

**CONCEPTUAL STUDY ON THE NOOTROPIC EFFICACY OF SATTVAJAY  
CHIKITSA (AYURVEDA PSYCHOTHERAPY) OVER PSYCHOSOMATIC DISORDERS  
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**ABSTRACT**

Optimal health conceived in Ayurveda is a perfect synchronization of body, mind and soul i.e., a psychosomatic approach of health. Polycystic Ovarian Syndrome (PCOS) is the most common endocrinopathy in women of reproductive age. Women with PCOS have an irregular menstrual cycle, excess of androgens, insulin resistance, serum lipids alteration, anovulation, acne, hirsutism and infertility. Similar Clinical features are found in *Pushpaghni Jataharini* (a disease similar to polycystic ovarian syndrome mostly having hyperandrogenism and anovulatory cycle) and *Nashtartava* (no proper growth of follicles and chronic anovulation). Studies have shown that several disorders are associated with PCOS, including depression, anxiety, impaired body image and body dissatisfaction, eating disorder, sexual dysfunction, and reduced quality of life. Based on a literary context on PCOS symptoms and its disorder, it has been revealed that clinicians generally identify and treat only the physical symptoms of PCOS while the psychological aspects of PCOS have remained unexplored. Sattvavajay Chikitsa (SC) (Ayurveda psychotherapy) has the psycho-spiritual approach and is exclusively meant for the mind and its related attributes. The current study aimed at reviewing psychosomatic aspects of PCOS and the role of Sattvavajay Chikitsa over it.

**Keywords:** PCOS, Ayurveda, *Sattvavajay chikitsa*, Psychosomatic disorders

## INTRODUCTION

In recent years, the incidence of Psychosomatic diseases has shown a tremendous increase throughout the world, especially in a western affluent society, where most of the infectious and nutritional causes of ill health have been completely eradicated, but psychosomatic disorders are emerging as a greater and growing challenge before the medical profession<sup>1</sup>. A Psychosomatic disease can be called a psychophysiological disease. It is termed psychosomatic because the initial cause of such a disease, centres around the psyche and the manifestations are somatic. The fast-growing incidence of Psychosomatic diseases and the increasing scientific knowledge of their etiopathogenesis in recent years have led to the emergence of Psychosomatic Medicine as a major speciality in Modern medicine. However, the current thinking on this issue is to develop a comprehensive Psychosomatic Medicine in a restricted sense. There is a need to make a psychosomatic approach to the study and care of health and every disease, without restricting it to a few so-called psychosomatic diseases. Because every life event is a psychosomatic process, and every disease is associated with varying degrees of Psychosomatic diathesis.

PCOS is a heterogeneous disorder that affects at least 7% of adult women. According to the National Institute of Health Office of Disease Prevention, PCOS affects approximately 5 million women of childbearing age. Research suggests that 5-10% of females at 18 to 44 years of age are affected by PCOS making it the most common endocrine abnormality among women of reproductive age<sup>2</sup>. However, the rate of PCOS reported in various studies ranges from 2.2% to as high as 26% This starts at puberty and ends at menopause with bad clinical Features and laboratory findings<sup>3</sup>.

Polycystic Ovarian Syndrome (PCOS) is a relatively common endocrine disorder in women of the reproductive age group. It is found in around 70% of women who have ovulation difficulties leading to infertility. PCOS is a condition that has cysts on the ovaries that prevent the ovaries from performing

normally. Symptoms of PCOS include Amenorrhea or infrequent menstruation, irregular bleeding, infrequent or no ovulation, multiple immature follicles, increased levels of male hormones, male pattern baldness or thinning hair, excess facial and body hair growth, acne, oily skin or dandruff, dark-coloured patches of skin especially on the neck, groin, underarms, chronic pelvic pain, increased weight or obesity, diabetes, lipid abnormalities and high blood pressure<sup>4</sup>. PCOS may clinically be manifested in young women of reproductive age as oligoovulation, biochemical or clinical hyperandrogenism, hirsutism, male pattern baldness, acne and polycystic ovaries. But PCOS has a long prodrome with detectable abnormalities that present as metabolic syndromes like hyperinsulinemia, obesity, dyslipidemia related to decrease high-density lipoprotein cholesterol and hypertriglyceridemia, hypertension, atherosclerosis, increased risk of development of type II diabetes and cardiovascular disease throughout the life of affected women<sup>5</sup>.

Studies have shown that several disorders are associated with PCOS, including depression, anxiety, impaired body image and body dissatisfaction, eating disorder, sexual dysfunction, and reduced quality of life. However, there is still a shadow of doubt regarding the aetiology of these disorders in the literature. Based on a review of literature on PCOS symptoms and its disorder, it has been revealed that clinicians generally identify the physical symptoms of PCOS while the psychological aspects of PCOS have remained unexplored.

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 with positivity with a focus on Pratyaksha bhavana (thinking thoughts of opposite quality<sup>15</sup>). Here an attempt has been made to study the role of Sattvavajay Chikitsa in the Psychosomatic disease PCOS.

### Psychological Aspects of PCOS-

It is common for almost all females diagnosed with PCOS to have negative emotions of frustration,

anxiety, and to a lesser extent, sadness<sup>6,7</sup>. However, several disorders such as changes in appearance, irregular or absent menstrual periods and possible disturbances in sexual attitudes and behaviour can lead to psychological distress and impaired emotional well-being<sup>3,8</sup>. Women with PCOS have worse anxiety and depression compared with women without PCOS<sup>9</sup>. Several other disorders have been reported by females with PCOS, including lower self-esteem, more negative body image, decreased psychological well-being, impaired social and marital relationships, poor sexual performance<sup>10,11</sup> and psychological morbidity<sup>12,13</sup>. According to the literature, depression and anxiety are the most common mental symptoms of PCOS, while mood and anxiety disorders are the most prevalent psychiatric diagnoses of PCOS<sup>3,14</sup>. Research shows that experiencing the symptoms of PCOS, including excess hair growth, hair loss, acne, weight changes and fertility problems, can negatively affect mood, self-confidence and body image.

It has also been shown that the longer it takes for a woman to receive a diagnosis of PCOS, the more likely she is to be depressed or anxious. It can be difficult to cope with the symptoms of PCOS especially if you don't know the cause. After controlling for demographic factors, menstrual problems were the strongest predictor of psychological symptoms. Findings suggest features of excess body hair, obesity, and menstrual abnormalities carry unique risks for adverse psychological symptoms, but menstrual problems may be the most salient of these features and deserve particular attention as a marker for psychological risk among women with PCOS<sup>16</sup>.

#### Meaning of Psychosomatic Disorders-

The Ayu (Life) process is composed of a composite entity consisting of Sharira (Physical body), Indriya (developed sensory apparatus), Sattva (mind) and Atma (the conscious element). The state of health and or disease i.e., Arogya and Vyadhi are described in this four-dimensional life process – ‘Sharirendriya Sattvatma Samyoga’ and hence everything is psychosomatic<sup>17,18,19</sup>. For all manasika vikaras, Alpha Satva is the most important part. An excited vata

depresses the mind and gives rise to feelings of helplessness, delirium, fear, etc. This suggests Ayurveda is perhaps the earliest Medicare system to have an understandable concept about psychosomatic approach<sup>20</sup>. A psychosomatic disorder, by definition, is a stress disorder whose principal cause is psychological in origin, but its manifestations are mostly observed in the body<sup>21,22</sup>. Stress is a nonspecific response of the body to any demand made upon it<sup>23,24</sup>. Such a response consists of a series of endocrine, neurohumoral and metabolic changes with associated physiological alterations involving entire body parts and systems able to varying degrees<sup>25,26</sup>.

#### Etiopathogenesis of PCOS: Ayurveda perspective

Ayurveda describes PCOS to have an equal involvement of the Dosha, Dhātu and Upadhātu. It does not correlate the condition to a single disease or syndrome but the symptoms bear a resemblance to the terminologies defined as Anarthava- Amenorrhoea, Yonivyapad- an anatomical and physiological disorder of the reproductive system like Arjaska- oligomenorrhoea due to vitiation of vata dosha, Lohitakshaya- oligomenorrhoea due to vitiation of vata-pitta dosha, Vandhya-Infertility, Pushpaghni-Revati- Idiosyncratic anovulatory menstruation, Abeejata- anovulation, Rajodushti and kshtartava- Menstrual flow disorder due to vitiation of Dosha, Shandhi Yonivyapad- Vitiation of vata due to genetic factors causes menstrual irregularities which may or may not be associated with anovulation<sup>27</sup>.

Vishama ahara and vihara (improper diet and activities) causes reduced digestion and metabolism leading to the immaturity of digestive extract and formation of immature rasa which vitiates menstrual blood and leads to an increase in meda dhātu and kapha which obstructs body channels and vata prakopa causing obesity and amenorrhoea. Vata and Kapha doshas as well as Vishama Aahar and vihara leads to reduced digestive fire and causes the production of Ama (undigested food). This ama production causes improper enzymatic reactions leading to incomplete metabolism and hormonal imbalance. This hormonal imbalance causes hyperinsulinemia and hyperandrogenism ultimately leading to anovulation

and amenorrhea/oligomenorrhea and ovarian abnormalities like polycystic ovaries<sup>28</sup>.

Ayurveda does not speak in terms of "hormones". It has its unique language and terms. Hormones are considered fire elements in the tissue. The action of hormones expresses the nature of pitta, the energy responsible for transformation. All stages of the female reproductive process are a result of the interplay of hormones. The fact behind the alteration of each stage is due to pitta replicated in the effect of the hormones on the various stages of the ovarian and menstrual cycles<sup>29</sup>.

- If pitta predominates it manifests as hair loss, acne, painful menses, clots and heart problems.<sup>29</sup>
- Kapha's heavy cool qualities nourish the development of the tissues that form and support the reproductive system including the nurturing energy supporting the growth of the follicle during the ovarian cycle. Kapha predominance manifests as increased weight, subfertility, hirsutism, diabetic tendencies and coldness<sup>29</sup>.
- Vata is reliable for affecting the movement of the follicle during the ovarian cycle, the breakdown of the ovary wall for releasing the matured ovum, the movement of the fimbriae - directs the ovum into the fallopian tubes and the movements of the ovum near the uterus. The predominance of vata is manifested as painful menses, scanty or less menstrual blood and severe menstrual irregularity<sup>29</sup>.

#### Literary Review on Sattvavajay Chikitsa-

Sattvavajaya comprises two words Sattva and Avajaya where, Sattva refers to intellect, consciousness or mind, while Avajaya is control over it<sup>30</sup>. Chikitsa means treatment/management<sup>31</sup>. SC potentiates Sattva to modify maladaptive symptoms caused by Rajas (arrogance) and Tamas (indolence)<sup>32</sup> which are considered illnesses-causing mental humors<sup>33</sup>. 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).<sup>34</sup>

A recent comprehensive definition on psychotherapy by Wolberg in 1967 states<sup>35</sup>, "Psychotherapy is the treatment, by psychological means, of problems 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 behaviour, and promoting positive personality growth and development". This recent explanation on contemporary psychotherapy honestly fits into the thousand years old Ayurveda description on SC<sup>36,37</sup>.

#### Methodology of Sattvavajaya Chikitsa-

The SC permits the physician's interference with the patient's mind control. This can be achieved in various ways. These ways are termed as "methodology" of SC. By following these methodologies<sup>34</sup>, SC not only negates the negative thoughts but also endeavours to replace them with positivity<sup>38</sup>.

1. Chintya- Regulating the thought process
2. Vicharya- Replacing the ideas
3. Uhya- Channelling the presumptions
4. Dhyeya - Polishing the objective
5. Sankalpa- Proper guidance or advice for taking the right decisions

#### Principle of Satvavajaya -

Chikitsa SC has two main principles. Almost all techniques derived from SC have their 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 a 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, "The Kama " (affection) toward alcohol may be alleviated by inducing "Krodha" (aversion) toward that affection and vice versa<sup>39,40</sup>.

### **Psychosomatic viewpoints of PCOS-**

The discoveries concerning psychosomatic viewpoints of PCOS were distributed to 2 primary categories and 9 subcategories<sup>41</sup>.

- Psycho-social Issues related PCOS
  1. Disappointment about Body's disfigurement, excessive weight and image unsettling concerns.
  2. Sexuality and Relationships conflicts.
  3. Hampered health quality of Ayu(life)
  4. Chinta (stress) about future health and related social stigma
- Manas pathologies related to PCOS
  1. Chittavasad (Depression)
  2. Unmada (Bipolar Diseases)
  3. Chittodwega (anxiety disorders)
  4. Faulty Eating Habit
  5. Borderline Personality Disorders.
  6. Emotional Disturbances

### **Evidence of Effectiveness of Satvavajaya Chikitsa over Psychosomatic Disorders-**

SC has proved effective as a monotherapy or combination with other treatment modalities in the following studies-

- Shrilata et al. Studied that an 18-year-old girl with Kashtartava (painful menses) got significant relief in her mood-related symptoms and her thought process became clear. There was a significant improvement in her attention and concentration on the application of a combination of SC as the main treatment with other 2 Ayurvedic drugs<sup>42</sup>.
- Kolhe et al.<sup>43</sup> studied the SC with a combination of other two Ayurveda drugs and got results like decreased symptoms like anxious mood, depressed mood and insomnia on adjustment disorders.
- Dilip et al.<sup>44</sup> Studied SC in Yoshaapsmara (hysterical neurosis) for 3 months as a

combination treatment and proved effective in mental support and better coping ability.

- Vyas et al.<sup>45</sup> tried SC and got a significant effect on Vataj, pittaj and kaphaj Symptoms and Tamasika Bhava of Manasa – Dosh Ajeerna. Ref abv
- Satyapal Singh relates SC as psycho-behavioural therapy and it is mainly applied for mental or emotional stress and disturbances<sup>46</sup>.
- Kathane et al.<sup>47</sup> conclude SC acts as spiritual therapy which helps in controlling the mind with Vichara (right thinking). Thus, sound and positive mental health are achieved by SC.
- Behere et al<sup>38</sup>. tried to understand the role of the therapist of SC and concluded that the ideal therapist of SC attempts to know the state of emotions of a patient which are causally associated with his illnesses. Thus, the therapist develops strategies to replace the negative emotions with the opposite positive ones. Studies have shown that SC boosts confidence, self-esteem, positive thinking With Yoga, SC acts at behavioural modification, manages stress, restores cognition SC preserves Dhee (intellect), Dhriti (determination/patience) and Smriti (memory) SC empowers self-control and restores inherent perspective of depressed patients.
- SC proved effective in Chittavasad (depression) and nail-biting habit <sup>48,49</sup>.
- Indrani et al. conclude SC acts by promoting Jnana (Knowledge) and Vijnana (knowledge of scriptural and texts) in the affected individuals. SC on one hand diminishes the impaired Rajas and Tamas of a pathological mind and on 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)<sup>50,51</sup>.

### **Domains of the SC used in the treatment of PCOS-**

Being diagnosed with a chronic disease such as PCOS can generate a range of feelings and emotions. SC has the potential to redefine the art and science of ancient psychotherapy and provide a new dimension in

treating PCOS. 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. A physician can use the following Domains of SC in the management of PCOS<sup>38,52</sup>.

1. Dhyana (Getting to know self) - It provides support to the patient of PCOS to develop an insight about herself. With the use of this, patients can improve their behavioural control. She becomes mature at an emotional level, adapts better to the situations and feels free from the fear of future health consequences.
2. Vigyan (The textual knowledge)- It gives the knowledge to understand the nature of illness and improve her coping capabilities. The misconception of the disease will be avoided and with a better understanding of the disease, it will be easy to develop a positive attitude towards its management. It will be helpful to generate better coping skills, adopt proper prophylactic measures and produce good rapport with doctors.
3. Dhairya (Maintenance of mental balance even when one is under stress)- patient develops better-coping abilities and better inter-person relationships. With the help of this tool, the attitude of the patient towards PCOS changes from negative to positive. Thereby improving the quality of her Ayu(life).
4. Smruti (Recalling the objects of experience)- The hidden conflicts which are the primary source of an emotional illness are exposed. Thereby, all mana related pathologies can be treated.
5. Samadhi (Restraining the mind from worldly objects and meditating on the spiritual dimension of personality)- By achieving a higher level of awareness and Mental tranquility, the patient resists doing the prime hetu of Mana pathologies i.e. Prajnaparada (Faulty ahar-vihar causing PCOS). Thereby stopping the further process of disease.

## CONCLUSION

Given the high prevalence and the serious manodaihik lakshanas and their complications associated with PCOS in females, clinicians should pay considerable attention to this condition and ensure that patients receive adequate sattvavajay interventions along with yuktivyapashraya treatments. Additionally, it is suggested that health care providers, through providing psychosocial education and support, should improve the coping strategies of females with PCOS.

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