

NAISTHIKI CIKITSA: THE SUPREME HORIZON OF PSYCHO-SPIRITUAL HEALING IN CLASSICAL AYURVEDA

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ABSTRACT

Background: The clinical apparatus of Ayurveda is commonly understood through the lens of Laukiki Cikitsa (worldly therapeutics), which works primarily to restore bio-humoral equilibrium using pharmacological substances (Yuktipavyapasraya), spiritual rituals (Daivavyapasraya), and disciplined mental restraint (Sattvavajaya). Nevertheless, the foundational tantrakaras recognized that therapeutic regimes bounded by worldly causality provide only contingent, time-bound relief. The definitive zenith of Ayurvedic healing is Naisthiki Cikitsa ultimate psycho-spiritual orientation aimed at the total, non-recurrent cessation of suffering (Atyantika Duhkha Nivrtti) through the uprooting of metaphysical delusion and mental clinging. **Objectives:** This treatise undertakes an original analytical inquiry into the foundational

philosophy, psychosomatic dynamics, and therapeutic mechanics of Naisthiki Cikitsa. Drawing upon core aphorisms from the Caraka Samhita, Sarirasthana (Chapter 1, Verses 92–96), this paper unpacks the pivotal concepts of Upadha (inner thirst, deception, and psychological clinging), somatic replication (Dhatu Samya versus Vaisamya), the evocative allegory of the silkworm (Kosakara), and the therapeutic disengagement from combustible perceptual objects (Agnikalpa Artha). **Methods:** Anchored in the traditional Trividha Pariksha (epistemological framework comprising Aptopadesa, Pratyaksa, and Anumana/Yukti). The classical textual recensions are examined alongside canonical commentaries, particularly the

Ayurvedadipika of Cakrapanidatta, the Jalpakalpataru of Kaviraj Gangadhara Sastri, and the Carakatattvapradipiks of Kaviraj Yogindranatha Sena. The derived paradigms are synthesized alongside contemporary transpersonal psychology, cognitive appraisal theory, existential analysis, and neurobiological models of chronic stress and reward pathways. **Results:** The root driver of enduring psychosomatic vulnerability and existential grief is identified as Upadha—the deep-seated egoic grasping born of Prajnaparadha (intellectual blasphemy) and Asamyendriyārtha Saṁyoga (unwholesome sensory conjunction). Whereas standard clinical interventions mitigate temporal suffering (Trikaḷa Vedana) by manipulating material substrates, they leave the underlying causal matrix (Karmasaya and subconscious Vasanas) operational. Naisthiki Cikitsa neutralizes this generative nexus through Sarvopadha Tyaga (total renunciation of inner clinging), halting the vicious cycle of somatic pathology and psycho-spiritual bondage. **Conclusion:** Naisthiki Cikitsa offers a sophisticated, non-pharmacological paradigm of psycho-spiritual healing. By fostering Smṛti (existential mindfulness and recollection of true consciousness), Tattvajñāna (ontological discernment), and radical detachment (Asaṁyoga and Anarāmbha), this approach expands the clinical repertoire. It holds immense potential for palliative oncology, addiction recovery, and the management of chronic, stress-induced psychosomatic disorders, elevating healing from mere bio-mechanical homeostasis to ultimate liberation.

KEYWORDS: Naisthiki Cikitsa, Upadha, Caraka Saṁhita, Sarirasthana, Prajnaparadha, Koṣakara Nyaya, Sattvavajaya, Transpersonal Psychotherapy, Indian Psychology.

1. INTRODUCTION

From its inception, Ayurveda has occupied a unique position among world medical traditions: it is both an empirical biomedical system and a rigorous metaphysical science of living awareness. While it systematically delineates the physical body (Sarira), metabolic fires (Agni), structural tissues (Dhatu), excretory pathways (Malas), and bio-humors (Dosas), it never reduces the human being to a mere mechanical aggregate of biomolecules. Rather, the individual is explicitly recognized as the Cikitsya Purusa—a living synthesis of physical matter, sensory instruments (Indriyas), functional mind (Manas), intellect (Buddhi), and the transcendent Self (Atman). Within classical clinical nosology, human suffering (Dukhas) is mapped across three interlinked dimensions,

- Adhyatmika: Intrinsic physical, somatic, and mental disorders.
- Adhibhautika: Extrinsic environmental traumas, animal injuries, and social conflicts.

- Adhidaivika: Macrocosmic, planetary, seasonal, and metaphysical disturbances.

To counteract these vulnerabilities, classical Ayurveda traditionally offers three therapeutic lines of action, rational material therapies (Yuktipavyapasraya), ritual and psycho-spiritual interventions (Daivavyapasraya), and mental restraint or psychotherapeutic guidance (Sattvavajaya). While these forms of Laukiki Cikitsa (worldly medicine) are indispensable for maintaining physiological equilibrium and treating acute or chronic disease, the foundational authorities were deeply cognizant of their structural limitations. Pharmacological and physical remedies alleviate disease manifestations within time, yet they do not eliminate the existential vulnerability to recurrent decay, mental distress, and repeated rebirth.

To solve this deeper existential riddle, Maharsi Atreya, in the Aarirasthana of the Caraka Samhita, reveals Naisthiki Cikitsa. Etymologically grounded in Nistha (irrevocable culmination, absolute steadfastness in ultimate reality, and final liberation), Naisthiki Cikitsa represents an uncompromising psycho-spiritual protocol. Its singular aim is the total, non-recurrent termination of all pain (Atyantika Duhkha Nivrtti or Moksa).

Modern psychiatry and psychosomatic medicine increasingly struggle with recurrent mood disorders, treatment-refractory addictions, existential crises, and widespread lifestyle-driven neuroses. Despite an extensive pharmacopeia targeting monoaminergic and neuroendocrine pathways, the patient's interior orientation—their cognitive grasping, existential dread, and psychological attachment—often remains entirely untouched.

Naisthiki Cikitsa directly targets this core vulnerability, identifying Upadha (the inner thirst for worldly outcomes and psychic grasping) as the foundational engine of psychosomatic distress. This paper undertakes a detailed analytical study of the classical verses from Sarirasthana, explicating their philosophical, biological, and practical clinical implications through an authentic Indian English academic lens.

2. Textual Foundations and Canonical Exegesis

The doctrinal core of Naisthiki Cikitsa is crystallised in Caraka Samhita, Sarirasthana, Chapter 1 (Katidhapurusīya Sarira Adhyaya), verses 92 to 96. These aphorisms set forth the foundational laws of biological causality alongside the transcendental mechanics of psycho-spiritual release.

(Cha /Sha 1)

(Dehadhatavah hetubhiḥ sadrsa nityam jayante): This expresses a strict biological law of cause and effect (Karya-Karana Siddhan̄ta): the functional and structural tissue elements of the human organism (Dehadhatus) are invariably generated in precise qualitative conformity with their inciting causes (Hetu). Unwholesome inputs invariably produce distorted tissues (Dhatu Vaisamyā), whereas wholesome regimens preserve dynamic balance (Dhatu Samyā). Balanced elements

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ (Yuktimetam puraskrtya): By placing this foundational clinical rationale (Yukti) at the forefront of medical reasoning.

Cikitsā tu naisthiki ya vinopadham: Yet, having articulated this worldly medical framework, Atreya introduces an uncompromising distinction: that therapeutic modality alone is designated as Naisthiki which operates entirely devoid of Upadhā (psychic thirst, selfish craving, and metaphysical illusion).

ॐ नमो भगवते वासुदेवाय ॥ श्री कृष्णाय नमः ॥
 ॐ नमो भगवते वासुदेवाय ॥ श्री कृष्णाय नमः ॥
 ॐ नमो भगवते वासुदेवाय ॥ श्री कृष्णाय नमः ॥
 ॐ नमो भगवते वासुदेवाय ॥ श्री कृष्णाय नमः ॥
 ॐ नमो भगवते वासुदेवाय ॥ श्री कृष्णाय नमः ॥

Philological and Exegetical Commentary:

□ □ □ □ □ □ □ □ □ □ (Upadha hi paro hetuh): Upadha is decisively declared to be the primary, overarching, and ultimate etiological determinant (Parah Hetuh).

□ □ □ □ □ ▣ □ □ □ □ □ □ □ □ च ▣ □ □ □ □ □ □ □ □ □ □ □ □ □ □ (Tyagah sarvopadhanam
ca sarvaduhkha-vyapohakah): The complete, unconditional surrender and eradication (Tyaga)
of every single mode of Upadha is the absolute, definitive destroyer (Vyapohaka) of all
conceivable pain.

(Upadatte tatharthebhyah trsnam ajnah sadaturah): Precisely in the same manner, the spiritually unawakened person (Ajnah), lacking existential discernment, continuously generates insatiable thirst and clinging (Trсна) toward external sensory and material pursuits (Arthebhyah). In doing so, they spin a psychological cocoon that ensures they remain perpetually ill, distressed, and unfree (Sada Aturah).

(Yas tu agnikalpan arthan jno jnatva tebhyo nivartate): Conversely, the truly wise, discerning individual (Jnah), having realized through direct insight that external sensory objects are functionally equivalent to blazing fire (Agnikalpa), deliberately turns away (Nivartate) from them.

(Anarambhad
asamyogat tam duhkham nopatisthate): Through the cessation of egoic grasping and
ambitious projection (Anarambha), coupled with the severance of inner psychological
identification (Asamyoga), suffering can never again approach, penetrate, or overwhelm that
person (Tam duhkham na upatisthate).

3. MATERIALS AND METHODS

A) Epistemological Framework (Trividha Pariksa)

To investigate Naisthiki Cikitsa without divorcing it from its indigenous epistemological foundations, this study utilizes the classical tripartite validation methodology codified in Caraka Samhita, Sutrasthana, Chapter 11,

Aptopadesa (Authoritative Testimony): Thorough textual and hermeneutic analysis of primary Sanskrit aphorisms, historical treatises, and classical commentaries.

Pratyakṣa (Direct Phenomenological Observation): Corroborating textual assertions with clinical, empirical, and neuropsychiatric observations of human behaviour, cognitive stress, and psychosomatic pathology.

Anumana and Yukti (Inferential and Dialectical Logic): Formulating systematic, rational deductions regarding the psycho-neuro-immunological cascades initiated by desire and arrested by non-clinging.

B) Primary Canonical Literature Analysed

The textual corpus examined includes

The core recension of the Caraka Samhita, focusing specifically on Sarirasthana (Chapter 1, Katidhapurusiya Sarira Adhyaya), cross-referenced with relevant portions of Sutrasthana (Chapters 1 and 11) and Nidanasthana (Chapter 1).

The Ayurvedadipika commentary of Acarya Cakrapanidatta (11th century CE), widely acknowledged as the definitive semantic authority on Caraka.

The Jalpakalpataru commentary of Mahamahopadhyaya Kaviraj Gangadhara Sastri (19th century CE), prized for its philosophical and dialectical depth.

The Carakatattvapradipika of Kaviraj Yogindranatha Sena (20th century CE), which synthesizes classical semantics with contemporary philosophical dilemmas.

Ancillary cross-readings from the Sankhya Karika of Isvarakrsna (examining the concepts of Purusa-Prakrti Viveka), the Patanjala Yogasutras (analyzing the Klesas of Avidya, Asmita, Raga, Dvesa, and Abhinivesa), and the Nyaya Sutras of Gautama.

C) Comparative and Synthesizing Procedures

The conceptual material was organized and evaluated across five primary axes:

The Integrative Clinical Axis: Exploring how these classical doctrines intersect with modern concepts in existential psychotherapy, transpersonal psychology, and neurobiology.

Gangadharā Sastri takes this psychological analysis even further in *Jalpakaḥpataṛu*, demonstrating that *Upadha* is an act of cognitive distortion. Under its influence, the intellect (*Buddhi*), corrupted by the psychic humors *Rajas* (passion/restlessness) and *Tamas* (lethargy/delusion), superimposes genuine value, permanence, and happiness onto phenomena that are inherently transient (*Anitya*), painful (*Dukha*), and devoid of authentic selfhood (*Anatman*).

Existential Insecurity: Because worldly phenomena are unstable, the thirst (Trisna) to secure them generates chronic apprehension, frustration, and defensive behaviors.

- The Biological Rule of Determinism: Dhatu Samya and Dhatu Vaisamya Verses 92 and 93 establish that biological tissues do not operate in a vacuum. Instead, they remain subject to strict causality,

The human body is maintained by the seven fundamental tissues (Sapta Dhatus: Rasa, Rakta, Mamsa, Medas, Asthi, Majja, and Sukra). These tissues undergo continuous metabolic transformation governed by the overarching law of Samanya-Visesa: Exposure to inputs sharing similar qualitative properties (Samanya) causes a corresponding increase in bodily constituents.

Atreya's insight here is precise: physical tissues (Dehadhatus) are continually forged in the exact image of their causative factors (Hetu). If an individual persistently feeds on inflammatory foods, harbors angry or restless thoughts, and disrupts their circadian rhythms, the resulting tissues will inevitably manifest structural vitiation (Vaisamya). Conversely,

deranged tissues cannot miraculously heal themselves without the deliberate introduction of counterbalancing, stabilizing habits and therapies (Sukhaheṭupacara).

The unbroken continuity of human pain (Paramāryanubandha) persists because individuals, driven by Upadha, repeatedly choose behaviors that fuel disturbance. The mind (Manas), agitated by desire, demands sensory gratification that worsens systemic imbalance. Physical illness is thus revealed to be the biological downstream consequence of inner psychological addiction.

- The Two Horizons: Laukiki Cikitsa versus Naisthiki Cikitsa

In verses 93 and 94, Caraka presents a clear contrast between two orders of medicine:

1. Laukiki Cikitsa (Worldly / Temporal Therapeutics)

This form of clinical intervention operates within everyday cause and effect. Its explicit goal is Dhatu Samya—re-establishing equilibrium among the bodily tissues and humors. It relieves the three temporal expressions of distress (Trikala Vedana);

It cleanses residual toxins from past indiscretions (Atita).

It soothes currently active symptoms (Vartamana).

It recommends preventative lifestyle changes (Dinacharya, Ritucharya) to ward off impending disease.

However, Laukiki Cikitsa operates within a finite horizon. While it effectively quells active symptoms through herbs, dietary changes, and behavioral guidance, it leaves the subtle psychological seeds (Saṃskaras and Vasanas) intact. As long as Upadha remains lodged in the mind, the person will inevitably recreate the circumstances for new diseases to take root.

2. Naisthiki Cikitsa (Transcendental / Psycho-Spiritual Therapeutics)

This modality addresses the ultimate cause of suffering. Rather than continually managing the shifting balance of bodily humors, Naisthiki Cikitsa cuts off the causal chain entirely by removing Upadha (Vinopadham). It is not concerned with securing transient worldly happiness, but with realizing unconditioned liberation (Mokṣa or Atyantika Duhkha Nivṛtti). By dissolving the psychic roots of desire, the cycle of karmic accumulation and physical embodiment is broken, ensuring that suffering can never recur.

The Canonical Allegories: Koṣakāra Nyāya and Agnikalpa Artha

The Silkworm Allegory (Koṣakāra Nyāya): The Architecture of Self-Entrapment.

[illegible]

The Fatal Price: The very constructs we build to protect ourselves become our emotional and physical tombs. The worldly individual becomes Sada Aturah—perpetually ill, chronically stressed, emotionally fragile, and spiritually depleted—trapped within a cocoon of their own cognitive making.

- The Fiery Nature of Phenomenal Objects (Agnikalpa Artha) and the Philosophy of Disengagement.

[illegible]

Fire exhibits three undeniable qualities

It looks radiant, warming, and alluring from afar.

The more fuel it receives, the hotter it burns and the more it demands.

Attempting to grasp it directly results in immediate burns.

The undiscerning mind regards sensory objects as reservoirs of pleasure. The wise individual sees that contacting worldly objects through the filter of personal desire immediately ignites the twin fires of attachment (Raga) and aversion (Dvesa), burning both mind and body (Santapa).

The defense against this internal fire rests on two practices;

Anarambha (Non-Initiation of Egoic Pursuits): Halting the compulsive urge to launch new enterprises aimed at personal validation, power, or sensory excess. It is the conscious restraint from creating new karmic loops.

Asamyoga (Psychological Non-Conjunction): Severing the inner mental adhesion to external objects and sensations. Even as the sensory organs naturally interact with the world, the inner awareness remains detached, unentangled, and untouched. Through Anārambha and Asamyoga, suffering can find no foothold (Tam duhkha na upatisthate).

5. Pathophysiological and Psycho-Neuro-Immunological Mechanics

A) The Somatization Cascade: From Prajnaparadha to Organic Pathology

To appreciate the clinical scope of Naisthiki Cikitsa, one must trace the pathway through which metaphysical error translates into tangible physical disease;

The cascade begins with Avidya—the fundamental failure to distinguish between the unchanging Self (Atman) and the changing mind-body complex (Prakrti). This loss of grounding breeds an existential emptiness, which the mind desperately attempts to fill through Upadhā and Trisna (craving sensory and material validation).

Driven by this craving, the individual falls into Prajnaparadha (intellectual blasphemy or willful cognitive error). Here, the three pillars of mental clarity are compromised;

Dhi (discernment) can no longer distinguish between beneficial and harmful choices.

Dhrti (volitional control) fails to check destructive impulses.

Smrti (existential memory) loses touch with underlying reality.

Corrupted cognitive faculties lead directly to Asamyendriyārtha Saṁyoga—the chronic underuse (Ayoga), overuse (Atiyoga), or perverse use (Mithyayoga) of the senses. This

sensory abuse floods the mind with Rajas (restless agitation) and Tamas (inertia and darkness).

Because the mind and body share an intimate connection, this psychic turmoil immediately destabilizes the subtle physiological humors, especially Prana Vayu (governing neuro-cardiac rhythms) and Sdhaka Pitta (governing neuro-emotional processing). Their perturbation weakens the primary digestive fire (Jathharagni), causing improper metabolism and the formation of Ama—toxic, unassimilated metabolic by-products.

Circulating through the vascular and subtle bodily channels (Srotas), Ama combines with the aggravated Dosas, creating blockages (Sroto-avrodha). These toxic complexes settle wherever bodily tissues are structurally vulnerable (Khavaigunya), culminating in clinical disease (Vyadhi) and systemic tissue degeneration (Dhatu Vaisamya).

Standard medical care intervenes only at the final stages: clearing Ama and balancing Dosas. Naisthiki Cikitsa, by contrast, dismantles the cascade at its origin, extinguishing the psychic thirst that initiated the entire chain reaction.

B) Neurobiological and Psychoneuroimmunological Correlates

This ancient psycho-spiritual model finds remarkable validation in modern neurobiology and stress physiology;

The Dopaminergic Loop of Wanting vs. Liking Modern addiction research demonstrates that dopamine does not primarily mediate pleasure or satisfaction ("liking"); rather, it drives anticipation, craving, and the restless urge to acquire ("wanting"). This neurochemical pathway perfectly parallels Ayurveda's description of Trisna. When an individual is dominated by Upadha, the dopaminergic seeking system is chronically overactive. Satiety remains elusive, locking the brain into repetitive, habituated patterns of acquisition—mirroring the silkworm steadily weaving its own entrapment.

Allostatic Load and Chronic Inflammation: Constant psychological striving and existential anxiety keep the sympathetic nervous system and the Hypothalamic-Pituitary-Adrenal (HPA) axis perpetually engaged. Sustained elevations of cortisol and catecholamines lead to systemic glucocorticoid resistance, prompting immune cells to release pro-inflammatory cytokines such as Interleukin-6 and Tumor Necrosis Factor-alpha. This continuous inflammatory state disrupts the gut-brain axis, compromises digestion, and accelerates

vascular and tissue degeneration—an exact parallel to the Ayurvedic concept of Ama and Dhatu Vaisamya.

Hyperactivity of the Default Mode Network (DMN): Functional neuroimaging has localized narrative ego-processing, temporal rumination, and personal worry to the Default Mode Network (including the medial prefrontal cortex and posterior cingulate cortex). Overactivation of the DMN is a recognized hallmark of major depressive disorder, obsessive-compulsive states, and chronic anxiety. By dismantling self-referential narratives through Sarvopadha Tyaga and non-dual contemplation, Naisthiki Cikitsa quiets this network, allowing the brain to return to an open, balanced baseline of present-moment awareness.

6. Practical Therapeutics of Naisthiki Cikitsa

Far from being an abstract philosophy suited only for wandering ascetics, Naisthiki Cikitsa is a systematic clinical pathway. In the latter sections of the Katidhapurusiya Sarira Adhyaya, Caraka outlines the practical steps required to guide a suffering patient toward radical psycho-spiritual release.

A) The Upasana (Prerequisites for Psycho-Spiritual Healing)

Before deep metaphysical contemplation can occur, the patient's nervous system and behavioral patterns must be stabilized. The practitioner establishes three foundational supports;

Upasana of the Wise (Sat-Sanga & Sad-vrta): Directing the patient to associate with emotionally calm, spiritually grounded individuals. This social scaffolding down-regulates hyper-reactive behavioral responses and provides an experiential model of non-clinging.

Nivrtti (Conscious Sensory Fasting): Systematically reducing exposure to sensory inputs, media consumption, and social dynamics that provoke Rajas and Tamas. This withdrawal protects the patient from the combustive allure of Agnikalpa Artha.

Saucha and Sattvic Nourishment: Cleansing the physical body through light, wholesome diets and restorative routines to quiet visceral discomfort and calm the mind.

B) Smrti-Upatthapana: Awakening Ontological Memory

The central psychological methodology of Naisthiki Cikitsa is the re-awakening of Smrti (Smrter-upasthitih);

(The restoration of authentic memory is the supreme pathway to ultimate freedom; Caraka Samhita, Sarirasthana 1/150).

Here, Smṛti transcends ordinary autobiographical recall. It denotes the clear, steady recollection of one's foundational identity as unattached, non-dual consciousness (Suddha Caitanya). Under the fog of Prajnaparadha, the individual mistakenly identifies with passing mental states, emotions, and physical sensations.

Detached Somatosensory Awareness: The patient is trained to observe somatic pain (Sarira Vedana) and emotional grief (Manasika Duhkha) as objective, transient occurrences within awareness, rather than as defining attributes of the Self.

De-coupling Automatic Reactivity: The clinician guides the patient to interrupt the reflexive leap from raw sensation to psychological drama (Upadha). By learning to hold painful sensations in open, non-reactive awareness without spinning stories of victimhood, the emotional fuel that sustains autonomic hyper-arousal is steadily cut off.

To dismantle deep-seated attachments, the patient is guided through three contemplative reflections;

The Body as a Composite Structure (Sanghata Vicara): The physical vessel is examined as a temporary assembly of twenty-four cosmological principles (Caturvimsati Tattvas). By realizing that the body is simply a borrowed loan of five great elements (Mahabhutas), the terrifying dread of bodily illness and death is neutralized.

The Principle of Momentariness (Ksanikatva Vicsra): Contemplating the ever-changing, impermanent nature of thoughts, physiological states, and external circumstances, revealing that no transient condition possesses an enduring, unchangeable core.

The Peril of Sensory Clinging (Adinavadarsana): Actively recognizing that sensory pursuits carry inherent limitations and vulnerabilities (Agnikalpa), preventing the mind from projecting false hopes of permanent peace onto worldly achievements.

D) Sarvopadha Tyaga: The Ultimate Healing Consummation

When Smrti and Tattvajnana mature, they culminate in Sarvopadha Tyaga—the universal relinquishment of all forms of inner clinging.

This transformation manifests as Vairagya (Transcendent Freedom): Liberation from the compulsive need to control worldly outcomes or manipulate circumstances for personal validation.

Prasada (Serene Equanimity): Complete pacification of Rajas and Tamas, leaving the mind resting in luminous purity (Suddha Sattva).

Moksa (Total Transience of Suffering): The complete severance of Paramparyanubandha (the causal continuum of sorrow). Because no new projects of egoic grasping are initiated (Anarambha) and no unwholesome attachments are formed, the karmic and psychological engine of disease ceases to turn. The individual achieves profound freedom in this life (Jivanmukti) and total emancipation from the cycle of suffering.

7. DISCUSSION

Integrative Applications in Contemporary Clinical Practice

A) Bridges to Contemporary Psychotherapy and Existential Thought

The principles of Naisthiki Cikitsa offer transformative perspectives for modern clinical psychology, particularly where conventional therapies hit therapeutic walls.

Existential Psychotherapy: Existential therapy identifies death, isolation, freedom, and meaninglessness as the core dilemmas of the human condition. Modern existential anxiety is ultimately the ego's terror of its own impermanence. Naisthiki Cikitsa resolves this anxiety not merely by encouraging patients to construct personal meaning, but by dissolving the limited ego-identity, re-anchoring awareness in the transcendent Self (Atman).

Acceptance and Commitment Therapy (ACT): ACT centers on cognitive defusion, accepting unalterable difficulties, and connecting with the "Observing Self" rather than the "Conceptualized Self." Naisthiki Cikitsa serves as an ancient, highly evolved forerunner to this approach. The techniques of Asamyoga and Anarambha represent pure cognitive defusion, training the individual to step back from internal narratives and observe psychological turbulence without being consumed by it.

Transpersonal Psychology: While mainstream Western psychology largely focuses on building a functional, well-adapted ego, transpersonal paradigms explore the development of awareness beyond the personal self. Naisthiki Cikitsa provides an established, time-tested methodology for this transpersonal shift, guiding consciousness out of the self-spun cocoon (Kosa) into spacious, unencumbered awareness.

B) Clinical Utility in Palliative Care, Oncology, and Chronic Illness

The clinical application of Naisthiki Cikitsa holds profound promise across several medical domains:

Palliative Oncology and End-of-Life Care: Terminal illness confronts patients with the inevitable dissolution of their physical form. When curative biomedical options are exhausted, clinging to somatic survival often triggers intense existential terror and spiritual suffering. Incorporating Naisthiki principles allows palliative clinicians and counselors to assist patients in consciously loosening their attachments to the physical vessel. This approach reframes death from a terrifying medical failure into a serene psycho-spiritual transition marked by acceptance and dignity.

Addiction Medicine: Severe substance use disorders and behavioral addictions embody the silkworm metaphor (Kosakara Nyaya). The addicted individual is trapped in a compulsive loop, using the very substance that destroys them to temporarily numb the pain born of their craving. By teaching patients to perceive addictive triggers as Agnikalpa (blazing fire) and cultivating Smṛti to endure urges without acting upon them, the compulsive dopaminergic loop can be interrupted at its root.

Intractable Psychosomatic Disorders and Central Sensitization: In conditions like fibromyalgia, irritable bowel syndrome, and chronic widespread pain, constant nervous system sensitivity amplifies ordinary sensory signals into debilitating pain. Much of this distress stems from secondary psychological layers—the catastrophic thoughts, panic, and desperate resistance to the sensations (Upadha). Applying Asāmyoga enables patients to observe raw sensations without layering catastrophic cognitive narratives over them, significantly dampening central sensitization pathways and associated systemic inflammation.

8. CONCLUSION

Caraka Samhita presents a holistic philosophy of healthcare that refuses to separate physical physiology from cosmic consciousness. Naisthiki Cikitsa is not an impractical ascetic philosophy; it represents the ultimate horizon of clinical medicine.

By identifying Upadha — the inner thirst of egoic clinging and metaphysical delusion — as the ultimate architect of disease, Maharsi Atreya uncovered the root cause of human vulnerability. Through the timeless allegory of the silkworm (Kosakara), Ayurveda reminds us that human beings routinely construct their own physical and mental suffering through unexamined desires and unconscious attachments.

While conventional biomedical treatments and Laukiki Ayurvedic therapies remain vital for balancing physiological constituents and relieving acute distress, they remain incomplete on their own. They manage the symptoms of illness within time, yet they leave the underlying engine of suffering running.

By integrating the transcendental framework of Naisthiki Cikitsa — grounded in Sarvopadha Tyaga, Smrti, and Tattvajnana — the physician transcends the role of a mere biological repairman. In doing so, medicine reclaims its ancient dignity as a sacred art, guiding the human being beyond temporary symptomatic relief into the enduring peace of absolute freedom.