



ROLE OF SATVAVAJAYA CHIKITSA AND PSYCHOLOGICAL INTERVENTION IN DIABETES MANAGEMENT- A CONCEPTUAL STUDY

Tejashwini¹, Shrilatha Kamath T²

P G Scholar¹, Professor and Head²

Department of PG Studies in Manasaroga

Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Kuthpady, Udipi- 574118, Karnataka, India.

Corresponding Author: drtejukolare@gmail.com

<https://doi.org/10.46607/iamj1311032023>

(Published Online: March 2023)

Open Access

© International Ayurvedic Medical Journal, India 2023

Article Received: 05/02/2023 - Peer Reviewed: 18/02/2023 - Accepted for Publication: 09/03/2023.



ABSTRACT

Swastha is defined as a state where there is equilibrium in *Dosha*, *Dhatu*, and *Agni* along with *Prasanna Atma* and *Manas*. Health is not just a mere absence of disease but also psychological wellbeing. Diabetes is a chronic disorder of metabolism that disrupts the body's handling of glucose, lipids, and proteins. It also has psychological connections and consequences. Chronicity is known to have an impact on mental health and cognitive functioning leading to distress. Chronic stress increases the risk of diabetes. *Satvavajaya Chikitsa* is a nonpharmacological approach aimed at controlling of mind and restraining it from unwholesome *Artha* (objects) or stressors. Withdrawal of the mind from unwholesome objects is known as *Satvavajaya Chikitsa* or it is a treatment by Self Control. *Yogah Chittavrutti Nirodha*, which simply means the process of gaining control over the mind. By practising *Yoga*, a state of composure in gain or loss can be achieved. When the mind is detached from the material world with no influence there would be no misery. Multiple pieces of evidence suggest that the practise of *Yoga* can tackle the psychopathology of diabetes, helping in control and prevention. Psychological interventions in the form of Cognitive Behavioural Therapy, Acceptance, and Commitment Therapy, and Motivational Interviewing have proven to be effective in coping with distress and adherence to self-care.

Keywords: Diabetes, Satvavajaya Chikitsa, Yoga, Psychological intervention.

INTRODUCTION

The state of a person, who has the palatability of food, ease of digestion in totality, regular and normal movements of bowel & bladder physically, accompanied by the propitiation of senses & satisfactory sleep cycle, mentally will be bestowed with strength, complexion, lifespan by keeping the equilibrium of *Manas* & *Agni* itself is considered to be health.¹ Health as a state of complete physical, mental, and social well-being and not merely an absence of disease or infirmity. So, *Manas* is also a prime factor involved in the manifestation of disease and its management.

Ayurveda therapeutics for the management of any *Roga* are followed in three major streams of protocols. They include *Daivavyapasharaya* (Divine Therapeutics), *Yuktivyapasharaya* (Logical Therapeutics) & *Satvavajaya* (Psychotherapeutics)².

Prameha is a set of complex clinical disorders with an etiology involving genetic predisposition as well as improper diet and lifestyle. In the etiology of *Prameha*, there is the involvement of *Manasika bhavas* like *Krodha*, *Bhaya*, *Udvega*, and *Chinta*, which lead to the derailment of glucose metabolism. Diabetes is a disorder of metabolism and the vascular system. Heredity and family history are important to rule out the onset of the disease, however, sudden onset is often associated with acute distress which leads to disruption in homeostasis in a person who is vulnerable to the disease leading to common mental health problems such as anxiety, depression, and sleep disorders, and can increase the risk of suicide. It also affects cognitive functioning across multiple domains such as attention, concentration, memory, and executive function. Diabetes is a burdensome life condition that significantly reduces the quality of life³. Stress is a potential contributor to chronic hyperglycaemia. Human studies have shown the involvement of autonomic neuropathy in type I diabetes. In contrast, more evidence supports the role of stress in type II diabetes. However psychological stress and negative mood have an effect on glucose control. In the severity of stress, there is stimulation of the Hypothalamic-

pituitary-adrenal axis and sympathetic and parasympathetic withdrawal, increasing cortisol, catecholamines, and neuropeptides. Chronic activation of the HPA axis leads to poor glucose control⁴.

Satvavajaya Chikitsa is one among the *Trividha Chikitsa*, which prevents the impairments of *Dhee*, *Dhriti*, and *Smriti* and also brings them back to the normal state. *Satvavajaya Chikitsa* propagates the concept of withdrawing self from unwholesome objects (*Ahita Artha*) by *Mano Nigraha*⁵. It incorporates *Dhee*, *Dhairyadi*, and *Vigjanam* which means a deeper understanding of Intellect, fortitude, and memory.⁶ *Satvavajaya Chikitsa* potentiates *Sattva* with the intention of modifying maladaptive symptoms caused by *Rajas* in terms of arrogance and *Tamas* as indolence which are considered as illness of mind this is due to *Ahita Artha*⁷. *Ahita Artha* here can be considered in terms of *Pragnapradha*, which leads to *Dhee*, *Dhriti*, and *Smriti Vibramsha*.⁸ Yoga is the disunion or negation of self with sorrows. As mentioned, *Yoga* indulges in *Chittavrutti* and *Nirodha*. *Chittavrutti* are five variants as follows *Pramana* is merely understood as the right knowledge, *Viparyaya* as an illusion, *Vikalpa* as imagination, *Nidra* is sleep and *Smriti* however consider as memory. *Nirodha* is in control. The methods involved in attaining *Chittavrutti Nirodha* are by *Abhyasa* and *Vairagya*. There are multiple schools of *Yoga* and the most eminent practise considered is *Raja Yoga*, it is the ultimate stage of *Yoga* practise one nearing *Samdhi*, it is through this practice one can calm the mind. There is an eightfold practice in *Raja Yoga* which includes *Yama*, *Niyama*, *Asana*, *Pranayama*, *Pratyahara*, *Dharana*, *Dhyana*, and *Samadhi*.⁹

Psychological factors and the patient's health beliefs are important determinants of self-care behaviour. Education has a modest influence on generating better self-care, but psychologically-based interventions are clearly more effective.

Applied psychology is the study and ability to resolve problems with human behaviour related to health issues, workplace conflicts, and education by intervening in the form of therapies such as CBT (Cognitive Behavioural Therapy), ACT (Acceptance and Commitment Therapy), Family Therapy, and Stress Management Training.

MATERIALS AND METHODS

The *Ayurveda* treatises, *Ayurveda* journals, relevant articles, and other *Ayurveda* textbooks were referred to. *Satvavajaya Chikitsa* for mental disorders which is a non-pharmacological approach. The word *Satvavajaya* comprises 'Satva' and 'Avajaya'. The word 'Satva' is derived from the Sanskrit root 'Sat' by adding the suffix 'Ktva'. The word 'Avajaya' - Ava + Ji - Achaparajaye 'Yenendralokhavajayaya' means overcoming victory, and the word 'Satvavajaya' refers to command over self, strength of mind. In other words, *Satvavajaya* means overcoming of mind or control of the mind.¹⁰ "Satvavajayah Punah Ahitebhyo Arthebhyo Mano Nigraha". Ahitartha and Mano Nigraha are the two principles of *Satvavajaya*. Ahita with respect to *Panchendriyarth* or *Mano Artha*. But in *Satvavajaya*, it is quite logical to consider *Mano Artha*, though it may not be objectionable to include *Panchandriyarth* because ultimately it is *Satva* that materializes the perception of the objects, not *Indriyas*. *Asatmendriyarth* *Samyoga* is regarded as one of the major causes of disease. So, avoidance of *Ati, Hina*, and *Mithya Yoga* leads to different *Manasa Roga*. The principles of *Satvavajaya Chikitsa* lie in controlling the *manoartha* which is called *Mano-nigraha*. *Manoartha* like *Chintya* (Regulating the thought process), *Vicharya* (Replacing the ideas), *Uhya* (Channelling the presumptions), *Dhyeya* (Polishing the objectives), *Sankalpa* (Proper advice for taking the right decision)¹¹. The approach of *Satvavajaya Chikitsa* is mainly by five domains which are *Jnana, Vijnana, Dhairya, Smriti, and Samadhi*. *Jnana*

(Oriented approach) provides support to the patient and helps them develop insight about self.

Vijnana (Educative approach) Comprehension regarding the nature of the illness.

Dhairya (Supportive approach) Developing coping mechanism. *Smriti* (Cognitive approach) Recalling past events or finding out the exact point of conflict.

Samadhi (Psycho-philosophical approach) Restraining the mind with a higher level of awareness.¹²

Technique for stress management- while postulating the treatment principles for mental disorders there were observations made regarding the prevention of stressors. Prevention can be achieved by the virtue of *Dharma, Artha, and Kama*. Acquiring the knowledge of these three factors can lead to no disease. It is achieved by the following¹³.

Ahitavarjana -Withdrawal from unwholesome practises.

Hitopasevana -Adopting wholesome practises.

Tadviyaseva -Should be in service with a knowledgeable person or community.

Atmadijnana -Knowledge of *Atma, Desha, Kula, Kala, Bala, Shakti*.

The term *Yoga* is derived from the root 'Yuj' which means union. The union of *Jivataman* and *Pramatman*. *Yoga* emphasizes the relationship between body and mind. It is metaphorically depicted as a tree that has eight branches which include *Yama* (Ethics)-*Ahimsa, Satya, Asteya, Brahmacharya, and Aprighrahi*.

Niyama (Moral)- *Shucha, Santosha, Tapas, Svadhya, Ishwara Pranidhana*.

Asana (Posture)- Postures for continued and comfortable sitting, forming a relationship with body, mind, and awareness.

Pranayama- regulated yogic breathing practice which aids in controlling the autonomic nervous system by augmenting cerebral blood flow and oxygenation, thereby improving the neuronal activities of the brain centres, including those present in the limbic areas, hypothalamus, and medulla, as well as improving sympatho-vagal activity. Right nostril breathing is believed to have a sympathetic stimulating effect and is useful in the control of diabetes. *Bhastrika's* ener-

getic *Pranayama* helps in the regulation of the pineal, pituitary, and adrenal glands, which play an important role in the regulation of metabolism¹⁴.

Prathyahara- Withdrawal of the senses.

Dhrana- Concentration of mind.

Dhyana- Meditation gives mental stability providing improvement in quality of life, reduction in anxiety, and advocating a better approach towards the illness.

Samadhi- Enlightenment and union with the divine.

The major role of a psychiatrist or a physician is dealing with patients with psychiatry or psychosomatic disorders. The main aim is motivating the patient to

change the behaviour in ways that optimize the process of healing.

Psychological intervention in Cognitive behaviour therapy, Acceptance, and commitment therapy, and stress management therapy are known to empower the patient in the treatment and coping with the disorder. Cognitive-behavioural therapy emphasis on patient's information processing, reaction, feeling, and behaviour. The main characteristic of CBT is it focuses on the problem, is structured and time, and is limited. Blackburn and Davidson described the main areas to concentrate on

Definition of problem	What function is affected
Objective factor	Predisposing factors, precipitating and perpetuating factors
Internal vulnerability factors	Internal beliefs
Mediational cognitive factor	Thought process and errors in them
Current theme	Vulnerabilities, triggers
Coping skill	Acceptance
Emotion	Predominant emotions

The general aim of cognitive behavioural therapy is to monitor negative automatic thoughts, recognize the relation between cognition, affect, and behaviour, examination of distorted automatic thoughts, and reality-oriented interpretation to identify and alter dysfunction.¹⁵

Acceptance and Commitment Therapy

Where behavioral therapy and CBT aim to reduce distressing thoughts, Acceptance and Commitment Therapy teaches us to accept these thoughts and work round them. ACT creates an attitude of acceptance towards distressing thoughts, feelings, emotions, and

sensations that result from diabetes morbidity. Less complex psychological interventions such as behavioral activation embedded in exercise programs for patients with diabetes and depression have shown positive results in terms of greater enjoyment of physical activity and cessation of avoidance behaviors.

Stress-Management Training

It involves cognitive appraisals about stressful events and coping. The core skills include self-observation, cognitive restructuring, relaxation exercises, time management, and problem-solving.¹⁶

Self – observation	Daily diary format to record stressful events.
Cognitive restructuring	Creating awareness regarding maladaptive beliefs, thoughts, and expectations.
Relaxation exercise	In distress development of progressive relaxation technique.
Problem-solving	Application of best solution to make changes in the problem

DISCUSSION

Diabetes needs substantial long-life self-management along with psychological factors to improve a patient's belief in health. Repeated attachment with entities like *Shoka*, *Bhaya*, and *Udvega* becomes a po-

tent cause of morbidity and mortality of a disease and also a hurdle in management. This article gives an overview of the adjacent treatment modality which consists of *Satvavajaya* as one of the best approaches to strengthen *Satva* by subduing *Manasa Dosha* by *Jnana*, *Vigyana*, *Dhairya*, *Smriti*, and *Samadhi*.

Prajnaparadha is one of the major causative factors accounting for the rise of disease. By practising *Ahita Varjana*, *Hitopasevana*, *Tatvidyaseva*, and *Atmadi Jyana* one can avoid *Prajnaparadha*. *Satvavajaya Chikitsa* also includes emphasizes the need for compassion and a positive attitude towards the patient in administrating the treatment. *Yoga* therapy is found to give significant help in reducing the risk of developing diabetes. It reduces oxidative stress and improves glucose levels which are needed to maintain a metabolic and psychological profile.

Additionally, psychological interventions and counselling strategies have been developed to deal with diabetes distress, mental health issues, poor QoL, and difficulties in self-management of diabetes, by enabling adherence to medical regimens and antidiabetic behaviours.

CONCLUSION

Diabetes affects the entire body it requires prevention, control, and thorough management. A diabetes diagnosis can trigger emotions like stress, disappointment, and depression in a long run. In addition, one might find it difficult to reduce stress by getting involved in unhealthy behavior which attributes to diabetes complications, so it requires additional management for proper adherence to illness and treatment.

REFERENCES

1. Jadhavji Trikamaji Acharya editor, Dalhana, Susrutha Samhita, Sutra Sthana; Upakalpaniya adhyaya 15th Chapter verse 41 Varanasi: Choukamaba Surabharathi, 2017;p.75.
2. Agnivesha, Yadavji Trikamaji Acharya, Charaka Samhita, Chikitsa sthana; Tistraishaniya adhyaya: 1st chapter, verse 54, Varanasi: Chowkhamba Prakashan, 2015; p.77.
3. Balhara YP. Diabetes and psychiatric disorders. Indian J Endocrinol Metab. 2011;15(4):274.

4. Surwit RS, Schneider MS, Feinglos MN. Stress and diabetes mellitus. Diabetes Care. 1992 Oct;15(10):1413-22. DOI:10.2337/diacare.15.10.1413. PMID: 1425110.
5. Agnivesha, Yadavji Trikamaji Acharya, Charaka Samhita, Sutra sthana; Tistraishaniya adhyaya: 11th chapter, verse 58, Varanasi: Chowkhamba Prakashan, 2015; p.57.
6. Vagbhata. Ashtanga Hridayam, with Sarvangasundara and Ayurved Rasayana
7. Commentary by Arundutta and Hemadri respectively, Pt. Hari Sadashiva Shastri Paradkara, editor. Sutrasthana; Ayushkamiya adhyaya: 1st chapter, verse 26, Varanasi: Chaukhamba Surbharati Prakashana; Reprint 2010; p. 13.
8. Agnivesha, Yadavji Trikamaji Acharya, Charaka Samhita, Sutra sthana; Deerganajiviteeya adhyaya: 1st chapter, verse 58, Varanasi: Chowkhamba Prakashan, 2015.p.57.
9. Agnivesha, Yadavji Trikamaji Acharya, Charaka Samhita, Shareera sthana; Kadidha purushiyam Shareeram adhyaya: 1st chapter, verse 102, Varanasi: Chowkhamba Prakashan, 2015, p297.
10. Svatomarama, Swami Mukti Bhodhananda of Hata Yoga Pradipika, Shat Karma and Pranayama; Chapter 4, Yoga publication trust, Manager, Bihar, India, p.103.
11. 10. Monier Williams, A Sanskrit English dictionary, reprint ed. Motilal Banarasidass. Delhi, 2005; 1135.
12. Agnivesha, Yadavji Trikamaji Acharya, Charaka Samhita, Shareera sthana; Kadidha purushiyam Shareeram adhyaya: 1st chapter, verse 20, Varanasi: Chowkhamba Prakashan, 2015; p288.
13. Behere PB, Das A, Yadav R, Behere AP. Ayurvedic concepts related to psychotherapy. Indian J Psychiatry 2013;55.
14. Agnivesha, Yadavji Trikamaji Acharya, Charaka Samhita, Sutra sthana; Tistraishaniya adhyaya: 11th chapter, verse 47, Varanasi: Chowkhamba Prakashan, 2015, p.77.
15. Raveendran AV, Deshpande A, Joshi SR. Therapeutic Role of Yoga in Type 2 Diabetes. Endocrinol Metab (Seoul). 2018 Sep;33(3):307-317. doi: 10.3803/EnM.2018.33.3.307. Epub 2018 Aug 14. PMID: 30112866; PMCID: PMC6145966.
16. JN Vyas, Niraj Ahuja, editor. Textbook of Postgraduate Psychiatry. 3rd edition. New Delhi: Jaypee Brothers Medical Publishers(P)Ltd; 2008. p1562.
17. Gregg JA, Callaghan GM, Hayes SC, Glenn-Lawson JL. Improving diabetes self-management through acceptance, mindfulness and values: a randomized controlled trial. J Consult Clin Psychol. 2007;75(2):336-343.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Tejashwini & Shrilatha Kamath T: Role of Satvavajaya Chikitsa and Psychological Intervention in Diabetes Management- A Conceptual Study. International Ayurvedic Medical Journal {online} 2023 {cited March 2023} Available from: http://www.iamj.in/posts/images/upload/570_574.pdf