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Importance of *Satvavajaya Chikitsa* in *Shareerika Vyadhi*

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ABSTRACT

In *Ayurveda*, *Satvavajaya Chikitsa* is considered to be having the psychospiritual approach with a nonpharmacological treatment modality which solely deals on the mind and its related attributes. It consists five methodologies, two principles, three dimensions, three psychotherapeutic domains, and five techniques. Withdrawal of the bothered mind from unwholesome objects is the prime focus of *Satvavajaya Chikitsa*. Mainly focusing on the intelligence, consciousness, memory, and spiritual aspects of the affected individuals, *Satvavajaya Chikitsa* aims at stimulating consciousness, altering and discriminating the maladaptive thoughts or 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 *Satvavajaya Chikitsa* concept and also offers a brief note on its contemporary relevance, recent insights and applied clinical facets. This paper reports the researches, reviews and studies on *Satvavajaya Chikitsa* encompassing nonpharmacological nootropic efficacy.

Key words: Psychotherapy, Psycho-Behavioural Therapy, *Sattvavajaya Chikitsa*, *Trividha Chikitsa*.

INTRODUCTION

Chikitsa is defined as the process in which the vitiated *Doshas* are brought to normal state and this equilibrium state of *Doshas* will be maintained.^[1] *Chikitsa* is classified on different basis, as *Dwividha*, *Trividha*, *Chaturvidha Chikitsa* etc. among these *Daivavyapashraya*, *Yuktivyapasharya* and *Satvavajaya Chikitsa* are considered as *Trividha Chikitsa*.^[2] *Satvavajaya Chikitsa* is one among the *Trividha Chikitsa*, which not only prevents the impairments of *Dhee*, *Dhriti* and *Smriti* but also brings

them back to the normal state, playing a significant role in the maintenance of harmonious state between these three factors ultimately leading to happy healthy state of individual.^[3] The word *Satwa* refers to *Mana* (mind)^[4] and *Avajaya* refers to conquering or win over.^[5] Hence *Satvavajaya* means to have control over the mind and thus abstaining from things that are not good for the health.^[6,7]

“*Satvavajayah Punah Ahitebhyo Arthebhyo Mano Nigraha !!*”^[8]

A look at the above definition shows 3 words i.e. *Ahita*, *Artha* and *Mano Nigraha*.

Ahita - it conveys that something is unwholesome .

Artha - It is a wide variety of objects. Each *Indriya* has its own object that only it can perceive, i.e. *Gandha* is the object of *Ghranendriya* etc.

A person is called healthy not only when *Dosha*, *Dhatu*, *Mala* and *Agni* are in equilibrium condition but also the *Manas* should be in normal condition in the presence of *Atma* for proper and healthy state of *Shareera* and *Indriya*.^[9] WHO also considers “Health as a state of complete physical, mental and social

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well-being and not merely an absence of disease or infirmity".^[10] So *Manas* or *Satwa* plays an important role in keeping person healthy. *Satvawajaya Chikitsa* can be included in both *Yukthi Vyapasraya* and *Daiva Vyapasraya Chikitsa* depending on its *Dravya Bhutatwa* or *Adravya Bhutatwa*. If *Satvawajaya* is done with *Dravya* then it is *Yukthi Vyapasraya* and if it is done with *Adravya* then it is *Daiva Vyapasraya*. Hence in *Shareerika Vyadhis Satvawajaya Chikitsa* should be also needed along with *Yukthi Vyapasraya Chikitsa*.

Methodologies of Satvawajaya Chikitsa

The *Satvawajaya Chikitsa* permits the physician's interference with patient's mind control. This can be achieved by various ways. These ways are termed as "methodology" of *Satvawajaya Chikitsa*. By following these methodologies,^[12] SC not only negates the negative thoughts but also endeavors to replace them with positivity.^[13] Each methodology has the focus on the basic functions of *Satvawajaya Chikitsa*. [Table 1]

Table 1: Methodology of Ayurveda psychotherapy

| Methodology | Focus |
|-----------------|---|
| <i>Chintya</i> | Regulating the thought process |
| <i>Vicharya</i> | Replacing the ideas |
| <i>Uhya</i> | Channelling the presumptions |
| <i>Dhyeya</i> | Polishing the objectives |
| <i>Sankalpa</i> | Proper guidance or advices for taking right decisions |

Principles of Satvawajaya Chikitsa

Satvawajaya Chikitsa has two main principles.^[13] 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.^[14]

Dimensions of Satvawajaya Chikitsa

Dimensions here refer to "direction." There are three dimensions explained in the *Ayurveda* context for *Satvawajaya Chikitsa*.^[15] 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 Satvawajaya Chikitsa

There are three psychotherapeutic domains^[12] mentioned as an applied feature of *Satvawajaya Chikitsa*. These domains [Table 2] have three different

mode of approach. The therapeutic utility of the techniques of *Satvawajaya Chikitsa* [Table 3], has its base from these psychotherapeutic domains of SC.

1. **Dhee Chikitsa** or uplifting intelligence.^[16] 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.^[17] 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.
3. **Atma Vijnana Chikitsa** or stimulating the consciousness or to set self-realization.

Table 2: Domains of Sattvavajaya Chikitsa.

| Domains | Probable mode of approach |
|---------------------|---|
| <i>Dhee</i> | Uplifting intelligence |
| <i>Dhairya</i> | Boosting confidence and determination |
| <i>Atma Vijnana</i> | Stimulating the consciousness or setting self-realization |

Techniques in *Satvawajaya Chikitsa*

Table 3: Techniques of Sattvavajaya Chikitsa

| Method | Probable mode of approach |
|----------------|-------------------------------|
| <i>Jnana</i> | Insight oriented approach |
| <i>Vijnana</i> | Educative approach |
| <i>Dhairya</i> | Supportive approach |
| <i>Smriti</i> | Cognitive approach |
| <i>Samadhi</i> | Psycho philosophical approach |

Jnana Chikitsa^[11]

Goal

To provide support to the patient to develop an insight about himself.

Techniques

- To assess the personality of the patient.
- To bring up and discuss issues regarding attitudes, feelings, beliefs and experiences related to self.
- Support to reveal and understand the source of the problem.
- Self evaluation and monitoring.

Achievements

- Improved degree of responsibility and behaviour control.
- Emotional maturation.
- Correction of mis-conceptions.
- Better adaptability.
- Self realization.

Vijnana Chikitsa^[11]

Goal

- Providing guidance to understand the nature of illness and improve his coping capabilities.

Techniques

- Identification of irrational beliefs about the disease.
- Providing a theoretical knowledge of his problem to the level of his understanding.
- Educating about the probable emergencies, complications and risk factors.

Achievements

- Avoidance of mis -conception with a better understanding of the disease.
- Better coping skills.
- Adaptations of prophylactic measures.
- A good rapport with physician.

Dhairya Chikitsa^[11]

Goal

- Development of coping abilities.

Techniques

- Counseling based on support concerning to problem solving.
- Family support.
- Identification and modification of the environment which maintain the symptoms.
- Identification of the negatively based ideas and boost up patients confidence.

Reassurance

- Better coping abilities.
- Better inter-person relationships.
- A change from negativity to positivity.

Smriti Chikitsa^[11]**Goal**

- To understand the exact nature of the object.

Techniques

- Probing the past to develop an insight about the present problem.
- To make the patient understand the unrealistic nature of his problem.

Achievements

- The hidden conflicts which are the primary source of an emotional illness are exposed.

Samadhi Chikitsa^[11]

Restraining the mind from worldly objects and meditating on the spiritual dimension of personality.

Goal

- To achieve higher level of awareness.

Techniques

- Meditation.
- Reading books on spiritual and philosophical aspects of life.
- Following code of conduct.
- Education about the meaning and purpose of life.

Achievement

- Higher level of awareness
- Mental tranquility

After withdrawing *Indriya* into *Manas* and getting *Manas* still, the *Manas* fixed into *Atma* and those individuals becomes *Vashi* (self controlled) who does not feel pain or pleasure due to inaction of mind. This state is *Samaadhis* itself. (*Cha.Sha.1:138,139*)

Clinical application of Jnanadi Chikitsa

Jnana Chikitsa can be done in patients with *Avara* and *Madhyama Satwa*, *Shoka*, ego deficits / lobha, anxiety and suicidal tendency. Patients with *Alpa* and *Madhyama Satwa*, psycho somatic disorders, phobias, hypochondriasis, anxiety, substance abuse, depression and OCD/OCN can be provided with *Vijnana Chikitsa*. *Dhairya* is to be provided in patients with almost all illness. The clinical application of *Smriti Chikitsa* is among patients with anxiety disorders, child sexual abuse, depression and phobia. *Naishtiki Chikitsa* is achieved by means of *Ashtanga Yoga*. By practicing *Samaadhi* the *Satwa Guna* of an individual is getting uplifted and helps in the treatment of somatic disorders.

Application of Satvavajaya Chikitsa in Shareerika Vyadhis**Kushta**

Kushta is one among the *Maharoga* where *Satvavajaya Chikitsa* plays a major role.

Apart from *Ahara Viharaja Nidana Kushta* can be manifested due to *Chinta*, *Shoka*, *Bhayadi Manasika Bhavas* have negative impact on mind which directly or indirectly plays role in manifestation or aggravation of dermatological disorders.

Treatment

- Counseling therapy.
- Restraining or withdrawal of mind from unwholesome objects (*pathya apathya*).

Methods

- Modification of life style

- Discipline of food intake
- Activity level sleep.
- Improving social support network.
- Family environment
- Sanitation.

Madatyaya

Assessment of the patient:

- Lifetime pattern of alcohol consumption.
- Current alcohol consumption.
- Signs of dependence (past and present).
- Any previous treatment attempts.
- Family history.
- Attitude to referral.
- Physical/mental health.
- Problems faced related to alcohol.
- Goal of family and patient.

Psychodynamic analysis

- Based on history taken from individual and family members (transference and counter-transference).
- Finding out the provoking factors or precipitants at first and at relapse time.
- Exploring and supporting the emotions.
- Exploring the associated complications, side effects, physical and mental involvement.

Assessed

- Initial assessment
- Early sessions
- Middle sessions
- Closing sessions

Satvawajaya plan - Jnanadi oriented Chikitsa

Line of treatment

- Detoxifying

- Psychodynamic analysis
- Cognitive management
 - Individual counselling
 - Family counselling
 - Group counselling
- Behaviour modification
- Special guidelines

Individual counselling

- Existential approach.
- Logical thinking.
- Positive reinforcement.
- Rational-emotive thinking.
- Educating the effect of alcohol through proper theoretical or text based interventions.
- Highlighting about the physical / mental / social complications and it's severity.
- Through available lab reports , warning him about the risk and future complications.
- Bringing about his past, present, future scenario of his life from how it was and how it changed due to alcohol.
- Bringing insight about his family, his responsibilities.

Family counselling

- Educating about the provoked factor and guidelines to avoid them if the factors are through family.
- Educating them to subside the emotional distress which is being faced by the patient.
- Encouraging them to encourage the goal and plans of the patient (if he has any).
- Familial positive reinforcement (rewards).

Group counselling

- Problem-focused cognitive-behavioural groups.
- Involves regular sessions where one or more therapists work with several individuals who are being treated for the same health issue.

Behaviour modification

- Counter conditioning.
- Covert desensitization.
- Operant conditioning methods,
 - Contingency management (include reward and punishment)
 - Positive / Negative Reinforcement
- Reverse psychology.
- Aversion therapy.
- Recreational therapy (playing, writing, painting, etc) keeping himself Busy.

Special guidelines**Pre discharge interview**

- Motivational interviewing.
- Planning interventions
 - Change to safer drinking pattern
 - Attempt abstinence from alcohol
- Guiding him to overcome his relapse time.
- Educating about sensible drinking.
- Intervening about hazardous and harmful drinking effects.
- Family counselling-intervention and support.

Follow up interview

- Review progress (by individual and through family).
- Emphasize the changes made.
- Review mental health.
- Anticipate and deal with relapse if it occurs.
- Supporting the future plans and motivation to achieve goal.
- Positive reinforcement.

Results

- Reduced craving.
- Better coping ability.

- Improved cognitive functioning.
- Better adaptability of self with environment.
- Improved family support.
- Improved social involvement.

Wound Healing

An Ulcer or Wound is a break in continuity of the covering epithelium - skin or mucous membrane. Healing means replacement of destroyed tissues by living tissues.

Role of stress in wound healing

Stress is the body's reaction to any change that requires an adjustment or response. The body reacts to these changes with physical, mental and emotional responses.

Irritable Bowel Syndrome

IBS results from complex biological interaction between brain and gut. A strong correlation can be observed between severity of IBS and its co-morbid psychiatric disorders especially depression and anxiety. One review about the psychological determinants of IBS published in 2013, reports a significant increase in stressor score just before progression from IBS non patients to IBS patients. Psychological stresses have a marked impact on intestinal sensitivity, motility, secretion and permeability.

Treatment

- CBT
- Relaxation therapy
- Hypnotherapy
- Bio feed back therapy

Sexual Dysfunctions**Non pharmacological approach in erectile dysfunction**

- Anxiety reduction and desensitization.
- Cognitive behavioral intervention.
- Inter personal assertiveness and couple training.

Non pharmacological approach in premature ejaculation

- Psychotherapy : Includes psychosexual and relationship counseling.
- Physical techniques to develop sexual skills.

The mind body programme for Infertility

This program combines lecture, skills training and group sharing with other women experiencing infertility. It include CBT, Relaxation training, Life style changes, Self awareness and social support. Infertility patients experience distress, depression, anxiety and reduced quality of life. This programme launched in Sept 1987.

DISCUSSION

All somatic disorders have psychological relation and all psychological diseases have physical symptoms. Thus one or the other way diseases are psycho somatic in origin, hence *Satvawajaya* has its role. Through out the course of treatment *Satvawajaya Chikitsa* is implimented.

CONCLUSION

Satvawajaya which is an integral part of *Chikitsa* can be applicable for both *Shareerika* and *Manasika Vyadhis*. *Satvawajaya Chikitsa* involves *Jnana, Vijnana, Dhairya, Smriti* and *Samaadhi*. Along with pharmacological treatments, Behavioural therapy, Cognitive therapy, Interpersonal therapy, Psychotherapy and Psychodynamic counseling are implimented to treat somatic disorders.

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