



Components Of *Prajna- Dhee, Dhruti* And *Smruti*- In *Ayurveda* And Their Parallels With Cognitive Behavioral Therapy

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Abstract: Background: In *Ayurveda*, *Prajna* represents the cognitive faculty of the mind, comprising *Dhee*, *Dhruti*, and *Smruti*. Proper functioning of these components is essential for sustaining mental and physical health, while their impairment, termed *Prajnaparadha*, is considered a major etiological factor for both psychiatric and somatic disorders.

Objective: To analyze the components of *Prajna* and explore their relevance in understanding cognition from an *Ayurvedic* perspective, with parallels to modern psychological concepts.

Materials and Methods: A conceptual review was conducted using classical *Ayurvedic* texts (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*), philosophical texts (*Samkhya Karika*, *Tarkasangraha*, *Bhagavad-Gita*), and modern psychological literature related to cognition. The review emphasized derivation, definitions, and functional interpretations of *Prajna*, *Dhee*, *Dhruti*, and *Smruti*, along with the process of *Jnanotpatti* (knowledge generation).

Results and discussion: *Dhee* corresponds to discrimination and reasoning (*Mano Buddhi* and *Indriya Buddhi*), *Dhruti* governs self-regulation, decision-making, and control, and *Smruti* relates to memory and recollection. The process of *Jnanotpatti*, involving *Atma*, *Indriya*, *Mana*, and *Shareera*, parallels modern cognitive processes such as sensation, attention, perception, thinking, learning, and memory. Dysfunction in these components manifests as *Prajnaparadha*, resulting in impaired judgment, loss of self-control, memory disturbances, and susceptibility to both physical and mental disorders.

Conclusion: *Prajna* encompasses the fundamental cognitive functions of discrimination, regulation, and memory. Understanding its components and their interrelationships offers valuable insights into *Ayurvedic* cognition, while also providing a basis for correlating with modern psychological frameworks. This perspective resonates with Cognitive Behavioral Therapy (CBT), which similarly emphasizes the interplay of thoughts, emotions, and behaviors in health and disease. Integrating *Ayurvedic* principles of *Prajna* with CBT approaches may offer a comprehensive framework for maintaining mental equilibrium and preventing illness.

Index Terms: *Prajna*, *Dhee*, *Dhruti*, *Smruti*, *Prajnaparadha*, *Jnanotpatti*, *Ayurveda*, Cognition, CBT

I. INTRODUCTION

Among the various medical systems, *Ayurveda* defines health as a state of equilibrium of Dosha, Agni, Dhatu, and Mala along with their proper functions, and the presence of a pleasant Atma, Indriya, and Mana¹. In *Ayurveda*, *Prajna* is considered an outcome of the analysis of the mind and is primarily composed of three components: *Dhee*, *Dhruti*, and *Smruti*.

- *Dhee* is responsible for discrimination and thinking.
- *Dhruti* governs control and decision-making.
- *Smruti* is responsible for memory and recollection².

The equilibrium of these three components is vital for maintaining health. Their disturbance results in Prajnaparadha, which can lead to Sarva Dosha Prakopa, affecting both Shareerika Dosha (Vatadi) and Manasika Dosha (Raja and Tama)³. Consequently, Prajnaparadha contributes to the development of both psychiatric and somatic diseases. Prajnaparadha is assessed through alterations in Mana, Vak, and Shareera⁴ and is reflected in variations of Mano Vishaya, which include:

- Chintya – initial analysis,
- Vichara – weighing pros and cons,
- Uhya – evaluating possible outcomes,
- Dhyeya – focusing on goals, and
- Sankalpa – final decision-making⁵.

Understanding the components and functioning of Prajna provides critical insights into the cognitive processes underlying both mental and physical health, highlighting its significance in Ayurvedic assessment and therapy.

Objective of the Study:

- To analyze the components of Prajna—Dhee, Dhrti, and Smrti—and to explore their relevance in understanding cognition from an Ayurvedic perspective.

Materials and Methods:

This study is based on a literature review and conceptual analysis.

Sources of Information: The primary sources include:

- Classical Ayurvedic texts – Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya.
- Philosophical texts – Bhagavad Gita, Samkhya Karika, Tarka Sangraha.
- Modern literature – Contemporary writings in psychology and cognitive sciences relevant to intellect and cognition.

METHODOLOGY

- Textual derivation and definition: Terms such as Prajna, Buddhi, Dhee, Dhrti, and Smrti were derived from their Sanskrit roots and examined through various classical commentaries.
- Conceptual analysis: The process of Jnanotpatti (knowledge generation) as described in Ayurveda was analyzed to understand the functional role of Prajna.
- Comparative correlation: Ayurvedic concepts of cognition were compared with modern psychological constructs including sensation, attention, perception, thinking, decision-making, problem-solving, learning, and memory.

Review of literature: The review of literature has been carried out to build a conceptual framework for understanding the components of Prajna. It draws upon references from classical Ayurvedic texts, philosophical treatises, and modern psychological literature to analyze Dhee, Dhrti, and Smrti in relation to cognition. This forms the foundation for correlating traditional Ayurvedic perspectives with contemporary views on mental functions.

Prajna: The word Prajna is derived from the root Pra + Jna, explained as “Prakarshena jaanaati iti”, meaning “that which knows thoroughly.” Hence, Prajna is regarded as true transcendental wisdom (Shabdhakalpadruma). In Ayurveda as well as in Darshana Shastra, several synonymous terms are used to describe Prajna, such as Buddhi, Chetana, Semushi, Manisha, Mati, Upalabdhi, Pratipatti, and Gnapti (Amarakosha).

Concept of Buddhi:

The word Buddhi has originated from the root word Budh with the suffix kthin – “Budh Grahane,” meaning the faculty by which knowledge is gained (Shabdhakalpadruma). Buddhi is a synonym of Prajna and has been elaborately described in both Ayurvedic and philosophical texts. Different philosophers have explained Buddhi in unique ways—enumerated as Atma Guna, Mahat, Antahkarana, Gyana, Gyana Sadhana, and Gyana Kriya. It has been characterized with several attributes such as Apratyaksha gamya, Vyavasaya vishayaka, Prakashatwa, Agyanahara, Andhakarahara, and Samastapadartha abhivyaktakara.

In Bhagavad Geeta, Buddhi is described as more than mere intellect; it is the discriminating and deciding faculty that directs thought and action. It includes intelligence, judgement, choice, and purpose, with unified Buddhi leading to firm decision and persistence, while dissipated Buddhi results in scattered aims and desires (Bhagavad Geeta by Aurobindo). Tarka Sangraha defines Buddhi in terms of Vyavahara (all purposeful transactions), produced through the interaction of Atma with Indriyarth (Tarka Sangraha by Annambhatta). According to Sankhya Karika, Buddhi is Adhyavasaya, the determinative faculty activated when the animate Atma enlivens the inanimate Buddhi (Sankhya Karika by Ishwara Krishna). Acharya Charaka followed the Samkhya perspective, calling it Nischayatmaka Buddhi—the faculty of true

determination (Cha Sha 1/21). Acharya Dalhana further emphasized that Buddhi arrives at conclusions only after proper reasoning and logic (Sus Sha 1/17).

Thus, Buddhi is essentially the determinative aspect of cognition, guiding decisions and actions. Its functional role becomes clearer when examined through the process of Jnanotpatti (generation of knowledge), where Buddhi forms the final stage of determinate understanding.

JNANOTPATTI (GENERATION OF KNOWLEDGE):

The process of Jnanotpatti (generation of knowledge) occurs with the coordinated involvement of Atma, Indriya, Artha, and Manas. This mechanism of cognition is described as occurring in three distinct stages:

1. **Uhya:** The initial stage of perception, where the Indriya, stimulated by Manas, comes in contact with its respective Artha (object) (Cha sha 1/21). The process involves Artha, Indriya, Manas, and Atma (Cha Sha 1/22). Owing to Anutva (minuteness) and Ekatva (singularity) of Manas, the mind engages one sense at a time—eyes with sight, ears with sound, etc. At this stage, knowledge exists as Alocana or Nirvikalpaka Jnana (indeterminate cognition) (Cha Sha 1/18).

2. **Sankalpanam / Savikalpakam:** The second stage, where sensory inputs undergo analysis and become determinate cognition. Here, mental processes like Cintya, Vicarya, Uhya, Dhyeya, and Sankalpa—which serve as the objects (Artha) of the mind—come into play (Cha Sha 1/19).

3. **Nishcaya:** The final stage, where after analysis, the mind arrives at firm determination and readiness for execution. This decisive stage is Adhyavasaya or Nischayatmaka Buddhi, also termed Mano Buddhi (Cha Sha 1/23).

Components of Prajna:

Dhee: The process of Jnanotpatti (generation of knowledge) described earlier culminates in different intellectual expressions, among which Dhee holds a central role. It represents the grasping and discriminative power of intellect, enabling perception to transform into determinate cognition and guiding action. The term Dhee is derived from "Dhyayate Samprasaranam Ca" by applying Quip Pratyaya and making Deergha by applying Sutra Hal (Shabdhakalpadruma). It is often used synonymously with Buddhi, and its definitions in different contexts include: Dheehi, Buddhihi, Vastu Grahana Shakti, and Upadishta Grahane Shakti. In essence, Dhee signifies the power of grasping, forming the foundational dimension of intellect.

Subdivisions of Dhee: The faculty of Dhee manifests in two principal forms—Manobuddhi and Indriyabuddhi. Manobuddhi refers to Nischayatmaka Buddhi (determinative intellect), which operates through processes such as Uhya and Vichara. It is marked by the capacity to acknowledge both knowledge and ignorance—while withdrawal from an object leads to Ajnana (non-knowledge), active engagement results in Jnana, which may be true or false (Amarakosha). In contrast, Indriyabuddhi represents the cognition that arises from sensory perception, mediated by the Jnanendriya, thereby forming the basis for experiential knowledge of the external world.

Functional Role of Manas in relation to Dhee: The operation of Dhee is inseparably linked with the functioning of Manas, which serves as the immediate instrument for intellectual activity. At the metaphysical level, it is the Atma that bestows Chetanatva (consciousness), thereby initiating Manas into action. Through this endowment, Manas acquires Kartutva—the ability to perform its functions. At the intellectual level, Buddhi, as a characteristic expression of Atma, influences Manas through its three essential dimensions: Dhee (judgment), Dhrti (restraint and sustaining power), and Smrti (memory and recall). Furthermore, at the functional dimension, the three Gunas—Sattva (illumination and knowledge), Rajas (dynamism and action), and Tamas (inertia and regulation)—govern the psycho intellectual processes of Manas. These dynamics find expression through the various Mano Vishaya (domains of mental activity), forming the groundwork for the operation of Dhee.

Mano Vishaya (Domains of Manas): The operational dimensions of Manas manifest through specific domains known as Mano Vishayas. These constitute the stages through which raw perception is processed into determinate cognition, thereby shaping the role of Dhee. Chintya refers to the preliminary thought process—what ought to be done or avoided. It involves Chintana (recollection of past experiences) and forms the foundation of mental engagement. Faulty Chintya leads to distorted decision-making, thereby compromising the correctness of action (Cha Sha 1/18-19). Vicharya represents the evaluative stage of reasoning and logical enquiry, where the qualities and defects of knowledge are critically examined. This ensures circumspection and rational judgment before firm conclusions are drawn (Tarka sangraha). Uhya denotes the process of logical conjecture, speculation, and inferential reasoning, where knowledge is weighed by assessing possibilities and alternatives (Cha Sha 1/20-21). Progressing further, Dhyeya signifies sustained focus and contemplation directed towards the attainment of Yathartha Jnana (true knowledge) (Cha Sha 1/20-21). It embodies higher cognition and concentrated intellectual effort. Finally, Sankalpa represents the conclusive determination of the mind—an act of volition and resolve that arises

after due deliberation. It is the decisive affirmation of the intellect, marking the culmination of the mental process (Cha Sha 1/20-21).

Together, these five domains illustrate the structured progression of mental activity, where Manas operates as the medium and Dhee as the directive force.

Indriya Buddhi: The functional competence of Dhee is also dependent on the healthy operation of the Indriyas. Acharya describes Indriya Avyapatti—a state in which both Jnanendriyas and Karmendriyas remain unimpaired and free from disorders (Cha Sha 1/20-21). Among these, the five Jnanendriyas—Rupendriya (visual), Rasanendriya (gustatory), Ghranendriya (olfactory), Shravanendriya (auditory), and Sparshanendriya (tactile)—play a crucial role in perception, providing the essential inputs for cognition.

Dhee Vibhramsha: When the faculty of intellect fails to perceive reality as it is, a distortion occurs. This condition is termed Dhee Vibhramsha. It is described as the error of considering the Nitya (eternal) as Anitya (ephemeral), or the Ahita (harmful) as Hita (useful), and vice versa (Cha Sha 1/20-21). Since Dhee—a dimension of Buddhi—is responsible for Hitahita Pariccheda Vibhagakaari (discriminating between what is beneficial and harmful), its impairment disrupts the very basis of right judgment.

Operating through both Bahya (external) and Adhyatmika (internal) Bhavas, a healthy Dhee enables the intellect to grasp, analyze, and categorize objects appropriately. When vitiated, however, this discriminative ability is clouded, resulting not only in cognitive error but also in misguided actions. Such distortion of Dhee is closely aligned with the concept of Prajnaparadha (intellectual blasphemy), which is considered the root cause of disease in Ayurveda. Thus, Dhee Vibhramsha is not merely a philosophical aberration but also a practical determinant of health and disease.

Dhruti: The term Dhruti is derived from the Sanskrit root Dhriyan Dhame with the suffix Ktin and is described as one of the components of Prajna (Cha Sha 1/17). Defined as Dhruti hi Niyamatmika, it denotes the restraining and regulating faculty of intellect that prevents Manas from engaging with harmful or non-beneficial objects. Classical texts emphasize its association with Manas, as the Svasyanigraha (self-control) functions of the mind are primarily governed by Dhruti (Cha Sha 1/99). Rooted in the predominance of Sattva Guna within Manas, Dhruti signifies the capacity to adhere to discipline, righteousness, and rightful conduct (Shabdhakalpadruma).

Dhruti Vibhramsha: Dhruti Vibhramsha refers to the impairment of the regulating faculty of intellect, wherein the individual loses the capacity for self-restraint and self-regulation. In such a state, the person becomes incapable of discerning what should or should not be done, leading to instability in judgment, inability to uphold discipline, and deviation from rightful action. This disruption of volitional control results in indulgence toward non-beneficial or harmful objects, reflecting a collapse of the normative guiding power of Dhruti (Cha Sha 1/100).

Smrti: Smrti is derived from the root “Smri Adhyane” with the application of the suffix Ktin, and is described as one of the faculties of Buddhi (A. H. Su 1/26). According to Tarka Sangraha, “Samskaramatra janyam jnanam smrti, tadbinnam jnanam anubhavaha,” signifying that memory (Smrti) arises from impressions, whereas direct experience (Anubhava) is distinct. Within the functions of Buddhi, Smrti operates in recalling knowledge preserved in literature, while Anubhava refers to recollecting experiences acquired through the Jnanendriya. The process of Smrti depends upon sensory inputs and impressions of what is seen, heard, or otherwise experienced. Eight factors are said to facilitate the recall process: Nimitta grahana (recollection through the cause), Rupagrahana (through the object), Sadrshya (through resemblance), Saviparyaya (through the opposite), Satvanubandha (through concentration of mind), Abhyasa (through repeated practice), Jnanayoga (through yogic discipline), and Punasruta (through repeated hearing) (Cha Sha 1/100).

Smrti Vibhramsha: When Smrti becomes impaired, it results in Smrti Vibhramsha, a state where the individual fails to recall what has been seen, heard, or experienced. This manifests as forgetfulness, confusion, and distortion of memory, wherein past impressions are either incorrectly recollected or entirely lost. Such impairment not only disrupts the continuity of knowledge but also hampers the ability to learn from past experiences and apply them in present situations. Ultimately, Smrti Vibhramsha signifies a breakdown in the faculty of memory, leading to errors in judgment, misinterpretation of reality, and functional instability of the Manas (Shabdhakalpadruma).

Cognitive Behavioral Therapy (CBT): It is a structured, time-limited, and evidence-based form of psychotherapy grounded in the understanding that our thoughts, feelings, and behaviors are interlinked (Beck JS. Cognitive Behavior Therapy: Basics and beyond. 3rd ed. New York: Guilford Press; 2020). Its primary aim is to help individuals identify and challenge distorted cognitions—such as automatic negative thoughts—and replace them with more balanced, adaptive thinking, thereby improving emotional well-being and behavioral outcomes. (Butler AC et al. (2006), Hofmann SG et al. (2012) – empirical and meta-analyses on CBT effectiveness) CBT is known for its broad applicability, with strong evidence supporting

its effectiveness across numerous conditions—including anxiety disorders, depression, obsessive-compulsive disorder, substance use disorders, insomnia, and physical complaints like chronic fatigue syndrome and irritable bowel syndrome. (Olatunji BO, Cisler JM, Deacon BJ. Efficacy of cognitive behavioral therapy for anxiety disorders: A review of meta-analytic findings. *Psychiatric Clin North Am.* 2010;33(3):557–77,) (Harvey AG, Watkins E, Mansell W, Shafran R. Cognitive behavioral processes across psychological disorders: A transdiagnostic approach to research and treatment. Oxford: Oxford University Press; 2004). Therapeutic strategies in CBT include cognitive restructuring (challenging and reframing maladaptive thoughts), behavioral activation, exposure techniques, self-monitoring journals, and problem-solving training. (Beck JS. *Cognitive Behavior Therapy: Basics and Beyond*. 3rd ed. New York: Guilford Press; 2020), (Butler AC, Chapman JE, Forman EM, Beck AT. The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clin Psychol Rev.* 2006;26(1):17–31.)

DISCUSSION:

The review of literature emphasizes that cognition, in both *Ayurveda* and modern psychology, revolves around the higher faculties of human intellect, namely perception, recognition, interpretation, reasoning, memory, and decision-making. Cognitive development broadly denotes the progressive refinement of these faculties, ultimately encompassing intelligence and diverse mental abilities. Within this framework, *Ayurveda* places *Manas* at the center of cognition, viewing it as the dynamic entity through which all knowing and doing is mediated. *Manas* functions through three vital dimensions—*Dhee*, *Dhruti*, and *Smrti*—each of which serves as a pillar for healthy cognitive processes. *Dhee* signifies the capacity for control, discernment, and proper discrimination between right and wrong; *Dhruti* indicates restraint, perseverance, and self-regulation, ensuring stability of thought and action; while *Smrti* represents memory and recollection, which anchors both learning and continuity of knowledge. Together, these three dimensions provide the basis for sound judgment, awareness, and behavior. More specifically, *Manas* denotes the initial contact with an object (*Vishaya*), forming the substrate of perception. In different contexts of activity (*Kriya*), it manifests as *Smrti* during recollection, as *Dhee* when engaged in judgment and rational control, and as *Dhruti* in sustaining moderation and stability. *Buddhi*, though fundamentally a quality of *Atma*, finds expression through *Manas* and becomes the decisive intellect at the stage of judgment, making it indispensable for proper decision-making and self-direction.

Ayurveda further encapsulates these cognitive dimensions under the larger umbrella of *Prajna*, the capacity for true knowledge and right conduct. The impairment of *Prajna*, termed *Prajnaparadha*, is regarded as one of the foremost causes of disease, standing alongside *Asatmendriyarthasamyoga* (improper conjunction of senses with their objects) and *Parinama* (the inevitable effects of time). *Prajnaparadha* represents dysfunction in cognition, wherein the faculties of *Dhee*, *Dhruti*, and *Smrti* fail to operate harmoniously, leading not only to mental but also to physical and incidental illness. The classics describe in detail the different modes of such impairment: when *Dhee* becomes vitiated (*Dhee Vibhramsha*), misjudgment and erroneous decisions arise; when *Dhruti* is lost (*Dhruti Vibhramsha*), self-regulation and awareness falter, leading to impulsive or harmful indulgence; when *Smrti* fails (*Smrti Vibhramsha*), memory and recollection collapse, severing the continuity of learning and wisdom. Together, these dysfunctions destabilize the decision-making process, deviate the individual from rightful conduct (*Dharma*), and generate behaviors that directly or indirectly precipitate disease. This *Ayurvedic* perspective underscores that the roots of pathology lie not merely in physical imbalances but also in errors of cognition and behavior, thereby establishing an intimate link between mental faculties, morality, and health.

Philosophical traditions further elaborate on the nature of *Buddhi* and *Prajna*, often using them interchangeably. In *Samkhya*, *Buddhi* is explained as *Viveka jnana*, the discriminative knowledge that differentiates *Purusha* from *Prakruti*. In *Tarkasangraha*, *Buddhi* is highlighted as *Vyavahara*, purposeful transactions emerging from the interaction of *Atma*, *Indriya*, and *Artha*. *Sankhya Karika* describes *Buddhi* as *Adhyavasaya*, a determinate cognition that arises when the otherwise inert *Buddhi* is influenced by the presence of the animate *Atma*. These definitions not only demonstrate the layered understanding of cognition in Indian philosophy but also parallel modern psychology's notions of thought, reasoning, judgment, and decision-making. Thinkers such as Sri Aurobindo, while interpreting the *Bhagavad Gita*, expanded this view by describing *Buddhi* as decisive discrimination, inner steadiness, and persistence of will, contrasting it with dissipated intelligence that is scattered by desires and distractions. Such interpretations resonate strongly with the *Ayurvedic* caution against *Prajnaparadha*, which is nothing but the dissipation of cognitive steadiness through wrong judgment, lack of restraint, or failure of memory.

The process of knowledge generation (*Jnanotpatti*) illustrates *Ayurveda*'s profound understanding of cognition. It posits that valid knowledge arises from the coordinated functioning of *Atma* (soul), *Indriya* (senses), *Manas* (mind), and *Shareera* (body). *Manas* plays a pivotal mediating role, focusing attention,

connecting consciousness to sensory faculties, and enabling the transition from raw sensation to meaningful perception. This process is described in sequential stages: *Atma* provides the underlying consciousness, *Indriya* gathers sensory inputs, *Manas* directs focus and integrates the inputs, and *Buddhi* finalizes judgment. In modern cognitive psychology, this can be paralleled with stages of sensation, attention, perception, and judgment. *Ayurveda*, however, extends the framework by describing *Kalpna*, or the processes of thought, which include *Chintya* (deliberation), *Vichara* (reasoning), *Uhya* (inference), *Dhyeya* (goal-oriented thinking), and *Sankalpa* (determination). All these culminate in *Nischayatmaka Buddhi*, the decisive intellect. These stages map remarkably well onto modern models of cognitive processing, from the intake of sensory data to executive decision-making, thereby reinforcing *Ayurveda*'s early and sophisticated framework of cognition.

The *Ayurvedic* concept of *Prajna* and its components—*Dhee*, *Dhruti*, and *Smrti*—can thus be directly correlated with contemporary cognitive functions. *Dhee* aligns with perception, discrimination, and problem-solving; *Dhruti* corresponds to executive control, self-regulation, and resilience; while *Smrti* represents memory consolidation and retrieval. The disruption of these faculties, collectively termed *Vibhramsha*, mirrors cognitive dysfunctions observed in modern psychology, such as deficits in attention, regulation, and memory, which not only impair intellectual functioning but also contribute to maladaptive behaviors, stress, and lifestyle-related illnesses. *Ayurveda*'s unique strength lies in recognizing that such impairments do not remain confined to the psychological domain but extend to the physical body and even to the individual's moral-ethical dimension, manifesting as both psychosomatic disorders and deterioration of social conduct.

This integrative perspective makes *Ayurveda*'s cognitive theory particularly relevant to contemporary psychology and psychiatry, especially in the context of therapies that address the mind-behavior nexus. Cognitive Behavioral Therapy (CBT), one of the most evidence-based psychotherapeutic approaches today, resonates strongly with the *Ayurvedic* framework of *Prajna*. CBT is based on the premise that distorted cognitions and maladaptive beliefs are at the root of emotional disturbances and behavioral problems. The therapeutic process in CBT focuses on identifying faulty thought patterns, restructuring cognitions, improving awareness, and enhancing self-regulation. This mirrors the *Ayurvedic* approach of restoring *Dhee*, *Dhruti*, and *Smrti*, where *Dhee* ensures proper discrimination and judgment, *Dhruti* sustains restraint and perseverance, and *Smrti* maintains accurate recall and continuity of wisdom. Just as *Prajnaparadha*—cognitive impairment—leads to indulgence in harmful actions and the genesis of disease, CBT emphasizes that unchecked cognitive distortions perpetuate maladaptive behaviors and emotional distress. The corrective process in both systems involves enhancing awareness, strengthening discrimination, and reinforcing self-regulation.

When viewed together, *Ayurveda*'s theory of *Prajnaparadha* and modern CBT converge on the recognition that lack of awareness, errors in judgment, and failure of restraint underlie most maladaptive behaviors and health problems. *Ayurveda*, however, advances this understanding by integrating cognition with morality (*Dharma*), lifestyle, and physical health, highlighting that errors of the mind can be etiological factors not just for psychological disorders but also for somatic diseases. This profound insight positions *Ayurveda* as one of the earliest traditions to articulate a cognitive-behavioral model of health and disease. By situating *Dhee*, *Dhruti*, and *Smrti* as the foundational pillars of cognition, self-awareness, and conduct, and identifying their impairment (*Prajnaparadha*) as the root of pathology, *Ayurveda* anticipated what modern cognitive-behavioral science now confirms—that cognition, awareness, and behavior are inextricably linked to human well-being.

CONCLUSION:

The components of *Prajna*—*Dhee*, *Dhruti*, and *Smrti*—collectively represent the cognitive faculties of the mind. *Dhee* corresponds to discrimination and perception, *Dhruti* to decision-making and self-regulation, and *Smrti* to retention and recall. Impairment of these faculties, termed *Prajnaparadha*, leads to faulty judgment, loss of self-control, and maladaptive recall, ultimately predisposing an individual to both psychological disturbances and physical diseases through *Tridosha* imbalance. A striking parallel can be observed between *Prajnaparadha* and modern Cognitive Behavioral Therapy (CBT). While *Ayurveda* emphasizes correction of impaired cognition as a preventive and therapeutic measure, CBT systematically addresses distorted thought patterns, impaired regulation, and faulty recall through structured interventions. In this way, CBT can be regarded as a contemporary framework that echoes the *Ayurvedic* principle of maintaining *Prajna* in its balanced state. Understanding this correlation highlights the relevance of ancient insights in modern therapeutic contexts and underscores the importance of preserving cognitive harmony for overall health.

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