

## Prototype of a Study on Mental Health and Well Being Aspects Using Indian Knowledge System Approach in Urban Wards of Lucknow District of UP, India

Dr. Tridibesh Tripathy<sup>1\*</sup>, Professor Shankar Das<sup>2</sup>, Professor Dharmendra Pratap Sing<sup>3</sup>, Prof. Rakesh Dwivedi<sup>4</sup>, Dr. Anjali Mishra<sup>5</sup>, Ms Anjali Tripathy<sup>6</sup>, Ms Sanskriti Tripathy<sup>7</sup>

<sup>1</sup>BHMS (Utkal University, Bhubaneswar), MD (BFUHS, Faridkot), MHA (TISS, Mumbai), Ph.D. in Health Systems Studies (TISS, Mumbai), Homoeopathic & Public Health Expert, Visiting Professor, Master of Public Health (Community Medicine) program, Department of Social Work, Lucknow University, Lucknow, UP, India

<sup>2</sup>Pro VC & Dean, School of Health Systems Studies, Tata Institute of Social Sciences, Mumbai & Former Director, IIHMR, Delhi

<sup>3</sup>Dean, Centre of Research Methodology, Tata Institute of Social Sciences, Mumbai

<sup>4</sup>HOD, Department of Social Work, Co-ordinator, Master of Public Health (Community Medicine) program, Department of Social Work, Lucknow University, Lucknow

<sup>5</sup>Faculty, Field Work, Department of Social Work, Lucknow University, Lucknow

<sup>6</sup>Deputy Director, FAIR MED India, Gurugram, Haryana & Former Employee of International Organizations Like United Nations Office for Project Services (UNOPS), Jaipur, Water Aid, Lucknow & Catholic Relief Services, Lucknow

<sup>7</sup>IIIrd year student, B.Tech in Biotechnology, Bennet University, Greater Noida, UP

DOI: <https://doi.org/10.36347/sasjm.2025.v1i05.022>

| Received: 02.02.2025 | Accepted: 09.03.2025 | Published: 16.05.2025

\*Corresponding author: Dr. Tridibesh Tripathy

BHMS (Utkal University, Bhubaneswar), MD (BFUHS, Faridkot), MHA (TISS, Mumbai), Ph.D. in Health Systems Studies (TISS, Mumbai), Homoeopathic & Public Health Expert, Visiting Professor, Master of Public Health (Community Medicine) program, Department of Social Work, Lucknow University, Lucknow, UP, India

### Abstract

### Review Article

This project deals with a subject for the targeted stakeholders who go through various mental issues in daily lives. While the modern medicine through psychiatric treatment deals with the problem with chemical medications for the brain, this project focuses on application of Indian Knowledge Systems (IKS) in mental health. The IKS approach is clinically effective, cost effective and has no side effects. The project document looks into the brief history of public health programs on mental health in India & the emergence of mental health as an issue. It moves on to the current situation on mental disorders in India & the role of IKS to deal with these disorders therapeutically & psychologically as a component of Ministry of AYUSH. The project is an effort towards the integration of medical pluralism in mental health through inclusion of IKS in the gamete of mental health. As each & every human beings is unique, all the efforts in the project deals with the mental component as it is only human beings who can express their physical & as well as mental symptoms. The experience of the stakeholders should be on the roll out of yoga and naturopathy programs that augurs well to roll out the project. The experience of the implementers on the program on yoga and naturopathy will be seen through the domain of IKS in the project. The project gains more relevance as during the current COVID 19 pandemic, mental health issues precipitated because of the induced stress levels among population since March 2020.

**Keywords-** IKS, AYUSH, Mental Health, COVID 19.

**Copyright © 2025 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution **4.0 International License (CC BY-NC 4.0)** which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

### Contribution to the IKS Mission [1-8]

The thematic area of the project is medical and health sciences of the IKS mission of the department of education of government of India. Primarily, the project is based on mental health and well being. In the IKS under the yogic sciences, there are 16 dimensions of the human mind. Of these, 4 categories are important. These are Buddhi, Manas, Ahankara and Chitta.

Buddhi depends on memory and it can only sharpen the mind with more memory. Memory is in every cell of the body and not only in the mind. Intellect is only in the brain. Intelligence and memory are in the human body.

Ahankara is a sense of identity and it is more than ego. Chitta is mind without memory. Mind without memory is pure intelligence. Pure intelligence connects

**Citation:** Tridibesh Tripathy, Shankar Das, Dharmendra Pratap Sing, Rakesh Dwivedi, Anjali Mishra, Anjali Tripathy, Sanskriti Tripathy. Prototype of a Study on Mental Health and Well Being Aspects Using Indian Knowledge System Approach in Urban Wards of Lucknow District of UP, India. SAS J Med, 2025 May 11(5): 503-508.

with consciousness. The consciousness is always on the active mode whether the human body is awake or asleep.

It is with this background knowledge that the project on mental health will add to 'Drsti' as it will bring the IKS perspectives on mental health there by inculcating the IKS components among the stakeholders of the project. Further, the application of these approaches of human mind and body will address 'Paramapara' since the process will maintain the continuity of the IKS knowledge traditions.

As the application of these approaches leads to improvement of mental health issues among stakeholders, the project participants will have the opportunity to use the practical utility to solve current menace of mental health issues in the world.

### Justification [9-17]

The project will involve stake holders like students, parents & their families in the selected wards. The major mental health issues that the project will deal are anxiety, depression, irritability, Obsessive Compulsion Disorder (OCD) and Attention Deficit Hyperactivity Disorder (ADHD). The section below details the evolution of mental health in the perspective of efforts at various levels including the AYUSH efforts that are closely aligned with the Indian Knowledge Systems.

The prevalence of ADHD in children & adolescents according to the DSM-V criterion is also higher than previous diagnostic criteria as per studies. One study's analysis includes 61 cross sectional research with 53 researches used to determine the prevalence of ADHD in children. In the study, 7.6% of 96,907 children aged 3 to 12 years had ADHD (95% CI:6.1-9.4%) & 5.6% of teenager aged 12 to 18 years had ADHD (95% CI:4.8-7%).

Health care as a tradition has prioritized the physical health & not the mental health. The first mental health legislation in India was the Indian Lunacy Act in 1912 in the British era. It took India 70 years to conceptualize the National Mental Health program in 1982. Regarding legislation, the nation took 75 years as the Mental Health Act passed in parliament on 22<sup>nd</sup> May 1987 superseded the act of 1912. Further, the Mental Health Care Act passed in parliament on 7<sup>th</sup> April 2017 which came into force from 7<sup>th</sup> July 2018 superseded the act of 1987. Besides other changes, the most significant change in this act was to de-criminalize suicides.

Progressing further, the country conceptualized the District Mental Health program in 1996. This program was re-strategized in 2003 to include two schemes i.e. modernization of state mental hospital & up-gradation of psychiatric wings of medical colleges & general hospitals. Currently, with the backing up of Supreme Court, the nation has a state mental health board

as well as a district mental health board as an active arm to augment the mental health programs & the mental health component of the National Health Mission.

Similarly, the Indian Systems of Medicine & Homoeopathy (ISMH) became a department in 1995 across all the states & the centre. Prior to that, the ISMH was operational through directorates at both state & centre level under the department of Health & Family Welfare. The ISMH was renamed as Ayurveda, Yoga, Unani, Siddha, Homoeopathy & Sowa Rigpa (AYUSH) department in 2003. Sowa Rigpa system of therapeutics was added in Central Council of Indian Medicine in 2012. The department was converted to a Ministry in November 2014.

It is in this context that the applier should have been actively involved running Yoga and Naturopathy interventions. Further, through different programs like social work, public health, population studies and criminology, the academic angle related to mental health issues needs to be a perennial phenomenon. This project will add the feather of mental health in the domain of Indian Knowledge Systems. The broad areas of psycho somatic related mental health myriads will involve the IKS which in turn will benefit the stakeholders.

### Objectives and Timelines

The first 4 objectives will be achieved in the first year and the other three in the second year of the project.

1. Assess the contribution of the project towards change in prevalence of mental health issues among the stakeholders.
2. Assess the coverage and type of mental health issues among the stakeholders.
3. Assess the acceptability of the project interventions among consumers.
4. Assess knowledge-levels of stakeholders on mental health issues and how the same could be reduced by regular lifestyle changes.
5. Assess the availability and regular and adequate receipt of IKS based lifestyle changes by stakeholders through the project interventions and to provide suggestions to bridge the IKS knowledge gaps in the project.
6. To understand the different sources of IKS based mental health modalities and understand the level of mental health load among the study population through a research tool used every quarter.
7. Understand the willingness of stakeholders at state level on mental health issues & interventions of the project based on IKS.

### Project Intellectual Merit [19]

The highly qualitative nature of mental health issues and especially those under the psychosomatic domain makes it more challenging in today's world. There are no diagnostic tools to diagnose mental health related issues.

Advances in neurobehavioral researches show psychological counseling are effective in anxiety and depression. Cognitive Behavioral Therapy (CBT) helps to overcome mental state through behavioral and thought modulation. Meditations guided Inner Engineering & Yoga help alleviate the symptoms.

Hence, it can be inferred that a combination approach of IKS and Psychotherapy help to deal with mental issues effectively in the current project. The society has to be receptive at large and people should talk about these issues.

### **Project Broader Impacts [20]**

The impacts will be at policy, systems & community level. This triad's impact is briefly touched upon in this section. Policy makers will look into the aspect of mental health as long as mental health issues are not reduced. Among the deaths, it is the suicides that have not reduced at the pace at which it should have reduced. Hence, if reduction of mental health cases is a priority, among them the factor of reduction of suicides is the first priority. The country and the states are supposed to improve upon the SDG targets and among the sub-goals of the goal number 3 of the SDG, 3.4 mentions reduction of premature mortality from Non Communicable Diseases and promote mental health & well being. In order to achieve the reduction of mental cases, focus on the facility and community levels approaches needs to be prioritized. Similarly, the forthcoming study will see whether the changes in mental health approaches are tuned with the feedback from the community members who are the stakeholders of the project.

Saving people from suicides and other mental health issues will eventually reduce the burden of mental health. The mental health approaches should percolate the benefit the public health system to masses. Improving the community-based referral system timely and effectively will lead to reduction of mental health cases. Such approaches will build confidence and trust among the community towards the public health system. Timely tracking will lead to early diagnosis, treatment, referral at the community level.

### **Outputs and Outcomes of the Two Year Proposed Proposal**

The approaches to achieve each of the objectives through outputs are given below.

#### **First objective -**

Elicit the factors that lead to regular mental health issues.

#### **Second objective-**

Know the age group having the high level of mental health issue.

Know the type of mental health issue among the stakeholder.

#### **Third objective-**

The acceptability of project interventions increases among stakeholders.

#### **Fourth objective-**

The current level of the status of knowledge on IKS based mental health issues among the stakeholders.

The way the stakeholders view the lifestyle interventions & IKS together to deal with mental health.

#### **Fifth objective-**

The continuity of the chain of interventions is maintained among all the stakeholders.

List the strategies under taken to address the gaps in the project interventions.

#### **Sixth objective -**

The project community values the project interventions as a tool to deal with mental health.

#### **Seventh objective -**

Decipher the motivating factors for the stake holders to counsel others & elicit the ways they do it.

The INPUT here is the willingness of the stakeholders to participate in the project interventions.

The OUTPUT here is the regular lifestyle changes based on IKS by the stakeholders at their household level.

The OUTCOME here is that the household that adopt IKS based lifestyle changes on a regular basis talks about its benefits & encourages other household to participate.

The IMPACT here is that regular users of project interventions have achieved lower level of mental health issues.

### **Procedures [1-20]**

The procedures involved in the project are

1. Finalizing the Research Design
2. Roll out the design
3. Sampling of respondents
4. Interview or discussion with the respondents
5. Trained staff collect data from respondents
6. Trained staff analyze the data in the IKS context
7. Apply psychotherapy and counseling to respondents based on IKS
8. Follow up of the cases

### **Training Module Development**

Currently, mental health training modules are available for community under the Ayushman Arogya Mandir program. The contents of these modules will be compared with the mental health aspects of IKS. The commonalities among these two modules will be the base for the training modules to be prepared. The module will be a two day training module where the first day will focus on the contents of the module. The second day will be the practicing day where the trainees will get first hand exposure.

If there are training modules available with the

IKS team on the issue of mental health, the project will use these modules and develop a comprehensive module based on the existing modules. The basics of the human mind will be the first topic to be dealt with. To cite an example based on IKS, the trainees will comprehend that there are three layers of the human mind. The most superficial layer is the 'memory' layer that decides the 'buddhi'. The second layer is 'buddhi'. The innermost layer is the 'manas'.

The module will focus on the concept of 'dosha dhatu samya' so that positive health is obtained which in turn will lead to better mental health. The concept of dosha dhatu samya will lead to prasanna atma, prasanna indriya and prasanna manah. Prasanna indriya will obtain prasanna gyanendriya or the healthy five senses. Further, the process will obtain prasanna kamendriya which are healthy mouth, healthy hands, healthy foot, healthy organs of excretion and reproduction.

In the module, it will be emphasized that the process of positive health or 'dosha dhatu samya' in the body through the 'prasanna atma' will eventually lead to 'chaturvidh purushartha'. These are 'dharma', 'artha', 'karma' and 'moksha'.

Through these concepts of IKS, the mental health issues are to be focused so that these issues come to a threshold level to enable project respondents to lead a qualitative life. This qualitative life will help them to embrace 'Nara', 'Satva' and 'Vrikhya' that are the three forms of life.

### Ethical Considerations

At the state of UP, prior to survey, the permission for the ethical measures from the state level ethical committee will be sought. The intervention will adhere to the standard ethical protocol as set by the state level committee on mental health. The following measures will be adhered in the project during the intervention.

### Informed Consent & Assent Procedures

Consent or assent will be taken before conducting the interview of selected respondents. These respondents will be from families that are stakeholders. Families that have members affected by mental health will be prioritized. It will consist of both men & women thus incorporating the gender angle. Through the respondents who are mothers, the intervention will elicit the status of the children as well especially with ADHD. Similarly, for adults OCD will be focused.

The participant information sheet and consent/assent form will describe the purpose of the project. The design of the project will be 'survey' and under this design, the method of data collection will be interview. The research tool will be an 'interview guide'. In the research tool, qualitative data will be collected.

The qualitative data will be around the concept of IKS in mental health. The contents of the collected data will be on the following areas.

Detailed symptoms of the patient currently  
Unusual symptoms in the past  
Pharmacological treatment  
AYUSH and Sowa Rigpa treatment  
Current condition of dosha and dhatu  
Current condition of gyanendriya  
Current condition of kamendriya  
Current condition of the three layers of mind  
Psychological and Psychotherapy treatments

During the project implementation, there will be some other inevitable issues. These are mentioned in this section. The potential risks and benefits of participation in the project will be communicated to the respondents. The project will also incorporate the right of the respondent to refuse participation or answer any question. The project will also put in measures to ensure confidentiality for each respondent. All these components will be included in the details for the research tool. The research tool will include consent/assent for the collection of survey interview data.

The consent/assent forms will be translated into state language of UP in the context of IKS. A copy of the consent or assent form will be given to the mother in case of minor. Similarly, a caregiver will read or will be read out by the interviewer if the participant is illiterate. Only after all questions were answered, the mother/caregiver/respondent will sign the consent/assent form. For illiterate participants, a thumb impression (right hand) will be taken in the presence of a witness who will be a member of the house hold.

### Risks and Benefits

There are no foreseen significant risks from participating in the survey or from the collection of data. Research team training will focus on providing assurance to participants about their confidentiality and alleviating possible discomfort when answering potentially sensitive questions like past illness, socio-economic status, house hold behaviors. Interviewers will be trained to elicit information in a non-judgemental way. Efforts will be also made to minimize discomfort during the data collection. In case of any important concern on discomfort on the part of respondents, the issue will be dealt separately.

All survey data will be transmitted in formats that will not identify the study participant or household. No names, addresses or GIS information will be recorded or stored in the survey database. The survey database will be based on the mental health aspects in the context of IKS.

### Compensation/Incentives

No compensation will be provided for participating in the survey. Results if significant for each participant will be sent to them individually to their home address.

### Project Team Expertise

The Project Implementer (PI) of the project will be an academican. He has to have the experience of academic and administrative fields. He also should have managed the activities on yoga and naturopathy also. He/she should read the IKS documents in Sanskrit. Preferably, Master of Public Health or Community Medicine orientation is preferred. Mental health issue should be an inherent content of the experience. Hence, the application of IKS should be in place through the roll out of yoga and naturopathy unit along with teaching about AYUSH as a pre requisite.

The project intervention also integrates field work by the project implementors. The experience of working as a field work supervisor will be handy in roll out of the project for the Co-PI.

The co-operator of the project should have experience in the Master of Public Health or Community Medicine field. His role in the project is vital as he should be a practitioner of AYUSH with experience. As a MD in AYUSH, his/her dealing with cases of mental health will be helpful. Besides, the experience of working in public health programs for substantial periods will be useful in managing the staff and activities of the project. The AYUSH background will also be useful to apply IKS in mental health in the current project.

### Specific Roles of Co-PI and Cooperators

The specific roles of Co-PI are-

1. Responsible for data collection & reporting of

the data

2. Co-PI will assess the methods of IKS and its application as per the prescribed guidelines in mental health.
3. Manage the M& E component to focus on the change in performances that are ongoing on a regular basis, periodical basis & at the end of the intervention period. Collect, summarize & clean data.
4. Work with the statistician to use the descriptive & inferential statistics on the analyzed data. Link the results to IKS and make the process statistically valid & reliable.
5. Oversee all the activities & lead the team as well.
6. Finalize all the documents related to the project
7. Do all the administrative activities related to the project

The specific roles of Cooperators are-

1. Write the project proposal in consultation with PI and Co-PI.
2. Develop the research tools related to the project.
3. Pilot test the research tool and finalize the tools.
4. Assist the PI and Co-PI in hiring and recruiting of staff
5. Adhere to the activity time line of the project.
6. Provide feedback on the project roll out to the PI and Co-PI.
7. Prepare and finalize the quarterly progress reports related to the project interventions.
8. Train staff and build their capacity periodically for effective implementation of the project.
9. Attend seminars or conferences in India that are related to the project interventions.
10. Coordinate with all the stakeholders of the project.

### Timelines

Activity	Qtr 1 (4 months)	Qtr 2 (4 months)	Qtr 3 (4 months)	Qtr 4 (4 months)	Qtr 5 (4 months)	Qtr 6 (4 months)
1. Hiring of team	•					
2. Development of tools	•	•				
3. Training of Research team	•	•	•	•	•	•
4. Data collection		•	•			
5. Counselling & Psychotherapy				•	•	•
6. Follow up of cases				•	•	•
7. IKS-MH sessions		•	•	•	•	•
8. Analysis of cases- IKS				•	•	•
9. Report prepared		•	•	•	•	•
10. Final report prepared for IKS team						•

### Acknowledgement

Prof. Shankar Das, a co-author of the current article was the Ph.D. guide of the lead author at Tata

Institute of Social Sciences, Mumbai from 2011-2018. Professor D.P. Singh, another co-author of the article was the teacher of the lead author at Tata Institute of



Social Sciences, Mumbai during 1995-1997. The lead author also certifies that he has expressed his personal opinion based upon his public health and clinical experiences. The solution approaches mentioned through the IKS are only suggestive in nature. The lead author thanks all the other co-authors for their inputs in the sections of the article.

**Conflict of Interest:** There is no conflict of interest in the article

**Funding:** Nil

## REFERENCES

### PRIMARY

1. Charak Samhita, Pratham khand, 1920, Archive, org, <https://archive.org>.

### Secondary

1. Bharti, S., & Phukan, D. (2024). Application of Music Therapy by Professional Social Workers working with children with intellectual disability & their caregivers, *Swar Sindhu*, 12(3), 301-309.
2. Concept of Pancha Koshas & Concept of Panch Mahabhutas, <https://www.egyankosh.ac.in/bitstream/123456789/59786/1/Unit-5.pdf>
3. Dikshit, R., Swadeshi, C., & Wardha, S. P. 2012.
4. Meghana, N., Sunil, A., & Patil, S. (2022). 'Swastya'- Principles of CharakaSamhita as explained in Dinacharyaand Rutucharya, *Journal of Ayurveda & Integrated Medical Sciences*, 7(9), 122-126.
5. Nagendra, H. R., Hankey, A., & Metri, K. (2013). Yoga & Ayurveda: complementary systems of healing for use in integrative medicine, *Light of Ayurveda Journal*, 12(1), 37-44.
6. Ravishankar, S. (2007). Indian Systems of medicine, a brief profile, *African Journal of Traditional*,

- Complementary & Alternative Medicines*, 4(3), 319-337.
7. Sutherland, W. D., & Charaka, S. (1919). The Indian Medical Gazette, 41-50.
8. Thakkar, j., Chaudhuri, S., & sarkar, P. K. (2011). Ritucharya: *answer to the lifestyle disorders*, 32(4), 466-471.
9. Salari. (2023). The global prevalence of ADHD in children & adolescents: a systematic review & meta analysis, *Italian Journal of Pediatrics*, 49, 48.
10. Wig, N. N., & Murthy, S. R. (2015). The birth of National Mental Health Program for India, *Indian Journal of Psychiatry*, 2015 July-September, 57(3), 315-319.
11. GoI, Ministry of AYUSH update, CCRH, 2014, 2017, 2019, 2020, 2021, 2022. <https://www.ccrh.india.nic.in>
12. GoI, National Mental Health Program update, 2019.<https://www.nhp.gov.in/national-mental-health-programme-pg>
13. GoI, MOHFW, NRHM document, April 2005, [www.nrhm.com](http://www.nrhm.com).
14. About Sowa Rigpa, NCISM, <https://ncismindia.org/sowarigpa>
15. Sadhguru, Inner Engineering: A yogi's guide to joy, Isha Foundation, 2016, pages-271.
16. Upadhyaya R S, break the taboo of mental disorders, go beyond the hush-hush affair, TOI, Lucknow edition, April 2<sup>nd</sup>, 2023.
17. Davidson, Principles & Practice of Medicine, ELBS 16<sup>th</sup> Edition, Longman Group (FE) Limited, ISBN-0-443-04482-1.
18. Research Methodology, 2<sup>nd</sup> Edition, Kothari C.R., 2004, New Age International Publications.

### Other

19. Sadhguru, J V, inner engineering, [www.ishafoundation.org](http://www.ishafoundation.org)
20. SDG, UN, 2015, [www.un.org](http://www.un.org)