

## SATTVAJAYA CHIKITSA IN ANXIETY DISORDERS: AN AYURVEDIC AND CONTEMPORARY PSYCHOTHERAPEUTIC PERSPECTIVE

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### ABSTRACT

**Background:** Anxiety disorders are among the most prevalent psychiatric illnesses worldwide and significantly contribute to global disability, impaired quality of life, and psychosocial dysfunction. Contemporary management primarily relies on pharmacotherapy and psychotherapy; however, recurrence, adverse drug effects, and incomplete remission remain major clinical challenges. Ayurveda conceptualizes mental disorders under *Manasika Vikara*, where vitiation of *Raja* and *Tama Dosh* disturbs psychological equilibrium. *Sattvavajaya Chikitsa*, one of the three principal therapeutic modalities described in Ayurveda, represents a unique psychotherapeutic approach aimed at restoring mental balance through regulation of the mind. **Aim:** To critically analyze the role of *Sattvavajaya Chikitsa* in the management of anxiety disorders from classical Ayurvedic and contemporary psychotherapeutic perspectives. **Materials and Methods:** This narrative review was conducted using classical Ayurvedic texts including *Charaka Samhita*,

*Sushruta Samhita*, *Ashtanga Hridaya*, and relevant commentaries. Contemporary scientific literature was retrieved from PubMed, Scopus, Google Scholar, and ResearchGate using

keywords such as “Sattvavajaya,” “Ayurvedic psychotherapy,” “anxiety disorders,” “mind-body medicine,” and “integrative psychiatry.” Relevant peer-reviewed articles, WHO reports, and neuroscientific studies were critically analyzed and synthesized. **Discussion/Results:** Ayurvedic concepts such as *Chittodvega*, *Bhaya*, *Udvega*, *Vishada*, and *Anavasthita Chitta* demonstrate close resemblance with anxiety spectrum disorders. *Sattvavajaya Chikitsa*, centered on *Mana Nigraha* (mind regulation), includes *Jnana*, *Vijnana*, *Dhairya*, *Smriti*, and *Samadhi*, which correlate with modern psychotherapeutic modalities including cognitive behavioral therapy, mindfulness-based interventions, resilience training, and emotional regulation therapies. Contemporary neuroscience suggests that these interventions influence neuroplasticity, neurotransmitter balance, hypothalamic-pituitary-adrenal axis modulation, and psychoneuroimmunological pathways. **Conclusion:** *Sattvavajaya Chikitsa* provides a comprehensive psychotherapeutic framework with substantial relevance in anxiety disorders. Its integration with modern psychiatry may contribute to holistic, patient-centered, and culturally adaptable mental healthcare. Further evidence-based clinical and translational research is necessary to establish its therapeutic efficacy and integrative applicability.

**KEYWORDS:** Sattvavajaya Chikitsa; Anxiety Disorders; Ayurveda; Manasika Vikara; Integrative Psychiatry; Cognitive Behavioral Therapy; Mind-Body Medicine.

## INTRODUCTION

Mental health disorders represent a major global healthcare burden and are increasingly recognized as significant contributors to morbidity, disability, and socioeconomic impairment. Anxiety disorders constitute one of the most common categories of psychiatric illnesses characterized by excessive apprehension, fear, autonomic hyperactivity, emotional instability, and cognitive dysfunction.<sup>[1]</sup> According to the, anxiety disorders affect hundreds of millions of individuals globally and are among the leading causes of disability-adjusted life years.<sup>[2]</sup>

Modern psychiatry categorizes anxiety disorders into generalized anxiety disorder, panic disorder, phobic disorders, social anxiety disorder, and related conditions. Although pharmacological interventions such as selective serotonin reuptake inhibitors and benzodiazepines remain widely utilized, long-term management is often limited by adverse effects, dependency, recurrence, and incomplete symptom remission.<sup>[3]</sup> Consequently, there is growing interest in complementary, integrative, and holistic psychotherapeutic approaches.

Ayurveda provides a sophisticated understanding of psychological health under the domains of *Manas*, *Manovaha Srotas*, and *Manasika Vikara*. Mental disorders are considered manifestations of disturbances involving *Raja* and *Tama Dosha*, resulting in emotional dysregulation, impaired cognition, and behavioral instability. Ayurveda recognizes the intimate interrelationship between *Sharira* (body), *Manas* (mind), *Indriya* (senses), and *Atma* (consciousness), thereby presenting a multidimensional psychosomatic model.

### **Among the three principal therapeutic modalities described by Acharya Charaka**

*Daivavyapashraya*, *Yuktivyapashraya*, and *Sattvavajaya*-the latter specifically addresses mental disorders through psychotherapeutic and cognitive mechanisms.<sup>[4]</sup> Acharya Charaka defines *Sattvavajaya* as: “Sattvavajaya punarahitebhyo arthebhyo mano nigraha.” (*Charaka Samhita*, Sutra Sthana 11/54)

This emphasizes withdrawal and regulation of the mind from unwholesome sensory and emotional objects. The components of *Sattvavajaya-Jnana*, *Vijnana*, *Dhairya*, *Smriti*, and *Samadhi*-demonstrate striking similarities with modern psychotherapeutic approaches such as cognitive behavioral therapy, mindfulness, stress management, emotional regulation, and resilience training.

Contemporary neuroscientific research increasingly acknowledges the role of neuroplasticity, psychoneuroimmunology, stress neurobiology, and lifestyle psychiatry in mental health disorders. These advances create a strong conceptual bridge between Ayurvedic psychology and modern psychiatric sciences.

Therefore, the present review aims to critically evaluate the role of *Sattvavajaya Chikitsa* in anxiety disorders through classical Ayurvedic understanding and contemporary psychotherapeutic perspectives.

## **AIM AND OBJECTIVES**

### **Aim**

To critically analyze the role of *Sattvavajaya Chikitsa* in the management of anxiety disorders through classical Ayurvedic and contemporary psychotherapeutic perspectives.

### **Objectives**

1. To review classical references of *Sattvavajaya Chikitsa*.
2. To evaluate its role in anxiety-related conditions.

3. To correlate Ayurvedic psychotherapeutic concepts with modern psychological theories.
4. To explore its clinical applicability in present-day integrative psychiatry.

## MATERIALS AND METHODS

The present study is a narrative and conceptual review based on classical Ayurvedic literature and contemporary scientific evidence.

### Classical Ayurvedic Sources

- *Charaka Samhita*
- *Sushruta Samhita*
- *Ashtanga Hridaya*
- *Ashtanga Sangraha*
- Ayurvedic commentaries by Chakrapani, Dalhana, and Arunadatta

### Modern Databases Consulted

- PubMed
- Scopus
- Google Scholar
- ResearchGate

### Keywords Used

“Sattvavajaya,” “Ayurvedic psychotherapy,” “Anxiety disorders,” “Chittodvega,” “Mind-body medicine,” “Integrative psychiatry,” “CBT and Ayurveda,” “Mindfulness,” and “Psychoneuroimmunology.”

Relevant classical references, review articles, WHO reports, clinical studies, and peer-reviewed psychiatric literature published in English were critically analyzed and synthesized.

## CONCEPTUAL REVIEW / LITERATURE REVIEW

### A. Concept of Manas in Ayurveda

Ayurveda considers *Manas* (mind) as a crucial entity responsible for perception, cognition, emotional processing, and behavioral regulation. According to Acharya Charaka, *Manas* acts as an intermediary between *Atma*, *Indriya*, and *Sharira*.<sup>[5]</sup>

### The functions of *Manas* include

- *Indriyabhigraha* – control of sensory organs

- *Svasyanigraha* – self-regulation
- *Uhya* – reasoning
- *Vichara* – analytical thinking

The mind possesses qualities of *Anutva* (subtlety) and *Ekatva* (singularity), enabling simultaneous coordination of sensory and cognitive processes.

### **Mana Dosha: Raja and Tama**

Ayurveda identifies *Raja* and *Tama* as the principal psychological pathogenic factors.

- *Raja* is associated with agitation, emotional excitability, fear, anger, impulsivity, and restlessness.
- *Tama* is associated with ignorance, confusion, inertia, depressive tendencies, and cognitive dullness.

Psychological equilibrium is maintained through predominance of *Sattva Guna*, characterized by emotional stability, clarity, wisdom, and resilience.

### **Relation Between Sharira and Manas**

Ayurveda emphasizes the bidirectional interaction between body and mind. Psychological disturbances can precipitate somatic disorders, while chronic physical illnesses can adversely affect mental health. This concept resembles the modern biopsychosocial and psychosomatic models.

### **B. Anxiety Disorders in Ayurveda**

Although modern diagnostic classifications are absent in classical Ayurvedic texts, several conditions resemble anxiety spectrum disorders.

#### **These include**

- *Chittodvega*
- *Bhaya*
- *Udvega*
- *Vishada*
- *Anavasthita Chitta*

### **Nidana (Etiological Factors)**

Important causative factors include:

- Excessive fear and worry
- Emotional trauma

- Sleep deprivation
- Suppression of natural urges
- Improper diet and lifestyle
- Excessive sensory stimulation
- Grief and stress
- *Prajnaparadha* (intellectual blasphemy)

### **Samprapti (Pathogenesis)**

Psychological stress aggravates *Raja* and *Tama Dosha*, causing derangement of *Manovaha Srotas*. Simultaneously, vitiation of *Vata Dosha*, especially *Prana Vata*, results in autonomic instability, fearfulness, insomnia, palpitations, tremors, emotional dysregulation, and cognitive dysfunction.

### **Lakshana (Clinical Features)**

#### **Features comparable to anxiety disorders include**

- Excessive apprehension
- Restlessness
- Insomnia
- Palpitations
- Sweating
- Tremors
- Emotional instability
- Poor concentration
- Fatigue
- Fearfulness

### **Manovaha Srotodushti**

Derangement of *Manovaha Srotas* manifests through disturbances in cognition, memory, emotional regulation, and psychosomatic functioning.

### **C. Sattvavajaya Chikitsa**

Definition According to Charaka

Acharya Charaka defines *Sattvavajaya Chikitsa* as: “Sattvavajaya punarahitebhyo arthebhyo mano nigraha.” (*Charaka Samhita*, Sutra Sthana 11/54)

This implies restraining the mind from harmful objects and restoring psychological balance.

### **Concept of Mana Nigraha**

*Mana Nigraha* refers to regulation and discipline of mental activities. It includes emotional moderation, cognitive correction, behavioral regulation, and enhancement of positive mental attributes.

### **Components of Sattvavajaya**

#### **1. Jnana**

Knowledge and self-awareness regarding healthy conduct and reality perception. This resembles psychoeducation and cognitive restructuring.

#### **2. Vijnana**

Analytical understanding and rational interpretation of experiences and emotions.

#### **3. Dhairya**

Development of courage, emotional resilience, patience, and adaptive coping abilities.

#### **4. Smriti**

Enhancement of memory, mindfulness, and positive recollection.

#### **5. Samadhi**

Attainment of meditative concentration and mental tranquility.

Collectively, these modalities strengthen *Sattva Guna* and reduce psychological vulnerability.

### **D. Chikitsa Siddhanta**

#### **Daivavyapashraya Chikitsa**

Includes spiritual and faith-based interventions such as mantra, japa, homa, and rituals aimed at psychological reassurance and spiritual stability.

#### **Yuktivyapashraya Chikitsa**

Involves rational therapeutic approaches including medications, dietary regulation, detoxification, and lifestyle interventions.

#### **Sattvavajaya Chikitsa**

Represents psychotherapeutic intervention emphasizing mental discipline, emotional regulation, cognitive restructuring, and behavioral modification.

### Role of Medhya Rasayana

*Medhya Rasayana* drugs support cognitive and emotional health.

### Important examples include

□ These herbs demonstrate anxiolytic, antioxidant, neuroprotective, adaptogenic, and cognition-enhancing activities.

### Ahara and Vihara in Mental Health

#### Ayurveda recommends

- *Satvika Ahara*
- Proper sleep
- Yoga and meditation
- Ethical conduct
- Social harmony
- Regulation of sensory exposure

These principles align closely with modern lifestyle psychiatry.

### TABLE

**Comparative Correlation Between Ayurvedic Concepts and Modern Psychological Constructs.**

Ayurvedic Concept	Classical Description	Modern Correlation	Clinical Relevance
Raja Dosha	Agitation and emotional excitability	Hyperarousal and sympathetic activation	Anxiety and panic symptoms
Tama Dosha	Cognitive dullness and inertia	Depressive cognition and emotional blunting	Anxiety-depression overlap
Chittodvega	Disturbed mental state	Generalized anxiety disorder	Excessive worry and apprehension
Mana Nigraha	Control of mind	Cognitive control and emotional regulation	Excessive worry and apprehension
Smriti	Recollection and awareness	Mindfulness and metacognition	Reduction in rumination
Dhairya	Courage and resilience	Stress coping mechanisms	Improved adaptability
Samadhi	Meditative concentration	Neuroprotection and adaptogenic therapy	Stress reduction
Medhya Rasayana	Cognitive enhancement	Neuroprotection and adaptogenic therapy	Improved mental resilience
Satvika Ahara	Pure and balanced diet	Nutritional psychiatry	Gut-brain modulation
Prajnaparadha	Intellectual blasphemy	Maladaptive cognition	Relapse and behavioral dysfunction

## MODERN CORRELATION

### Cognitive Behavioral Therapy (CBT)

The principles of *Sattvavajaya* resemble CBT, especially in cognitive restructuring and behavioral modification. *Jnana* and *Vijnana* facilitate rational reinterpretation of maladaptive thoughts and emotional triggers.

### Mindfulness-Based Therapies

*Smriti* and *Samadhi* correlate strongly with mindfulness meditation and acceptance-based interventions. These practices improve emotional regulation and autonomic balance.

### Stress Neurobiology

Chronic anxiety is associated with dysregulation of the hypothalamic-pituitary-adrenal axis, increased cortisol secretion, neuroinflammation, and sympathetic overactivity. Ayurvedic mind-body interventions may contribute to restoration of neuroendocrine equilibrium.

### Neurotransmitter Imbalance

Modern psychiatry implicates serotonin, dopamine, norepinephrine, and gamma-aminobutyric acid disturbances in anxiety disorders. Several *Medhya Rasayana* herbs demonstrate modulatory effects on these neurotransmitter systems.

### Psychoneuroimmunology

Psychological stress influences immune responses through inflammatory cytokines and neuroendocrine pathways. Meditation, yoga, and mindfulness-based interventions reduce inflammatory markers and improve resilience.

### Emotional Regulation Mechanisms

*Sattvavajaya* emphasizes restraint of sensory indulgence and emotional impulses, resembling executive functioning and prefrontal cortical regulation.

### Lifestyle Psychiatry

Ayurvedic recommendations regarding diet, sleep, exercise, social behavior, and mental discipline align with contemporary concepts of lifestyle psychiatry and preventive mental healthcare.

## DISCUSSION

The present review highlights the profound psychotherapeutic dimensions of Ayurveda and

their relevance in anxiety disorders. Unlike reductionist biomedical approaches focused primarily on symptom suppression, Ayurveda adopts a multidimensional framework integrating biological, psychological, behavioral, ethical, and spiritual dimensions of health.

The concept of *Sattvavajaya* demonstrates substantial conceptual similarity with modern psychotherapy. *Mana Nigraha* resembles emotional regulation and cognitive control, while *Jnana* and *Vijnana* parallel psychoeducation and cognitive restructuring. Likewise, *Smriti* and *Samadhi* correspond to mindfulness-based interventions and meditative cognitive training.

Contemporary neuroscientific studies support these concepts. Meditation and mindfulness practices have been shown to influence amygdala reactivity, autonomic regulation, inflammatory cytokines, neuroplasticity, and prefrontal cortical functioning.<sup>[6]</sup> These mechanisms provide plausible biological explanations for the efficacy of Ayurvedic psychotherapeutic approaches.

Anxiety disorders are increasingly recognized as psychosomatic conditions involving interactions between neuroendocrine, cognitive, behavioral, and immunological pathways.

Ayurveda's emphasis on *Sharira-Manasa* interrelationship offers a comprehensive framework capable of addressing these multidimensional disturbances.

The role of *Medhya Rasayana* is equally important. Experimental and clinical studies suggest that herbs such as *Brahmi* and *Ashwagandha* possess anxiolytic, neuroprotective, antioxidant, and adaptogenic activities.<sup>[7]</sup> These agents may complement psychotherapeutic interventions and enhance long-term outcomes.

Another strength of *Sattvavajaya* lies in its preventive orientation. Through promotion of ethical conduct, emotional discipline, sensory regulation, meditation, and healthy lifestyle practices, Ayurveda aims not merely at symptom management but at cultivation of psychological resilience and mental well-being.

Despite its conceptual relevance, robust clinical validation remains limited. Future research should focus on randomized controlled trials, standardized psychometric assessments, neurobiological investigations, and development of integrative therapeutic protocols.

The integration of *Sattvavajaya Chikitsa* with modern psychiatry may offer:

- Holistic patient-centered care
- Reduced pharmacological dependence
- Improved long-term resilience
- Better cultural adaptability
- Enhanced preventive mental healthcare
- Integration of lifestyle and spiritual dimensions

Therefore, *Sattvavajaya Chikitsa* possesses substantial potential in integrative psychiatry and psychosomatic medicine.

### **CONCLUSION**

*Sattvavajaya Chikitsa* represents a sophisticated psychotherapeutic modality described in Ayurveda for management of mental disorders. Ayurvedic concepts such as *Chittodvega*, *Raja-Tama Dosha*, *Mana Nigraha*, and *Manovaha Srotodushti* exhibit remarkable parallels with modern understanding of anxiety disorders, stress neurobiology, emotional dysregulation, and psychosomatic medicine.

The therapeutic principles of *Jnana*, *Vijnana*, *Dhairya*, *Smriti*, and *Samadhi* correlate closely with cognitive behavioral therapy, mindfulness-based interventions, emotional resilience training, and lifestyle psychiatry. Contemporary neuroscientific evidence further supports the relevance of mind-body interventions in modulation of neuroendocrine, immunological, and psychological pathways.

Therefore, *Sattvavajaya Chikitsa* offers a holistic, culturally adaptable, preventive, and integrative framework for anxiety management and mental healthcare. Further interdisciplinary clinical and experimental research is necessary for evidence-based validation and wider therapeutic application.

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