Research Article

Yoga Philosophy And Mental Wellness In Post-Menopausal Women: A Theoretical Integration Based On The Yoga Sutras Of Patanjali

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Abstract

Post-menopause is a complex transition of a biopsychosocial nature that has a marked effect on the psychological balance, subjective well-being and mental health in women. Although a large body of empirical evidence has emerged highlighting the therapeutic potential of yoga, there is little progress in the development of a compelling theory that would help establish the psychological effectiveness of the practice within the classical Indian philosophies as Yoga or Hinduism. This paper suggests a theoretical move to combine two of Patanjali's concepts, the cessation of chitta-vritti-nirodha (cessation of mind-wandering or fluctuation of mind) with the ashtanga path (the 8 path steps of yoga) and the concept of viveka-khyati (discriminative wisdom) with modern models of mental wellness such as the allostatic load framework, the cognitive regulatory theory, and positive psychology flourishing. The paper suggests that the post-menopausal psycho-neuroendocrine milieu is a "chitta-vikara state" (also called chitta-akulu state), which is characterised by an increased state of Mental perturbation; is directly addressed by Patanjali's sutras through a systematic psychophysical discipline. Based on the integrative theoretical analysis five areas of convergence have been recognized: One area of convergence is that of hormonal-emotional dysregulation and chitta vikara. The second area is that of attentional disruption and pratyahara, the third area is that of cognitive ageing and dharana, the fourth area is that of seeing sleep and mood dysphoria as connecting. The yoga nidra principles, the fifth is the area of existential re-calibration and ishvara pranidhana.

Keywords: Yoga Sutras of Patanjali, post-menopause, mental wellness, chitta-vritti-nirodha, ashtanga yoga, psycho-neuroendocrinology, integrative theory, women's health.

1. INTRODUCTION

Menopause is the last menstral period occurring after a period of 12 consecutive months of amenorrhoea and is a major biologic event in women's lives. During the post-menopausal period, which begins at this age and continues until the end of life, there are significant changes to the hormones of the hypothalamo-pituitary-ovarian axis, with persistently low levels of oestrogen (Rachlin, D., 2024). Although the somatic sequelae of this hormonal change (vasomotor symptoms, the loss of bone density, cardiovascular risk) have been the subject of many clinical studies, the psychological aspects of post-menopause, have so far been less theoretically developed within the framework of a holistic wellness approach (Shepherd Gawinski, K., 2012).

A significant body of epidemiological evidence has been linked to higher prevalence of depressive symptomatology, anxiety disorders, cognitive complaints, sleep architecture disturbances and subjective well-being impairment among post-menopausal women (Chatterjee, S. et al., 2022). These phenomena have a neuroendocrine basis that are well established – estrogens withdrawal leads to a decrease in serotonergic and dopaminergic neurotransmission, impaired regulation of hypothalamic pituitary adrenal (HPA) axis and impairment of prefrontal brain integrity (Belton, J. et al., 2019). The modern biomedical models, on the other hand, try to tackle these after-effects, mostly pharmacologically or cognitively behaviorally, without the underlying philosophy of structure of the ancient contemplative mind.

2. PATANJALI'S YOGA SUTRAS: A PHILOSOPHICAL OVERVIEW

The Yoga Sutras of Patanjali are a collection of 196 aphorisms (sutras) grouped into four chapters or padas: Samadhi Pada, Sadhana Pada, Vibhuti Pada and Kaivalya Pada. Written in the classical era of Indian philosophy, it represents the melding of pre-existing Samkhya metaphysics and meditational psychology, accounting for the entire science of consciousness and mental transformation (Mohan, S.R., 2019).

The basic aphorism of yoga is Yogas chitta-vritti-nirodha (YS 1.2) which states that yoga is the stilling of the modifications (vrittis) of the mind-field (chitta). Patanjali lists five aspects of vritti - valid cognition (pramana),

erroneous cognition (viparyaya), conceptualization (vikalpa), sleep (nidra), and memory (smriti) (YS 1.6) (Coveney, P., 2021). These vrittis are also divided in two ways: They are either afflictive (klishta) or non-afflictive (aklishta), leading to a complex classification in terms of the concomitant mental states that is almost like a modern theory of cognitive-affective theory.

The klesha doctrine (YS 2.3) says that the five kleshas—the mental factors underlying human suffering—are avidya (ignorance), asmita (egoism), raga (attachment), dvesha (aversion), and abhinivesha (clinging to life). This etiological model aligns with the cognitive approach to psychological dysfunction including maladaptive schemas, experiential avoidance to distress, and negative thoughts appraisal in the persistence of mood and anxiety disorders.

Patanjali's defined way of healing is the Ashtanga (eight-limbed) yoga system (YS 2.29) that contains the ethical restraints (yama), private observances (niyama), posture (asana), breath regulation (pranayama), the withdrawal of the senses (pratyahara), concentration (dharana), meditation (dhyana), and absorption (samadhi) (Maurya, R. et al., 2024). This course is a comprehensive psychophysical training programme and is the only one of its kind in terms of dual attention to behavioural, somatic, attentional and meta-cognitive aspects of mental health in tandem which most modern psychological intervention programmes lack.

3. POST-MENOPAUSAL MENTAL HEALTH: A BIOPSYCHOSOCIAL OVERVIEW

3.1 Neuroendocrine Foundations

The mental health effects of post-menopause are part of a chain of neuroendocrine events that begin with menopause when estrogen is no longer produced by the ovaries. Estradiol has pleiotropic effects on the central nervous system, with effects on the expression of the serotonin transporter, the level of sensitivity of the dopamine D2 receptor, GABAergic inhibitory tone and BDNF (brain-derived neurotrophic factor) synthesis. A neurobiological vulnerability that is phenotyped as affective instability, cognitive slowing, and increased reactivity to stress comes with the withdrawal of these neuroprotective influences. A model of special relevance here is the allostatic load model (McEwen, 1998), which speaks of accumulating stress on the physiology from repeated HPA activation, in the absence of estrogenic buffering, that can be measured as a psychobiological burden in post-menopause.

3.2 Psychological Phenomenology

In addition to the neurobiological component, post-menopausal women often report certain experiences that can be theorized as an existential shift, a re-evaluation of identity, purpose and somatic self-concept related to biological transition. This population has reported experiences of discontinuity (disembodied) familiarity and mortality salience in an empirical phenomenological study. Things that do not fit now into exclusively biomedical frameworks and demand philosophical approaches that can manage questions concerning selfhood, meaning and changes (Mooventhan, A. et al., 2020). One scaffolding that comes to mind for the psychological experience of this transition is Seligman's PERMA model of psychological flourishing: positive emotion, engagement, relationship, meaning and achievement, but these concepts are lacking in a more metaphysical level of depth to account for identity-level disruptions that occur in this transition.

4. THEORETICAL INTEGRATION: DOMAINS OF CONVERGENCE

4.1 Hormonal-Emotional Dysregulation and Chitta Vikara

Patanjali lists nine hindrances to yogic practice (antarayas) which are vyadhi (illness), styana (slowness), samsaya (doubt), pramada (carelessness), alasya (inactive), avirati (excess), bhranti-darshana (incorrect perception), alabdha-bhumikatva (instability), and anavasthitatva (regression) (YS 1.30). These concur very closely with the clinical syndromes of a post-menopausal psychological distress: depression with styana and alasya; anxiety with samasya; somatic focus with vyadhi; cognitive disturbances with bhranti-darshan. The aforesaid accompanying disturbances/flaws (vikshepa-sahabhuvas — YS 1.31) viz pain (duhkha), dejection (daurmanasya), bodily agitation (angamejayatva) along with irregular breath would form a phenomenological constellation that would match with the symptoms of post-menopause as described in the DSM-5 and ICD-11.

4.2 Attentional Disruption and Pratyahara

Prefrontal hypoestrogenism is thought to cause impairments in selective attention, working memory and executive function that are characteristic of the post-menopausal period in contemporary neuroscience. Theoretically these are the same as the areas of dispersion and volatility of chitta described in Patanjali's analysis of the kshipta (restless)

and vikshipta (distracted) mind-states (YS 1.1, traditions of the commentaries). Pratyahara (the fifth lima), meaning the withdrawal of the sensory-organizations from the external objects, is a formal practice of attentional reorientation and is the practice that develops the capability to turn inward, to slow down and stop the momentum of attention (McKibben, E., 2025). This process is similar to that used in attentional training (considered in mindfulness based cognitive therapy MBCT), where decentring from sensory cues and cognitive processing lowers cognitive rumination and affective reactivity.

4.3 Cognitive Aging and Dharana

It considers the mental aspects of post-menopausal change, and the practice of dharana is particularly resoundingly relevant on that score. Declines in the neurogenesis of the hippocampus, prefrontal-hippocampal connectivity and attentional bandwidth during ageing and at estrous and during hormonal depletion, gradually compromise one's capacity for sustained mental involvement. When practice is done repeatedly on the order of Dharana each time the mind is directed to the object of concentration, this is the type of neuroplastic training that is directed. Mechanistically, Patanjali's prescriptions correspond with the modern neuroscientific ideas regarding 'use-dependent plasticity' – when neural circuits are repeatedly stimulated, they become structurally connected.

4.4 Sleep-Mood Dysphoria and Yoga Nidra Principles

Disturbed sleep is one of the more common and debilitating complaints of post-menopause, ranging in prevalence from 38-60% in samples after menopause worldwide. Poor sleep may amplify affective dysregulation mechanisms such as: sensitisation of the HPA axis, hyperreactivity of the Amygdala and failure of inhibitory regulation in the PFC. Patanjali's fifth vritti — nidra (sleep, YS 1.10) — is not pathologised but called a particular modifiable mental state and therefore is the systematic focus (Sodhi, V., 2018). Later, the contemplative technology of yoga nidra, which is a state of conscious deep relaxation at the hypnagogic threshold, was connected with decreased sympathetic arousal, cortisol and subjective sleep latency felt in the state of yoga nidra. Yoga Nidra allows for training ability to stay in post-menopause hyperarousal states without losing metacognition—an area of HPA dysregulation linked to sleep-mood comorbidities in theory.

5. A THEORETICAL MODEL: THE POST-MENOPAUSAL CHITTA FRAMEWORK

This paper, based on the preceding analysis, suggests Post-Menopausal Chitta Framework (PMCF) as an integrative theoretical model to explain the current study. The PMCF assumes that the post-menopausal period is a phase of increased sensitivity to mental disturbance, which can be attributed to the combination of three dimensions: the neuro-hormonal (hypoestrogenic dysregulatory effects on the CNS), the psycho-social (identity perturbation and role transition) and the existential-temporal (rise of mortality salience and somatic defamiliarisation).

In Patanjali's ashtanga system, the first two ashtanga limbs address the psycho-social aspect of the system (yama-niyama), the second two address attentional and cognitive aspects (asana-pranayama), the next two address interoceptive, somatic re-regulation (pratyahara-dharana), and the final elements of the system relate to existence-temporal aspects (dhyana-samadhi and ishvara pranidhana).

6. CONCLUSION

In this paper, author has elaborated on a philosophy that integrates both mind and body, called Post-Menopausal Chitta Framework, where the Psychologic approach of Yoga for Post-Menopausal woman has been established as a firm foundation from Patanjali's Yoga Sutras. The classical yoga philosophy and modern mental health science converge in five ways, which were identified and analysed: hormonal-emotional dysregulation (chitta-vikara); attentional disruption and pratyahara; cognitive aging and dharana; sleep-mood dysphoria and the principles of yoga nidra; existential recalibration and ishvara pranidhana. Consider together: these interweavings show that the Yoga Sutra is a philosophically complex, psychobiologically coherent theory for the multidimensional mental health issues of the post-menopause years and are not a substitute for biomedical options, but rather a theoretical framework constructed throughout this life stage to direct the understanding and holistic treatment of post-menopause psychobiology.

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