

AN EMPIRICAL PERSPECTIVE ON SATTVAVAJAYA CHIKITSA (AYURVEDIC PSYCHOTHERAPY): A CONCISE REVIEW OF CONTEMPORARY RESEARCH TRENDS

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ABSTRACT

Sattvavajaya Chikitsa (SC) (*Ayurveda* Psychotherapy) is one among the brainchild concepts of *Acharya Charaka* (father of Indian medicine). In *Ayurveda*, SC is considered to be having the psychospiritual approach with a nonpharmacological treatment modality which solely deals on the mind and its related attributes. SC has 5 methodology, 2 principles, 3 dimensions, 3 psychotherapeutic domains, and 5 techniques. This psychotherapy helps in controlling *Manas* (mind) away from *Ahita Artha* (distractible, unwholesome objects/thoughts/perceptions). Withdrawal of the bothered mind from unwholesome objects is the prime focus of SC. Mainly focusing on the intelligence, consciousness, memory, and spiritual aspects of the affected individuals, SC aims at stimulating consciousness, altering, and discriminating the maladaptive thoughts/actions. Thus, it helps in managing psychiatric, psychological, and psychosomatic ailments. The present review article throws light on the detailed descriptions

of basic doctrines of SC concept and also offers a brief note on its contemporary relevance, recent insights, and applied clinical facets. The paper reports the researches, reviews, and studies on SC encompassing nonpharmacological nootropic efficacy.

KEYWORDS: *Ayurveda*, *Ayurveda* psychotherapy, psycho-behavioural therapy, *Sattvavajaya Chikitsa*, *Trividha chikitsa*.

INTRODUCTION

Sattvavajaya Chikitsa (SC) (*Ayurveda* psychotherapy) has the psycho-spiritual approach and is exclusively meant for the mind and its related attributes. The main intention is to replace negative thoughts into positivity with a focus on *Pratipaksha bhavana* (thinking thoughts of opposite quality). *Sattvavajaya* comprises two words *Sattva* and *Avajaya* where, *Sattva* refers to intellect, consciousness or mind, while *Avajaya* is control over it. *Chikitsa* means treatment/management. SC potentiates *Sattva* with the intentions of modifying maladaptive symptoms caused by *Rajas* (arrogance) and *Tamas* (indolence) which are considered as illness-causing mental humors. SC is defined as a therapy of various methods which help in controlling *Manas* (mind) which is moving toward *Ahita artha* (distractible, unwholesome objects/ thoughts/perceptions). The goal of SC is to provide *Mano nigraha* (controlling of mind) from *Ahita artha* (unwholesome thoughts). A recent comprehensive definition on psychotherapy by Wolberg in 1967 states, “Psychotherapy is the treatment, by psychological means, of problem of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the object of removing, modifying, or retarding existing symptoms, mediating disturbed patterns of behavior, and promoting positive personality growth and development”. This recent explanation on contemporary psychotherapy honestly fits into the thousand years old *Ayurveda* description on SC. In this introductory section, SC is described under the following areas:

- a) Methodology
- b) Principle
- c) Dimensions
- d) Psycho therapeutical domains
- e) Techniques.

Methodology of *Sattvavajaya Chikitsa*

The SC permits the physician’s interference with patient’s mind control. This can be achieved by various ways. These ways are termed as “methodology” of SC. By following these methodologies, SC not only negates the negative thoughts but also endeavors to replace them with positivity. Each methodology has the focus on the basic functions of SC.

Principle of Sattvavajaya Chikitsa

SC has two main principles. Almost all techniques derived from SC have its base in these following two principles. Both these principles undertake to diffuse the emotional imbalance by changing the attitude toward the whole situation.

1. Assurance to the patient of the return of lost objects or persons – Empathically, emotional support is given to the patients who are in grief or sudden loss. It declares that when a person is stressed by the loss of some desired subject, he should be treated by supplementing the same, if not at least through a minimal empathy or consolation.
2. Inducement of emotions opposite to those associated with patient's distress - Substitution or replacement of emotions with opposite ones is another novel method induced by SC. It is advised that if the patient has developed psychosis due to emotional disorders such as excessive *Kama* (lust or affection or desire), *Bhaya* (fear), *Krodha* (anger or aversion), *Harsha* (happiness), *Irshya* (jealousy), and *Lobha* (greed), he/she should be treated by inducing the opposite nature of the respective attained emotions. For example, "*Kama*" (affection) toward alcohol may be alleviated by inducing "*Krodha*" (aversion) toward that affection and vice versa.

Dimensions of Sattvavajaya Chikitsa

Dimensions here refer to "direction." There are three dimensions explained in the *Ayurveda* context for SC. The following three dimensions are the areas which are to be considered in a patient before commencing any technique of SC.

1. **Trivarga Anvekshana** – To repeatedly recollect and attend to the course of conduct related to the objectives of life (*Dharma* [virtue], *Artha* [wealth/ prosperity] and *Kama* [desire]). A person should strive to discard the harmful and unwholesome regimens and adopt the wholesome regimens in regard to the above objectives of life.
2. **Tadvidya Seva** – To render service by those who are well versed in nature and managing any type of mental or psychological diseases.
3. **Atmadinam Vijnanam** – To obtain all round basic knowledge of *Atma* (self), *Desa* (region), *Kula* (family), *Kala* (season), *Bala* (physic and psychic strength), and *Shakti* (capacity) of an individual.

Psychotherapeutic domains of *Sattvavajaya Chikitsa*

There are three psychotherapeutic domains mentioned as an applied feature of SC. These domains have three different modes of approach. The therapeutic utility of the techniques of SC, has its base from these psychotherapeutic domains of SC.

1. *Dhee chikitsa* or uplifting intelligence This domain brings about uplifting or understanding their intellectual mind/thoughts. The overall mode of action of this domain is the judgment and discrimination of the negative thoughts.
2. *Dhairya chikitsa* or boosting confidence and determination. The aim here is to bring firmness/ strength to the disturbed mind and also preserving the mental stability. The support here is to give maximum empathy and create a matured level of awareness and judgment *Atma vijnana chikitsa* or stimulating the consciousness or to set self-realization-This domain brings mental tranquility through understanding the hidden.
3. conflicts which are the source of the emotional illness.

Table 1: Methodology of *Ayurveda* psychotherapy.

- a) *Chintya* - Regulating the thought process
- b) *Vicharya* - Replacing the ideas
- c) *Uhya* - Channelling the presumptions
- d) *Dhyeya* - Polishing the objectives
- e) *Sankalpa* - Proper guidance or advices for taking right decisions

Table 2: Domains of *Sattvavajaya Chikitsa* (Domains & Probable mode of approach).

- a) *Dhee* - Uplifting intelligence
- b) *Dhairya* - Boosting confidence and determination
- c) *Atma Vijnana* - Stimulating the consciousness or setting self-realization

Table 3: Techniques of *Sattvavajaya Chikitsa* (Method & Probable mode of approach).

- a) *Jnana* - Insight oriented approach
- b) *Vijnana* - Educative approach
- c) *Dhairya* – Supportive approach
- d) *Smriti* - Cognitive approach
- e) *Samadhi* - Psycho-philosophical approach

Techniques of *Sattvavajaya Chikitsa*

By adopting above-mentioned psychotherapeutic domains, five techniques of SC are witnessed in *Ayurveda* for any mental disorder. Each of these techniques, their characteristic features have an empirical approach. Each of them provides goal and achievement to be accomplished and based on these, a treatment plan can be set.

Supplementary insights into the concepts of *Sattvavajaya Chikitsa*

JS Tripathi resembles the body-like a chariot. The five senses are like horses, the mind is like the reins and only by holding the reins firmly, one can keep control on the senses. If we do not control these five senses, mind will drag us away. SC directs the traditions to control this rein and thus enables us to have control over unwholesome objects/thoughts/perceptions.

Indrani *et al.* conclude SC acts by promoting *Jnana* (Knowledge) and *Vijnana* (knowledge of scriptural and texts) in the affected individuals. SC in one hand diminishes the impaired *Rajas* and *Tamas* of a pathological mind and in other hand increases the *Sattva* (balanced consciousness), *Dhairya* (fortitude), *Smriti* (consider the real, genuine nature of an object or subject), and *Samadhi* (a state of complete cessation of all types of *Dukha/Vikara*-misery). These are considered as the goals achieved by SC.

Dhimdhime *et al.* believe SC is physio-pharmacological method/therapy and is designed to effect mind control. The various techniques in designing this method/therapy include *Manonigraha* (mind control methods), *Ashwasanadhyaha* (reconciliatory methods), *Pratidvandvabhava* (replacement of emotions), *Manokshobhanam* (psychophysical shock), and *Sadacharah* (moral behavioral code). If these designed techniques of SC are followed with *Abhyasa* (constant practice), *Vairagya* (active renunciation), *Sadhusangati* (associated with pious), *Pranayama* (regulation of elan vital), and *Adhyatmaavidya* (abstract meditation) complete control over mind can be attained.

Bagali *et al.* stated that *Ayurveda* and its SC provide better treatment modality in controlling/managing the growing stress and strain of mental life when compared with other than existing sciences. SC prevents the impairment of *Dhee* (intellect), *Dhriti* (determination/patience), and *Smriti* (memory). It also brings them back into the normal state if impaired.

Satyapal Singh relates SC as psycho-behavioral therapy and it is mainly applied for mental or emotional stress and disturbances.

Vinayak *et al.* conclude SC acts as spiritual therapy which helps in controlling mind with *Vichara* (right thinking). Thus, a sound and positive mental health is achieved by SC.

ARV Murthy and RH Singh, the pioneers of *Ayurveda* think SC as a combo therapy of assurance, replacement of opposite emotions, and psycho shock therapy. SC helps in restraining the mind from its harmful objects/ thoughts/perception of impaired intellect, patience, and memory. They give a variety of applied aspect of SC in the areas of assurance, replacing the emotions, regulation of thought process, reframing the ideas, channeling the presumptions, correction of objectiveness/ideas, proper guidance, and advice for taking right decision with proper control of patience.

Vidhyarthi *et al.* give a wide range of application of SC. They used SC concepts as psychological counseling in the form of cognitive behavioral therapy and assured a positive result in few clinical conditions.

Dhanya opines that mind can be restrained only after adopting *Dhairya* (assurance/support). *Satya Buddhi* (true knowledge of self and ambience) is essential in attaining *Jnana*. *Shastra Jnana* (scriptural knowledge) is indeed needed to attain *Vijnana*. *Tattva Jnana* (true understanding) is essential for the attainment of *Smriti*. SC helps to attend all these. She also concludes that SC overcomes *Rajas* and *Tamas* by its proper implication; *Samadhi* (mental equanimity) is attained at the end.

Behere *et al.*, on reviewing the contribution of *Ayurveda* concepts to psychotherapy, clearly says SC is a mind control therapy which is achieved through spiritual knowledge, philosophies, fortitude, remembrance, and concentration. *Ayurveda* psychotherapy plays a dual role a) as a revival of the authentic medical culture-the exercise of practice with an assumed primordial dimension b) as a discovery of authentic subjectivity-the revelation of a self with an assumed interior depth. Their review also opines that “integration” is essential between the contemporary psychotherapy and the concepts, principles of ancient science like *Ayurveda*. If integrated, it becomes a powerful therapeutic combination because their observation indicates that the worldwide western therapeutic intervention is almost melted with the *Ayurvedic* holistic principles. They also raise a potential scope of revival and development of the suitable psychotherapeutic models from the concepts of SC. They agree SC corrects *Prajnaparadha* (intellectual blasphemy) which is one of the prime causers for the

establishment and development of mental disease. They correlated refraining ideas of SC with “Erickson’s hypnosis” and the principle of inducing emotions of opposite theory with “Gestalt therapy”. They tried to understand the role of therapist of SC and concluded that the ideal therapist of SC attempts to know the state of emotions of a patient which are casually associated with his illnesses. Thus, the therapist develops the strategies to replace the negative emotions with opposite positive one.

Table 4: Characteristic features of the techniques used in *Sattvavajaya Chikitsa*.

Techniques	Definition	Goal	Achievement
<i>Jnana</i>	Getting to know self	To provide support to the patient to develop an insight about himself	i. Improved degree of responsibility and behavior control ii. Emotional maturation iii. Correction of mis-conceptions iv. Better adaptability v. Self-realization
<i>Vijnana</i>	The textual knowledge	To provide guidance to understand the nature of illness and improve his coping capabilities	i. Avoidance of misconception with a better understanding of the disease ii. Better coping skills iii. Adaptations of prophylactic measures iv. A good rapport with therapist
<i>Dhairya</i>	Maintenance of mental balance even when one is under stress	Development of coping abilities	i. better coping abilities ii. Better inter-person relationships iii. A change from negativity to positivity
<i>Smriti</i>	Recalling the objects the object of past experience	To understand the exact nature of the affecting object	The hidden conflicts which are the primary source of an emotional illness are exposed
<i>Samadhi</i>	Restraining the mind from wordily objects and meditating on the spiritual dimension of personality	To achieve higher level of awareness	i. Higher level of awareness ii. Mental tranquillity

Similarities of *Sattvavajaya Chikitsa* with the theories of modern psychotherapy

Almost all researchers opine that SC and modern psychotherapy need not be compared as both of them have different and vast descriptions. They retained the term “*Ayurveda* psychotherapy” whenever they tried to compare both. However, few of them compared SC with modern theories of psychotherapy based on the applicability of similar goal of withdrawing subjects from unwholesome objects/thoughts/perception. All of them have tried to term SC with a new name without diluting the concepts and descriptions of SC.

The probable mode of action of Sattvavajaya Chikitsa

By reconsidering the above concepts, researches, and reviews, a probable mode of action of SC can be drawn. With the base of methodology, dimensions and psychotherapeutic domains of SC a suitable technique is planned and applied. As said earlier each technique of SC has its own mode of approach. Thus, with the help of these derived techniques, SC as a whole may target on the inhibition of the functions of the impaired mental attributes (*Rajas* and *Tamas*) and also corrects the imbalanced emotions of *Dhee*, *Dhriti*, *Smriti*, and *Prajnaparadha*. While at the same time on the other hand, it rectifies the disturbed *Sattva guna* (balancing property of mind) and motivates it through *Dhairya* and *Samadhi*. The whole progression of this “balancing course of action of SC” includes assurance/replacement of emotions/regulation of thought process/re-framing of ideas/channeling of presumptions/correction of objectives and ideals/ proper guidance and advice for taking right decisions/ proper control of patience. Finally, this process results in controlling of *Manas* from *Ahita Artha* which is a final goal of SC. Thus, this treatment modality of SC can be considered as the probable “nonpharmacological nootropic effect”.

Clinical Studies on *Sattvavajaya Chikitsa*

The search for the studies on the nootropic effect of SC in few databases resulted with a good number of research works. It was observed that SC was been conducted as single psychotherapy, as a single psychotherapy and also as an adjuvant to drug therapy (as a combination). The combination of drug therapy with SC was proved to be having a better efficacy than a monotherapy.

SUMMARY AND CONCLUSION

SC (*Ayurveda* psychotherapy) is a nonpharmacological method/therapy opted to repair the impaired vulnerable mind and also to maintain its harmonious state. SC applicability in

mental disorders if used judiciously. SC has a potential to redefine the art and science of ancient psychotherapy and provide a new dimension in treating psychiatric, psychological, and psychosomatic disorders. SC triggers the consciousness and acts at the level of judgment and discriminates the negative/maladaptive thoughts, brings firmness, strength, stability, and finally restrains the mind. An Ayurvedic physician or a psychiatrist should follow the psychotherapeutic treatment strategies and techniques offered by concepts of SC. The paper thus concludes with an attempt to rediscover the critical knowledge about the principles of SC and its applied aspects contributed by various scholars in the field of Ayurveda and modern science. The researches, reviews, and the clinical studies on SC having the “nonpharmacological nootropic effect,” being an effective adjuvant treatment modality are the take-home note from the present manuscript.

REFERENCES

1. Khanna HR. ‘Pratipaksha bhavana (Contrary meditation) given to us by great yoga master Patanjali’. *J Human Values* 2000; 6: 85-8.
2. Madhushree RN, Suhas KS, Savitha HP, Narayan Prakash B. Research article; Role of Panchagavya Gritha in the management of Atattvabhinivesha (Obsessive Compulsive Disorder). *Int Ayurvedic Med. J.*, 2015; 3: 263746.
3. Apte VS. *The Student’s Sanskrit-English Dictionary*. 2nd ed. Delhi: Motilal Banarasidas Publication; 1970; 207.
4. Dhimdime RS, Pawar KB, Kodape DT, Dhimdime SR, Baghel P. Review article; ‘Concept of inter relationship between Manas and Sharira w.s.r to Ayurveda treatment. *Int J. Ayurveda Pharm. Res.*, 2017; 5: 703.
5. Acharya Jadavji Trikamji, editor. *Ayurveda Deepika Commentary of Chakrapanidatta on Charaka Samhita, Sutra Sthana 11/54, Reprint Edition*. Varanasi: Chowkamba Publications; 1987.
6. Sarma DR, Ali K, Sarmah J. Review article; an ayurvedic perspective to cognitive behaviour therapy vis a vis Satwavajaya Chikitsa. *Int J Ayurveda Pharm. Res.*, 2016; 4: 425.
7. Avasthi A, Anthony R. Psychotherapy in Indian context. *J. Clin. Psychiatry*, 1998; 3: 26-8.
8. Murthy ARV, Singh RH. The concept of psychiatry in Ayurveda with special reference to Sattvavajaya Chikitsa: *Ancient Science of Life*, 1987; 6: 255-61.

9. Tripathi JS. Review article on Ayurvedic psychotherapy. *Ann Ayurvedic Med.*, 2012; 1: 31-8.
10. Behere PB, Das A, Yadav R, Behere AP. Ayurvedic concepts related to psychotherapy. *Indian J Psychiatry*, 2013; 55: S310-4.
11. Dhoriyani DD. Dissertation work on Applied Concept of Sattva, Sattvabala and its Promotion through Sattvavajaya and Yuktivyapashraya. Department of Basic Principles, IPGTRA, Gujarat Ayurveda University; April, 2014.
12. Acharya Jadavji Trikamji, editor. *Ayurveda Deepika Commentary of Chakrapanidatta on Charaka Samhita, Sutra Sthana 11/46, Reprint Edition*. Varanasi: Chowkamba Publications, 1987.
13. Apte VS. *The Student's Sanskrit-English Dictionary*. 2nd ed. Delhi: Motilal Banarasidas Publication; 1970; 272.
14. Acharya Jadavji Trikamji, editor. *Ayurveda Deepika Commentary of Chakrapanidatta on Charaka Samhita, C.Su. 1/58, Reprint Edition*. Varanasi: Chowkamba Publications; 1987.
15. Indrani, Satpal, Gour MB, Pandey YK, Sabharwal P. Review article; A critical appraisal of Sattva and significance in the management of disease. *World J. Pharm. Res.*, 2018; 13: 37585.
16. Bagali SS, Umapathi CB, Deshmukh RA. Concept of Sattvavajaya Chikitsa (psychotherapy). *J Ayurveda Integrated Med. Sci.*, 2016; 1: 5663.
17. Singh S, Tripathi JS, Rai NP. An appraisal of the bioavailability enhancers in Ayurveda in the light of recent pharmacological advances. *Ayu*. 2016; 37: 3-10.
18. Vinayak PR, Kathane V, Pathrikar V. Prevention of suicidal attempts in present era through Ayurveda. *Ayurlog. Natl. J. Res. Ayurvedic Sci.*, 2018; 6: 111.
19. Vidhyarthi AK, Vijay RP. Review article; Role of Manochikitsa (Psychological counselling) in the management of modern days Manovikara. *J. Innovations Pharm. Biol. Sci.*, 2016; 3: 203.
20. Dhanya T. Review article on Treatment of Manovikara in Ayurveda. *Int J Innovative Res Med. Sci.*, 2017; 2: 1268-71.