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Panchakosha: An Indigenous Framework for Enhancing the Mental Well-Being of Indian Armed Forces and Central Armed Paramilitary Forces Personnel

Dr. Paresh Saxena

Director General, Civil Defence Directorate, Indian Police Service

Abstract

Personnel of the Indian Armed Forces operate under chronic occupational stressors - combat exposure, high-altitude postings, prolonged separation from family, and counter-insurgency duty - that place them at elevated risk of anxiety, depression, and suicide (Kumari, 2011.). While the Ministry of Defence and the Ministry of Home Affairs has expanded psychiatric services, welfare schemes, and yoga-based programmes, most interventions still treat the mind as a single, undifferentiated target. This paper argues that the Panchakosha model - the five-sheath framework of human existence described in the Taittiriya Upanishad - offers Indian military mental-health planners a more complete, indigenous architecture for intervention, one that already has partial empirical support from both Indian and international military research. The paper maps each kosha to a corresponding domain of soldier well-being and existing practice, reviews the available evidence, and discusses implementation challenges.

Keywords: panchakosha, yoga, armed forces, stress

1. Introduction

Soldiering in India carries a distinct stress profile. Personnel serving in counter-insurgency zones, at high-altitude posts such as Siachen, or on prolonged separation from family face a combination of combat threat, environmental extremity, and domestic strain that civilian occupational-stress models do not fully capture (Ryali et al., 2011). Parliamentary data place the human cost of this in stark terms: the Army alone recorded 983 suicide deaths between 2014 and 2024, with the Air Force losing 246 personnel and the Navy 96 over the same period, and non-combat deaths - mostly suicide and fratricide - now exceed combat fatalities in most years (International Policy Digest, 2024). Earlier Rajya Sabha disclosures put the five-year toll (2017–2022) at 819 suicides across the three services (Eurasian Times, 2025). Central Armed Police Forces report a parallel pattern, with hundreds of suicides and tens of thousands of voluntary exits linked to domestic stress, harsh postings, and inadequate leave (The Print, 2023).

At the same time, researchers caution against reading these figures as evidence of a runaway "stress epidemic": Army suicide rates remain below the national civilian average, and the causes identified across seven internal Army studies since 2005 point mainly to socio-economic and domestic strain rather than combat-related trauma alone (Ryali et al., 2011). What is not disputed is that soldiering is stressful, that existing welfare measures - liberalised leave, buddy systems, grievance redressal, and recreational and

yoga programmes have had only partial effect, and that the armed forces themselves are actively seeking better frameworks. In August 2023 the Army launched a joint study with the Defence Institute of Psychological Research (DIPR) specifically to understand and mitigate stress and reduce suicides and fratricides (PTI, 2000). This is the context in which an indigenous, holistic model such as Panchakosha becomes relevant: it was developed within the same civilisational tradition that already informs much of the yoga content the forces use, and it offers a structure for organising interventions that current programmes largely lack.

The Panchakosha Model: Conceptual Foundations

Panchakosha ("five sheaths") is described in the Brahmananda Valli of the Taittiriya Upanishad, one of the principal Upanishads of the Krishna Yajurveda (Singha, 2026). The text presents the human being as composed of five concentric, nested layers of increasing subtlety, each covering and conditioning the one within it, with the true Self (Atman) at the centre:

1. Annamaya Kosha - the physical, food-sustained body.
2. Pranamaya Kosha - the sheath of vital energy or breath (prana) that animates the body.
3. Manomaya Kosha - the mental sheath: thought, emotion, and the sensory mind.
4. Vijnanamaya Kosha - the intellectual sheath: discrimination, judgement, and values.
5. Anandamaya Kosha - the bliss sheath, associated with a sense of underlying contentment and meaning.

Each layer is not merely metaphorical; classical and contemporary yoga therapy treats the koshas as distinct but interdependent levels at which imbalance can arise and be addressed (Nagarathna & Nagendra, 2008). This is precisely what makes the model useful for occupational mental health: it resists the tendency to treat "stress" as one thing, instead distinguishing physical conditioning, autonomic/energetic regulation, emotional processing, cognitive appraisal, and existential meaning as separate - though linked - targets for intervention (Bhardwaj & Kumar, 2024). Recent Indian psychology scholarship has begun to formalise this into structured well-being and human-development models grounded in the koshas (Ranisha et al., 2024), and yoga-therapy institutions such as S-VYASA explicitly map specific practices - asana, pranayama, meditation, and self-inquiry - onto specific koshas as part of an "Integrated Approach of Yoga Therapy" (Nagarathna & Nagendra, 2008).

2. Mapping the Koshas to Soldier Well-Being

2.1 Annamaya Kosha – It is the physical soldier. The outermost sheath corresponds to physical fitness, nutrition, sleep, and injury management - domains the armed forces already prioritise through physical training. The Panchakosha lens argues that physical conditioning cannot be separated from mental health outcomes: fatigue, poor sleep, and physical strain compound psychological vulnerability, and this is reflected in the Army's own "holistic soldier fitness" thinking, which explicitly moves the institution's focus from narrow physical readiness toward integrated moral, physical, and cognitive fitness (Pawar et al., 2023).

2.2 Pranamaya Kosha – Refers to the breath and the autonomic nervous system. This sheath maps onto the physiological stress response. Pranayama (controlled breathing) has repeatedly been shown to shift autonomic balance toward parasympathetic dominance, increasing heart-rate variability and reducing circulating stress hormones (Malhotra et al., 2024). This is not incidental for military populations: the Defence Institute of Physiology and Allied Sciences (DIPAS) has itself conducted controlled research with soldiers, including troops at Siachen who face combined physical, environmental, and psychological extremes, comparing a yoga-based physical-training programme (asana, pranayama, and brief meditation)

against the standard Army physical-training schedule over six months (Yoga in the Army, 1998). Given that isolation, monotony, and family separation at high-altitude postings constitute a distinct category of stress, pranayama-based regulation of the autonomic nervous system offers a low-cost, scalable first line of defence.

2.3 Manomaya Kosha – Entails the mind, mood, and emotion. This is the sheath most directly targeted by conventional mental-health care (counselling, psychiatry) but is also where yoga and meditation practices show some of their clearest evidence in military settings. A large cluster-randomised trial of 1,896 US Army soldiers in Basic Combat Training found that a combined mindfulness-and-yoga intervention produced significantly greater reductions in positive screens for depression and sleep problems than training-as-usual (Nassif et al., 2023). In the Indian context, a randomised controlled trial with Central Armed Police Forces personnel found that a month-long yoga intervention - combining asana, pranayama, and meditation - produced significant improvements in psychological well-being, emotional maturity, and life satisfaction relative to a control group (Pandey et al., 2025). Yoga nidra, a guided-relaxation practice often associated with the deeper koshas, has also been adopted by the US military as an adjunct treatment for post-traumatic stress symptoms and insomnia following Department of Defense–funded feasibility work at Walter Reed Army Medical Center.

2.4 Vijnanamaya Kosha – Comrpises of judgement, discrimination, and cognitive resilience. This sheath governs the intellect: the capacity to appraise a threat accurately, regulate impulsive reactions, and make sound decisions under pressure - arguably the most operationally consequential layer for combat effectiveness. Evidence here is more indirect but still relevant: mindfulness training of the kind evaluated by Nassif et al. (2023) is explicitly designed to strengthen attentional control and reduce reactive, un-appraised responses to stress, while voxel-based neuroimaging studies associate sustained yoga and meditation practice with structural changes in brain regions linked to attention and self-control (Pandey et al., 2025). Building vijnanamaya-level capacity - essentially, discriminative calm under fire - is arguably the layer most neglected by current welfare-oriented interventions, which tend to stop at symptom relief (manomaya) rather than cognitive strengthening.

2.5 Anandamaya Kosha – This can roughly be translated to- meaning, purpose, and camaraderie. The innermost sheath is associated with a stable sense of contentment not contingent on external circumstances. In a military context this maps onto unit cohesion, esprit de corps, sense of purpose, and post-traumatic growth. Breath-based meditation research with US war veterans found that Sudarshan Kriya Yoga produced clinically meaningful reductions in PTSD symptoms and startle response, with benefits persisting at one-year follow-up (Seppälä et al., 2014); such practices are often described by practitioners as cultivating precisely this deeper layer of stable well-being rather than only reducing symptoms. For Indian forces, esprit de corps and the "buddy system" already used for peer support (Jus Corpus, 2023) can be understood as existing, informal anandamaya-level interventions that a Panchakosha-informed programme could formalise and strengthen.

3. Empirical Evidence and Current Practice

The evidence base, while still limited, is growing on both flanks. Within India, the CAPF trial (Pandey et al. 2025) is notable as the first controlled study to develop and test a dedicated yoga-based intervention for psychological immunity and life satisfaction in Indian armed forces personnel, finding large effect sizes for self-confidence, emotional maturity, and psychological well-being. DIPAS research going back to the 1990s already applied a similar logic to Siachen troops, treating yoga as a means of managing stress

across physical, environmental, and psychological registers simultaneously (Yoga in the Army, 1998). More recently, media coverage has documented the Army's turn to yoga as a deliberate response to soldier stress, fatigue, and suicide risk (Indo-Pacific Defense Forum, 2019), and the DIPR-Army collaborative study launched in 2023 signals institutional appetite for systematic, evidence-driven approaches (PTI, 2000)

Internationally, the US and Canadian militaries provide useful comparative evidence. The Basic Combat Training trial (Nassif et al., 2023) is the largest randomised trial to date of mindfulness-and-yoga interventions in a military setting, and its preventive, universal-delivery design - offered to whole platoons rather than only to those already symptomatic - is instructive for Indian planners seeking to move interventions upstream of crisis. Parallel work on Sudarshan Kriya Yoga for combat veterans (Seppälä et al., 2014) and ongoing Canadian trials of virtually delivered SKY for veterans with PTSD point to breath-based practice, corresponding to the pranamaya and manomaya koshas, as a comparatively well-evidenced and scalable component.

4. Implementation Considerations

A Panchakosha-informed programme for Indian armed forces would need to address several practical constraints. First, stigma remains a significant barrier: a widely cited 2014 study reported that the great majority of Indian soldiers are reluctant to discuss mental health problems openly, in contrast to much higher rates of help-seeking awareness reported among US personnel (Pawar et al., 2014). A *panchkoshic* framing - presented as fitness and self-mastery rather than psychiatric treatment - may reduce this reluctance precisely because it maps onto practices (physical training, breathing, meditation) already normalised in Indian military culture. Second, the evidence base for the deeper koshas (vijnanamaya and anandamaya) is thinner and more conceptual than for the outer layers; rigorous, India-specific trials - of the kind (Pandey et al. 2025) have begun - are needed before large-scale rollout. Third, any programme should be designed and delivered alongside, not instead of, professional psychiatric and psychological services; the Panchakosha model is best understood as a preventive and rehabilitative complement to clinical care, not a substitute for it.

5. Conclusion

The Panchakosha model offers the Indian Armed Forces a conceptually coherent, culturally resonant, and partially evidence-backed framework for organising mental health interventions across five distinct but interdependent levels: body, breath, mind, intellect, and meaning. Existing yoga-based programmes in the Indian military already operate, often implicitly, across several of these layers; formalising them within an explicit Panchakosha structure could help planners identify gaps - particularly at the vijnanamaya and anandamaya levels - that current stress-management efforts largely overlook. Given the scale of the mental health burden documented in parliamentary and research data, and the institutional appetite signalled by the 2023 DIPR-Army study, there is a clear opportunity for controlled, India-specific research that tests Panchakosha-structured interventions directly against current practice.

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