

## ANCIENT PRINCIPLES OF EDUCATION AND MODERN SCHOOL AGE CHILD'S MENTAL WELL-BEING: AN INTEGRATIVE REVIEW

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Article Received on 05 June 2026,  
Article Revised on 25 June 2026,  
Article Published on 03 July 2026

<https://doi.org/10.5281/zenodo.21157110>

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How to cite this Article: Dr. Pratik Kadu, \*Dr. Sachin Prakash Gwalani, Dr. Pranav Kamathe (2026). Ancient Principles Of Education And Modern School Age Child's Mental Well-Being: An Integrative Review. World Journal of Pharmaceutical Research, 15(13), 1978-2002.

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### ABSTRACT

**Introduction:** Mental disorders among school age children and adolescents have become one of the serious public health concerns with growing reports of anxiety, school-related stresses, depression, lack of emotional regulation, inattention, sleeping difficulty, excessive screen-time, sedentariness, unhealthy dietary intake, behavioral and social difficulties. The conventional school-based education system often focuses mainly on academics and corrective treatment of symptoms without much emphasis on mental well-being, character building, healthy life style, emotional skills and resiliency. Ancient Indian education system with its holistic approach to schooling through the traditional Gurukula system, Yoga, value-based education and Ayurveda lifestyle principles emphasized integrated development of body, mind, intellect,

character and consciousness. **Objective:** To systematically review scientific literature on the impact of holistic school-based education approach integrating yoga, spirituality, mindfulness and contemplation techniques, value based education and ayurvedic life style principles on school age children mental health. **Method:** Narrative integrative literature review approach was followed for this paper. Relevant literature was obtained from Pubmed, Google scholar, Scopus indexed articles, reports from WHO, UNICEF, UNESCO, and ancient Indian scriptures such as Caraka samhita and Yogasutras. Keywords used were "school mental health"; "school anxiety", "school-based yoga", "yoga adolescents", "mindfulness in schools"; "gratitude intervention adolescents", "spirituality adolescent mental health", "Ayurveda

lifestyle education", "Dinacharya"; "Sadvritta", "sleep adolescents", "screen time mental health" and "health promoting schools". Studies, reviews and policy documents relevant to child and adolescent mental well-being at school were reviewed. **Results:** Scientific evidence indicates the utility of schools as venues for universally targeted mental health prevention activities. School-based yoga has potential to improve stress, emotional control, attention, resiliency and psychological well-being. While there is growing literature on school-based yoga and mental health, quality of the research studies, study period, intervention protocols, and outcome measures vary considerably. Similarly, interventions based on mindfulness, gratitude, social-emotional learning and compassion meditation have shown benefit in reducing stress and promoting positive well-being. Ayurvedic lifestyle principles including Dinacharya, Nidra, Ahara, Vyayama, and Sadvritta have relevance to contemporary mental well-being principles of adequate sleep, good nutrition, physical activity, emotional well-being and healthy daily routines. The traditional education approach in ancient India emphasized discipline, teacher-child relationship, communal schooling, nature exposure, and healthy lifestyles, all relevant to holistic development of the children. **Conclusion:** A holistic approach to schooling using yoga, meditation, value education, emotional literacy, ayurvedic life style principles, nature based education and service to society has promise as an effective preventive strategy to promote child's mental well-being. However, rigorous multi-centric randomized clinical trials, standardized intervention protocol, long term outcome studies, cultural adaptation and scientific measurement of mental and academic outcomes would be necessary before drawing definite conclusion.

**KEYWORDS:** Ancient Indian education, child mental health, school-based yoga, ayurveda, dinacharya, sadvritta, spirituality, holistic education, emotional regulation, adolescent well-being.

## 1. INTRODUCTION

Mental well-being constitutes an integral part of development, learning, socialization, and capability in life of school-aged children. Current childhood growth takes place in a setting with very high academic demands, competition, overuse of electronic media, lack of outdoor activities, disturbed sleep cycles, family stress, comparison, and unhealthy lifestyle choices. Such circumstances cause increasing emotional and behavioral problems in children and teenagers. Anxiety, depression, difficulty in concentration, irritable mood, aggression, low

self-esteem, social isolation, and stress-related physiological disturbances are becoming common among school-age populations.<sup>[1,6]</sup>

Various international agencies have highlighted the vulnerability and susceptibility of adolescent age group to a variety of mental health issues. Anxiety disorders have become one of the most prevalent conditions among adolescents. Depressive symptoms contribute to significant morbidity and impairment.<sup>[1,4,7]</sup> Child and adolescent mental health disorders not only lead to suffering but also impair academic performance, social development, family dynamics, risky behavior and mental well-being in adulthood.<sup>[1,4,7]</sup>

Modern schooling has achieved much progress in terms of education in basic literacy, sciences, technology, evaluation and training for career. Schools are still largely results-driven institutions with an emphasis on grading, ranking and academic achievements. Child development is often assessed via his or her academic results. At the same time, internal stability, self-awareness, moral conduct, emotional regulation, physical discipline and social responsibility may be neglected in schools. There is an increasing need for preventive and promoting mental health interventions in schools which will complement current psychological services.<sup>[3,7,11]</sup>

Ancient Indian educational traditions were based on a wider concept of education. Education entailed not just acquiring knowledge but also refinement of individual character, sensory control, attaining wisdom, character development, and understanding the duties of oneself towards oneself, society and creation. Concepts like self-regulation, moderation, routine, mindful conduct, morality, restriction, compassion, knowledge of self, and harmony can be traced in Gurukul system, Upanishadic pedagogy, Yoga philosophy, Bhagavad Gita, and Ayurvedic literature.<sup>[12,32]</sup>

This review explores the possibility of integrating ancient educational principles with contemporary scientific evidence for promoting mental health of school children and adolescents through yoga, mindfulness, spirituality, lifestyle education, sleep, food, physical activities, and social-emotional skills.

## 2. METHODS

This paper has been written as an integrative review. The aim has been to integrate scientific knowledge from biomedicine, psychology, education, public health, Ayurveda, and classical Indian literature relating to holistic schooling and children's mental health.

### 2.1 Search Strategy

A systematic search was conducted in PubMed, Google Scholar, and selective indexing databases using appropriate combinations of following key terms: "school mental health," "mental health promotion," "childhood," "adolescence," "emotional regulation," "academic pressure," "school-based yoga," "school yoga adolescents," "yoga for children adolescents," "yoga mental health," "mindfulness in schools," "social emotional learning," "spirituality in adolescents' mental health," "gratitude intervention adolescent," "compassion intervention children," "Ayurveda life style," "Swasthavritta," "Dinacharya," "Sadvritha," "Ahara mental health," "sleep adolescents emotional regulation," "screen time adolescent mental health," and "health promoting schools". School health policies of WHO, UNICEF, UNESCO, and Government of India were also taken into consideration.

References in classical literature were studied from reliable translations of Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Yoga Sutras of Patanjali, Bhagavad Gita, and certain Upanishads.

### 2.2 Inclusion Criteria

This review included the following:

1. Evidence from systematic reviews, meta-analyses, randomized controlled trials, quasi-experiments and narrative reviews in regard to school-based yoga, spirituality, mindfulness, social-emotional learning, and mental health.
2. Studies and reports regarding prevalence and burden of child mental health disorders.
3. Evidence about impact of sleep, diet, physical activities, screen exposure and lifestyle factors on children and adolescents' mental health.
4. Classical literature from Ayurveda and ancient Indian philosophies with respect to preventive health, self-regulation, ethics and holistic education.
5. Policies favoring school health promotion.

### 2.3 Exclusion Criteria

Articles on subjects other than children, adolescents, schools, lifestyle factors, yoga, mental health, and holistic education were excluded. Religious propagandist publications without educational or psychological interest were also excluded. Articles focusing exclusively on clinical psychiatric intervention were excluded unless they explained the mechanisms important in school-based prevention of mental health problems.

### 2.4 Nature of Synthesis

Given the heterogeneity in disciplines and interventions, it would not be feasible to perform meta-analysis in this case. Scientific evidence was integrated narratively under themes of school mental health burden, holistic education, ancient educational principles, yoga, spirituality, Ayurvedic lifestyle education, mechanisms of action, challenges and future directions.

## 3. Global Burden of Mental Health Problems in School Children

Mental health issues of school children are becoming increasingly prominent worldwide. Anxiety disorders, depression, behavioral problems, attention difficulties, predisposition to substance misuse, self-harming tendencies, sleep problems, and stress-related issues frequently occur in childhood or adolescence. These affect the ability to perform academically, actively participate in class, maintain good peer relations, create harmonious family ties, and function socially and occupationally in the future.<sup>[1,6]</sup>

### 3.1 Anxiety and depression

Anxiety disorders are some of the most common emotional problems among children. These might present in children as persistent worrying, fear of exams, panic attacks, school refusal, somatic complaints, insomnia, and difficulty concentrating. Depression in children and teenagers is characterized not only by sadness but also by irritability, withdrawal, low energy levels, lack of motivation, decreased performance at school, and feelings of hopelessness. Early development of anxiety and depression is linked with recurrent mental problems later in life.<sup>[1,4,7]</sup>

### 3.2 Academic stress

One of the most obvious mental problems of children attending school are academic stressors. These can include competition, high parental demands, fears of failing, comparisons with peers, overwhelming workload, and lack of recreation. Stress resulting

from the pressures of school work leads to such outcomes as sleep disturbances, headaches, irritability, anxiety, low self-esteem, and lack of intrinsic motivation to learn. A schooling system that focuses solely on achievements tends to cause increased distress due to the unmet needs of children emotionally and developmentally.<sup>[1,4,7]</sup>

### **3.3 Attention problems and behavioral issues**

Inattention, impulsivity, aggression, defiance, hyperactivity, and behavioral problems at school are becoming more common concerns according to teachers and parents alike. Various underlying factors can be behind them such as neurodevelopmental disorders, family stressors, inadequate sleep, too much time online, poor habits, emotional instability, and lack of exercise. While it is essential to receive medical care when necessary, preventive measures in schools can improve a child's attention span, discipline, self-awareness, and relations with peers.<sup>[1,7]</sup>

### **3.4 Excessive screen exposure and sedentary lifestyle**

Technology has revolutionized the methods and forms of learning, communication, and fun. Yet, too much time spent looking at screens as well as screen exposure at odd hours is known to lead to delayed bedtimes, a sedentary lifestyle, problems with attention, emotional instability, social comparisons, and lack of personal interactions. The problem is not limited to the amount of time spent with digital devices but also relates to their quality, the timing of exposure, emotional content, and compulsions in its use. Evening screen exposure is associated with a disrupted sleep cycle.<sup>[34,36,42,43]</sup>

### **3.5 Sleep disturbance**

Sleep is critical for emotional regulation, the consolidation of memories, attention, physical growth, metabolic processes, and mental well-being. Many school children and teenagers have less sleep than recommended due to late-night studying, using a smartphone or tablet, surfing through social networks, irregular schedules, early school hours, and academic pressure. Insufficient sleep increases the level of irritability, anxiety, impulsivity, inattentiveness, and depression. Traditional lifestyles included strict routine, waking up early, proper meal times, and balance between activities and rest.<sup>[37,43]</sup>

## **4. Necessity of Preventive School-Based Programs**

One of the key environments in which mental health promotion should take place is schools since these offer the opportunity for reaching children from various socio-economic

backgrounds and delivering repeated structured instruction, social interactions, establishment of routines, and mentoring of teachers. School-based programs can either be universal, targeted, or indicated. Universal programs are implemented for all children irrespective of their symptoms to promote mental strength, emotional literacy, self-regulation, physical health, and pro-social behavior. Targeted programs focus on children who are at risk, and indicated programs deal with children showing symptoms.

The significant shortcoming of symptom-oriented approaches is that they start once distress becomes noticeable. Children might not share information about their emotional state while their parents could be reluctant to address the problem out of embarrassment or ignorance. Prevention helps to normalize mental health education and equip every child with knowledge related to coping with stress, paying attention, improving self-awareness, body regulation, and social harmony.

Studies show that social-emotional learning programs produce positive outcomes on emotion regulation, behavior, attitudes, and academic achievement. The concept of health promoting schools stresses that health of a child is inseparable from his or her education. Healthy children are able to learn better and learning makes contributions to health. In consequence, a holistic school should not consider mental health promotion as occasional counseling but as a fundamental aspect of education.<sup>[3,7,11]</sup>

## **5. Holistic Schooling Concept**

Holistic schooling represents the type of education aimed at a harmonious development of different aspects of a child – his or her physical, emotional, intellectual, social, moral, and spiritual ones. It takes into account a child as a unified entity rather than merely a recipient of information. As a result, holistic education asks not just what a child knows but also how he or she lives, feels, relates to others, thinks, regulates himself/herself, serves society, and grows.<sup>[3,7,8,11]</sup>

### **5.1 Major aspects**

The physical dimension implies health, posture, movement, breathing, sleep, nutrition, cleanliness, and self-regulation of bodily functions. The emotional one covers the areas such as recognition of feelings, impulse control, resilience, empathy, and coping with stress. The cognitive dimension includes attention, memory, logical thinking, curiosity, creativity, and reflective skills. The social dimension involves cooperation, communication, respect,

responsibility, and resolution of conflicts. The moral aspect implies truthfulness, non-harming, discipline, gratitude, sense of duty, and self-restraint. The spiritual dimension concerns not religious lessons but meaning, purpose, consciousness, compassion, connectedness, and reflection.<sup>[3,7,8,11,12,20,23,26]</sup>

## 5.2 Principles of holistic schooling

The basic principles of holistic schooling include the ideas of whole-child education, self-awareness, character building, integration of mind and body, practical learning experiences, connection with nature, reflective silence, meaningful relation between teachers and students, and social responsibility. In addition to this, holistic schooling integrates mental health education not through isolated classes but through school culture.<sup>[7,11,44,50]</sup>

## 6. Ancient Indian Educational Philosophies Relevant to Child Mental Health

### 6.1 Sustained Teacher-Student Relationship

As one of the essential principles of ancient Indian education was the close teacher-student relationship. The student resided near the teacher and observed his behavior and participated in daily routines and chores. Consequently, education took place not just through academic lessons but also in practice.

It is possible to interpret this educational principle from the viewpoint of modern mental health in terms of mentoring, emotional safety, secure attachment, school connectedness, etc. It is known that a child experiencing positive emotional relations in the educational environment tends to develop confidence, self-regulation, social competence, and resilience.<sup>[7,8,33]</sup>

### 6.2 Community Life and Cooperation

Another principle that is related to modern mental health of children is community living and cooperation. In addition to acquiring new skills and knowledge in an individual mode, an ancient student had to participate in collective tasks and cultivate social behavior. It included, in particular, humility, patience, social cooperation, and social responsibility.

This principle is quite relevant for modern child mental health because social isolation, bullying, and difficulties with interpersonal relations are important risk factors for psychological problems among young people. A positive school environment fostering social

connections among children contributes to developing stronger ties among peers and reducing feelings of social isolation and loneliness.<sup>[7,8]</sup>

### **6.3 Natural Environment and Simple Lifestyle**

Learning in close contact with nature was another feature of ancient education in India. The surrounding natural environment provided opportunities for observing the nature of things, living a simple life, practicing humility, and having a sense of equilibrium between senses and mind.

The relevance of this principle to modern child mental health becomes obvious because modern children tend to spend too much time at screens, have a sedentary lifestyle, face constant distractions, and rarely engage in outdoor activities. Thus, nature-based education, outdoor physical activity, gardening, and other nature-related activities might help promote children's psychological well-being.<sup>[8,10,11]</sup>

### **6.4 Reflection and Search for Deeper Understanding**

Ancient Indian philosophical works are characterized by reflection, dialogues, inquiry, and search for deep understanding of spiritual issues and matters. As seen in some texts like the Upanishads, teaching often takes place in a dialogue form when the student and his teacher try to discover the truth.<sup>[49,50]</sup> From the viewpoint of child mental health, such an approach to learning encourages a child to become aware of the essence of self, life, and reality.

Reflection and inquiry contribute to self-discovery, emotional insight, identity formation, and other positive mental processes. Contemporary mental health practices like mindfulness and contemplative education are grounded on similar ideas of promoting attention, reflection, and awareness.<sup>[23,26]</sup>

### **6.5 Balanced Attitude towards Success and Failure**

Balanced attitude toward success and failure is another significant principle that plays a prominent role in many Indian philosophical works. In the Bhagavad Gita, one finds a lot of information about the importance of moderation, effort, disciplined action, and performing one's duties regardless of external success.<sup>[48]</sup> This principle appears to be highly relevant in the context of school education in the modern world. Many young people face a variety of problems due to stress, academic pressure, and high expectations from parents.

By instilling an idea of equanimity into children, one can promote greater resilience in the school environment. For instance, it would be helpful to teach children to strive for effort orientation and focus on discipline rather than grades.

### **6.6 Self-regulation through Mind-Body Discipline**

The ancient Indian philosophy of mind-body discipline finds echoes in yoga. Patanjali's Yoga sutras define yoga as regulating mental activity and give the eight stages of yoga – ethical discipline, personal discipline, posture, breath control, sensory control, concentration, and meditation.<sup>[47]</sup>

Age-appropriate aspects of yoga can be adopted in modern schools as exercises for well-being that involve simple yoga poses, breathing practices, relaxation, focused attention, truthfulness, non-harming, contentment, and self-discipline. Various researches conducted recently on the impact of yoga in schools suggest positive results for reducing stress, improving emotional regulation, attention, classroom behavior, and general psychological well-being of children and adolescents.<sup>[12,20]</sup> Thus, principles from yogic tradition have potential relevance in current mental health practices in schools.

### **6.7 Ethical Conduct, Character Building, and Social Integration**

Character building and maintaining ethical conduct had great significance in ancient educational philosophy. Principles like truthfulness, non-violence, temperance, compassion, respect, purity, responsibility, and moderation can be traced in yoga, ayurveda, and various Indian philosophies.<sup>[44,48]</sup> Ayurveda refers to Sadvritta as a set of good conduct principles that facilitate good individual and societal health, whereas Yoga explains Yama and Niyama as ethical and personal discipline respectively.<sup>[44,47]</sup>

These principles can be connected with value education, social-emotional learning, anti-bullying education, peer respect, emotional management, and responsible conduct in modern schools. Good conduct not only makes an important part of one's morals but also ensures good mental well-being by fostering good interpersonal relationships, reducing conflicts, developing empathy, and improving school environment.<sup>[7]</sup>

### **6.8 Lifestyle Regulation and Preventive Health Education**

According to ayurveda, health means dynamic balance of the body, senses, mind, and soul. Swasthavritta refers to prevention of illnesses through regular schedule, adjustment to season,

food habits, adequate rest, physical activity, cleanliness, management of emotions, and ethical conduct.<sup>[44,46]</sup>

For school students, such principle can be applied in lifestyle education that involves regular sleep habits, good food habits, personal hygiene, physical activity, digital discipline, emotional regulation, and routine structure. Several scientific studies suggest that sleep, food, physical activity, and routine influence emotion regulation, learning, and attention, making it relevant for holistic schooling and mental well-being.<sup>[37,43]</sup>

## **6.9 Integrated Development of Body, Mind, Intellect, and Conduct**

The aim of ancient Indian philosophy was the overall development of an individual and not just acquisition of skills. It involved physical discipline, clarity of intellect, emotional management, ethical conduct, social responsibility, and spirituality. Such holistic vision about education is congruent with modern notions of holism in schooling and health-promoting schools.<sup>[7,8,11]</sup>

In other words, principles related to integrated development support an educational model in which apart from academic learning, children also learn yoga, emotional literacy, values, lifestyle awareness, natural learning, and social responsibility. Such an integrated approach may enable schools to shift from merely performance-focused model to preventive/promotive mental health framework.

## **7. Current Mental Health Challenges in School Children**

### **7.1 Academic Stress**

Academic pressure results in fear-based learning. Students tend to identify performance with their self-identity causing fear of failure, shame, comparisons, and self-criticism. In a holistic model of education, such effects can be minimized through effort orientation, balanced lifestyle, relaxation techniques, peer connection, and self-reflection.<sup>[1,4,7]</sup>

### **7.2 Digital Overexposure**

Excessive use of digital media causes less sleep, over-stimulation, attention problems, comparisons, and reduction in physical activity. Schools should teach digital literacy, healthy use of screens, alternative activities using sports, art, yoga, nature-related activities, and social services.<sup>[34,36]</sup>

### 7.3 Sleep Disturbances

Disturbed sleep pattern interferes with emotional regulation and cognitive functioning. Ayurveda can educate children about the importance of sleep in their lives. Modern neuroscience can provide explanation of memory formation, moods, and brain restoration due to proper sleep.<sup>[37,38]</sup>

### 7.4 Social Isolation

Social connectedness of children may become a problem due to urban living conditions, nuclear family system, lesser outdoor activities, and virtual interactions. Modern holistic model of education encourages collaboration in learning and group activities, mentoring of peers, volunteering, and positive classroom culture.<sup>[7,8,33]</sup>

### 7.5 Emotional Dysregulation

Many children are unaware of proper emotion regulation. Yoga, breathing exercises, mindfulness, reflection journals, story-telling sessions, and value education can help students to reflect upon their feelings, name them, and respond rather than reacting to situations.<sup>[7,12,20,23,26]</sup>

### 7.6 Lifestyle Problems

Modern lifestyle includes less physical activity, junk foods, irregular meal times, improper sleeping habits, and stress. Lifestyle problems may lead to physical health issues affecting mental well-being of children through tiredness, low self-confidence, lack of concentration, and metabolism.<sup>[37,43]</sup>

## 8. Scientific Evidence for Yoga in School Mental Health Programs

Yoga is an integral discipline involving physical movements, breath regulation, relaxation, attention and awareness, and ethical principles. Yoga for children in school settings typically takes a secular form as a health promotion program.

### 8.1 Yoga and stress relief

Various scientific investigations into school-based yoga indicate benefits of decreased perception of stress, anxiety, tension, negative emotionality. Yoga for stress relief may involve mechanisms such as slow breath, parasympathetic activation, increased body awareness, relaxation responses, and stress resilience. School children who suffer due to

examination pressure are likely to benefit greatly from short daily classes involving physical movements, breath regulation, and relaxation exercises.<sup>[12,17,19,20]</sup>

### **8.2 Yoga and emotion regulation**

Children can learn through yoga practice to perceive bodily sensations, breath processes, and emotional states. Yoga helps create a gap between stimulus and reaction by increasing bodily awareness and slowing down the process of reaction through deep breaths. Emotion regulation, less emotional reactivity, improved frustration tolerance, and stress resilience have been linked to yoga.<sup>[12,18,20,22]</sup>

### **8.3 Yoga and attention**

Attention is dependent on many factors such as sleep patterns, body movements, emotions, motivation, and self-regulation. Certain yoga practices, like breathing exercises, balancing asanas, mindful physical movements, and relaxation techniques, could be used to improve attention and classroom readiness. While some evidence indicates improved focus and self-control, results from other scientific studies are inconclusive.<sup>[12,18,21,22]</sup>

### **8.4 Yoga and psychological well-being**

Some systematic reviews show that yoga could enhance the range of psychological characteristics of school children. This includes positive effects on mood, well-being, resilience, and self-respect. However, the available scientific findings cannot be considered strong since many studies suffer from small sample size, lack of blinding, varied yoga programs used, and insufficient follow-up periods. Therefore, yoga should be recommended in terms of complementarity rather than being used as a cure for mental disorders.<sup>[12,22]</sup>

## **9. The Importance of Spirituality in Mental Health of Children**

### **9.1 Defining spirituality in educational settings**

In the context of educational settings, spirituality should not mean religious instruction. Instead, spirituality could be defined as the cultivation of meanings, inner awareness, gratitude, connectedness, compassion, ethical sensitivity, and personal responsibility. No specific religious doctrine should be imposed on children. The definition is inclusive and plural.<sup>[27,30,47,50]</sup>

## 9.2 How spirituality influences mental well-being

Certain spiritual or contemplative practices, such as meaning-making, hope-building, self-transcendence, compassionate reflection, gratitude, empathy, and social connections could have beneficial effects on mental health. For example, children who feel inner purpose and belonging are more resilient to stress and adversity. Practices of reflection can facilitate recognition of feelings and values. The practice of gratitude helps to focus on gratitude instead of deficiency. Compassionate attitudes reduce hostility and enhance social connection.<sup>[27,33]</sup>

## 9.3 Evidence for spiritual/contemplative practices

Research on mindfulness, gratitude, compassion and prosocial practices, and social-emotional learning shows that it is reasonable to incorporate certain spiritual and reflective practices at school. While mindfulness practices could potentially lead to stress reduction and enhanced coping skills, their effects on anxiety and depression have remained inconclusive. Studies on gratitude interventions have found improved well-being and decreased stress in some cases. Compassion and kindness practices could improve prosocial behaviors and classroom environment.<sup>[23,26,31,32,47]</sup>

In India, spiritual values can be taught based on universal ethics such as ahimsa, satya, tapas, aparigraha, santosha, seva, and svadhyaya. All those values are partially related to the concepts of Yama, Niyama, Sadvritta, and modern social-emotional learning and deliver Spiritual components in schools in an inclusive, non-coercive way.<sup>[3,7,8,27,30]</sup>

## 10. School-Based Program of Ayurvedic Lifestyle Education

Ayurveda teaches a preventive system called Swasthavritta, which involves daily and seasonal discipline, proper food choices, sleep, conduct, and other measures aimed at maintaining health of the healthy people and prevention of diseases.

### 10.1 Swasthavritta

Swasthavritta incorporates the following elements of a lifestyle: Dinacharya, Ritucharya, Ahara, Nidra, Vyayama, personal hygiene, and Sadvritta. The Swasthavritta in children could be taught as regular wake/sleep time, oral hygiene, physical activity, mindful food consumption, screen-time discipline, emotional self-control, respectful attitude towards peers and seniors, and personal hygiene.<sup>[44,46]</sup>

## 10.2 Dinacharya

Dinacharya is a daily routine. Routine brings order, predictability, and discipline, which helps in regulating biological processes of a body. Dinacharya module for school could include awakening early, morning hygiene, stretching, deep breathing, regular meals, balance between studying and resting, limited screen time in the evenings, and regular time for going to sleep. Scientific studies confirm the significance of having a routine for better mood, sleep, attention, and metabolic regulation.<sup>[37,38,44,46]</sup>

## 10.3 Nidra

In Ayurveda, sleep is believed to be one of the most important means of maintaining health. Scientific studies prove the need for good sleep for emotional well-being, memory retention, learning, growth, immunomodulation, and mental health maintenance. Children can be taught the principles of good sleep, such as bedtime regularity, no screens at night, pre-sleep calm practices, sufficient time allotted to sleep, and its effect on exam success.<sup>[37,38,44,46]</sup>

## 10.4 Ahara

Ahara means food and dietary guidelines. Concepts such as Satvika Ahara could be translated into healthy food habits of fresh, balanced, moderate, appropriate, and clarity-promoting. Scientific evidence shows that unhealthy diet quality, high intake of processed food, irregular meals, and excessive sugar consumption adversely impact energy, mood, attention, and mental well-being. Recent research suggests gut-brain axis is involved.<sup>[39,41,44,46]</sup>

## 10.5 Vyayama and physical activities

Vyayama is appropriate physical exercise that promotes strength, healthy digestion, vitality, good mood, and discipline. Scientific evidence shows the benefits of regular physical activity in reducing anxiety, depression, stress and enhancing self-esteem, social competence, and academic achievement. Yoga could be part of it, but it is preferable that other types of physical activity such as playing and walking be included.<sup>[42,43,44,46]</sup>

## 10.6 Sadvritta

Sadvritta means appropriate conduct in various aspects of life, especially ethical ones. It implies speaking the truth, moderation, respect for other people, compassion, cleanliness, self-restraint, non-violence, and proper behavior. At school, it is equivalent to the teaching of virtues or value education, emotional control, respect and kindness towards others, grateful attitude, and non-bullying behavior.<sup>[7,44,46]</sup>

### 10.7 Ayurveda in school mental health promotion

Studies focusing on Ayurveda only in the field of school mental health programs are rare compared to the literature on yoga and mindfulness. Various school projects and surveys show acceptance of Ayurveda-based health promotion, lifestyle education, and yoga among school students. Nevertheless, RCT data on effects of Ayurveda-based lifestyle interventions on mental health are required. Therefore, the concept of Ayurvedic lifestyle education is recommended on the basis of indirect scientific evidence.<sup>[12,22,37,46]</sup>

## 11. Recommended Model for Integration of Holistic Principles in Education

The recommended model will integrate ancient educational practices with mental health-promotion in children. It should be secular, inclusive, age-appropriate, evidence-based, and culturally sensitive.<sup>[3,7,8,11,20,23,32,37,50]</sup>

### 11.1 Components of Model

- a) Yoga practice: age-appropriate asanas, breathing, relaxing and postural exercises.
- b) Pranayama and breathing practices: Simple, slow breathing, abdominal breathing, alternate nostril breathing (where appropriate), and breath-awareness.
- c) Mindfulness and meditation practices: Brief periods of silent sitting, attention training, body scanning, mindful listening, reflection.
- d) Value-based education: Truthfulness, non-violence, respectfulness, gratitude, discipline, compassion, and responsibility.
- e) Dinacharya – Ayurvedic lifestyle education: sleep practices, balanced diets, physical activity, seasonal changes, hygiene, and moderation in all activities.
- f) Nature-based education: Gardening, nature observation, awareness of environment and reducing dependence on screens.
- g) Community service education: Helping fellow students, cleanliness initiatives, activities for inter-generational participation, and being socially responsible.
- h) Emotional Literacy: Understanding and naming emotions, coping strategies, communication, conflict resolution, and seeking help.
- i) Mentoring practices: Strengthening the relationship between teachers and students.
- j) Parental involvement: Lifestyle practices, healthy sleeping, eating habits, discipline in using digital technologies, and emotional support.

## 11.2 Weekly Plan

The proposed plan includes 10-15 min of daily Yoga-Breathing-Relaxation practices, once-a-week practice of value-based education, once-a-week practice of emotional literacy, once-a-month nature-based or community service activity, and quarterly parent education workshops. This model prevents overload in the academic curriculum since such activities can be easily integrated into assemblies, physical education classes, life skills, and transitions in classrooms.

## 12. Mechanisms Through which Holistic Schooling Promotes Mental Health

### 12.1 Biological Mechanisms

Practices like yoga, breathing, proper sleep and physical exercise may help in decreasing stress responses and balancing the autonomic nervous system. Slow breathing has been associated with increased parasympathetic activation and decreased physiological arousal. Proper sleep facilitates emotional regulation and effective learning. Exercise improves neurobiological pathways responsible for mood and cognitive functions. Balanced diet may affect inflammation, energy metabolism and gut-brain axis.<sup>[12,20,37,43]</sup>

### 12.2 Psychological Mechanisms

Holistic practices promote self-awareness, attentional capacity, emotion labeling and regulation, impulse control, coping skills, resilience and self-efficacy in children. Children gain an understanding of the observable and regulable nature of emotions. Children gain confidence in their capability to soothe body and mind. Value-based education provides meaningful goals and moral direction to the children resulting in a decrease in impulsive behavior.<sup>[7,12,20,23,26,33]</sup>

### 12.3 Social Mechanisms

Group-based holistic practices increase sense of belonging and connection to peers, cooperation and positive classroom atmosphere. Mentoring practices increase school connectedness. Community service practices build empathy and social responsibility. Shared holistic practices create positive culture, normalizing psychological well-being.<sup>[7,8,11,31,33]</sup>

### 12.4 Educational Mechanisms

Increased attention, healthy sleep, self-regulation, and emotional stability will help children become ready to learn. Holistic schooling promotes balanced, disciplined and inquisitive approach to learning rather than a fear-based performance approach.<sup>[7,8,11,12-20,23,26]</sup>

## 13. Tables

**Table 1: Ancient educational principles and modern mental health relevance.**

Ancient principle	Source/tradition	Modern interpretation	Potential mental health relevance
Guru-shishya relationship	Gurukula tradition	Mentorship, supportive adult bond	School connectedness, emotional security
Brahmacharya/discipline	Gurukula/Yoga	Regulation of impulses and habits	Self-control, reduced reactivity
Samatva	Bhagavad Gita	Equanimity in success and failure	Stress tolerance, academic resilience
Yama and Niyama	Yoga Sutras	Ethical and personal discipline	Prosocial behavior, self-regulation
Dinacharya	Ayurveda	Structured daily routine	Sleep, attention, emotional stability
Sadvritta	Ayurveda	Code of ethical conduct	Social harmony, reduced aggression
Ahara	Ayurveda	Balanced and suitable diet	Energy, mood, concentration
Nidra	Ayurveda	Healthy sleep	Memory, emotional regulation
Seva	Indian educational ethos	Service and responsibility	Empathy, social connectedness
Nature-based learning	Gurukula tradition	Outdoor and ecological learning	Reduced stress, attention restoration

**Table 2: Summary of evidence for school-based yoga.**

Evidence area	Reported benefits	Strength of evidence	Limitations
Stress reduction	Reduced perceived stress, relaxation, lower examination anxiety	Moderate but heterogeneous	Small samples, varied modules
Emotional regulation	Better coping, reduced reactivity, improved self-control	Encouraging	Limited long-term follow-up
Attention and concentration	Improved focus, classroom readiness, self-regulation	Mixed to moderate	Different attention measures
Anxiety and mood	Reduced anxiety/depressive symptoms in some studies	Promising but not definitive	Inconsistent findings
Psychosocial well-being	Improved resilience, self-esteem, positive affect	Encouraging	Risk of bias in some studies
School behavior	Improved classroom behavior and peer interaction	Limited to moderate	Context-dependent implementation

**Table 3: Ayurvedic lifestyle concepts and modern scientific correlation.**

<b>Ayurvedic concept</b>	<b>Practical school module</b>	<b>Modern scientific correlation</b>	<b>Expected outcome</b>
Dinacharya	Daily routine, hygiene, regular meals	Circadian rhythm, behavioral consistency	Stability, discipline
Nidra	Sleep education, screen cut-off, bedtime routine	Sleep and emotional regulation	Better mood, attention
Ahara	Balanced diet, mindful eating	Diet quality, gut-brain axis	Improved energy, concentration
Vyayama	Yoga, play, sports, walking	Physical activity and mental health	Reduced stress, better self-esteem
Sadvritta	Conduct, restraint, gratitude, respect	SEL, character education	Prosocial behavior
Ritucharya	Seasonal care, weather-appropriate habits	Preventive health education	Reduced illness, body awareness
Indriya nigraha	Sensory moderation, digital discipline	Screen hygiene, impulse control	Reduced overstimulation
Satvika living	Simplicity, clarity, moderation	Healthy routines and emotional balance	Calmness, self-regulation

## 14. Limitations and Criticisms

### 14.1 Limitations of methodologies

Despite the promise shown by school yoga and mindfulness studies, there are some limitations. These include a small number of participants, short periods of intervention, heterogeneous programs, absence of control group, poor blinding process, dependency on self-report scales, and limited follow-up period. There could also be publication bias, which means that only positive results get reported.<sup>[12,19,22,23,26]</sup>

### 14.2 Heterogeneity in yoga interventions

Yoga interventions vary based on the modules offered, duration, teacher qualifications, spiritual background of the program, targeted age groups, and assessment methods. While some yoga interventions are purely physical, some combine breathing exercises, meditation, relaxation techniques, or spirituality aspects of yoga.<sup>[12,19,22,23,26]</sup>

### 14.3 Implementation of spiritual aspects of yoga in plural setting

The inclusion of spiritual components needs to be done carefully within plural societies. Schools are expected to refrain from sectarian teachings, coercive spiritual activities or rituals, and the like. Universal values such as gratitude, meaning, compassion, silence, self-reflection, ethics, and others should be taught.<sup>[27,30]</sup>

#### 14.4 Teacher Training Needs

It is crucial to train teachers properly to facilitate the successful implementation of school yoga and lifestyle modules. Otherwise, interventions will become mechanized and shallow. Teachers need to know basics of child psychology, trauma-sensitive practices, non-judgmental language, mental wellness, and how to refer troubled children.<sup>[3,8,11]</sup>

#### 14.5 Curriculum Overload

Schools already struggle to finish their curriculum and cover their topics adequately. Interventions need to be kept short and integrated in the regular curriculum so that both interventions and curriculum can fit into daily school schedule.

#### 14.6 Concerns About Safety and Inclusivity

The practices included in interventions must be appropriate for the ages of target children and physically safe. Certain groups such as those with physical limitation, trauma backgrounds, neurodevelopmental conditions, or emotional disturbances may require modifications.

### 15. Future Direction

Future researches are encouraged to do large multicenter randomized control trials on integrated holistic school models. This study must incorporate scientific interventions protocol, good control group, reliable outcome measures, and adequate follow-up. Measures must include anxiety/stress/depression, attention, sleep, behavior, school engagement, resilience, quality of life, absenteeism, and school climate.

Implementing research can examine the feasibility of implementing school-based programs in different types of schools (government/private, rural/urban, etc.) across countries. Teacher training models, parental involvement, cultural adaptation, cost-effectiveness, and scalability also deserve studying. Qualitative research will give insights to the experience of students, teachers, and parents.

There is also a need to develop Ayurveda-inspired school lifestyle modules based on scientific evidence. These modules should eschew unfounded therapeutic benefits and concentrate on prevention of illness through routine, sleep, healthy diet, hygiene, exercise, emotional regulation, and ethical conduct.<sup>[3,7,8,12,22,23,26,37,46]</sup>

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## CONCLUSIONS

Mental health challenges among school children are growing all over the world, and there is a need to introduce preventive measures at school level. Evidence indicates the efficacy of school yoga in managing stress, regulating emotions, enhancing attention, improving coping, and promoting psychological well-being, although scientific evidence needs to grow further. Gratitude, mindfulness, compassion, and SEL offer other scientifically-proven means to improve student wellness.

The ancient education principles of India present a rich conceptual framework for holistic education. The Gurukula method focused on relationship between teachers and pupils, strict rules, nature-based learning, communal living, and value-based education. Yogic philosophy provides students with powerful techniques for self-control and mental stability. Ayurveda gives a preventive lifestyle concept based on Dinacharya, Nidra, Ahara, Vyayama, and Sadvritta. All these concepts have counterparts in modern science such as sleep, nutrition, physical exercise, emotional management, and school connectedness.

Combining these concepts, an effective holistic education model could be developed, including yoga, secular spirituality, value education, Ayurvedic lifestyle, emotional literacy, nature-based learning, and community services.

## REFERENCES

1. World Health Organization. Adolescent mental health. Geneva: World Health Organization; 2025.
2. United Nations Children's Fund. The State of the World's Children 2021: On My Mind—Promoting, Protecting and Caring for Children's Mental Health. New York: UNICEF; 2021.
3. World Health Organization, UNESCO. Making every school a health-promoting school: global standards and indicators. Geneva: World Health Organization; 2021.
4. Polanczyk GV, Salum GA, Sugaya LS, Caye A, Rohde LA. Annual research review: a meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *J Child Psychol Psychiatry.*, 2015; 56(3): 345-365.

5. Erskine HE, Baxter AJ, Patton G, Moffitt TE, Patel V, Whiteford HA, et al. The global coverage of prevalence data for mental disorders in children and adolescents. *Epidemiol Psychiatr. Sci.*, 2017; 26(4): 395-402.
6. Liu Y, et al. Global burden of mental disorders in children and adolescents. *JAMA Pediatr.*, 2025.
7. Durlak JA, Weissberg RP, Dymnicki AB, Taylor RD, Schellinger KB. The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. *Child Dev.*, 2011; 82(1): 405-432.
8. Sawyer SM, Raniti M, Aston R. Making every school a health-promoting school. *Lancet Child Adolesc Health.*, 2021; 5(8): 539-540.
9. Raman V, et al. School mental health program in India—issues and possible practical solutions. *Indian J Psychol Med.*, 2023; 45(3): 283-289.
10. Ministry of Health and Family Welfare, Government of India. Operational guidelines on School Health Programme under Ayushman Bharat. New Delhi: Government of India; 2018.
11. Ministry of Education, Government of India. National Education Policy 2020. New Delhi: Government of India; 2020.
12. Khunti K, Boniface S, Norris E, De Oliveira CM, Shelton N. The effects of yoga on mental health in school-aged children: a systematic review and narrative synthesis of randomised control trials. *Clin. Child Psychol. Psychiatry.*, 2023; 28(3): 1217-1238.
13. Hagen I, Nayar US. Yoga for children and young people's mental health and well-being: research review and reflections on the mental health potentials of yoga. *Front Psychiatry.*, 2014; 5: 35.
14. Noggle JJ, Steiner NJ, Minami T, Khalsa SBS. Benefits of yoga for psychosocial well-being in a US high school curriculum: a preliminary randomized controlled trial. *J Dev. Behav. Pediatr.*, 2012; 33(3): 193-201.
15. Hagins M, Haden SC, Daly LA. A randomized controlled trial on the effects of yoga on stress reactivity in 6th grade students. *Evid Based Complement Alternat Med.*, 2013; 2013: 607134.
16. Frank JL, Kohler K, Peal A, Bose B. Effectiveness of a school-based yoga program on adolescent mental health and school performance: findings from a randomized controlled trial. *Mindfulness.*, 2017; 8(3): 544-553.

17. Butzer B, Bury D, Telles S, Khalsa SBS. Implementing yoga within the school curriculum: a scientific rationale for improving social-emotional learning and positive student outcomes. *J Child Serv.*, 2016; 11(1): 3-24.
18. Butzer B, Ebert M, Telles S, Khalsa SBS. School-based yoga programs in the United States: a survey. *Adv. Mind. Body. Med.*, 2015; 29(4): 18-26.
19. Ferreira-Vorkapic C, Feitoza JM, Marchioro M, Simões J, Kozasa E, Telles S. Are there benefits from teaching yoga at schools? A systematic review of randomized control trials of yoga-based interventions. *Evid. Based Complement Alternat Med.*, 2015; 2015: 345835.
20. Serwacki ML, Cook-Cottone C. Yoga in the schools: a systematic review of the literature. *Int. J. Yoga Therap.*, 2012; 22(1): 101-109.
21. Arya RG, et al. A systematic review of yoga interventions on the mental health of children and adolescents. *Children.*, 2025.
22. Kerekes N, et al. Yoga for children and adolescents: a decade-long systematic review. *Front Psychol.*, 2024.
23. Zenner C, Herrnleben-Kurz S, Walach H. Mindfulness-based interventions in schools: a systematic review and meta-analysis. *Front Psychol.*, 2014; 5: 603.
24. Carsley D, Khoury B, Heath NL. Effectiveness of mindfulness interventions for mental health in schools: a comprehensive meta-analysis. *Mindfulness.*, 2018; 9: 693-707.
25. Fulambarkar N, Seo B, Testerman A, Rees M, Bausback K, Bunge E. Review: Meta-analysis on mindfulness-based interventions for adolescents' stress, depression, and anxiety in school settings. *J Am Acad Child Adolesc Psychiatry.*, 2023; 62(4): 440-457.
26. Kuyken W, et al. Effectiveness and cost-effectiveness of universal school-based mindfulness training compared with normal school provision in reducing risk of mental health problems and promoting well-being in adolescence: the MYRIAD cluster randomised controlled trial. *Evid Based Ment Health.*, 2022; 25(3): 99-109.
27. Aggarwal S, et al. Religiosity and spirituality in the prevention and management of depression and anxiety in young people: a systematic review and meta-analysis. *BMC Psychiatry.*, 2023; 23: 729.
28. Lucchetti G, Koenig HG, Lucchetti ALG. Spirituality, religiousness, and mental health: a review of the current scientific evidence. *World J Clin. Cases.*, 2021; 9(26): 7620-7631.
29. Wong YJ, Rew L, Slaikeu KD. A systematic review of recent research on adolescent religiosity/spirituality and mental health. *Issues Ment Health Nurs.*, 2006; 27(2): 161-183.

30. Elzamzamy K, et al. Religion, spirituality, and pediatric mental health: a scoping review of research trends and predominant themes. *Front Psychiatry.*, 2024; 15: 1472629.
31. Diniz G, Korkes L, Tristão LS, Pelegrini R, Bellodi PL, Bernardo WM. The effects of gratitude interventions: a systematic review and meta-analysis. *Einstein.*, 2023; 21: 0371.
32. Bono G, Froh JJ, Disabato D, Blalock D, McKnight P, Bausert S. Gratitude and adolescents' mental health and well-being: effects of a school-based intervention. *Educ. Sci.*, 2023; 13(3): 320.
33. Mesman E, Vreeker A, Hillegers M. Resilience and mental health in children and adolescents: an update of the recent literature and future directions. *Curr. Opin. Psychiatry.*, 2021; 34(6): 586-592.
34. Stiglic N, Viner RM. Effects of screen time on the health and well-being of children and adolescents: a systematic review of reviews. *BMJ Open.*, 2019; 9(1): 023191.
35. Santos RMS, Mendes CG, Marques Miranda D, Romano-Silva MA. The associations between screen time and mental health in adolescents: a systematic review. *BMC Psychol.*, 2023; 11: 127.
36. Twenge JM, Campbell WK. Associations between screen time and lower psychological well-being among children and adolescents: evidence from a population-based study. *Prev. Med. Rep.*, 2018; 12: 271-283.
37. Lollies F, Schnatschmidt M, Wurm M, Schlarb AA. Associations of sleep and emotion regulation processes in childhood and adolescence: a systematic review. *Sleep. Med. Rev.*, 2022; 64: 101650.
38. Owens J. Insufficient sleep in adolescents and young adults: an update on causes and consequences. *Pediatrics.*, 2014; 134(3): 921-932.
39. O'Neil A, Quirk SE, Housden S, Brennan SL, Williams LJ, Pasco JA, et al. Relationship between diet and mental health in children and adolescents: a systematic review. *Am J Public Health.*, 2014; 104(10): 31-42.
40. Berding K, Carbia C, Cryan JF. Going with the grain: fiber, cognition, and the microbiota-gut-brain axis. *Exp. Biol. Med.*, 2021; 246(7): 796-811.
41. Tucker JE, et al. A systematic review of diet and adolescent mental health. *Nutrients.*, 2025; 17(23): 3677.
42. Biddle SJH, Asare M. Physical activity and mental health in children and adolescents: a review of reviews. *Br J Sports Med.*, 2011; 45(11): 886-895.

43. Andermo S, Hallgren M, Nguyen TTD, Jonsson S, Petersen S, Friberg M, et al. School-related physical activity interventions and mental health among children: a systematic review and meta-analysis. *Sports Med. Open.*, 2020; 6: 25.
44. Charaka. *Charaka Samhita*. Sharma RK, Dash B, editors and translators. Varanasi: Chowkhamba Sanskrit Series Office; 2014.
45. Sushruta. *Sushruta Samhita*. Sharma PV, editor and translator. Varanasi: Chaukhamba Vishvabharati; 2013.
46. Vagbhata. *Ashtanga Hridaya*. Murthy KRS, translator. Varanasi: Chowkhamba Krishnadas Academy; 2012.
47. Patanjali. *Yoga Sutras of Patanjali*. Bryant EF, translator and commentator. New York: North Point Press; 2009.
48. Vyasa. *Bhagavad Gita*. Radhakrishnan S, translator and commentator. New Delhi: HarperCollins India; 2014.
49. Taittiriya Upanishad. In: Radhakrishnan S, editor and translator. *The Principal Upanishads*. New Delhi: HarperCollins India; 1994.
50. Katha Upanishad. In: Radhakrishnan S, editor and translator. *The Principal Upanishads*. New Delhi: HarperCollins India; 1994.
51. Jaiswal YS, Williams LL. A glimpse of Ayurveda—the forgotten history and principles of Indian traditional medicine. *J Tradit Complement Med.*, 2017; 7(1): 50-53.
52. National Council of Educational Research and Training. *Emotional wellbeing and mental health: School Health Programme module*. New Delhi: NCERT; 2022.