

Concept Of Social Health From The Perspective Of Ayurveda – A Critical Review.



Dr Soumyadip Saha*¹ Dr Sukalyan Ray²

¹Post Graduate Scholar, Dept. of Swasthavritta & Yoga, Faculty of Ayurveda, IMS, Banaras Hindu University, Varanasi, Uttar Pradesh, India. soumyadip07@bhu.ac.in 0009-0005-9256-2725

²Professor & Head of Department, Department of Roga Nidana & Vikriti Vijnana, Naiminath Ayurvedic Medical College, Hospital and Research Centre, Uttar Pradesh, India. vaidya.sukalyan.ray@gmail.com 0000-0002-4580-3355

***Corresponding author:** Dr Soumyadip Saha

Post Graduate Scholar, Dept. of Swasthavritta & Yoga, Faculty of Ayurveda, IMS, Banaras Hindu University, Varanasi, Uttar Pradesh, 221005.

Email: soumyadip07@bhu.ac.in

Abstract: Ayurveda strongly embraces the classical wisdom of social well-being, which is an important yet neglected aspect of holistic well-being. This ancient Indian science of life not only transcends the scope of physical and mental well-being but also encompasses life, ethical behaviour, and social coexistence. Ayurveda emphasizes a healthy condition that fosters balance not only in the body but also in the mind and with society. Concepts such as Sadvritta (noble conduct) or Achara Rasayana (rejuvenation through ethical behaviour) are timeless principles that keep society within the bounds of discipline, encourage compassion, and foster a sense of mutual respect. These principles were based on several values, including Ahimsa (non-violence), Satya (truthfulness), Asteya (non-stealing), and Dharma (righteous duty), which emphasize the importance of right speech, right action, and levelheadedness in our daily lives. Additionally, the Yogic practices of Yama and Niyama support social and individual morality, which eliminates the divide between personal well-being and the wellness of the community at large. The teachings of the classical world provide model solutions in a time when people are becoming increasingly isolated, mentally stressed, and tend to rib-scoring and segregation. Ayurveda holds promise in addressing current issues of societal maladaptation and displacement by reintroducing these concepts into contemporary lifestyles. This review paper aims to highlight the contributions of Ayurvedic wisdom to social health, peace, and the maintenance of a value-based social order.

Keywords: Social Health, Ayurveda, Sadvritta, Achara Rasayana, Yama, Niyama, Behavioural Health, Public Health, Swasthavritta.

Introduction: Social psychology is the scientific study of how individuals' thoughts, emotions, and behaviours are shaped by the actual, imagined, or implied presence of others. [1] It focuses on social influence, social perception, and social interaction. In modern definitions, socialization is described as the process through which individuals learn the values, attitudes, and behaviours required to function effectively in society. [2] This interaction between individual needs and social expectations creates balance, ensuring personal growth as well as collective stability. Health is defined as – 'The state of complete physical, mental & social well-being & not merely the absence of disease or infirmity.' [3] According to the World Health Organization (WHO), social health is the ability to form satisfying interpersonal relationships and adapt comfortably to different social situations. Social determinants of health – broadly defined as the conditions in which people are born, grow, live, work, and age, and

people's access to power, money, and resources – have a powerful influence on health inequities.[4] In Ayurveda, Health (*Swasthya*) is described as the balanced state of *Doshas*, *Agni*, *Dhatu*s, and *Malas*, along with a pleasant state of the mind, senses, and soul.[5] This definition also includes harmony in one's relationships and social behaviour. In this fast-paced modern world, despite medical progress, many people suffer from social isolation, stress, and loss of meaningful connections. Lifestyle disorders, rising mental health problems, and the weakening of ethical values have created a major threat to social stability. Issues like aggression, depression, loneliness, and lack of empathy are increasing in all age groups. These challenges highlight the need to focus not only on physical health but also on social well-being. Ayurveda, being a holistic science, offers valuable guidance in this area. Its preventive and promotive approaches aim to support healthy living at all levels: body, mind, and society. Among the most important

tools in Ayurveda for improving social health are *Sadvritta* (code of good conduct), *Acharya Rasayana* (behavioral rejuvenation), and the Yogic disciplines of *Yama* and *Niyama* (ethical and personal observances). These principles guide individuals in leading a disciplined, moral, and compassionate life, ultimately promoting peace, cooperation, and harmony in society.

Materials & methods:

Sources of Data: A thorough literature search was conducted using classical Ayurvedic texts, including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* with their commentaries. In addition, recent publications indexed in PubMed, Scopus, and ResearchGate related to “social health,” “Ayurveda,” and “psychosocial well-being” were reviewed. WHO and the Ministry of AYUSH reports concerning social determinants and holistic health were also incorporated.

Search Strategy: The keywords used were Social Health, Ayurveda, *Sadvritta*, *Acharya Rasayana*, *Yama*, *Niyama*, Behavioural Health, Public Health, and *Swasthavritta*. Articles were screened for relevance to social and behavioural aspects of Ayurveda. Studies published between 2000 and 2024 were considered.

Inclusion and Exclusion Criteria: Included materials discussed Ayurveda’s behavioural, social, or ethical health dimensions, or examined health determinants within psychosocial frameworks. Excluded were texts dealing solely with pharmacological, surgical, or unrelated clinical interventions.

Discussions:

Social Health as a Public Health Concern: In the 21st century, lifestyle changes, urbanization, and digital dependence has contributed to loneliness, stress, and the breakdown of traditional family and community structures. Increasing cases of depression, anxiety, aggression, and substance abuse highlight how social disconnection directly affects health outcomes. Kasley Killam cites that robust social connections promote well-being, health & longevity, comparable to or even exceeding the benefits of avoiding tobacco or excessive drinking. [6] Similarly, a U.S. surgeon general, Dr Vivek Murthy, notes that ‘Loneliness is like hunger-a signal we’re lacking something for survival’ & is a serious public health concern akin to obesity or smoking. [7]

The WHO has warned that loneliness is a growing global health emergency. Despite digital connectedness, loneliness contributes to over 871,000 deaths per year & significantly raises the risks of heart disease & depression. [8] Core determinants of health, such as Education, wealth, and discrimination, often outweigh genetic or medical care factors in shaping health outcomes. These are known as the social determinants of health, and they’re rooted outside clinical settings. [9] A clear social gradient exists that people in lower socioeconomic positions consistently experience worse health outcomes and shorter lives. This inequity plays out between countries and within communities. The resources and support embedded in social networks provide a buffer against health risks. Communities rich in social trust and connections see better health outcomes, even in the face of material disadvantage. [10]

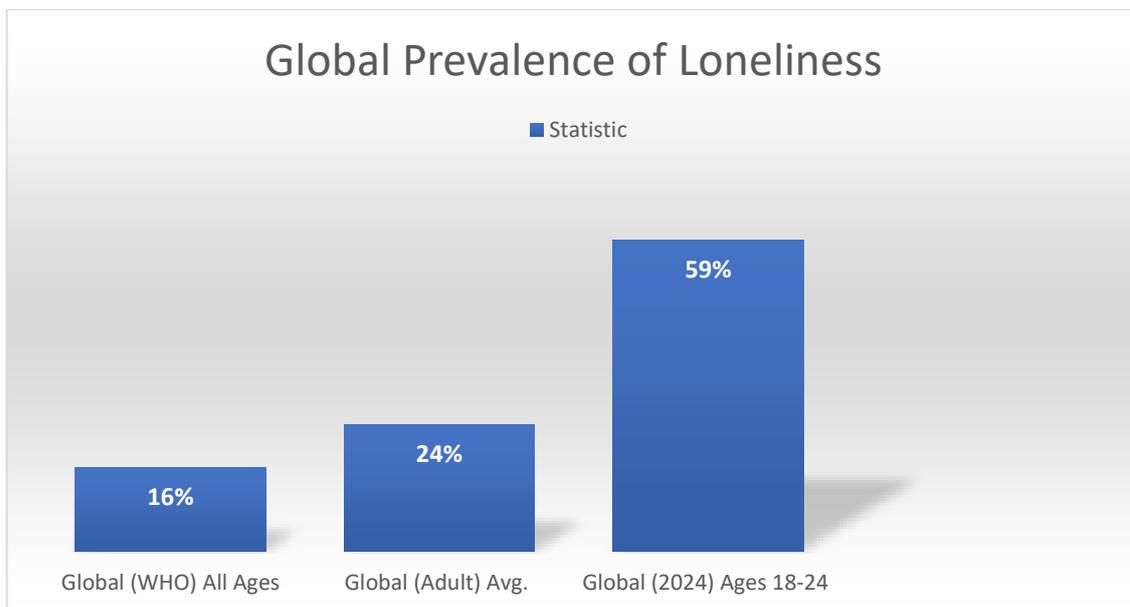


Fig. 1 Estimated global prevalence of loneliness. [11]

Social Behaviour in Ancient Indian Thought:

Ancient Indian philosophical texts have emphasized the role of social conduct in promoting health and longevity. For instance, the principles of righteous conduct guide individuals to practice truthfulness, compassion, humility, respect for elders, and self-control. These are not only moral guidelines but also strategies for sustaining social health. Historical and literary examples illustrate how social behaviour impacts both individuals and society, e.g.

1. King Ashoka, being a Kshatriya, after observing the terrible outcome of the Kalinga War, followed the path of non-violence, showing how ethical reform at the individual level can reshape an entire society. [12]
2. Arjuna in the Mahabharata: Arjuna's dilemma on the battlefield reflects the psychological struggle between personal emotions and social duty. With Lord Krishna's guidance, he accepted righteous action (*Svadharmā*) as a higher responsibility, symbolizing how alignment with social duty promotes harmony. [13]
3. Lord Rama is portrayed as *Maryada Purushottama*, the ideal king who prioritized truth, duty, and sacrifice over personal desires. His character exemplifies how righteous leadership strengthens the social fabric. [14]
4. Buddhist Jataka Tales highlight virtues like generosity, non-violence, and compassion as the foundation for both personal merit and social cohesion. [15]
5. Tirukkural: This classical Tamil text underlines non-violence, honesty, and hospitality as essential elements for social well-being, echoing Ayurvedic emphasis on ethical living. [16]

Ayurveda's perspective on Social Health and Social Well-being: -

In our *Upanishads*, it has been prayed to the Almighty that, may all beings of this universe be happy, may all beings of this universe be healthy, may all beings of this universe see goodness and auspiciousness everywhere, may no one in this universe be unhappy or distressed - '*Sarve Bhavantu Sukhinah, Sarve Santu Niramaya, Sarve Bhadrani Pashyant, Ma Kaschit Duhkha Bhag Bhavet*'. In Vedanta philosophy, it has been accepted that we as individuals are a part of the vast cosmic universe, and this whole universal reality (called *Samashti / Jagata*) is nothing but the conglomeration of countless individual realities (called *Veshti / Jiva*). One of the principal treatises of *Ayurveda*, *Charaka Samhita*, advocated the same understanding through its famed concept of '*Loka Purusha Samya*' where it is accepted that we as an individual are made of the same element as the

external universe. [17] Thus, it has been accepted that, our individual happiness and well-being are dependent on our community health and well-being. The *Mahabharata* also compared the tendency of self-centeredness or self-attachments with absolute death. Thus, it indicated to abandon all personal interests and to come forward for society. Such an understanding of ancient India has laid the foundation stone of social health studies. *Ayurveda*, being the extended part of Vedic knowledge, also follows the same tradition of giving importance to social health and well-being.

Ayurveda is the science of life. In the beginning of *Charaka Samhita*, it is described that the seers of truth, those sages having illuminated souls, who themselves were devoid of any misery and ailments, assembled out of compassion for common worldly people of the society, who were immersed in enjoyments and empirical life, to help them get rid of such miseries and ailments. [18] Again, in the subsequent section of that same treatise, it has been said that *Atreya Punarvasu*, the supreme preceptor of *Ayurveda*, did advise the lessons of the science of life to his disciples out of mercy towards all living beings of this universe. [19] Such a description gives a clear indication that, during our ancient Vedic age, persons having illuminated souls came forward out of their personal ground for the sake of society and its people, to protect common people of the society from diseases and death, to keep them healthy.

In the very definition of *Ayurveda*, *Charaka Samhita* has mentioned about four types of *Ayu* i.e. span of life like *Hitayu* (beneficial life), *Ahitayu* (non-beneficial life), *Sukhayu* (life full of personal happiness), *Duhkhayu* (life full of personal unhappiness). [20] Later a detailed characteristics of each type of *Ayu* is given, based on which it can be said that, *Hitayu* and *Ahitayu* aspect of *Ayu* was conceptualised based on positive and negative impact on social health and social wellbeing, whereas *Sukhayu* and *Duhkhayu* aspect of *Ayu* was conceptualised based on an individual's personal life and interests, which are devoid of any positive or negative impact on society's physical and mental health. A more detailed study of the characteristics of *Hitayu* gives us a basic understanding of *Ayurvedic* aspect about social health and psychology, which are as follows: 1. *Hitaishinah* - a life dedicated to the well-being of others in society, 2. *Paraswaduparatasya* - a life which never gets greedy for any other's wealth, 3. *Satyavadina* - a life full of truthfulness, 4. *Shamaparasya* - a life which aspires for social peace, 5. *Parikshyakarino* - a life which emphasizes proper judgement before action, 6. *Apramattasya* - a well-balanced life, 7. *Trivarga Parasprenanupahatamupasevamansya* - a life in which a person enjoys three principal pursuits of life, i.e. *Dharma* (virtue), *Artha* (wealth) and *Kama*

(desires) without affecting one another, 8. *Pujarhasampujakasya* - a life which gives respect to the respected one, 9. *Jnanvijana Upashamashilasya* - a life endowed with knowledge of different kinds, 10. *Vridhasevinah* - a life in which one cares for elderly persons of society, 11. *Suniyata Raga Irshya Mada Mana Vega* - a life in which one has full control over passion, anger, envy, pride and prestige, 12. *Satatum Vividha Pradanaparasya Tapojnana Prashama Nityasha* - a life that encourages one to engage in various charity works, meditation, the acquisition of knowledge, and solitude. *Adhyatmavida* - a life in which one seeks spirituality. Such a detailed description of a life that has a positive and constructive effect on society provides us with a basic understanding of how to enhance a community's social health, psychological well-being, moral qualities, and intellectual excellence.

Again, in *Charaka Samhita*, *Chikitsasthana*, while discussing the ideal duty of a physician, the same aspect of compassion towards every being in the society (*Bhuta Daya*) was discussed. [21] The importance of social health was also discussed in *Vimanasthana* of this same treatise, where the causative factors of different epidemic and pandemic diseases have been discussed along with their management. In that context, *Acharya Charaka* made an important observation that all types of diseases that affect social health generally do arise from an individual's immoral activities, whose root lies in the impairment of intellectual understanding about good and bad. [22] Thus, from all these examples, it can be understood that *Ayurveda* emphasises every individual's positive role in the maintenance of social health as well as mental and moral well-being. How *Ayurveda* has given much importance to the maintenance of the ethical and moral aspects of society for the maintenance of social health as a whole is discussed in the subsequent section.

Ayurveda considers social health as inseparable from ethical behaviour and community interactions. The discipline of *Swasthavritta* provides structured guidelines for social conduct, self-restraint, and community responsibility.

1. *Sadvritta* (Good Conduct): *Charaka Samhita* describes *Sadvritta* as guidelines for speech, behaviour, and moral duty. It emphasizes truthfulness (*Satya*), non-violence (*Ahimsa*), forgiveness (*Kshama*), and compassion (*Daya*), etc. Practicing *Sadvritta* ensures mental calmness, fosters mutual respect, and helps prevent social conflicts. [23]

2. *Achara Rasayana*: Described in *Charaka Chikitsa Sthana*, *Achara Rasayana* prescribes virtues such as humility, avoidance of anger, control over senses, compassion, and devotion to elders and teachers. By cultivating these qualities, individuals rejuvenate not only their minds but also contribute to a healthier social environment. [24]

3. *Yama & Niyama*: The Yogic tradition complements *Ayurveda* with its ethical observances. *Yamas* (non-violence, truth, non-stealing, celibacy, non-possessiveness) regulate social conduct, while *Niyamas* (cleanliness, contentment, discipline, self-study, surrender to higher consciousness) promote inner discipline. Together, they serve as psychological tools to balance personal desires with social obligations. [25]

Sadvritta (The Ayurvedic Code of Ethical and Social Conduct): -

The term '*Sadvritta*' derives from two Sanskrit words: *Sat* (good, righteous) and *Vritta* (conduct or behaviour). Association with good people leads to good behaviour. Thus, *Sadvritta* refers to ideal conduct that helps an individual to live in harmony with oneself, with society, and with the environment. *Charaka Samhita* and *Sushruta Samhita* provide detailed descriptions of rules relating to ethical, social, and personal behaviour. These rules were not limited to personal hygiene or moral living but extended to social interaction, compassion, truthfulness, and environmental responsibility. [26]

Principles of *Sadvritta* mentioned in *Ayurveda*: -

Ayurveda perceives the individual (*Purusha*) as a microcosm of society (*Loka Purusha Samya*). Thus, harmony between person and community ensures health at both individual and collective levels. *Sadvritta* is a comprehensive code of right conduct that promotes this harmony. It encompasses personal hygiene, ethical behaviour, and social duties. *Charaka* and *Sushruta* both emphasized that righteous behaviour prevents disease and supports mental peace. [27] In *Charak Samhita*, "*Sadvachanam Anustheyam*," [28] i.e., words of the noble persons are considered the best among the adoptable behaviours. One should avoid intellectual errors (*Prajnaparadha*), take care of sense organs, by avoiding excessive, improper, or disuse of sense organs, knowledge about place, time, oneself, and adopt codes of conduct mentioned in *Ayurveda* to prevent diseases. [29] In the present scenario, most of the diseases are multifactorial diseases, where involvement of the mind is invariably present at one or another stage of the disease. Causative factors for physical & mental diseases are the wrong-utilisation, overutilization, and non-utilization of objects of the sense organs, time & intellect. So, an intelligent person should avoid them & prevent diseases. [30] *Ayurveda* categorises *Sadvritta* under six aspects: personal, psychological, social, emotional, religious, and occupational conduct.

- Personal conduct: Maintaining hygiene, modest speech, and orderly living.
- Social conduct: Respecting others, practising truthfulness, compassion, and tolerance.

- Psychological conduct: Avoiding excessive joy or sorrow, maintaining equanimity.
- Occupational conduct: Ethical work, avoidance of greed or exploitation.
- Religious conduct: Performing daily rituals and maintaining reverence toward elders and teachers.

Various Sadvritta principles are as follows -

1. *Satya* (Truthfulness): Always speaking the truth in a manner that does not harm others is acceptable. Falsehood and harsh speech are said to disturb mental peace and social trust. [31]
2. *Ahimsa* (Non-violence): Avoidance of violence in thought, word, and action is considered central to righteous living. This principle ensures peaceful coexistence in society. [32]
3. *Indriya Nigraha* (Self-control): Regulation of the senses is considered necessary to avoid harmful indulgences. It not only preserves individual health but also prevents social conflicts.
4. Respect for Elders and Teachers: One should worship God, cow, brahmin, preceptors, sages & teachers. Reverence for parents, teachers, and elders ensures the transmission of values and sustains cultural continuity. [33]
5. *Shaucha* (External & Internal Cleanliness): Both physical cleanliness and purity of mind are prescribed, reflecting the Ayurvedic emphasis on hygiene as well as mental discipline. [34]
6. Balanced Lifestyle: Sadvritta recommends moderation in diet, sleep, sexual activity, and speech. This balance is considered essential for personal health and social stability. [35]
7. Good company: The persons who are experienced by intelligence, learning, age, conduct, patience, memory, meditation, who are matured & educated, who have humanitarian values, who are without anxiety, those who behave well with every one, those who are peaceful, those who follow the path of truth, those who adopt good conduct & those who are auspicious by name & virtue are considered under good company, one should interact with good people. The person who interacts with good people will be endowed with 'Sativika' qualities. By the mental peace person will be devoid of stress & mental disturbances, thus helping in the prevention of psychological & psychosomatic diseases.

Classification of Sadvritta along with scientific evidence:

Various Domains of Sadvritta	Core principles of Sadvritta	Modern Scientific Findings
Vyavaharika (ethical/behavioural)	<i>Satya</i> (truthfulness); <i>Indriya-nigraha</i> (self-control/sense restraint); <i>Ahimsa</i> (non-violence); moderation in speech/sexual activity/diet.	Studies show that good self-control in youth predicts better adult health and finances, and reduced risk behaviours; it also forecasts slower midlife biological ageing. Prosocial/non-harmful conduct aligns with better affect and stress biology. [36],[37]
Samajika (social)	Respect for Elders, teachers/guests; hospitality; cooperation; conflict-avoidance; service (<i>Seva</i>).	Strong social relationships are associated with substantially lower all-cause mortality; prosocial behaviour shows a positive association with well-being (strongest for eudaimonia). [38],[39]
Manasika (mental/inner conduct)	Equanimity (<i>Samata</i>); cultivation of <i>sattva</i> (clarity); compassion, gratitude; mindfulness/self-reflection	Mindfulness-based therapies reduce anxiety/depression and distress; MBSR benefits non-clinical populations; gratitude interventions improve mood and health behaviours. [40],[41]
Dharmika (duty/purpose/spiritual-ethical orientation)	<i>Svadharm</i> a (righteous duty); reverence/rituals; meaning/purpose; gratitude to teachers/elders.	Higher life purpose is prospectively associated with lower mortality and better cardiometabolic outcomes; religious service attendance is linked with lower all-cause and

		cause-specific mortality and fewer “deaths of despair.” [42],[43]
<i>Sharirika</i> (Bodily conduct/habits)	Hygiene/cleanliness (<i>Shaucha</i>); <i>Dinacharya</i> aligned sleep; regular physical activity; balanced diet, etc.	Hand hygiene reduces GI and respiratory infections; [44] adequate/regular sleep lowers mortality and improves mental health; [45] physical activity prevents NCDs and improves mental health; Mediterranean-style dietary patterns associate with reduced all-cause and CVD mortality. [46]

Table 1. Importance of various core principles of *Sadvritta*.

Relevance of *Sadvritta* in the modern era: In the 21st century, the breakdown of traditional social structures, rising stress, and lifestyle-related disorders underscore the urgent need for behavioural guidelines that foster social cohesion. Issues like aggression, intolerance, corruption, and environmental degradation are fundamentally linked to lapses in ethical conduct. *Sadvritta* offers practical solutions to these challenges.

- A. For Mental Health: By prescribing truthfulness, compassion, and restraint, *Sadvritta* reduces stress, anger, and negative emotions, thereby improving mental resilience.
- B. For Social Harmony: Observing non-violence and forgiveness creates a peaceful environment, reducing conflicts and fostering cooperation in families and communities.
- C. For Public Health: Rules relating to hygiene, cleanliness, and moderation directly contribute to the prevention of communicable and lifestyle diseases.
- D. For Environmental Sustainability: Respect for natural resources and avoidance of violence extend to ecological ethics, promoting sustainability in modern contexts.

From a social perspective, *Sadvritta* plays a crucial role in strengthening interpersonal relationships and maintaining social discipline. The practice of virtues such as truthfulness, non-violence, compassion, and mutual respect creates a positive social environment. When individuals follow these ethical rules, conflicts are minimized, cooperation increases, and communities thrive in harmony. Ayurveda acknowledges that human beings are social creatures whose health cannot be separated from their social

interactions. A person with excellent physical constitution but without social adaptability cannot be considered truly healthy. This aligns with the modern World Health Organization (WHO) definition of health as a state of complete physical, mental, and social well-being. [47]

Achara Rasayana:

In Ayurveda, *Rasayana* therapy is traditionally understood as a rejuvenative approach that promotes longevity, vitality, and resistance against diseases. While most *Rasayana* therapies involve herbs, diet, and formulations, *Achara Rasayana* is a unique concept introduced in the *Charaka Samhita*. It emphasizes rejuvenation through righteous conduct, ethical behaviour, and mental discipline. Unlike physical *Rasayana* drugs, *Achara Rasayana* operates at the psychological, social, and spiritual levels, offering benefits that extend beyond the individual to society at large. The *Achara Rasayana*, described in *Charaka Samhita Chikitsa sthana*, functions as a comprehensive behavioural immunization. Each element, like truthfulness, control of anger, moderation, compassion, discipline, reverence, balanced sleep, wholesome diet, contextual awareness, humility, and spirituality, acts through psychosocial, neuroendocrine, and lifestyle pathways to maintain homeostasis and social order. Modern scientific evidence correlates these tenets: ethical integrity, altruism, and mindfulness enhance mental health; regulated sleep and moderation improve physiological resilience; compassion and social respect strengthen communal well-being. Hence, *Achara Rasayana* provides a timeless behavioural blueprint for preventive and promotive health consistent with contemporary psychosocial medicine.

Components of *Achara Rasayana* and their correlation with personal & social health: [48],[49],[50]

<i>Achara Rasayana</i> [51]	Interpretation	Neurobiological and Psychosocial Correlates	Impact on Personal Health	Impact on Social Health
<i>Satyavadinam</i> (Truthfulness)	Ethical speech, honesty	Psychological integrity; reduced cognitive dissonance	Lower stress, better emotional regulation	Trust-building, social cohesion

Akrodham (Freedom from anger)	Emotional restraint	Anger regulation; reduced sympathetic overactivity	↓ Hypertension, ↓ CAD risk	Reduced interpersonal conflict
Nivrittam Madya Maithunam (Avoidance of alcohol excess & sexual misconduct)	Moderation	Substance-use control; sexual health	↓ Liver disease, ↓ STDs	Family stability, social responsibility
Ahimsa (Non-violence)	Non-harm in thought/action	Prosocial behaviour; reduced aggression	↓ Stress, better mental health	Peaceful coexistence
Anayasa (Avoiding overstrain)	Balanced effort	Stress management; allostatic load reduction	↓ Burnout, ↓ metabolic stress	Sustainable productivity
Prasantam (Mental calmness)	Inner tranquillity	Parasympathetic dominance	↓ Anxiety, ↓ depression	Emotional stability in relationships
Priya vadinam (Pleasant speech)	Respectful communication	Positive communication psychology	Better mental health	Stronger relationships
Japa Saucha Param (Spiritual practice & hygiene)	Cleanliness, discipline	Meditation, hygiene	↓ Infections, ↓ stress	Public hygiene, social responsibility
Dhira (Emotional resilience)	Courage, patience	Psychological resilience	↓ Depression relapse	Crisis adaptability
Dana Nitya (Charity)	Altruism	Prosocial behaviour	Dopamine & oxytocin release	Social equity
Tapasya (Self-discipline)	Self-regulation	Executive function control	↓ Lifestyle disorders	Ethical social conduct
Deva Gau Brahmana Guru Vriddha Archana (Respect for elders, teachers, caregivers)	Reverence	Intergenerational bonding	Emotional security	Cultural continuity
Anrisamsya param (Compassion)	Empathy	Oxytocin-mediated bonding	↓ Stress hormones	Social harmony
Karuna Vedana (Sensitivity to suffering)	Empathic concern	Emotional intelligence	↓ Mental distress	Social solidarity
Sama Jagarana Swapnam (Balanced sleep-wake cycle)	Circadian discipline	Chronobiology	↓ Mortality, ↓ depression	Productivity
Niyam Kshira Ghrta asinam (Nutritive, sattvic diet)	Brain-supportive diet	Healthy fats, micronutrients	Neuroprotection	Stable behaviour
Desha kala pramana jnam (Context awareness)	Situational judgment	Cognitive flexibility	Adaptive coping	Social appropriateness
Yukti jnam (Rational decision-making)	Logical reasoning	Metacognition	Better health choices	Ethical leadership
Anahamkritam (Ego control)	Humility	Reduced narcissism	Better mental health	Cooperative social behaviour
Shstacaram (Good social customs)	Civil conduct	Norm adherence	Psychological safety	Social order
Adhyatma pravritta indriyam (Spiritual orientation)	Higher purpose	Meaning in life	↓ Mortality	Moral leadership
Upāsītāram vṛddhānām (Learning from elders)	Value transmission	Mentorship	Psychological stability	Cultural sustainability

Astika (Faith & optimism)	Positive worldview	Optimism biology	↓ Inflammation	Social resilience
Jitatmanam (Self-mastery)	Control over impulses	Behavioural regulation	↓ NCD risk	Responsible citizenship
Dharma sastra param (Ethical jurisprudence)	Moral law	Ethics in governance	Mental peace	Social justice
Vidya (Knowledgeable)	Wisdom	Health literacy	Informed choices	Leadership

Table 2. Correlation of Achara Rasayana Components with Modern Biomedical Findings.

Conclusion: - Social health has emerged as a major public health concern in the 21st century, driven by rapid urbanization, lifestyle changes, digital overuse, social isolation, and increasing mental health disorders. Modern biomedical researches clearly demonstrate that weakened social relationships, chronic stress, and unethical or maladaptive behaviours significantly contribute to non-communicable diseases, mental illness, and reduced life expectancy. These challenges highlight the limitations of disease-centric healthcare models and emphasize the need for behaviour-based, preventive, and socially oriented health strategies. Ayurveda offers a comprehensive framework for addressing these issues through the concept of *Sadvritta & Achara Rasayana*. Unlike pharmacological interventions, these two unique modalities focus on ethical conduct, emotional regulation, self-discipline, social responsibility, and spiritual orientation. Classical principles such as truthfulness, non-violence, compassion, anger control, moderation, balanced sleep, hygiene, altruism, and respect for

elders collectively promote individual well-being and social harmony. These behavioural attributes function as a form of ‘psychosocial rejuvenation,’ strengthening both mental resilience and social adaptability. Studies show that self-control, positive social relationships, altruistic behaviour, mindfulness, purpose in life, adequate sleep, hygiene, and stress regulation are associated with lower mortality, reduced cardiovascular and metabolic risk, improved mental health, enhanced immune function, and greater longevity. Social capital and ethical conduct further contribute to societal stability, reduced violence, improved public health outcomes, and sustainable community development.

Ethical Approval: Not applicable.

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

References: -

- ¹ Allport GW. The historical background of modern social psychology. *Handbook of Social Psychology*; 1968. p. 1–80.
- ² Dorlands Illustrated Medical Dictionary, 30th Ed. Began publication. p. 1716.
- ³ World Health Organization. Health and Well-Being [Internet]. World Health Organization. 2022. Available from: <https://www.who.int/data/gho/data/major-themes/health-and-well-being>.
- ⁴ World Health Organization. Social determinants of health [Internet]. World Health Organization. 2025. Available from: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
- ⁵ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana 9/4.
- ⁶ Medeiros J. Want to Live Longer, Healthier, and Happier? Then Cultivate Your Social Connections [Internet]. WIRED. 2025. Available from: [https://www.wired.com/story/want-to-live-longer-healthier-and-happier-cultivate-your-](https://www.wired.com/story/want-to-live-longer-healthier-and-happier-cultivate-your-social-connections-wired-health-kasley-killam/)
- ⁷ Rowland K. US surgeon general Vivek Murthy: “Loneliness is like hunger, a signal we’re lacking something for survival.” *The Guardian* [Internet]. 2024 Jan 29; Available from: <https://www.theguardian.com/lifeandstyle/2024/jan/29/us-surgeon-general-vivek-murthy-loneliness-mental-health-epidemic-social-media>
- ⁸ Desk TL. Loneliness is the new silent killer: WHO warns of a global health crisis in a hyperconnected world [Internet]. *The Times of India*. *The Times Of India*; 2025. Available from: <https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/loneliness-is-the-new-silent-killer-who-warns-of-a-global-health-crisis-in-a-hyperconnected-world/articleshow/122871816.cms>
- ⁹ World Health Organisation. Social determinants of health [Internet]. World Health Organisation. 2025. Available from:

- <https://www.who.int/news-room/fact-sheets/detail/social-determinants-of-health>
10. ¹⁰ Wikipedia Contributors. Social capital. Wikipedia. Wikimedia Foundation; 2026.
 11. ¹¹ World Health Organization. Social Isolation and Loneliness [Internet]. World Health Organization. 2025. Available from: <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness>
 12. ¹² Hapar R. *Ashoka and the Decline of the Mauryas*. New Delhi: Oxford University Press; 2012.
 13. ¹³ Ganguli K. *The Mahabharata of Krishna-Dwaipayana Vyasa*. Delhi: Munshiram Manoharlal; 2013. Bhishma Parva, Bhagavad Gita, Ch. 2–3.
 14. ¹⁴ Narayan RKM. *The Ramayana: A Shortened Modern Prose Version*. New Delhi: Penguin Classics; 2006
 15. ¹⁵ Cowell EB, editor. *The Jataka or Stories of the Buddha's Former Births*. Vol. I–VI. Cambridge: Cambridge University Press; 1895.
 16. ¹⁶ Sundaram PS. *Tirukkural of Thiruvalluvar*. New Delhi: Penguin Books; 2000.
 17. ¹⁷ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. Sharirasthana 5/3–6.
 18. ¹⁸ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana 1/6–7.
 19. ¹⁹ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana 1/30.
 20. ²⁰ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana 1/41.
 21. ²¹ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. Chikitsasthana 1/4/58.
 22. ²² Sharma PV, editor. *Charaka Samhita of Agnivesha*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. Vimanasthana 3/20.
 23. ²³ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana 8/18.
 24. ²⁴ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Chikitsa Sthana 1/4. Varanasi: Chaukhambha Orientalia; 2015.
 25. ²⁵ Swami Prabhavananda, Isherwood C. *Patanjali Yoga Sutras*. Madras: Sri Ramakrishna Math; 2004
 26. ²⁶ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana 8/18–20.
 27. ²⁷ Ibid.
 28. ²⁸ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana 25/40.
 29. ²⁹ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana 7/53
 30. ³⁰ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana 1/54
 31. ³¹ Sharma PV, editor. *Charaka Samhita of Agnivesha*. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana 8/19.
 32. ³² Shastri AD, editor. *Sushruta Samhita with Nibandhasangraha Commentary of Dalhanacharya*. Varanasi: Chaukhambha Sanskrit Sansthan; 2014. Sutrasthana 35/30–32.
 33. ³³ Ibid
 34. ³⁴ Murthy KRS, editor. *Susruta Samhita*. Reprint ed. Varanasi: Chaukhambha Orientalia; 2012. Sutrasthana 24/10.
 35. ³⁵ Tewari PV. *Ayurvediya Swasthavritta*. Varanasi: Chaukhambha Bharati Academy; 2010. p. 67–75.
 36. ³⁶ Moffitt TE, Arseneault L, Belsky D, et al. A gradient of childhood self-control predicts health, wealth, and public safety. *PNAS*. 2011;108(7):2693–8.
 37. ³⁷ Richmond-Rakerd LS, Caspi A, Ambler A, et al. Childhood self-control forecasts the pace of midlife aging and preparedness for old age. *PNAS*. 2021;118(8):e2010211118.
 38. Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med*. 2010;7(7):e1000316.
 39. Chen Y, Li S, Kawachi I, et al. Pro-sociality and happiness across national cultures. *PNAS Nexus*. 2023;2(3):pgad032. (Summarises Hui et al. 2020).
 40. ⁴⁰ Hofmann SG, Sawyer AT, Witt AA, Oh D. The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *J Consult Clin Psychol*. 2010;78(2):169–83.
 41. ⁴¹ Khoury B, Lecomte T, Fortin G, et al. Mindfulness-based therapy: A comprehensive meta-analysis. *Clin Psychol Rev*. 2013;33(6):763–71.

42. ⁴² Alimujiang A, Wiensch A, Boss J, et al. Association of life purpose with all-cause mortality among older US adults. *JAMA Netw Open*. 2019;2(5):e194270.
43. ⁴³ Li S, Stampfer MJ, Williams DR, VanderWeele TJ. Religious service attendance and mortality among women. *JAMA Intern Med*. 2016;176(6):777-85.
44. ⁴⁴ Aiello AE, Coulborn RM, Perez V, Larson EL. Effect of hand hygiene on infectious disease risk in the community setting: A meta-analysis. *Am J Public Health*. 2008;98(8):1372-81.
45. ⁴⁵ Cappuccio FP, D'Elia L, Strazzullo P, Miller MA. Sleep duration and all-cause mortality: A systematic review and meta-analysis. *Sleep*. 2010;33(5):585-92.
46. ⁴⁶ Furbatto M, Zacccone V, Battaglia A, et al. Mediterranean diet in older adults: CVD and mortality outcomes—a systematic review and meta-analysis. *Nutrients*. 2024;16(22):3947.
47. ⁴⁷ World Health Organization. Constitution of the World Health Organization. Geneva: WHO; 1948.
48. ⁴⁸ Marmot M, Wilkinson RG. *Social Determinants of Health*. 2nd ed. Oxford: Oxford University Press; 2006.
49. ⁴⁹ Sushruta. *Sushruta Samhita*. Sutra Sthana. With Dalhana commentary. Varanasi: Chaukhambha Sanskrit Series; 2017.
50. ⁵⁰ Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med*. 2010;7(7):e1000316.
51. ⁵¹ Agnivesha. *Charaka Samhita*. Revised by Charaka and Dridhabala, with Ayurvedadipika commentary of Chakrapani Datta. Chikitsa Sthana, Rasayana Adhyaya (1/4), Shloka 30–35. Varanasi: Chaukhambha Surbharati Prakashan; 2018.