procedures and long follow-up times are required. Study also required for establishing mechanistic correlation between *Swasthavritta-Yoga* induced biochemical changes and their impact to alleviate mental illness or stress.

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