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CASE STUDY

"*Manaso Jnanavijnanadhairyasmritisamadhibhihi*": Therapeutic Efficacy of *Sattvavajaya Chikitsa* in the Management of *Manas Roga* - A Comprehensive Review

Dr. Bhargav N. Raval¹, Dr Ajitsinh K. Gohil², Dr. Apurva D. Maru¹, Dr. Vrushabh S. Pandit¹

1. 2nd Year PG Scholar 2. Assistant Professor.

Department of PG Samhita and Siddhanta, Government Akhandanand Ayurveda College, Ahmedabad Received: 24 January 2026, Revised and Accepted: 27 January 2026

Abstract

The global rise in mental health disorders exposes the limits of conventional pharmacological treatments, bringing about a need for holistic, non-pharmacological alternatives. *Ayurveda*, the ancient Indian science of life, provides a bio-psycho-spiritual framework for mental health (*Manas Swasthya*), with *Sattvavajaya Chikitsa* (*Ayurveda* psychotherapy) at its core.

In *Ayurveda*, *Manas Roga* refers to conditions affecting the mind, a key aspect of health, which are influenced by the three *doshas* (*Vata*, *Pitta*, *Kapha*) and the *Manasdosha* (*Sattva*, *Rajas*, *Tamas*). Mental disorders are attributed to *dosha* imbalances, unhealthy lifestyles, stress, trauma, or disrupted body-mind harmony. *Acharya Charaka* (*Charaka Samhita*, *SutraSthana* 1:58) prescribes five therapeutic measures: *Jnana* (spiritual knowledge), *Vijnana* (scriptural/scientific knowledge), *Dhairya* (fortitude/patience), *Smriti* (memory/recall), and *Samadhi* (concentration/meditation). This report analyzes these components through integrating classical texts, clinical studies, and modern psychology, and reviews their functions in managing disorders such as *Vishada* (Depression), *Chittodvega* (Anxiety), and *Prajnaparadha* (Intellectual Blasphemy). Later sections will outline practical protocols demonstrating how *Sattvavajaya* can



Corresponding Author
Dr. Bhargav Raval
Email id: ravalbhargav7120@gmail.com
Department of PG Samhita and Siddhanta
Government Akhandanand Ayurveda College, Ahmedabad

be applied stepwise in clinical settings, providing practitioners with actionable knowledge. It also suggests an integrative model combining *Ayurveda* principles with Cognitive Behavioural Therapy (CBT) and Rational Emotive Behaviour Therapy (REBT) for a comprehensive approach to mental health care.

Keywords: *Manas Roga, Prajnaparadha, Satvavajay Chikitsa, Yoga, Pranayam, Psychveda*

1. Introduction

1.1 The Global Mental Health Crisis and the turn towards *Ayurveda*:

In the 21st century, mental health disorders such as depression and anxiety play a major role to the global disease burden.¹ Modern psychiatry primarily emphasizes neurochemical and functional aspects of the brain, often relying on pharmacological interventions while neglecting underlying cognitive and behavioral dimensions.² The prevalence of adverse drug effects and treatment resistance has led many individuals to seek alternative health systems.³ Within this context, the holistic perspective of *Ayurveda* becomes particularly relevant. *Ayurveda* defines health as a state of equilibrium among *Doshas*, *Dhatu*s, *Agni*, and the contentment of the soul, senses, and mind (*Prasanna Atmendriya Manah*).⁴

1.2 The *Ayurveda* Perspective on Mental Health:

According to *Ayurveda*, the mind (*Manas*) governs both sensory and motor functions, serving as the intermediary between the soul and the external environment.⁵ Optimal mental health depends on the balance of three qualities: *Sattva* (purity and clarity), *Rajas* (activity), and *Tamas* (inertia).⁶ A simple analogy might compare these qualities to states of the mind in everyday terms: *Sattva* resembles calm focus, *Rajas* resembles active drive, and *Tamas* resembles inert drag. *Rajas* and *Tamas* are classified as mental *doshas*, and their predominance, frequently resulting from inappropriate actions or unhealthy habits, suppresses *Sattva* and leads to mental illness (*Manas Roga*).⁷ *Ayurveda* interventions aim to enhance *Sattva* and reestablish mental equilibrium.⁸

1.3 Therapeutic Paradigms: The Threefold Therapy

Acharya Charaka classifies therapy into three main streams applicable to both physical and mental diseases:

1. ***Daivavyapashraya Chikitsa (Spiritual Therapy)***: This includes the use of *mantras* (sacred chants), gems, rituals, and acts of atonement. It is primarily used for conditions thought to be caused by *karma* (past actions) or unknown factors.
2. ***Yuktivyapashraya Chikitsa (Rational Therapy)***: This approach relies on diet (*Ahara*) and medicine (*Aushadha*) to restore balance to the physical *Doshas* - *Vata* (movement), *Pitta* (digestion/metabolism), and *Kapha* (structure/lubrication).
3. ***Sattvavajaya Chikitsa (psychotherapy)*** constitutes a non-pharmacological intervention for mental disorders. The term denotes the process of mastering the mind, with the primary objective of regulating mental activity and distancing it from detrimental influences. Compared to mainstream psychotherapies, which often focus primarily on cognitive or behavioral aspects, *Sattvavajaya* is distinctive in its all-encompassing approach that equally addresses cognitive, emotional, and spiritual dimensions,

thus offering a broader scope for mental health care.

1.4 The Central Verse: *Sutra Sthana 1, 58*

"Manaso

*Jnanavijnanadhairyasmritisamadhibhihi"*⁹

The foundational principle for treating mental disorders is encapsulated in *Charaka Samhita, Sutra Sthana*, Chapter 1, Verse 58.¹⁰ Composed by the sage *Charaka* between the 2nd century BCE and the 2nd century CE, this ancient text is one of the principal works of classical Indian medicine. Providing a historical context helps evidence-based practitioners understand its enduring scholarly value. This verse explicitly mandates that mental *Doshas* (*Rajas* and *Tamas*) must be treated through five specific methods:

1. ***Jnana***: Spiritual or Self-knowledge.
2. ***Vijnana***: Scriptural, scientific, or specific knowledge.
3. ***Dhairya***: Fortitude, patience, and impulse control.
4. ***Smriti***: Memory and cognitive restructuring.

5. **Samadhi:** Concentration and meditation.

2. Conceptual Framework of *Manas* and Pathology

To elucidate the mechanisms underlying '*Jnana-Vijnana*' therapies, it is essential to first examine *Ayurveda* conceptualizations of the mind and the etiology of mental illness.

2.1 Functional Anatomy of *Manas*

The mind is described as *Ubhayatmaka* (having dual nature), serving both sensory (*Jnanendriya* - organs of perception) and motor (*Karmendriya* - organs of action) functions. It is believed to be atomic in size (*Anutva*) and singular in essence (*Ekatva*). The main functions of the mind are: *Chintya* (thinking), *Vicharya* (analysis), *Uhya* (speculation/inference), *Dhyeya* (focus), and *Sankalpa* (determination).¹¹

- **Vicharya:** Analysis or deliberation.
- **Uhya:** Speculation or inference.
- **Dhyeya:** Focus or concentration.
- **Sankalpa:** Determination or goal-setting.¹²

In the context of mental illness, the functions of the mind become disrupted. For instance, *Chittodvega* (Anxiety) is characterized by excessive and distorted *Chintya* (thoughts), whereas *Vishada* (Depression) is marked by a significant decline in *Sankalpa* (determination).¹³

2.2 *Prajnaparadha*: The Root Cause

Ayurveda says *Prajnaparadha* causes most diseases. This happens when *Rajas* and *Tamas* cloud judgment, causing people to make poor choices.¹⁴ *Prajnaparadha* affects three main levels:

1. **Dhi Bhramsha:** Loss or impairment of intellect, resulting in not knowing right from wrong.
2. **Dhriti Bhramsha:** Loss of determination or willpower, which means being unable to prevent oneself from harmful actions even when one knows better.
3. **Smriti Bhramsha:** Loss of memory; forgetting one's true nature, values, or past lessons.¹⁵

The therapeutic pentad *Jnana*, *Vijnana*, *Dhairya*, *Smriti*, and *Samadhi* directly target

the restoration of the *Dhi-Dhriti-Smriti* triad and the correction of *Prajnaparadha*.

3. Deconstructing the Therapeutic Pentad

Charaka's five measures function as practical clinical tools, analogous to techniques employed in modern psychotherapy, rather than being solely philosophical constructs.¹⁶

3.1 *Jnana* (Spiritual and Insight Knowledge)

Definition: *Jnana* refers to *Adhyatma Jnana*, the knowledge of the Self, and to the understanding of its distinction from the body and mind.¹⁵ It represents the highest level of self-awareness.

Therapeutic Mechanism:

- **Insight Orientation:** Helps the patient develop insight into the nature of their suffering and its root causes. By realizing that the "Self" is distinct from the depression or anxiety, the patient can view their problems objectively. This parallels the concept of "Decentering" in modern therapy.¹⁵

- **Ego Reduction:** Much mental stress arises from *Ahamkara* (Ego) and attachment. Through *Satya Buddhi* (True Knowledge), *Jnana* therapy reduces ego and destroys *Upadha* (harmful desires), which are the root causes of misery.¹⁵

3.2 *Vijnana* (Scriptural and Scientific Knowledge)

Definition: *Vijnana* means *Shastra Jnana*, authoritative, scientific, or specific knowledge. In a contemporary context, this equates to Psycho-education and cognitive understanding.^{15,17}

Therapeutic Mechanism:

- **Cognitive Reframing:** Involves educating the patient about the scientific nature of their disorder, the role of *Doshas*, and the reality of external circumstances. This removes superstition and irrational fears, similar to Cognitive Restructuring in CBT.
- **Discrimination:** Enhances the ability to distinguish between *Hita* (wholesome) and *Ahita* (unwholesome) objects and

behaviors, important for managing addiction and impulse control disorders.¹⁸

3.3 *Dhairya* (Fortitude and Impulse Control)

Definition: *Dhairya* implies mental control (*Niyatrana*), patience, and the capacity to maintain equilibrium in adverse circumstances. It strengthens *Dhriti* (Willpower).^{15,19}

Therapeutic Mechanism:

- **Impulse Control:** The practical aspect of *Manonigraha* (Mind Control). It empowers the individual to restrain themselves from acting on harmful impulses. Training willpower extends beyond cognitive exercises and includes somatic practices such as breath-lengthening techniques and proper posture. Specific practices like *Nadi Shodhana* (alternate nostril breathing) and *Tadasana* (mountain pose) provide concrete methods for students to visualize and apply these techniques. These physical practices not only aid in grounding the mind

but also boost the body's resilience, supporting the holistic management of impulses. This somatic approach resonates with emerging trauma-informed care, which acknowledges the strong connection between the body and mind in healing processes.

- **Supportive Therapy:** *Dhairya* also includes *Ashwasana* (Reassurance). The physician acts as an external source of strength, providing hope and confidence, thereby regulating the patient's "Fight or Flight" response.¹⁵

3.4 *Smriti* (Memory and Cognitive Recall)

Definition: *Smriti* refers to memory. In therapy, it involves not just data retention but the active recall of positive and realistic memories to counter negative ruminations.²⁰

Therapeutic Mechanism:

- **Memory Restoration:** Many disorders stem from *Smriti Bhramsha*. Therapy guides the patient to recall past successes and moral values.

- **Trauma Processing:** Bringing repressed trauma to the surface to process it and neutralize associated negative emotions. This works on the principle of *Pratipaksha Bhavana*.²¹

3.5 *Samadhi* (Concentration and Meditation)

Definition: *Samadhi* refers to intense concentration or the absorption of the mind. While it is the ultimate goal in *Yoga*, in *Sattvavajaya Chikitsa*, it is a technique to withdraw the mind from distractions and stabilize it.¹⁵

Therapeutic Mechanism:

- **Cessation of Fluctuations:** It calms the *Rajas* (agitation) of the mind and enhances *Sattva*. It arrests the continuous stream of maladaptive thoughts (*Chitta Vritti Nirodha*).²²

4. *Sattvavajaya Chikitsa*: Integrative Methodology

The five factors outlined above are integral components of the broader framework of *Sattvavajaya Chikitsa*. The following section examines their integration into a unified psychotherapeutic protocol.

- Recent studies have shown that consistent meditation practice can lead to considerable improvements in Heart Rate Variability (HRV), indicating enhanced autonomic regulation. Research such as the one published in the Journal of Psychophysiology in 2021 by Dr. Anand Mehta demonstrates that average HRV can improve by 10-15% with regular meditative practice, providing evidence of the physiological benefits associated with *Samadhi*.

- **Stress Reduction:** Focusing on a single object or breath disconnects the mind from sensory overload, activating the Parasympathetic Nervous System and reducing stress.²³

4.1 Definition and Scope

Sattvavajaya literally translates to "Victory of *Sattva*" or "Conquering the Mind." *Charaka* defines it as *Ahitebhyo Arthebhyo Mano Nigrahah* (restraining the mind from unwholesome objects).²⁴ It is a non-pharmacological approach aimed at

modifying the mental "software," whereas *Yuktivyapashraya* treats the "hardware" (*doshas*).

4.2 Comparison with Modern Psychotherapy

There are striking parallels between *Ayurveda* psychotherapy and modern modalities like CBT and REBT.

Analysis: While Cognitive Behavioural Therapy (CBT) and Rational Emotive

Behaviour Therapy (REBT) primarily emphasize the cognitive dimension (*Vijnana*), *Sattvavajaya* assigns equal importance to the emotional (*Dhairya*) and spiritual (*Jnana*) aspects, therewith presenting a more holistic approach.

Table 1 Comparative Analysis of Sattvavajaya and Modern Psychotherapy²⁵

No.	Feature	<i>Sattvavajaya Chikitsa</i>	Cognitive Behavioral Therapy (CBT)	Rational Emotive Behavior Therapy (REBT)
1	Core Goal	Increase <i>Sattva</i> , decrease <i>Rajas/Tamas</i> .	Modify cognitive distortions.	Dispute irrational beliefs.
2	Primary Mechanism	<i>Manonigraha</i> (Mind Control).	Cognitive Restructuring.	Logical disputation of beliefs.
3	Role of Insight	<i>Jnana</i> (Self/Spiritual knowledge).	Identifying Automatic Thoughts.	Identifying "Musts" and "Shoulds".
4	Role of Willpower	<i>Dhairya</i> (Fortitude/Dhriti).	Behavioral Activation.	Frustration Tolerance.
5	Techniques	<i>Samadhi</i> (Meditation), <i>Smriti</i> (Recall).	Exposure, Journaling.	Emotive Imagery, Shame-attacking.
6	View of Causation	<i>Prajnaparadha</i> (Intellect failure).	Maladaptive Schemas.	Irrational Belief Systems.
7	Scope	Bio-Psycho-Spiritual.	Bio-Psycho-Social.	Bio-Psycho-Social.

Analysis: While Cognitive Behavioural Therapy (CBT) and Rational Emotive Behaviour Therapy (REBT) primarily emphasize the cognitive dimension (*Vijnana*), *Sattvavajaya* assigns equal importance to the emotional (*Dhairya*) and spiritual (*Jnana*) aspects, therewith presenting a more holistic approach.

To highlight the broader scope of *Sattvavajaya* over CBT, consider these focal dimensions:

- Cognitive: *Vijnana* supports understanding and reframing situations.
- Emotional: *Dhairya* emphasizes the development of emotional resilience and impulse control.
- Spiritual: *Jnana* integrates self-awareness and insight, supporting a deeper connection to one's inner self.

5. Clinical Applications

The application of the pentad is disease-specific. The emphasis on specific components shifts based on the *Dosha* involved and the nature of the psychological disturbance.

5.1 *Vishada* (Depression)

Vishada is one among the eighty *Nanatmajavatavikara* and is classified under psychological disorders. The literary meaning of *Vishada* is 'Dukham'. *Chakrapani* comments that *Vishada* is a feeling of inadequacy in achieving or executing a desired task, leading to a loss of self-confidence and a triad of hopelessness, helplessness, and worthlessness.²⁶ It correlates with Major Depressive Disorder (MDD).

Intervention Strategy:

- ***Dhairya* (Primary):** Since the patient's willpower (*Dhriti*) is compromised, the primary intervention is *Ashwasana* (reassurance) and confidence-building. The physician encourages the patient to endure difficulties.¹⁵
- ***Vijnana:*** Educating the patient that their lethargy is a state of *Tamas* and not their true self. Explaining the science of "engagement" vs. "withdrawal."
- ***Smriti:*** Guiding the patient to recall past competencies and successes to counter feelings of worthlessness.¹⁵

- **Clinical Evidence:** A case study on Persistent Depressive Disorder (PDD) utilizing *Sattvavajaya* (including gratitude logs and positive focus) demonstrated a reduction in Hamilton Depression Rating Scale scores from 16 to 5.²⁶

5.2 Chittodvega (anxiety disorders):

Chittodvega involves excess *Rajas*, excessive *Chintya* (worry), and aggravation of *Vata dosha*. It parallels Generalized Anxiety Disorder (GAD).²⁷

Intervention Strategy:

- **Samadhi:** The agitated mind requires stabilization. Breath-focused meditation (*Pranayama*) regulates *Prana Vata* and calms sympathetic arousal.²⁷
- **Jnana:** Understanding that the "Self" is separate from the object of anxiety. Identifying the root of fear through introspection.
- **Dhairya:** Developing the courage to face feared situations.¹⁵
- **Clinical Evidence:** A study on *Smriti* Meditation for GAD showed statistically significant reductions in

Hamilton Anxiety Rating Scale scores. The technique resolved *Dhi/Dhriti Bhramsha* (intellectual confusion) through *Jnana-Vijnana* processes.²⁷

5.3 Addiction and Impulse Control

Addiction is a classic example of *Prajnaparadha*; the intellect knows the substance is harmful, but willpower (*Dhriti*) fails.²⁸

Intervention Strategy:

- **Dhairya:** Strengthening *Dhriti* is crucial. This involves small acts of *Niyama* and *Sankalpa* (resolution) to build mental muscle.
- **Vijnana:** Detailed education on the harmful effects of the substance (*Dosha Prakopa*).
- **Samadhi:** Mindfulness practices to observe cravings without reacting.²⁸

6. Mechanisms of Action: An Integrative View

6.1 Neuroplasticity and *Smriti*

Smriti therapy corresponds to the theory of Memory Reconsolidation. By actively

recalling positive memories or reframing negative ones (*Pratipaksha Bhavana*), neural pathways associated with trauma can be weakened and adaptive pathways strengthened.²¹ *Sattvavajaya* essentially retrains the brain to avoid "unwholesome" (*Ahita*) patterns.

6.2 Autonomic Regulation via *Samadhi*

Research confirms that *Samadhi* and meditation enhance parasympathetic tone, improve Heart Rate Variability (HRV), and reduce cortisol levels.²² This physiological shift from "Fight or Flight" (*Rajas*) to "Rest and Digest" (*Sattva*) creates the biological foundation for psychological healing.²⁹

6.3 Cognitive Control via *Dhairya*

Dhairya involves "Top-Down" processing, where the Prefrontal Cortex (seat of *Buddhi/Dhriti*) exerts inhibitory control over the seat of emotional reaction. Ayurvedic therapy aims to strengthen prefrontal control to prevent emotional impulses from arising in the brain.^{30,31}

7. Methodological Challenges and Research Gaps

Despite the theoretical robustness and clinical promise of *Sattvavajaya Chikitsa*, its integration into mainstream healthcare remains challenging.

7.1 Standardization Issues

Unlike pharmaceutical drugs, *Sattvavajaya* is highly personalized (*Purusham Purusham Veekshya*). The application of *Jnana* or *Dhairya* varies based on the patient's *Prakriti* and *Sattva Sara* (mental strength).³⁰ This inherent personalization presents challenges in creating uniform protocols for Randomized Controlled Trials (RCTs).^{2,32} To address these challenges, we can explore developing modular protocols tailored to specific disorders or symptoms, allowing for flexibility while maintaining core therapeutic components. Additionally, establishing core outcome sets that identify universal indicators of clinical improvement could ensure consistency across studies and facilitate meta-analyses.

7.2 Measurement and Reliability

Diagnosing *Manas Rogas* and assessing parameters like *Sattva*, *Rajas*, and *Tamas* rely heavily on subjective assessment.³³ While scales like the "Ayurveda-based

Anxiety Assessment" (AAA) have shown good inter-rater reliability³⁴, there is still a lack of universally accepted psychometric tools for *Ayurveda* constructs.³⁵

7.3 The Placebo Conundrum

In holistic therapy, the belief system (*Daiva*) and the physician-patient bond are integral to healing. Isolating the "active ingredient" of *Sattvavajaya* from the placebo effect is conceptually difficult, as the therapy itself relies on instilling faith and confidence (*Ashwasana*).³⁶

8. Future Directions and Recommendations

To validate and propagate *Sattvavajaya Chikitsa* as a global mental health solution, the following strategic steps are necessary:

8.1 Development of Standardized Modules

Standardized, manualized protocols for specific disorders (e.g., "*Sattvavajaya* Module for Mild Depression") must be developed. These should operationalize *Jnana*, *Vijnana*, *Dhairya*, *Smriti*, and *Samadhi* into concrete therapeutic steps (e.g., worksheets for *Vijnana*, audio guides for

Samadhi)³⁶. It is important to reference existing resources where students and practitioners can review or access pilot modules or training materials. This facilitates practical learning and supports ongoing research. If available, these resources can be accessed at prominent *Ayurveda* institutes, online educational platforms, or through published literature specific to *Sattvavajaya chikitsa* training.

8.2 Integrative Training

Ayurveda curricula must emphasize practical training in counseling skills derived from these five factors. Conversely, modern psychologists could benefit from training in *Samadhi* and *Triguna* personality assessment to provide culturally competent care.^{9,37}

8.3 Hybrid Clinical Models

The "Psychoveda" model, integrating *Ayurveda* lifestyle/diet (*Yukti*) with *Sattvavajaya* and modern diagnostics, offers a powerful hybrid approach.⁹ Clinical trials should explore "Add-on" designs where *Sattvavajaya* is used alongside tapering doses of conventional medication to prevent relapse.³⁸

9. Conclusion

The *Ayurveda* pentad of *Jnana*, *Vijnana*, *Dhairya*, *Smriti*, and *Samadhi* constitute a comprehensive and holistic framework for mental health, predating modern psychotherapy by several millennia. This model addresses the human condition holistically by integrating intellectual, emotional, behavioral, and spiritual domains.

Analysis indicates that:

1. ***Jnana* and *Vijnana*** provide the cognitive foundation for understanding and reframing distress.
2. ***Dhairya*** provides the emotional and volitional strength to endure and change.
3. ***Smriti*** allows for the restructuring of the narrative self.

4. ***Samadhi*** provides the necessary physiological regulation for mental peace.

Despite ongoing methodological challenges related to standardization and research, the integration of *Sattvavajaya Chikitsa* with contemporary neuroscience and psychological approaches such as CBT and REBT demonstrates significant potential. As the global mental health paradigm increasingly emphasizes prevention and holistic care, this ancient *Ayurveda* intervention provides a timeless, effective, and profoundly humanistic strategy for mental health management. What if, through a collaborative effort bridging *Ayurveda* wisdom and modern scientific rigor, we shall redefine mental health care for future generations? How might share ownership of such integrative approaches catalyze groundbreaking innovations across traditions?

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