

**“DEVELOPMENT OF *ḍharaneeya vega* SCALE AS A SCREENING TOOL  
TO OBSERVE LEVEL OF SUPPRESSION OF ANGER IN YOGA  
PRACTITIONER”**

*Towards Completion of*  
**Master degree in Yoga Therapy (M. Sc. YT August 2020)**

*Submitted by*  
**Poorva Salunke**

*Under the guidance of*  
**Dr. Rajesh S.K.**  
**Dr. Judu Ilavarasu**



**Swami Vivekananda Yoga ānusandhana ṣamsthana**  
**No.19, Eknath Bhavan, Gavipuram Circle, Kempegowdanagar,**  
**Bangalore-560019, India**

## CERTIFICATE

This is to certify that Poorva Salunke who has got MSc registration with start from August 01, 2019 by *ṣvami Vivekananda Yoga ānusandhana ṣamsthana* (S-VYASA), deemed to-be University, has successfully completed the required training in acquiring the relevant background knowledge in Yoga Therapy and has completed the M.Sc. course of 2 years to submit this research project entitled

“DEVELOPMENT OF *ḍharaneeya vega* SCALE AS A SCREENING TOOL TO OBSERVE LEVEL OF SUPPRESSION OF ANGER IN YOGA PRACTITIONER”

Dr. Judu Ilavarasu., PhD

Assistant professor

S-VYASA University, Bengaluru

Date: June 2021

Place: Bengaluru

## DECLARATION

I hereby declare that the subjected study was conducted by me under the guidance of Dr. Judu Ilavarasu. I also declare that the subject matter of my dissertation entitled “DEVELOPMENT OF *dharaneeya vega* SCALE AS A SCREENING TOOL TO OBSERVE LEVEL OF SUPPRESSION OF ANGER IN YOGA PRACTITIONER” has not previously formed the basis of the award of any degree, diploma, associate-ship, fellowship or similar titles.

A rectangular box containing a handwritten signature in black ink on a light-colored background. The signature appears to be 'Poorva Salunke' written in a cursive style.

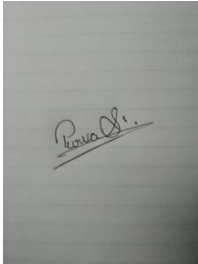
Poorva salunke

Date :- June 21

## ACKNOWLEDGEMENT

An Enriching learning experience can be possible only with the complete support of the Institution, teachers, Family and friend. So, I am extremely thankful to **ṣvami** Vivekananda Yoga *ānūsandhana ṣamsthana* (S-VYASA), MSc course coordinator Padmasri madam and all my teachers of MSc course for the opportunity for an enriching learning experience on Yoga therapy and research. I want to thank all my classmates for helping me and encouraging me in collecting the data for my research.

I would like to express the deepest gratitude to Dr. Judu Ilavarasu for the courage, encouragement, support all throughout the study. I also thank Dr. S K Rajesh for his support and timely help. I sincerely thank them for their efforts in boosting up my self confidence in conducting and successfully completing this survey during this pandemic of corona. Without their guidance, it would have been difficult to conduct this study.

A photograph of a handwritten signature in black ink on a light-colored background. The signature is written in a cursive style and appears to read 'Poorva Salunke'.

Poorva Salunke

Date :- June 21

**STANDARD INTERNATIONAL TRANSLITERATION CODE USED TO  
TRANSLITERATE *ṣamskrit* WORDS**

a	=	अ	ñac	=	ड	pa	=	प
ā		आ	a		च	pha		फ
i	=	इ	cha	=		bab	=	ब
ī		ई	ja		छ	ha		व
u	=	उ	jha	=	ज	ma	=	भ
ū		ऊ	ñ		झ	yar		म
ṛ		ऋ	ṭaṭ	=		a	=	य
ṝ	=	ॠ	ha	=	ञ	la	=	र
e	=	ए	ḍa	=	ड	va	=	व
ai	=	ऐ	ḍha	=	ढ	śa	=	श
o	=	ओ	ṇa	=	ण	ṣa	=	ष
au	=	औ	ta	=	त	sa	=	स
ṁ	=	अं	tha	=	थ	ha	=	ह
ḥ	=	अः	da	=	द	kṣa	=	क्ष
ka	=	क	dha	=	ध	tra	=	त्र
kha	=	ख	na	=	न	jña	=	ज्ञ
ga		ग						
	=							
gha		घ						

## TABLE OF CONTENT

<b>Sl. No</b>	<b>Items</b>	<b>Page Number</b>
1.	<b>INTRODUCTION</b>	7-11
1.1	<b>NEED FOR THE STUDY</b>	11
2.	<b>LITERATURE REVIEW</b>	12-25
2.1	<b>ANCIENT LITERATURE REVIEW</b>	12-18
2.2	<b>SCIENTIFIC LITERATURE REVIEW</b>	19-25
3.	<b>AIMS AND OBJECTIVES</b>	26
3.1	<b>AIM</b>	26
3.2	<b>OBJECTIVES</b>	26
3.3	<b>RESEARCH QUESTION</b>	26
3.4	<b>ETHICAL CONSIDERATION</b>	26
4.	<b>METHODOLOGY</b>	27-28
4.1	<b>SAMPLE</b>	27
4.1.1	<b>SAMPLE SIZE</b>	27
4.1.2	<b>SOURCE OF SAMPLE</b>	27
4.2	<b>INCLUSION CRITERIA</b>	27
4.3	<b>EXCLUSION CRITERIA</b>	27
4.4	<b>STUDY TOOL</b>	28
4.5	<b>STUDY DESIGN</b>	28
4.5.1	<b>PHASE 1- QUALITATIVE STUDY</b>	28
4.5.2	<b>PHASE 2- QUANTITATIVE STUDY</b>	28

<b>4.6</b>	<b>INTERVENTION</b>	<b>28</b>
<b>5.</b>	<b>DATA EXTRACTION AND ANALYSIS</b>	<b>29-32</b>
<b>6.</b>	<b>RESULT</b>	<b>33-35</b>
<b>7.</b>	<b>DISCUSSION</b>	<b>36-37</b>
<b>8.</b>	<b>CONCLUSION</b>	<b>38</b>
<b>9.</b>	<b>APPRAISAL</b>	<b>39</b>
<b>9.1</b>	<b>STRENGTH OF THE STUDY</b>	<b>39</b>
<b>9.2</b>	<b>LIMITATION OF THE STUDY</b>	<b>39</b>
<b>9.3</b>	<b>SCOPE OF THE STUDY</b>	<b>39</b>
<b>10.</b>	<b>REFERENCES</b>	<b>40-42</b>
<b>11.</b>	<b>APPENDIX</b>	<b>43-45</b>

## Abstract

**Background:** *ḍharaneeya vegas* Questionnaire is a cost-effective screening tool to detect the suppression of emotions among a group of people. Further the data can be used to interpret the risk of psychosomatic disorders in future.

**Aim:** The aim of this study is to Develop and validate *ḍharaneeya vegas* questionnaire as a screening tool to observe the level of suppression of anger in yoga practitioners that people do on the daily basis which can further lead to different psychosomatic disorders.

**Methodology:** The study employed tool development method through which a questionnaire with 10 items was developed. No specific inclusion or exclusion criteria was done. The questionnaire was circulated in Google form with the help of different means of social media. Data was collected through Google Excel sheet which was further analyzed and interpreted. Quantitative and qualitative methods were used. As it was a survey design there was no particular intervention.

**Result:** Level of suppression is more in students and working people. Also, the current pandemic scenario has played an important role in increasing the emotional suppression among the people. *āyurveda* explains different methods for controlling the emotions but instead people suppress the emotions which makes them prone to different psychosomatic disorders in future. Preliminary psychometric validation was also attempted using exploratory factor analysis

**Conclusion:** Concept of *ḍharaneeya vegas* in *āyurveda* expound on Vegas essentially required to be controlled in healthy manner, to maintain the health and prevent occurrence of disease. However, from above analysis it is clear that diseased individual do not control or manage their emotions in a proper manner. *āyurveda* suggest methods like meditation, and adopting proper lifestyle for controlling or managing these *ḍharaneeya vegas* in proper manner.

# CHAPTER 1

## INTRODUCTION

*āyurveda*, which is the most ancient healing system in the world, guides us to keep the balance between mind, body and spirit in order to live a long and healthy life.

It shows the importance of eliminating the harmful materials from the body. The body has natural defense mechanisms as natural urges in order to eliminate these harmful substances, which is known as *vegass*. There are two types of natural urges namely *ḍharaneeya vegass* and *ādharaneeya vegass*. *ḍharaneeya vegass* should be suppressed to avoid diseases which include jealousy, anger, grief, fear, ego etc. In vice versa, *ādharaneeya vegass* will cause diseases if they are suppressed.<sup>1</sup> They are feces, urine, sneeze, sleep, flatus etc. Urges are essential sensations, which show that the body is functioning properly. Therefore, *vegass* are one of the most important concepts of *āyurveda*. *ācārya charaka* has specified *ṣvastha chathuśka* in the *ṣutrastana*, which guides us to maintain a healthy life. In this *chathuśka*, some major concepts related with *ṛitucārya*, *ādharaneeya vegass*, food regimen, body constitutions etc. are explained. Among these concepts, *vega dharana* is very important. *vegass* means “natural urge” and *dharana* means “suppression”. Therefore, *vega dharana* means forceful suppression of the natural urges. This is a natural detoxification process by which the body is trying to preserve itself. *vegass* not only keep the body but also the mind in a healthy status when addressed in proper time. Continuous suppression of urges creates many pathological conditions and leads to diseases. *ācārya ṣusruta* explained that, when *vegass* are forcibly suppressed, it leads to vitiation of *vāta ḍośa*. This vitiated *vāta ḍośa*, especially *āpana vāta* moves randomly in undesired directions, mainly *ūrdhava gati* (upward direction). This is called *ūdavarta* and it interferes with the functioning of the particular *ṣrotas* (*ṣroto ḍuśti*) and disturbs the whole-body functions; appearing symptoms at whatever areas they are accumulated.<sup>2</sup> According to *ācārya vāgbhata*, when Natural urges are suppressed, *vāta ḍośa* become vitiated. Because elimination of the natural urges is the function of *vāta*. The vitiated *vāta* leads to vitiation of *klāpha* and *pitta ḍośa*. This *tridośa* imbalance causes the various types of diseases in all systems.<sup>3</sup> The human body has several mechanisms to maintain homeostasis in every physiological function. In order to do that reflexes are very specific and important mechanisms that keep the body in a balance state and excrete the harmful and unwanted substances. It can be voluntary as well as involuntary. According to modern science,

urges are more related with reflexes, because both the reflexes and urges are controlled through the central nervous system, especially the autonomic nervous system. For example, sneezing is a reflex action caused by irritation in the nose. It is made by the expulsion of air through the nose and mouth at a high rate of speed.

This action eliminates irritants such as pollen, dust and other irritant substances from the nasal passage and respiratory tract.

Sneezing involves in the coordinated action of a number of different muscles such as diaphragm, chest muscle, vocal cord muscle and eyelid muscles, sphincters.<sup>4</sup> Nerve impulses are sent from the nose to the brain that controls the sneeze response. If it is suppressed, the irritant will stay inside the body and may cause various health problems. According to modern view sleep is an important part of the daily routine. It is necessary to a number of brain functions, including how nerve cells (neurons) communicate with each other. Sleep influences almost each and every type of tissue and system in the body mainly the brain, heart, liver and lungs. Further, functions including metabolism, hormone regulation, immune functions and disease resistance. Research shows that a chronic lack of sleep or getting poor quality sleep increases the risk of disorders including high blood pressure, cardiovascular disease, diabetes mellitus, depression and obesity. Night shift workers frequently have trouble falling asleep when they go to bed, and also have trouble staying at work because; their natural circadian rhythm and sleep – wake cycle is disrupted. In the case of jet lag, circadian rhythms become uncoordinated with the time of day when people fly to a different time zone, creating a mismatch between their internal clock and the actual clock. In the present era because of sedentary lifestyle, pressure of workload, changes in the sleeping pattern and mealtime etc.; people tend to forcefully suppress most of the *ādharaneeya vegass*. Such as, suppress the urge to pass urine during long journeys or in meetings or lectures; suppress the urge to sleep during night shifts or while over using social media; suppress the urge of hunger when feeling depressed or fasting, when busy with work or study; suppress the urge to pass feces due to absence of facilities or when busy with work; suppress the urge of sneezing, yawning and flatus, while in public places due to shyness etc. It does not matter if the urges are suppressed occasionally, but if urges are suppressed often, then it will be harmful for the health and after onwards *vega dharana* could be the main cause of ill health.

How *vega dharana* leads to manifestation of the disease?

*vega dharana*

*vāta dośa* vitiation

Vitiate *pitta* and *khapha*

Vitiated *dośas* move *urdhava*, *adho*, *tiryak gati* through *srotas*

*dośa duśya sammurcana* (at *sroto vaigunyata*)

*purva rupa* (premonitory symptoms)

*rupa* (symptoms)

Manifestation of the disease(Kulatunga 2021)

### Definition of *vega*

वेगोनामभावानां वथा वृयुमुखताः।

*vegonā mabhāvānāvathāvrayumukhatā*

*vegas* are natural urges and are usually spontaneous in nature. They are reflex actions which originate from their own centre. They are inevitable for the maintenance of proper health. Classification of *vegas* are classified into two3: *sareerika* (physical) and *mānasika* (psychological) *sareerikavegas* *sareerika* (physical) *vegās* otherwise known as *ādharaneeya vegass*, ie. should not be controlled at will. *vega* are involuntary in nature.

*Mānasikavegas*

*Mānasika* (psychological) *vegas* are called as *ḍharaneeya vegas* is the current focus.(Dhanya 2015)

धारयेत्तु सदा वेगान् हितैषी प्रत्य चेह च ।

लोभेष्यार्द्वेषमात्सर्यरागादीनां जितेन्द्रियः ॥

*dhārayettu sadā vegān hitaiśī praty ceha ca  
lobheśyārdveśamātsaryarāgādinām jitendriya*

(Chapter 4, Verse 24)

*ācarya charaka* mentioned thirteen types of *ādharaneeya vegass*, and *ācarya vāgbhata* mentioned fourteen *vegass*, and the same thirteen *vega* under the *ūdavarta* disease by *acarya susruta*. According to authentic texts, *acaryas* stated about *ḍharaneeya vegass*

that one who wants of his well-being during his lifetime and after death, should suppress the *ḍharaneeya vegass* of harshness and cruelties – mentally, orally and physically. Most of the *ḍharaneeya vegass* are mental urges.

They are as follows:

1. *khrodha* (anger)
2. *viśada* (anguish)
3. *cittovega* (anxiety)
4. *mada* (arrogance)
5. *ahankara* (ego)
6. *irśyā* (envy)
7. *bhaya* (fear)
8. *lobha* (greediness)
9. *śoka* (grief)
10. *dainya* (inferiority complex)
11. *abhyasuya* (jealousy)
12. *kāma* (lust)
13. *māna* (pride)
14. *nirlajjatā* (shamelessness)

In addition, *acaryas* stated about *ādharaneeya vegass*, those should not be suppressed at any cost, those common thirteen *vegass* are:

1. *mutra* - urine
2. *puriśa* - feces
3. *retasa* - semen
4. *vāta* - flatus
5. *cardi* - vomit
6. *kśavathu* - sneeze
7. *udgara* - eructation
8. *jrumbha* - yawn
9. *kśudhā* - hunger
10. *pipasa* - thirst
11. *baśpa* - tears
12. *nidrā* - sleep
13. *śrama śvāsa* – breathing on exertion (Kulatunga 2021)

ḍharaneeya vegas in detail :-

***khrodha* (anger):** Reaction towards an adverse situation. It is for self preservation. It can be considered as enmity or jealousy. *khrodha* predominates with *rajasa* quality. It vitiates *pitta*. Symptoms of anger include teeth grinding, fist clenching, flushing, paling, prickly sensation, numbness, sweating, muscle tensions and temperature changes. Here the punishment centre of the hypothalamus is stimulated from the external stimuli. As a result, there will be surge of catecholamines occur. The release of catecholamines triggers the fight-or-flight response in the individual through activating the autonomic system. Stimulation of the lateral hypothalamus, sometimes leading to overt rage and fighting.(Dhanya 2015)

1.1 NEED FOR THE STUDY :-

The *ḍharaneeya vega* questionnaire was specifically developed to understand the impact of suppressing our emotional urges and the level of suppression which leads to psychosomatic disorders. This study is specially focusing on yoga practitioner to understand the managing capabilities of emotional urges.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Ancient Literature review

According to *ayurvedik* texts, a person is said to have good health or *svasthya* (in Sanskrit) when they enjoy a balance of physical and psychological elements (*samadośa*), of energies produced in the body (*samagnisca*), and of tissues in the organs (*samadhātu*) combined with proper elimination of wastes (*malakriyā*), a happy soul (*prasannatma*), a happy, functioning mind (*prasanna-manaha*) and proper functioning of the five senses (*sama-indriyā*).

*ayurvedik* drugs provide for a holistic change in the patient while allopathy deals with specific symptoms of the disorder. *ayurveda* recommends traditional dietary and lifestyle habits along with yogic exercises and herbal treatment. It has proved to be an alternative form of treatment, which not only includes treating the disorder – physical and psychological – but also bringing in a change in the lifestyle of the person to prevent future illnesses.

*ayurveda* stands by its definition of health, in which a healthy mind plays an important role. Being a holistic science, *ayurveda* explores the symbiotic relationship among the mind, body, soul, the senses and their workings. It approaches mental health in the following way:

- The human being is a constitution of the mind, body, soul and senses, also called *manas*, *sarira*, *atmā* and *indriyā* respectively. This includes psychological senses (*gyānendriyā*) and physical organs (*karmendriyā*). The dynamics of these primary constituents govern the health of a person.
- *manas* is a constitution of three operational qualities: *satva*, *rajas* and *tamas*. Also called *gunās*, these define the character or *tatva* of a person. *satva guna* is an amalgamation of all things good – self-control, knowledge, power to determine right and wrong in life. The qualities of *rajas guna* are to be in motion, violent, envious, authoritative, desirous and confused. The characteristics of *tamas* are being dull, inactive, lazy, sleepy or drowsy. Of these *gunās*, *rajas* and *tamas* are referred as *manodośas*. The imbalance of *satva*, *rajas* and *tamas* are responsible for mental illness, known as *manovikara*.(Dr.D 2015)

***bhela samhita:-***

*bhela samhita* also talks about controlling the *ḍharaneeya vegas*.

उक्ता ह्यधारणीयास्तु धारणीयान्निबोधत ॥७॥

लोभमोह भियां तष्टा चिन्तयोर्मदमानयोः ।

शौर्यस्य च तथा विद्वान् प्राप्तं वगै विधारयेत् ॥८॥

एतद्धारयतो ह्यस्य बलमायुश्च वर्धते ।

*uktā hyadhāranīyāstu dhāranīyānniboodhata  
lobhamoha bhīyān traṣṇā cintayormadamānayo  
śooryasya ca tathā vidvāna prāptam vagem vidhārayeta  
etadhdārayato hyasya balamāyus̄c vardhate*

(Chapter 7, Verse 7-8)

It states that every human possesses various emotions, some of which are more powerful than others, based on the personality traits. Despite the fact that everyone has them, they should be managed properly. An intelligent individual would always strive to maintain adequate impulse stability, it will also lengthen his life and improve his physical, mental, and emotional strength. Other *ḍharaneeya vegas* such as jealousy, incorrect speech, heartlessness, having illicit physical connections, robbery, and other *ḍharaneeya vegas* should also be managed, according to *bhela samhita*.(Rao 2010)

***aṣṭāṅga hridaya sutrasthāna:-***

*aṣṭāṅga hridaya* also mentions about *ḍharaneeya vegas*.

धारयेत्तु सदा वेगान् हितैषी प्रत्य चेह च ।

लोभेष्याद्वेषमात्सर्यरागादीनां जितेन्द्रियः ॥

*dhārayettu sadā vegān hitaiśi pratyā ceha ca  
lobheśyārdveśamātsaryarāgādinām jitendriya*

(Chapter 4, Verse 24)

Anger, pride, envy, hate, greed, and affections to material possessions are just a couple of minor feelings that almost every individual being experiences. However, if a person want to prosper in this universe as well as others, he must master these emotions completely. Regulation must be gained by mastery of the sensory receptors.(Murthy 2000)

*caraka samhita:-*

इमांस्तु धारयेद्वेगान् हितार्थी प्रेत्य चेह च ।

साहसानामशस्तनां मनोवाक्कायकर्मणाम् ॥२६॥

*imānstu dhārayedvegān hitārthi pretyā ceha ca  
sāhasānāmasāstanām manovākkāyakarmanām*

(Chapter 7, Verse 26)

One who wishes to be happy during his life span and after should exercise mental, oral, and physical restraint when it comes to impulsiveness and terrible crimes. Not all desires must be pleased. There have been some urges that must be inhibited. The desire for Aggressive action, harsh for despicable actions, must be carefully held back – mentally, orally, and physically.

लोभशोक भय क्रोध मान वगोन् विधारयेत् ।

नैर्लज्ज्येष्यातिरागाणामभिध्यायाश्च बुद्धिमान् ॥२७॥

*lobhaśoka bhaya krodha māna vegān vidhārayet  
nairlajjyersyātirāgānāmabhidhyāyāśc budhdimān*

(Chapter 7, Verse 27)

Besides that, a smart person should avoid pleasing desires such as greed, grief, fear, anger, vanity, shamelessness, jealousy, and excessive affection to materialism.

परुषस्यतिमात्रस्य सूचकस्या नृतस्य च ।

वाक्यस्यकालयुक्तस्य धरयेद्वेगमुत्थितम् ॥२८॥

*paruṣasyatimātrasya sūcakasyā nratasya ca  
vākyasyakālayuktasya dharayedvegamutititam*

(Chapter 7, Verse 28)

It is also important to avoid letting go of the root of excessively angry comments, back stabbing, lying, and the use of inappropriate phrases.

देह प्रवृत्तिर्या काचिद्विद्यत परपीडया ।

स्त्रीभोगस्तेयहिंसाद्या तस्या वेगान्विधरयेत् ॥२९॥

*deha pravratiryā kācidvidyata parapīddyā  
strībhogasteyahinsādyā tasyā vegānvidharayet*

(Chapter 7, Verse 29)

All forms of violence towards others, as well as urges to commit physical acts such as betrayal, fraud, and persecuting, must be resisted. The present physical restraint also includes such thoughtless insertion acts as extending the legs in front of superiors, and so on.

पुणयशब्दो विपापत्वान्मनोवाक्कयकर्मणाम्

धर्मार्थकामान् पुरुषः सुखी भुङ्क्ते चिनोति च ॥३०॥

*punayaśabdo vipāpatvānmanovākkayakarmanāma  
dharmārthakāmān puruṣa sukhī bhudake cinoti ca*

(Chapter 7, Verse 30)

The Moral values One who is devoid of all vices relating to thought, speech, and physical deeds is truly joyful, and enjoys the fruits of *dharma*, *artha* and *kāma* by themselves. (Shukla, Tripathi, and Sharma 2015)

**ANGER :-** The *bhagavad gitā* explains that how anger can take you down in your life. The perfect example is the conversation between *śri Krishna* and *arjuna* in the *gitā* which gives us the understanding to manage our anger. Some of the verses of *bhagavad gitā* are below where *arjuna* understands not to lose control over anger.

ध्यायतो विषयान्पुंसः सङ्गस्तेषूपजायते।

सङ्गात् संजायते कामः कामात्क्रोधोऽभिजायते।।२॥६२॥

*dhyāyato viṣhayān puṁsaḥ saṅgas teṣhūpajāyate  
saṅgāt saṅjāyate kāmaḥ kāmāt krodho 'bhijāyate*

(chapter 2 , verse 62)

Anger, greed, desire, and other mental illnesses are referred to as *manasa roga* in the Vedic literature. We are all aware of the various ailments that affect the human body— even a single bodily ailment has the capacity to ruin one's entire day, yet we are often unaware that we are being troubled by many mental illnesses. We don't treat desire, anger, greed, and other mental illnesses because we don't recognize them as mental illnesses. Psychology is a discipline of

human knowledge that aims to understand these problems and offer answers. Western psychology's analysis and solution, on the other hand, leave a lot to be desired and appear to be crude approximations of mental reality.(swami mukundananda 2013a)

क्रोधाद्भवति सम्मोहः सम्मोहात्स्मृतिविभ्रमः च  
स्मृतिभ्रंशाद् बुद्धिनाशो बुद्धिनाशात्प्रणश्यति ॥ 63॥

*krodhād bhavati sammohaḥ sammohāt smṛiti-vibhramah  
smṛiti-bhranśhād buddhi-nāśho buddhi-nāśhāt pranaśhyati*

(chapter 2 , verse 63)

Anger inhibits judgement in the same way that a morning mist obscures the sun. People make mistakes that they later regret when they are angry, because their brain is hampered by the shroud of emotions. “He is twenty years my senior,” people say. Why did I address him in this manner? “What happened to me?” I wondered. Anger had an effect on the faculty of judgement, and as a result, the mistake of scolding an older was committed.

Once the intellect becomes confused, memory becomes muddled. The person then loses track of what is good and what is bad and flows with the wave of emotions. The slide continues from there, with memory confusion leading to the annihilation of the mind. And, because the intellect is the interior guide, it is ruined when it is lost. The road from divinity to impiety has been described in this way, begins with study of sense objects and ending with the loss of the intelligence.(swami mukundananda 2013b)

कामक्रोधवियुक्तानां यतीनां यतचेतसाम् च  
अभितो ब्रह्मनिर्वाणं वर्तते विदितात्मनाम् अज रक्षज

*kāma-krodha-viyuktānām yatīnām yata-chetasām  
abhito brahma-nirvāṇam vartate viditātmanām*

(chapter 5 , verse 26)

As described in verse 5.2, *karm-yog* is the safer way to adopt for most humans, which is why Shree Krishna has strongly advocated it to *arjuna*. *karma sanyāsa*, on the other hand, is

appropriate for someone who is truly isolated from the world. It has the advantage of not diverting time and energy to worldly responsibilities, allowing one to devote oneself entirely to mindfulness development. In history, there have been numerous accomplished *sanyāsis*. According to *śrī* Krishna, real *karma sanyāsis* make fast expansion and enjoy tranquilly worldwide. They achieve absolute serenity in this life and in the afterlife by suppressing their desires and wrath, as well as neutralizing their minds.(swami mukundananda 2013c)

**त्रिविधं नरकस्येदं द्वारं नाशनमात्मनः ज**

**कामः क्रोधस्तथा लोभस्तस्मादेतत्त्रयं त्यजेत् जज रश्जज**

*tri-vidham narakasyedam dvāram nāśhanam ātmanah  
kāmaḥ krodhas tathā lobhas tasmād etat trayam tyajet*

(chapter 16 , verse 21)

The origin of the demoniac disposition is now described by Shree Krishna, who outlines lust, anger, and greed as the three aspects. *arjuna* had previously asked him, in verse 3.36, why people are compelled to sin, even though they don't want to, as if by compulsion. Shree Krishna replied that it is lust, which evolves into rage and is the world's all-devouring enemy. Greed is also a modification of lust, as the commentary on verse 2.62 explains. Lust, wrath, and greed are the three pillars upon which the demonic vices are built. They fester in the mind, providing fertile ground for the growth of all other vices. As a result, Shree Krishna describes them as portals to hell, advising people to avoid them in order to avert self-destruction.(swami mukundananda 2013d)

## 2.2 SCIENTIFIC LITERATURE REVIEW :-

s.no.	TITLE	AUTHOR NAME	SAMPLE SIZE	INTERVENTION	RESULT	CONCLUSION
1.	Levels of anger in epilepsy patients treated with eslicarbazepine acetate	Manuel toledo , Gonzalo mazuela , Jose angel mauri ,	78 patients	We prospectively recruited adult patients with epilepsy on treatment with $\leq 2$ active AEDs, who required AED addition or substitution, excluding patients with active psychiatric disorders. All patients completed anger level (STAXI-2), depression-anxiety (HADS), and quality of life (QOLIE-10) assessments, and were evaluated at baseline and within 3-6 months after treatment initiation.	Of 78 patients receiving ESL, as add-on therapy or in substitution of a previous AED, were recruited into the ESL group, with an average age of 48 years and 54% men. We used a control group of 58 patients receiving AEDs other than carboxamides.	Patients overall showed improvements in anger levels, mood, and quality of life during the follow-up. A history of psychiatric disorders was a limiting factor to improve anger levels. As compared to controls, anger levels improved in ESL patients independently from seizure control. Therefore, ESL seems to exert a favorable influence on the anger levels of otherwise healthy patients with epilepsy, including those unresponsive to seizure control. The potential ESL anti-aggressive effect should be studied in patients with epilepsy and active psychiatric

						disorders.(Toledo et al. 2019)
2.	State and trait anger and its expression in cluster headache compared with migraine: a cross-sectional study	Marialuisa Rausa, Sabina Cevoli, Giulia Giannini, Valentina Favoni	135 migraine patients and 108 CH patients	One hundred thirty-five migraine and 108 CH patients completed the State Trait Anger Expression Inventory (STAXI-2), composed of 7 subscales. State Anger measures the intensity of the individual's angry feelings at the time of testing. Trait Anger evaluates general predisposition to become angry. Anger Expression Out and Anger Expression In measure the extent to which anger could be overtly expressed or suppressed. Anger Control Out and Anger Control In evaluate how individual try to control the outward or inward expression of anger. Anger Expression Index is a general index.	CH patients have higher median scores than migraine patients in State Anger (46 vs 44, $p = 0.012$ ). CH patients have lower scores in Anger Control Out (44 vs 50, $p = 0.016$ ). In subgroup analysis, CH patients during the cluster period have higher scores than chronic migraine patients in State Anger (47 vs 44, $p = 0.035$ ), while CH patients in headache-free period did not differ from migraine patients.	Migraine and CH patients differ in state anger, indicating that CH patients experienced higher intensity of anger during the time of testing. These data add new information about emotional regulation in headache patients and could support the hypothesis of different emotional and behavioral responses to pain in migraine and CH patients.(Rausa et al. 2019)
3.	Anger and depression among incarcerated male youth: Predictor	Erin L Kelly, Raymond W Novaco, Elizabeth	Male Adolescents	Male adolescents (14-17 years of age) were recruited within 48 hr of arrival at a juvenile detention facility and were administered psychometric	Controlling for prior offending and other background factors, individuals having high anger scores	Given that juveniles' self-report of emotional distress, particularly anger, is predictive of

	s of violent and nonviolent offending during adjustment to incarceration	Cauffman		measures of anger (Novaco Anger Scale) and depression (Center for Epidemiological Studies-Depression scale) at baseline, 1 month, and 2 months. Offending within the facility was assessed via self-report and institutional records.	were more likely to offend over the 2-month period, compared to those with lower levels of anger. Novaco Anger Scale scores, especially the Behavioral facet, predicted both official- and self-reported (violent and nonviolent) institutional offending. There was evidence for the interaction of depression and anger at baseline predicting self-reported offending at 1 month only.	their violent and nonviolent infractions, focused intervention programs could reduce behavior problems during incarceration that add to juveniles' maladjustment and continued exposure to adversities. (PsycINFO Database Record (c) 2019 APA, all rights reserved).(Kelly , Novaco, and Cauffman 2019)
4.	Anger and Depression in Middle-Aged Men: Implications for a Clinical Diagnosis of Chronic Traumatic Encephalopathy	Grant L Iverson , Douglas P Terry , Matthew Luz , Ross Zafonte	166 male	A sample of 166 community-dwelling men ages 40-60 was extracted from the normative database of the National Institutes of Health Toolbox. All participants denied prior head injury or traumatic brain injury (TBI). Participants completed scales assessing anger, hostility, aggression, anxiety, and depression.	In response to the item "I felt angry," 21.1% of men reported "sometimes," and 4.8% reported "often." When asked "If I am provoked enough I may hit another person," 11.4% endorsed the statement as true. There were moderate correlations between anger	Some degree of anger and aggression are reported by a sizable minority of middle-aged men in the general population with no known history of TBI. Anger and hostility are correlated with depression and anxiety, indicating that all tend to co-

					<p>and anxiety (Spearman's <math>\rho=0.61</math>) and between depression and affective anger (<math>\rho=0.51</math>), hostility (<math>\rho=0.56</math>), and perceived hostility (<math>\rho=0.35</math>). Participants were dichotomized into a possible depression group (N=49) and a no-depression group (N=117) on the basis of the question "I feel depressed," specific to the past 7 days. The possible depression group reported higher anxiety (<math>p&lt;0.001</math>, Cohen's <math>d=1.51</math>), anger (<math>p&lt;0.001</math>, Cohen's <math>d=0.96</math>), and hostility (<math>p&lt;0.001</math>, Cohen's <math>d=0.95</math>).</p>	<p>occur. The base rates and comorbidity of affective dysregulation in men in the general population is important to consider when conceptualizing CTE phenotypes. (Iverson et al. 2019)</p>
5.	PTSD and anger: Evaluation of an	Adam J Ripley , Joshua D Clapp ,	152 students	Trauma exposure and corresponding symptoms were assessed during an initial screening	A significant indirect effect of PTSD severity on state-level anger was noted	Results indicate the proposed model may be applicable beyond combat

	indirect effect model in a civilian trauma sample	Benjamin M Wilkowski		procedure. Hostile attributions and aggressive scripts were examined prior to a laboratory-based anger induction procedure. Physiological reactivity was monitored throughout the provocation task. Ratings of subjective anger and anger recovery were completed following the induction period. Relations of post-trauma symptoms with subjective anger through hypothesized anger processes were examined using bootstrapped estimates of indirect effects.	for hostile attribution bias (ab = 0.020, 95% CI [0.002, 0.041]) and a marginal effect through aggressive inclinations (ab = 0.015, 95% CI [-0.001, 0.039]). Data failed to provide evidence for physiological reactivity as an intervening variable. Trauma symptoms did not moderate anger recovery following the provocation task.	trauma samples and suggest potential anger-related targets for PTSD treatment.(Ripley, Clapp, and Wilkowski 2019)
6.	Anger and Impulsivity Among Japanese Adolescents: A Nationwide Representative Survey	Osamu Itani, Yoshitaka Kaneita, Takeshi Munezawa, Maki Ikeda	92 junior school students and 80 senior school students	A self-administered questionnaire covering (1) personal data, (2) lifestyle, (3) mental health status, and (4) feelings of anger and impulsivity was distributed to junior and senior high school students in Japan. Among the total of 10,955 junior high schools and 5,115 senior high schools nationwide, 130 and 110 were randomly selected,	From the questions regarding anger and impulsivity, 8.7% (95% CI, 8.5%-8.9%) and 7.5% (95% CI, 7.3%-7.7%) of the participants were considered to have experienced intense anger and impulsivity, respectively. Logistic regression analysis	The results suggest that healthy lifestyle habits, good sleep habits, and improved mental health are important for preventing intense feelings of anger and impulsivity among adolescents.

			<p>respectively. Of those, 92 junior and 80 senior high schools participated in the survey. The survey period was from December 2008 to the end of January 2009. A total of 95,680 questionnaires were collected. After excluding invalid responses, the remaining 94,777 responses (response rate: 62.3%) were analyzed.</p>	<p>indicated that the odds ratios for experiencing intense feelings of anger were significantly higher (all P values &lt; .05) among students who smoked, consumed alcohol, skipped breakfast, did not wish to go to university, had short sleep duration, had decreased positive feelings, had increased depressive feelings, or used mobile phones for longer hours. The odds ratios for experiencing intense impulsivity were significantly higher among students who smoked, consumed alcohol, skipped breakfast, did not participate in club activities, had short sleep duration, had decreased positive feelings, had increased depressive feelings, or used</p>	
--	--	--	---	---	--

					mobile phones for longer hours.(Itani et al. 2016)	
--	--	--	--	--	---	--

## **CHAPTER 3**

### **AIM AND OBJECTIVE**

#### **3.1 Aim**

The *ḍharaneeya vega* questionnaire was specifically developed to understand the impact of suppressing our emotional urges and the level of suppression which leads to psychosomatic disorders. This study is specially focusing on yoga practitioner to understand the level of suppressing emotions (anger).

#### **3.2 Objective**

**The objectives are :-**

- To evaluate the presentation of *ḍharaneeya vega* survey as a screening tool to notice wrong concealment of emotional urges that individuals do on regular routine.
- To comprehend that concealment of emotional urges can prompt diverse psychosomatic issues in future.
- To observe the suppression level of emotions in yoga practitioners and non-yoga practitioners.

#### **3.3 Research Question:-**

Does development of *ḍharaneeya vega* scale as screening tool alone enough to check the suppression level of emotions in yoga practitioners.

#### **3.4 Ethical consideration:-**

Informed consent was taken from each of the participant,

By filling up the questionnaire, I voluntarily agree to participant in this survey. (Note: If you do not want to participate, you may exit from the survey form)

## **CHAPTER 4**

### **METHODOLOGY**

#### **4.1 Samples**

##### **4.1.1 Sample size**

Four hundred and eighty one volunteers agreed to take an interest in this study. (N=481). *dharaneeya vega* survey was circled through web-based media. (WhatsApp, Facebook).

The poll was in Google structure design. Members presented their Google sheets answers straightforwardly and the information was gathered through Google excel sheet.

##### **4.1.2 Source of the sample**

There was no particular source of the sample, it was a survey method where we got the data through snow ball sampling where the questionnaire was circulated through web based media to our friends and family and further it was circulated among the acquaintances of our family members. We did not come in direct contact of most the individuals who participated in this survey.

#### **4.2 Inclusion criteria**

- Willing to participate in the study
- Who can read English
- Both male and female
- Age:18 to 60 years

#### **4.3 Exclusion criteria**

No specific Exclusion criteria

**4.4 Study Tool:-** We formed a research questionnaire which we further circulated through Google forms. This questionnaire was to observe the suppression level of *ḍharaneeya vega* which total are 11 in no. and total 5 variables – Age, Gender, Occupation, Education and if you are a yoga practitioner. For selecting as a response pattern we created 5 options for our 11 construct so that we can observe the emotional states of each individual.

#### **4.5 study design**

The Research design was a blended plan, utilizing both qualitative and quantitative strategies.

##### **4.5.1 Phase 1- Qualitative study**

Towards collecting, developing and producing data for the scale and construct(anger), I conducted few meetings with the people expertise in *āyurveda*. The conversation and discussion was not more than about one hour. The medium of our discussion was mostly English and *hindi*. The inclusion criteria were as follows: BAMS understudy, M.D in *āyurveda*, experienced doctors rehearsing *āyurveda* for more than 5 years. (n=3, BAMS understudyt-1, *āyurveda* Docter-2). The main focus of our discussion was to understand and to collect more and more data related to our construct and we did cross check the discussion with particular scriptures to have an accurate information.

Following this interaction, we generated items and consolidated the questionnaire with 11 items.

##### **4.5.2 Phase 2- Quantitative study**

For the quantitative study, the Research Design employed was survey design. *ḍharaneeya vega* survey was circled through web-based media. (WhatsApp, Facebook).

The poll was in Google structure design. Members presented their Google sheets answers straightforwardly and the information was gathered through Google excel sheet.

#### **4.6 Intervention**

There was no intervention required as this is one-time evaluation overview study

## CHAPTER 5

### DATA EXTRACTION AND ANALYSIS

The questionnaire was created in Google format and all the data was collected in Google excel sheet. The data analysis was done in Jasp programming. The information was at first removed to an excel sheet and checked for any off-base information section. It prompted the evacuation of 16 situations where there were obvious signs of unseemly section or twofold passage. The last sample size used to report the outcomes is 480.

The main point of this study was to assess the construction of *ḍharaneeya vega* scale. Subsequently, we utilized exploratory factor analysis to decide the quantity of qualities of underline elements of the *ḍharaneeya vega* scale. We used all the 11 construct and performed KMO and Bartlett's test. principal Axis considering was performed to assess the quantity of basic factors by utilizing slanted revolution (oblimin) as the areas were expected to the associated.

#### **Kaiser-Meyer-Olkin test**

	<b>MSA</b>
Overall MSA	0.896
[Anger]	0.889
[Anguish]	0.830
[Anxiety]	0.897
[Arrogance]	0.866
[Envy]	0.895
[Fear]	0.885
[Greed]	0.906
[Grief]	0.926
[Inferiority complex]	0.909
[Jealousy]	0.886
[Shamelessness]	0.933

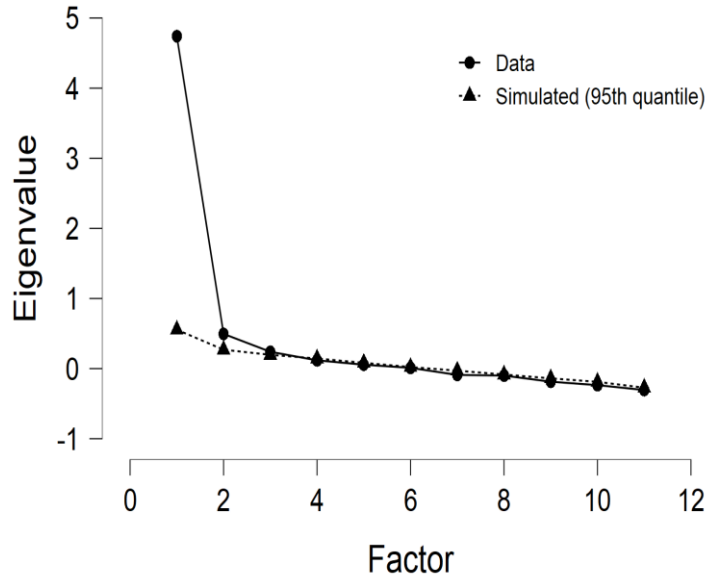
As we can see the overall mean sample adequacy for all 11 construct range between 0.83 to 0.93.

#### **Bartlett's test**

<b>X<sup>2</sup></b>	<b>df</b>	<b>p</b>
1143.422	55.000	< .001

The Bartlett's test of Sphericity is significant as its p-value is >0.05

≡



For further factor analysis this scree plot was also made where we can clearly observe that only 1 factor which can be extracted whereas all the other factors are below 1.

### Factor Loadings

	Factor 1 Uniqueness	
[Anger]	0.461	0.788
[Anguish]	0.528	0.721
[Anxiety]	0.543	0.705
[Arrogance]	0.651	0.577
[Envy]	0.732	0.465
[Fear]	0.562	0.685
[Greed]	0.752	0.434
[Grief]	0.731	0.466
[Inferiority complex]	0.751	0.436
[Jealousy]	0.715	0.489
[Shamelessness]	0.711	0.495

*Note.* Applied rotation method is promax.

### Factor Loadings (Structure Matrix)

	Factor 1
[Anger]	0.461
[Anguish]	0.528
[Anxiety]	0.543
[Arrogance]	0.651
[Envy]	0.732
[Fear]	0.562

### Factor Loadings (Structure Matrix)

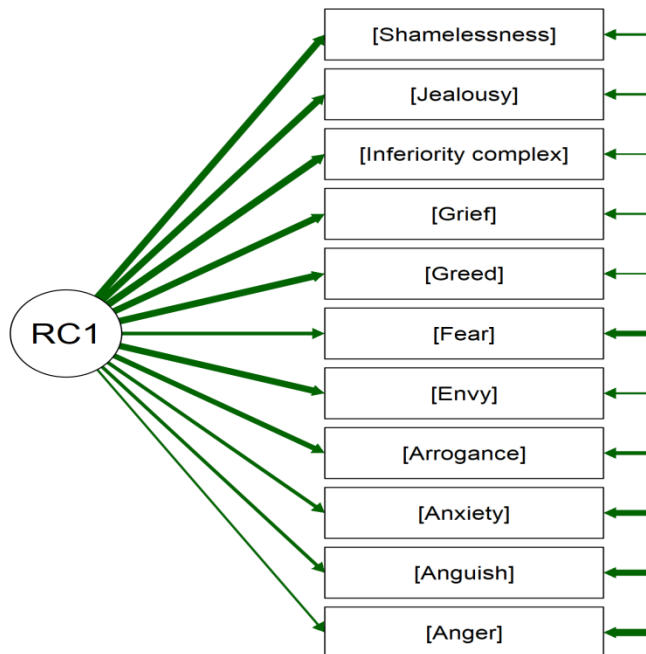
	Factor 1
[Greed]	0.752
[Grief]	0.731
[Inferiority complex]	0.751
[Jealousy]	0.715
[Shamelessness]	0.711

*Note.* Applied rotation method is promax.

### Factor Characteristics

	SumSq.	Loadings	Proportion var.	Cumulative
Factor 1	4.741	0.431	0.431	

### Path Diagram



Path diagram was done for the further analysis.

## Single-Test Reliability Analysis

### Frequentist Scale Reliability Statistics

Estimate	McDonald's $\omega$	Cronbach's $\alpha$
Point estimate	0.893	0.890
95% CI lower bound	0.873	0.868
95% CI upper bound	0.913	0.909

### Frequentist Individual Item Reliability Statistics

Item	mean	sd
[Anger]	0.871	1.043
[Anguish]	0.801	1.096
[Anxiety]	0.726	1.125
[Arrogance]	0.938	1.190
[Envy]	0.946	1.180
[Fear]	0.747	1.136
[Greed]	1.120	1.157
[Grief]	0.763	1.203
[Inferiority complex]	0.801	1.262
[Jealousy]	1.029	1.181
[Shamelessness]	0.929	1.255

The mean and standard deviation of my construct (anger) is 0.871 and 1.043 respectively.

The cronbach's alpha in single –test reliability test for my construct (anger) is 0.890.

## CHAPTER 6

### RESULT

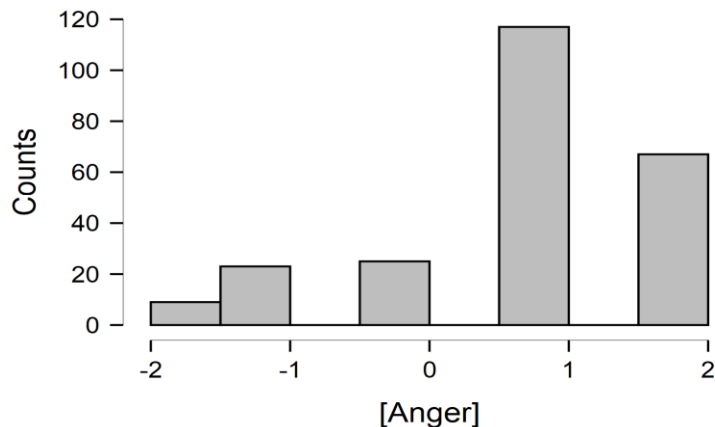
From all the 11 construct I selected “Anger” for the analysis and performed the Descriptive statistics of the assessed subjects for the particular construct. The data was collected through the Google excel sheet and the data I got was of 480 individuals after the extraction of 16 unseemly sections. The age range of 480 volunteers was between 18 to 60 years.

#### Descriptive Statistics

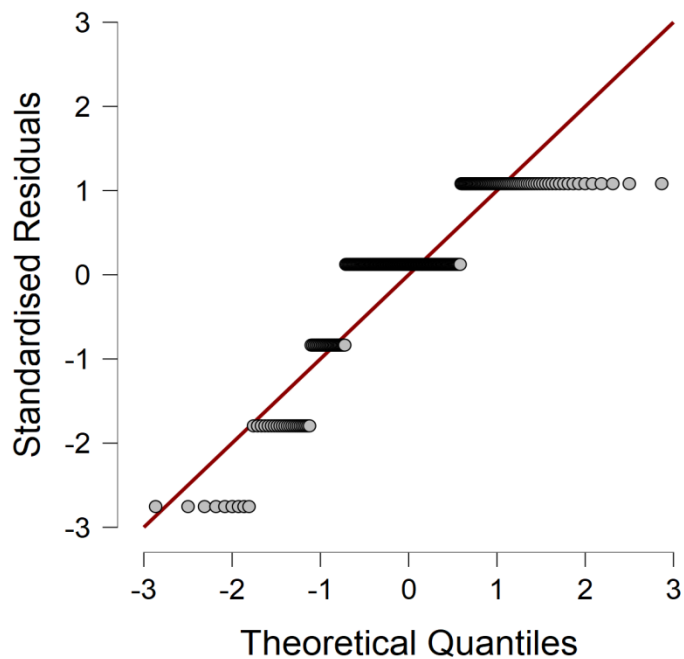
	[Anger]
Valid	241
Missing	0
Mean	0.871
Std. Deviation	1.043
Minimum	-2.000
Maximum	2.000

Beneath given is the distribution plot for the construct 'Anger'. It shows that the vast majority of the subjects have chosen moderately control as their enthusiastic response to any outrageous circumstance.

#### Distribution Plots



## Q-Q Plot



By observing the Q-Q Plot we can say that the data is not normally distributed.

## ARE YOU A YOGA PRACTITIONER:-

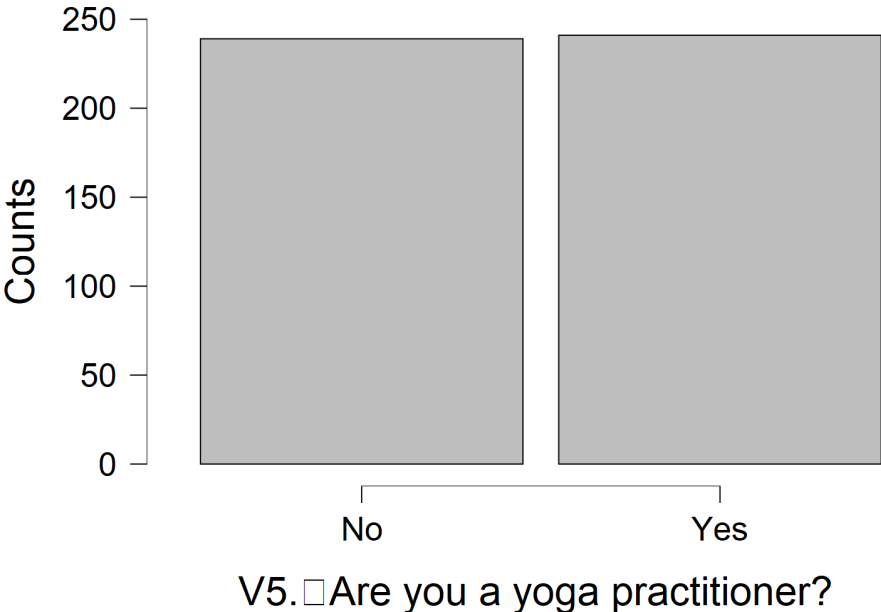
### Frequency Tables

#### Frequencies for V5. Are you a yoga practitioner?

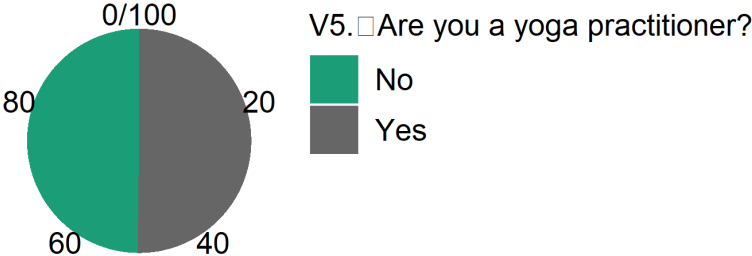
V5. Are you a yoga practitioner?	Frequency	Percent	Valid Percent	Cumulative Percent
No	239	49.792	49.792	49.792
Yes	241	50.208	50.208	100.000
Missing	0	0.000		
Total	480	100.000		

Below given is the distribution plot of yoga practitioner. Total numbers of yoga practitioners are 241 and number of non-practitioners are 239. There has not much difference been observed in yoga practitioners. It has been observed that yoga practitioners are more capable to control their anger in a right way whereas non-practitioners face little difficulties in such situations.

**Distribution Plots**



**Pie charts**



## CHAPTER 7

### DISCUSSION

We expected to develop an instrument to quantify the degree of suppression of emotional urges that individuals do on consistent schedule and furthermore to anticipate that in the event that it is accomplished for a more drawn out time frame it can prompt numerous psychosomatic issues. In absolute we chose eleven constructs which depended on the 11 different emotions. so out of those 11 constructs in this examination Emphasis is done on just one construct that is Anger. Every one of the construct have a place with a similar domain. Toward the starting just 9 constructs were chosen yet after top to bottom conversation and literature at last we thought of 11 constructs for our survey. Notwithstanding, emotions can't be seen as a watertight compartment as a progressively interfaces with the condition of human brain alongside different elements.

Active work was second most precise factor supporting properly towards classifying individuals in their method of suppressing emotions. Occupation and age likewise contributed enough towards right allotment of screening subjects under suitable risk factors for future psychosomatic problems.

The main point of this study was to assess the construction of *dharaneeya vega* scale. Subsequently, we utilized exploratory factor analysis to decide the quantity of qualities of underline elements of the *dharaneeya vega* scale. We used all the 11 construct and performed KMO and Bartlett's test. Exploratory factor analysis on 480 participants were performed. In factor loading chart uniqueness ranges between 0.434 to 0.788 for all 11 constructs. And factor loading in structure matrix ranges between 0.461 to 0.752. The cumulative range of factor characteristics is 0.431.

The Bartlett's test of sphericity was performed to check correlation among the variable. The results were statistically significant as the p-value was  $<.001$  , which is less than 0.05. as the results were significant , we can further perform factor analysis..

Kaiser Meyer Olkin test was used to measure the MSA (mean sample adequacy). The overall measure of sampling adequacy of this samples were 0.896 which was significant and samples were adequate to carry on the further analysis.

In descriptive statistics through distribution plot, we have observed that the data was not equally distributed as more number of individuals selected moderately control option to express the level of suppressing their Anger. In frequency table the total numbers of yoga practitioners are 241 and number of non-practitioners are 239. Though there is not much difference has been seen but

we conclude that yoga practitioners are more capable of balancing their emotions than non-yoga practitioner individuals.

These are the results and interpretation from the study we conducted. The sample size was sufficient to analyse the data and to develop the tool.

## CHAPTER 8

### CONCLUSION

*manovegās* are nothing but certain energy of life force, which are trapped by our process of self centered consciousness. Negative emotions owe their existence to wrong usage of the energy of consciousness, which consists of fixing our attention on the names and forms of external world and losing the track of the greater field of existence. The impairment in the association of *indriyā*, *arta* and *atmā*, ie. *ayoga*, *mithyāyoga* and *athiyoga* result in impaired perception. This impairment can be seen in *manovegās*. *manovegās* like *lobha*, *irśyā* etc are the result of improper *atmā-indriyā-artasamyoga*. The root cause of impaired *atmā-indriyā-artasamyoga* is the *prajnaparadha* (*prajnā* = *buddhi* or intelligence, *aparādha* = faulty deeds). In *āyurveda*, suggests the various methods like meditation, and adopting *sadvritta* in daily life for controlling this *ḍharaneeya vega*. By controlling these *manovegās*, we can reclaim the energy of attention and use it in a creative and conscious way.(Dhanya 2015)

This tool can be used in the workplace to monitor employees' emotional repression.

It can also be utilised in the classroom to examine the stress that occurs as a result of pupils' repression of emotions.

It can also be employed on a personal level to improve one's emotional stability as well as interpersonal relationships.

After a complete observation of the data and its analysis we can conclude that this tools will satisfy its purpose of measuring the emotional suppression.

## **CHAPTER 9**

### **APPRAISAL**

#### **9.1 Strength of the study:-**

- It is a one-of-a-kind study because no previous research has been done and no article has been published on this topic.
- The most important application of this tool is that it can be used to forecast future psychological problems based on a person's current emotional state.
- The tool's sample size is also a noticing strength. Because we received responses through Google Forms, this became easy for individuals to participate in the study without exerting additional effort, resulting in a massive sample size.
- The more responses we received from working people and students, which is the age when people experience various emotions and develop psychological problems.

#### **9.2 Limitation of the study:-**

- Some of the responses were duplicated when the questionnaire was sent online. The data was not as genuine as it should have been.
- It is impossible to guarantee that the responses chosen by participants were 100 percent accurate.

#### **9.3 scope of the study:-**

- This tool can be used in the workplace to monitor employees' emotional repression.
- It can also be utilized in the classroom to examine the stress that occurs as a result of pupils' repression of emotions.
- It can also be employed on a personal level to improve one's emotional stability as well as interpersonal relationships.

## CHAPTER 10

### REFERENCES

Dhanya, NS. 2015. “Physiological Hints on Dharneeya Vega.” *Unique Journal of Ayurvedic and Herbal Medicines*.

Dr.D, Sudhakar. 2015. “How Far Can Ayurveda Go in Treating Mental Health Issues?” *White Swan Foundation*.

Itani, Osamu, Yoshitaka Kaneita, Takeshi Munezawa, Maki Ikeda, Yoneatsu Osaki, Susumu Higuchi, Hideyuki Kanda, Sachi Nakagome, Kenji Suzuki, and Takashi Ohida. 2016. “Anger and Impulsivity Among Japanese Adolescents.” *The Journal of Clinical Psychiatry* 77(07):e860–66. doi: 10.4088/JCP.15m10044.

Iverson, Grant L., Douglas P. Terry, Matthew Luz, Ross Zafonte, Paul McCrory, Gary S. Solomon, and Andrew J. Gardner. 2019. “Anger and Depression in Middle-Aged Men: Implications for a Clinical Diagnosis of Chronic Traumatic Encephalopathy.” *The Journal of Neuropsychiatry and Clinical Neurosciences* 31(4):328–36. doi: 10.1176/appi.neuropsych.18110280.

Kelly, Erin L., Raymond W. Novaco, and Elizabeth Cauffman. 2019. “Anger and Depression among Incarcerated Male Youth: Predictors of Violent and Nonviolent Offending during Adjustment to Incarceration.” *Journal of Consulting and Clinical Psychology* 87(8):693–705. doi: 10.1037/ccp0000420.

Kulatunga, R. D. H. 2021. “A Review of Vegadharana.” *International Ayurvedic Medical Journal* 2–5. doi: 10.46607/iamj13p5032021.

Murthy, K. R. srikanth. 2000. *Vagbhata’s Astanga Hridayam*. Chowkhamba Krishnadas

Academy.

Rao, p. Shrinivas. 2010. *Bhel Samhita*. Chowkhamba Krishnadas Academy.

Rausa, Marialuisa, Sabina Cevoli, Giulia Giannini, Valentina Favoni, Sara Anastasia Contin, Corrado Zenesini, Donatella Ballardini, Pietro Cortelli, and Giulia Pierangeli. 2019. "State and Trait Anger and Its Expression in Cluster Headache Compared with Migraine: A Cross-Sectional Study." *Neurological Sciences* 40(11):2365–70. doi: 10.1007/s10072-019-03987-0.

Ripley, Adam J., Joshua D. Clapp, and Benjamin M. Wilkowski. 2019. "PTSD and Anger: Evaluation of an Indirect Effect Model in a Civilian Trauma Sample." *Journal of Behavior Therapy and Experimental Psychiatry* 64:149–57. doi: 10.1016/j.jbtep.2019.02.004.

Shukla, Vidhyadhar, Ravidutt Tripathi, and Priyvrata Sharma. 2015. *Charak Samhita*. CSP.

swami mukundananda. 2013a. *Bhagavad Gita the Song of God*. New Delhi: Jagadguru Kripaluji Yog.

swami mukundananda. 2013b. *Bhagavad Gita the Song of God*. New Delhi: Jagadguru Kripaluji Yog.

swami mukundananda. 2013c. *Bhagavad Gita the Song of God*. New Delhi: Jagadguru Kripaluji Yog.

swami mukundananda. 2013d. *Bhagavad Gita the Song of God*. New Delhi: Jagadguru Kripaluji Yog.

Toledo, Manuel, Gonzalo Mazuela, Jose Angel Mauri, Xiana Rodriguez-Osorio, María Gómez-Eguilaz, Dolores Castro-Vilanova, Juan Rodriguez-Uranga, and Estevo Santamarina. 2019. "Levels of Anger in Epilepsy Patients Treated with Eslicarbazepine Acetate." *Acta Neurologica Scandinavica* 140(1):48–55. doi: 10.1111/ane.13099.

## APPENDIX

Below given is the tool that was developed for the survey study.

### *dharaneeya vega* questionnaire :-

Instruction:

The following statements assess which method you generally choose to process various emotions; do you tend to suppress them or tend to regulate and control them. Please recollect the experience of the below mentioned emotions and rate how you tend to experience and respond to them on a five-point scale. There is no right or wrong answer, so please respond based on what spontaneously appears to your mind. If you are unable to decide, then you can choose 'Cannot decide' option.

By filling up the questionnaire, I voluntarily agree to participant in this survey. (Note: If you do not want to participate, you may exit from the survey form)

Agree

1. Age (only numerals):

Your answer

2. Gender:

- Male  
 Female

3. Occupation:

- Student  
 Working  
 Homemaker  
 Retired

4. Education:

- 12th Standard or Below  
 Undergraduation  
 Post graduation or above

5. Are you a yoga practitioner?

Yes

No

6. Email id [Optional. Write only if you require your results and willing to participate in a one-time follow up assessment after one month using the same questionnaire]:

	<b>Strongly Control</b>	<b>Moderately control</b>	<b>Cannot decide</b>	<b>Moderately suppress</b>	<b>Strongly suppress</b>
<b>Anger</b>					
<b>Anguish</b>					
<b>Anxiety</b>					
<b>Arrogance</b>					
<b>Envy</b>					
<b>Fear</b>					
<b>Greed</b>					
<b>Grief</b>					
<b>Inferiority complex</b>					
<b>jealousy</b>					
<b>Shamelessness</b>					

The above tool was forwarded through social media. The data was collected in the form of Google Excel sheet. Below given is an example of few samples.

1.Age (only numerals)	2.Gender:	3.Occupation:	4.Education:	5.Are you a yoga practitioner?	[Anger]	[Anguish]	[Anxiety]	[Arrogance]	[Envy]
64	Male	Working	Post graduation or above	Yes	Moderately control	Moderately control	Strongly Control	Strongly Control	Strongly Control
22	Female	Student	Post graduation or above	Yes	Moderately suppress	Moderately suppress	Moderately suppress	Moderately suppress	Moderately control
51	Female	Working	Undergraduation	Yes	Moderately control	Moderately control	Moderately control	Moderately control	Strongly Control
24	Female	Student	Post graduation or above	Yes	Moderately control	Moderately control	Moderately suppress	Moderately suppress	Moderately suppress
24	Male	Working	Undergraduation	Yes	Strongly Control	Strongly Control	Moderately control	Strongly Control	Strongly Control
25	Male	Working	Post graduation or above	Yes	Strongly Control	Strongly Control	Moderately suppress	Strongly Control	Moderately control
25	Female	Student	Undergraduation	Yes	Cannot decide	Strongly suppress	Moderately suppress	Moderately suppress	Cannot decide
22	Male	Working	Undergraduation	Yes	Moderately control	Moderately control	Cannot decide	Moderately suppress	Moderately suppress
20	Female	Student	Undergraduation	Yes	Moderately control	Cannot decide	Moderately control	Moderately control	Moderately control
21	Female	Student	Undergraduation	Yes	Cannot decide	Strongly Control	Strongly Control	Strongly Control	Strongly Control