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Application of Yogic Practices in Mental Health Management for Engineering Professionals: A Theoretical Approach

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***Abstract*-- Yoga has been practice in India in eastern cultures has a form of spiritual development and healing for over many decades. In west when the yoga was initially practice when a form of physical exercises, it is now being in study treatment for mental illness. in large scale survey shows the yoga was already self-reportedly commonly to treat mental health condition muscular skeleton condition.**

***Stress Relief:* Yoga is widely recognized for its ability to reduce stress and anxiety. The practice encourages relaxation and mindfulness, which can improve overall quality of life**

***Enhanced Mental Health:* Research indicates that yoga can help manage symptoms of depression and anxiety. A review of studies concluded that yoga-based treatments can effectively reduce depressive symptoms**

***Increased Mindfulness:* Practicing yoga fosters mindfulness, which can lead to better eating habits and a more positive relationship with food. Mindful eating is associated with greater awareness of hunger cues and feelings of fullness**

***Improved Body Awareness:* Yoga enhances body awareness, helping individuals connect with their physical sensations and improve their posture. This increased awareness can lead to better self-esteem and body image**

***Support for Children and Adolescents:* Yoga is beneficial for younger populations, helping them cope with emotional and behavioural health conditions. Studies have shown that school-based yoga programs can reduce anxiety and improve focus among children.**

***Keywords:* Yoga, Mental Health, Stress, Trauma disorders, Kriyas.**

I. Impact Of Poor Mental Health:

Physical Health

The World Health Organisation emphasises that there is a strong correlation between mental and physical health individuals with poor mental health face poorer overall health and have shorter life expectancy. For example, people with depression are at a higher risk of developing conditions like cardiovascular diseases, with one Lancet Psychiatry study saying that the risk rises by 72% (Viola V et al., 2025). Chronic pain and sleep disturbances are also prevalent in people with poor mental health.

Economic Impact

Poor mental health of workers indirectly decreases economic output - it leads to productivity losses (absenteeism, presenteeism, and staff turn-over) and other indirect costs to society far outstrip healthcare costs (WHO, 2025). These, in turn, lead to a reduction in people's earning potential and growth, increase unemployment rates, and lead to greater healthcare costs (Sartorius, 2013). It is estimated that depression and anxiety cost the global economy nearly US$1 trillion annually in lost productivity (WHO, 2025).

The global financial burden of mental health conditions, which includes healthcare and indirect costs, is expected to rise to $16 trillion by 2030 (Journal of Mental Health, 2021). The generational effects are notable too, as children of individuals with mental health conditions are at increased risk of facing economic disadvantages, including poorer educational outcomes and lower lifetime earnings (Doran & Kinchin, 2019).

Social and Relationship Strains

People with mental health problems are at risk of becoming socially isolated, with strained relationships and communication challenges adding to the obstacles they face. A study published in The Lancet Psychiatry (2010) revealed that individuals with. depression face difficulties in forming and maintaining interpersonal relationships, which can intensify depression symptoms due to a lack of social support.

Social Stigma

Stigma which includes internalised shame and negative beliefs as well as structural stigma related to lack of mental health care and policies associated with mental health is a major obstacle to seeking treatment and social integration (American Psychiatric Association, 2024).

People in low- and middle-income countries, especially, are more vulnerable to the vicious cycles of isolation and worsening mental health because of the stigma associated with seeking mental health care (WHO, 2018). For example, a study published in The Lancet Psychiatry (2020) found that individuals with mental health disorders, particularly those with severe conditions like schizophrenia, are frequently subject to discrimination and marginalisation.

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The lack of care diminishes the quality of their lives and decreases any chance of treatment or recovery.

Increased Suicide Risks

Globally, over 727,000 people die by suicide each year (WHO, 2025). According to a study published in Psychiatry Research (2023), individuals with mental disorders face a 16-fold higher risk of suicide compared to those without such conditions, with this elevated risk remaining consistent across regions and time periods.

Younger People Are More Vulnerable

About one third of the mental disorders that adults experience actually began by age 14, and half started by age 18, and nearly two thirds had their onset by age 25 (WHO,2025) Mental health disorders frequently manifest during childhood or adolescence, with 50% of all mental health conditions appearing by age 14 and 75% by age 24 (WHO, 2020). A study published in The Lancet (2017) shows that mental health issues in adolescence are associated with poor academic outcomes, increased substance use, and higher rates of self-harm, highlighting the long-term impact of untreated mental health problems in young people.

II. Types Of Mental Illnesses:

Neurodevelopmental Disorders

According to the World Health Organization (WHO), neurodevelopmental disorders start manifesting during the developmental period of life and cause complications in how we grow and learn. This negative effect on mental development could mean that an individual has a harder time developing intellectually or socially. They may also struggle with motor functions or acquiring language.

Autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are part of this group of mental health conditions.

Personality Disorders

These kinds of mental health disorders are characterized by long-term patterns of thoughts, feelings, and behaviours that cause impairments in their relationships with others.

Borderline personality disorder and narcissistic personality disorder are part of this group. Personality disorders are often heavily stigmatized, but symptoms can improve with psychotherapy.

Eating Disorders

When people hear the term "eating disorder," they typically think of anorexia nervosa or bulimia nervosa, but binge eating can also fall into this category. Extreme patterns of purging, overly restrictive dieting, or excessive eating can be dangerous to your body and mind.

These symptoms are a sign of a mental health condition and can be treated with talk therapy.

Mood Disorders

Mood disorders cause mental health problems for many people - they're one of the most common kinds of mental health conditions. They're characterized by disruptions in your emotional state, including extremely high and low moods. Other symptoms of mood disorders can include self-harm and increased irritability.

Major depressive disorder, seasonal affective disorder, and bipolar disorder are a part of this category.

Psychotic Disorders

Psychotic disorders are severe mental illnesses that cause periods of psychosis. These disorders affect our perceptions of reality and often involve delusions and severe paranoia.

Schizophrenia, schizoaffective disorder, and delusional disorder are all psychotic disorders. Some people may suffer a brief psychotic episode due to a traumatic event like a death in the family or a violent experience.

Trauma Disorders

Trauma disorders develop after witnessing or experiencing a highly stressful event. Those who suffer from trauma disorders have a hard time recovering after the event and may experience flashbacks, nightmares, or panic attacks in response to emotional triggers.

Post-traumatic stress disorder is the most well-known trauma disorder, but acute stress disorder (ASD) and disinhibited social engagement disorder (DSED) are also trauma disorders. You can also experience second-hand trauma, which is common among professionals who are often exposed to other people's first-hand traumas as a part of their job, such as social workers, first responders, doctors, nurses, and counsellors.

Anxiety Disorders

While anxiety can be a normal reaction to stressful situations, those who suffer from an anxiety disorder feel an excessive amount of fear or worry and sometimes experience it without cause. If you or a family member avoid specific situations due to excessive worry or stress, an anxiety disorder may be the cause.

Generalized anxiety is a common diagnosis for this type of mental health problem. Panic disorder, agoraphobia, and other specific phobias also are classified as anxiety disorders, as well as obsessive-compulsive disorder.

Substance Use Disorders

Substance use disorder (SUD) causes those who suffer from it to continue using substances habitually despite harmful consequences.

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This use can even cause distortions in behaviour or ways of thinking, resulting in structural changes to the brain. Repeated substance abuse can cause major complications in someone's personal or professional life, leading to SUD.

While often stigmatized, substance use disorder is more common than many think, with about 23 million American adults suffering from it.

Dissociative Disorders

When someone suffers from a dissociative disorder, they lose touch with their own thoughts, feelings, memories, and identity. These may develop due to stress or trauma and be co-occurring with a trauma disorder. People suffering from dissociative disorder may think that the people around them or their surroundings seem distorted or unreal and experience periods of amnesia.

Depersonalization / de-realization disorder, dissociative amnesia, and dissociative identity disorders are all a part of this classification.

III. Yoga Protocol For Mental Health

S. No	Yoga practices	Rounds	Duration
1	**Prayer**		1 minute
2	**Yogasanas**		15 Minutes
	1. Standing Postures		
	• Tadasana		
	• Katichakrasana		
	• Trikonasana		
	2. Supine Postures		
	• Pavanamuktasana		
	• Matsyasana		
	• Sarvangasana/ Viparitakarani**		
	• Shavasana		
	c. Prone Postures		
	• Bhujangasana		
	• Makarasana		
	• Dhanurasana **		
	d. Sitting Postures		
	• Vakrasana/Ardha Matsyendrasana		
	• Ushtrasana		
	• Pashchimottanasana		
3	**Shat Kriyas** i. Jal Neti **ii.** Sutra Neti		6 Minutes
4	**Kapalabhati**	(10-20 strokes)	3 Minute
5	**Pranayama** (without Kumbhaka)		5 minutes
	• Ujjayi	5 rounds	
	• Anuloma-Viloma/ Nadishodhana (Alternate Nostril Breathing)	3 rounds	
	• Bhramari Pranayama	5 rounds	
6	**Dhyana**		5 Minutes
7	**Relaxation Practice**		10 Minute
	Total:		**45 Minutes**

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