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SADVRITTA, INDRIYA NIGRAHA AND PRAJNAPARADHA: AN AYURVEDIC MODEL OF BEHAVIOURAL REGULATION FOR HEALTH PROMOTION"

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bstract

Background: Ayurveda emphasizes preservation of health through appropriate regulation of physical, mental, sensory and social behaviour. Sadvritta describes desirable conduct, Indriya Nigraha denotes appropriate regulation of sensory engagement, and Prajnaparadha refers to inappropriate action associated with impairment of Dhi, Dhriti and Smriti. Their interrelationship provides a potentially useful framework for understanding behavioural determinants of health.

eywords

yurveda; Sadvritta; Indriya Nigraha; Prajnaparadha; behavioural regulation; health promotion.

Introduction

Ayurveda emphasizes the preservation of health through appropriate lifestyle and conduct. Health is understood not only through physiological equilibrium but also through the proper functioning of the mind and sensory faculties.

Sadvritta is an important component of preventive Ayurveda and describes appropriate physical, mental, verbal, sensory and social conduct. Charaka specifically discusses Sadvritta in relation to positive health and control of the senses.

Indriya Nigraha can be understood as appropriate regulation of sensory engagement. Ayurveda describes inappropriate interaction between sensory faculties and their objects as an important factor in disease causation.

Prajnaparadha is described in relation to impairment of Dhi, Dhriti and Smriti and includes inappropriate actions of body, speech and mind. Importantly, classical literature also associates failure to follow appropriate conduct with Prajnaparadha.

Thus, these concepts can be viewed as interconnected:

Indriya regulation → cognitive discrimination → behavioural restraint → Sadvritta whereas failure of appropriate regulation may contribute to:

Indriya dysregulation → Prajnaparadha → inappropriate behaviour → health risk.

The present article therefore proposes an integrated Ayurvedic model of behavioural regulation.

3. Aim

To develop a conceptual Ayurvedic model integrating Sadvritta, Indriya Nigraha and Prajnaparadha for behavioural regulation and health promotion.

4. Objectives

1. *To examine the relationship between Sadvritta and health-promoting behaviour.*
2. *To analyse the role of Indriya Nigraha in sensory regulation.*
3. *To examine Prajnaparadha as a concept related to inappropriate behaviour.*
4. *To develop an integrated behavioural-regulation model based on these concepts.*

5. Materials and Methods

A conceptual integrative review was undertaken.

Classical Ayurvedic sources, primarily Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya, were reviewed for descriptions of Sadvritta, Indriya, Indriya Nigraha, Prajnaparadha, Dhi, Dhriti and Smriti.

Contemporary literature was searched using combinations of:

** Sadvritta*
** Indriya Nigraha*
** Prajnaparadha*
** behavioural regulation*
** health promotion*
** Ayurveda*

Relevant literature was thematically analysed to identify relationships between sensory regulation, judgement, behavioural restraint and health-promoting conduct.

6. Review

6.1 Sadvritta

Sadvritta represents appropriate conduct directed towards preservation of health. Its scope extends beyond morality and includes:

** appropriate physical behaviour,*
** mental discipline,*
** appropriate speech,*
** sensory regulation,*
** interpersonal conduct,*
** social responsibility.*

Therefore, Sadvritta may be considered a positive behavioural framework for health promotion.

6.2 Indriya Nigraha

Indriya Nigraha represents appropriate regulation of sensory activity.

The objective is not complete suppression of sensory experience but avoiding excessive, deficient or inappropriate sensory engagement.

Thus:

Sensory stimulus → appropriate regulation → appropriate response

is preferable to:

Sensory stimulus → uncontrolled engagement → inappropriate response.

This provides the sensory-regulation component of the proposed model.

Prajnaparadha

Prajnaparadha is associated with inappropriate action resulting from impairment of Dhi, Dhriti and Smriti.

For the present model:

** Dhi → discrimination/judgement*
** Dhriti → restraint and behavioural steadiness*

** Smriti → retention and recall of appropriate knowledge*

When these functions do not effectively guide behaviour, inappropriate physical, verbal or mental actions may occur.

Thus, Prajnaparadha can be considered the risk pathway within the proposed model.

Proposed Ayurvedic Behavioural-Regulation Model

Positive pathway

Sensory stimulus

↓

Indriya Nigraha

↓

Dhi – appropriate discrimination

↓

Dhriti – behavioural restraint

↓

Smriti – recall of appropriate knowledge

↓

Sadvritta

↓

Health-promoting behaviour

↓

Health promotion

Risk pathway

Inappropriate sensory engagement

↓

Failure of regulation

↓

Impaired Dhi–Dhriti–Smriti

↓

Prajnaparadha

↓

Inappropriate physical/verbal/mental behaviour

↓

Health risk

Central proposition

The proposed model suggests that Sadvritta represents the positive behavioural expression of appropriate regulation, while Prajnaparadha represents a pathway towards inappropriate behaviour.

Indriya Nigraha provides an important regulatory link between sensory

exposure and subsequent behavioural response.

Discussion

The major significance of this model is that it connects three Ayurvedic concepts that are often discussed separately.

Sadvritta provides guidance regarding what constitutes appropriate conduct.

Indriya Nigraha addresses regulation of sensory engagement.

Dhi, Dhriti and Smriti provide conceptual components related to recognition, restraint and retention of appropriate knowledge.

Prajnaparadha represents the consequence of inappropriate judgement or action.

Therefore, the model can be summarized as:

Appropriate sensory engagement → discrimination → restraint → appropriate conduct → health promotion.

The opposite pathway may be represented as:

Inappropriate sensory engagement → impaired regulation → Prajnaparadha → maladaptive behaviour → health risk.

This framework may be relevant to contemporary health behaviours such as irregular sleep, unhealthy dietary practices, sedentary behaviour and excessive digital engagement. However, these applications are research hypotheses, not established clinical effects.

Modern behavioural concepts such as self-regulation may provide useful points of comparison, but Dhi, Dhriti, Smriti and Indriya Nigraha should not be described as exact equivalents of modern psychological constructs.

Limitations

The proposed model is conceptual and has not yet been clinically validated. Ayurvedic concepts have broader meanings than their English translations, and contemporary behavioural terminology cannot fully represent their classical context.

Further qualitative, observational and interventional studies are required to test the model.

Conclusion

Sadvritta, Indriya Nigraha and Prajnaparadha can be integrated into a coherent Ayurvedic model of behavioural regulation.

Indriya Nigraha represents appropriate sensory regulation, Dhi–Dhriti–Smriti provide conceptual components of behavioural decision and regulation, Sadvritta represents desirable conduct, and Prajnaparadha represents inappropriate behavioural action.

The proposed model provides a concise theoretical framework for investigating how Ayurvedic behavioural principles may contribute to health promotion and preventive care. Its effectiveness and applicability should be established through future empirical research.

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