



Sexual Trauma And The Role Of *Sattwavajaya Chikitsa*(Ayurveda Psychotherapy): An Ayurvedic Perspective On Healing And Restoration

Sanyogeeta A Dixit¹, Kashavva V Hiremath^{2*}, Pankaj Sharma³, Vaishnavi G Kulkarni⁴

^{1,3,4}PG Scholar, Department of Rejuvenative and Reproductive Medicine in Ayurveda, KLE Academy of Higher Education & Research's (Deemed-to-be-University) Shri B.M. Kankanawadi Ayurveda Mahavidyalaya, Belagavi, Karnataka, India.

²Professor & Head, Department of Rejuvenative and Reproductive Medicine in Ayurveda, KLE Academy of Higher Education & Research's (Deemed-to-be-University) Shri B.M. Kankanawadi Ayurveda Mahavidyalaya, Belagavi, Karnataka, India.

ARTICLE INFO

*Correspondence:

Kashavva V Hiremath
drkvhiremath@gmail.com

Professor & Head,
Department of
Rejuvenative and
Reproductive Medicine
in Ayurveda, KLE
Academy of Higher
Education & Research's
(Deemed-to-be-
University) Shri B.M.
Kankanawadi Ayurveda
Mahavidyalaya,
Belagavi, Karnataka,
India.

Dates:

Received: 31-03-2025

Accepted: 08-06-2025

Published: 20-06-2025

Keywords:

Ayurveda, Psychological
resilience, *Sattwavajaya*
Chikitsa, Sexual trauma,
Trauma recovery.

How to Cite:

Dixit SA, Hiremath KV,
Sharma P, Kulkarni VG.
*Sexual Trauma And The
Role Of Sattwavajaya
Chikitsa(Ayurveda
Psychotherapy): An
Ayurvedic Perspective
On Healing And
Restoration. Indian
Journal of Health,
Sexuality and Culture.*
2025;11(1): 49-56.

DOI: 10.21590/ijhsc.11.01.07

Abstract

Sexual trauma has profound psychological and physiological consequences, necessitating a holistic approach to healing. *Sattwavajaya Chikitsa*, a non-pharmacological psychotherapeutic intervention in Ayurveda, focuses on cognitive restructuring and emotional resilience. This review examines its potential role in managing psychological distress in survivors of sexual trauma. A comprehensive literature review was conducted using indexed databases, analyzing studies on *Sattwavajaya Chikitsa* and its application in trauma recovery. Emphasis was placed on its principles, therapeutic mechanisms, and integration with modern psychotherapeutic approaches. Existing literature suggests that *Sattwavajaya Chikitsa*, through cognitive interventions, mindfulness-based practices, and emotional regulation techniques, will contribute to psychological resilience and trauma recovery. While empirical evidence remains limited, theoretical frameworks and preliminary studies indicate its potential efficacy in reducing anxiety, depression, and post-traumatic stress symptoms. *Sattwavajaya Chikitsa* offers a promising adjunctive approach for psychological rehabilitation in survivors of sexual trauma. Integrating this traditional Ayurvedic therapy with contemporary mental health interventions may enhance holistic recovery. Further clinical studies are needed to substantiate its effectiveness and application in trauma-informed care.

INTRODUCTION

The instinct of procreation has been one of the primal driving forces of civilisation. The primal instinct of sex for pleasure and procreation has been studied extensively. But there exists another facet of this instinct-sexual violence leading to trauma. The American Psychological Association defines "Trauma" as the emotional response to a terrible event like an accident, crime, natural disaster, physical or emotional abuse, neglect, experiencing or witnessing violence, death of a loved one, war and more¹. Sexual trauma due to sexual

exploitation and abuse is an intimate, pervasive and profound devastating experience with significant psychological, physical and social consequences.² It encompasses a spectrum of phenomena including physical assault/battery of a sexual nature or sexual harassment (unsolicited verbal or physical contact of sexual nature that is threatening in character)³ and has gained momentum in the recent years owing to increased public awareness about bias and violence.

According to the Indian National Census (2020-2021), the proportion of women who have experienced physical violence since the age of 15 has stayed constant at 30%⁴. Similarly, the percentage of women who have experienced sexual violence throughout their lives is 6% according to the National Family Health Survey 5 (NFHS-5) and 6% in NFHS-4. One concerning finding is that 14% of ever-married women in NFHS-5 report having experienced spousal sexual violence, compared to 7% in NFHS-4.⁴

Sexual trauma arises as a result of any form of sexual activity against an individual without their consent which includes physical acts (rape and sexual assault), as well as non-physical forms of sexual abuse (harassment, exploitation, and coercion).⁵ In India, legal definitions of sexual trauma have been codified in various laws- Bhartiya Nyaya Sanhita (erstwhile Indian Penal Code (IPC)) and the Protection of Children from Sexual Offences (POCSO) Act, 2012. According to the BNS, Sexual violence includes both physical and non-physical abuse, ranging from molestation and rape to the more complex cases of trafficking and cyber exploitation.⁶

The prevalence of sexual trauma in India is alarming. The National Crime Records Bureau (NCRB) reported more than 32,000 cases of rape recorded in 2020 alone, a figure that reflects only the reported incidents.⁷ Despite the high frequency of sexual trauma in India, many cases remain unreported, especially in rural regions where victims lack access to legal systems or fear social retaliation because of cultural and societal standards. Additionally, people's susceptibility to sexual violence is influenced by elements including caste, economic standing, and geographic location.⁸

Sexual trauma (exploitation, abuse or assault) can impact the mental, physical and emotional well-being along with future romantic and sexual dynam-

ics of an individual. It is associated with mental health problems, decrease in sexual functioning and satisfaction affecting the social dynamics of an individual.²

In order to treat sexual trauma, a comprehensive and multidimensional strategy is necessary, one that addresses both mental and sexual health and considers the intricate interactions between the patient's traumatic experience, cultural background, personal values, emotional regulation, and interpersonal relationships. The ultimate goal is to foster resilience and give survivors the tools they need to take back control of their lives.

METHODOLOGY

The conventional treatment of sexual trauma incorporates Cognitive Behavioral therapy (CBT), psychodynamic therapy, Cognitive processing therapy (CPT), Interpersonal Psychotherapy etc. that primarily focus on improving mental health outcomes.⁹ *Sattwavajaya Chikitsa* (Ayurveda Psychotherapy) is a specialised treatment modality of the manas (mind and its attributes) through a psycho-spiritual approach. It provides a new dimension in treating psychiatric, psychological and psycho-somatic disorders.¹⁰ In addition to giving readers an overview of ayurvedic psychiatry, including its principles, application, and scientific and clinical data, this paper aims to integrate the modality in the treatment of sexual trauma. This paper examines the multifaceted effects of sexual trauma on human biology, psychology, and social functioning as well as strategies to counteract it using *sattwavajaya chikitsa*. It does this by taking an integrated, trauma-informed, victim-centered approach to managing sexual trauma that prioritizes physical and emotional safety, choice, and control.

Sexual Trauma & Its Impact

Sexual trauma is a complex interplay of neuroscience, psychology, trauma studies and affects both the structure and function of the brain. Acts of sexual violence leave a lasting impression leading to sexual trauma.¹¹

Sexual violence encompasses acts that range from verbal harassment to forced penetration, an

array of types of coercion, from social pressure and intimidation to physical force. Sexual violence includes but is not limited to: a) rape within marriage or relationships; b) rape by strangers or acquaintances; c) unwanted sexual advances or sexual harassment at school/work etc; d) systematic rape, sexual slavery and other forms of violence, which are common in armed conflicts (forced impregnation); e) sexual abuse of mentally or physically disabled people; f) rape and sexual abuse of children; and g) customary forms of sexual violence, such as forced marriage or cohabitation.³

10–50% of women reported forced sexual experiences with someone other than their partner, 0.3–12% had forced sexual initiation, and 1–21% suffered sexual abuse before the age of 15. These findings are based on multi-country surveys by WHO on sexual partner violence.³

According to recent data, women suffer more from sexual assault and injuries, which can result in unintended pregnancies, unsafe abortions, and an increased risk of STIs, even while male and female survivors may have comparable mental health, behavioural, and social repercussions. PTSD, depression, generalized anxiety disorder, eating disorders, substance abuse, aggression, sexual dysfunctions, aversion, pain, and discontent are other possible detrimental health consequences.²

Majority of survivors of sexual trauma experience hypervigilance, avoidance, and re-experiencing because of assault. Symptoms of PTSD has serious impairment of functioning such as physical health problems, problems with alcohol or drug consumption, negative social interactions.¹¹ The presence of PTSD symptoms can help determine the impact of exposure to sexual trauma.¹² Research indicates that while there was no difference in the frequency of orgasms or sexual arousal, those who experienced PTSD symptoms after sexual assault showed a marked drop in several areas of sexual functioning, such as sexual aversion, sexual pain, and sexual satisfaction. On the other hand, there was no discernible difference in the degree of sexual functioning between those who had never experienced sexual trauma and those who had, but did not exhibit signs of PTSD. These findings emphasize how critical it is to gain a deeper comprehension of the

tools and techniques that certain trauma survivors may possess in order to move past the trauma and toward wholesome relationships.²

Sexual trauma can affect how a relationship functions and ends. A person's social dynamics are further impacted by avoidance and isolation brought on by a fear of re-traumatization. imply that the effects of sexual trauma are likely to extend beyond the survivors' own functioning and affect their relationships.²

Mental Health In Ayurveda

The system of Indian medicine, Ayurveda is built on the foundational principles of *ayu* (life) as a conglomeration of 4 factors- *sharira* (the physical body), *indriya* (the perceptive organs), *satva* (consciousness) and *atma* (the spiritual body). Ayurveda postulates that the *satva*, *atma* and *sharira* form the 3 pillars of existence i.e., Life. and the interaction of these along with the 3 sub pillars – *ahara* (food), *nidra* (sleep) and *brahmacharya* (control over desires) and the *tridoshas* (*vata*, *pitta* and *kapha*) (regulatory functional aspect) forms the basis for healthy existence.

Spectrum Of Management In Ayurveda

Ayurveda postulates a flexible psychosomatic approach and regards mental and bodily illnesses as two distinct, specialized fields only in specific conditions and there is no clear distinction between physical and mental illnesses. Ayurveda's description of the treatment of various psychiatric disorders shows that pharmaceutical, spiritual, and psychological approaches have been employed side by side to eradicate the illness.¹³

The *Manas* (mind), responsible for process of perception has been conceived to be a functional element of the *atma* (soul).

The three main components of Ayurveda's therapeutic methods are *Yuktivyapashraya*, *Daivyapashraya Chikitsa*, and *Sattwavajaya Chikitsa*. Therapy by *Sattwavajaya* from the *Charakasamhita* is a novel form of psychotherapy. *Daivyapashraya* is a form of faith therapy, while *Yuktivyapashraya* is a form of rational therapy.¹⁴

Psychotherapy, as used in contemporary mental health, is the psychological treatment of emotional issues in which a qualified individual consciously builds a professional rapport with the patient with the goals of (a) alleviating and reducing or delaying current symptoms, (b) mediating a dysfunctional behavioral pattern, and (c) encouraging the development of a positive personality.¹⁴

The fundamentals of psychotherapy have always existed in all traditional communities. It has buried itself in Indian society, entwined with social structures, societal conventions, in myths, rituals, religious activities, and customs. It has been included into allopathic, Ayurvedic, Buddhist, yoga, Unani, and mystic traditions alike. In Ayurveda, distinct mental remedies are described to address both mental and physical issues. A person's mental state and attitude play a significant part in the healing process of any illness.¹⁴

According to Caraka Samhita, *Sattwavajaya*, the psychotherapy, involves mental restraint or "mind control," which is attained via "spiritual knowledge, philosophy, fortitude, remembrance, and concentration." Ayurveda holds that "volitional transgression (*prajnaparadha*)" is "the main etio-pathological factor" in mental illness and that it can be remedied by *sattwavajaya* or psychotherapy.

Since *sattwavajaya* literally translates to "winning the mind," the only mention of *sattwavajaya* that Ayurvedic therapy has been (re)constituted from could be taken to signify a mental discipline rather than a doctor-patient connection. This type of treatment can be given by a professional who specializes in mediations with unseen worlds, by oneself, or by one's family, community, or other loved ones. In *Sattwavajaya*, "a physician wins the mind of the patient," according to *Caraka*, who discusses "objective" mind control that involves the doctor's "interference".¹⁴

Application Of Sattwavajaya Chikitsa

The techniques used in this therapy are the progressive cessation of unhealthy habits, addiction, and the adoption of positive behaviors. By maintaining mental equanimity such as fortitude, patience, awareness, remembrance, genuine knowledge, etc., one can replace emotions like fear by bravery,

love by love, wrath by calmness, hunger by content, ignorance by knowledge, and jealousy by affection. This approach just offers guidance on appropriate behavior. The Ayurvedic approach to psychological healing aims to replace unpleasant emotions like anger with positive ones like love, rather than just trying to eliminate them. This is what distinguishes *sattwavajaya* treatment from others.^{10,14}

According to *Sattwavajaya*, the psychotherapist tries to ascertain the patient's emotional condition in relation to the sickness and then devises plans to swap out the unhealthy feelings for healthy ones.^{10,15} *Sattwavajaya Chikitsa*, or Ayurveda psychotherapy, utilizes several techniques aimed at controlling the mind and promoting positive mental health as follows:^{10,13,14,16}

Jnana, or insight-oriented approach, is a method that emphasizes self-awareness. The objective is to assist the patient in expanding their self-awareness. Getting this done can result in: An increased level of accountability and self-control, Maturation of the emotions, Correcting misconceptions; improving flexibility; and self-realization. *Vijnana*, or educational approach: This method makes use of textual knowledge. The goal is to help people better comprehend the nature of illness and develop their coping skills. The anticipated results consist of: Better knowledge of the illness helps prevent misconceptions; improved coping mechanisms; and modifications to preventative measures, good rapport with the therapist. *Dhairya* or supportive technique places a strong emphasis on maintaining mental equilibrium under pressure. Developing coping skills is the aim, which will result in: Improved coping skills, better partnerships, a shift from negativity to optimism. *Smriti* or recollection of prior experiences (Cognitive approach) helps in understanding the precise nature of the impacting item is the goal, as this aids in revealing the hidden conflicts that serve as the main cause of emotional illnesses. *Samadhi* (Psycho-philosophical approach): In this method, the mind is restrained from material things, and the spiritual aspect of personality is pondered. A greater level of awareness is the goal, which will lead to: Enhanced consciousness along with mental peace and quiet.

Addressing Sexual Trauma Through Sattwavajaya Chikitsa

Sexual trauma profoundly affects an individual's psychological and physiological well-being, often leading to conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety. Conventional psychotherapeutic interventions, including psychodynamic psychotherapy, trauma-focused cognitive-behavioral therapy (TF-CBT), and eye movement desensitization and reprocessing (EMDR), have demonstrated efficacy in addressing these issues. However, integrating traditional healing modalities like Ayurveda can offer a holistic approach to recovery. Ayurveda, the ancient Indian system of medicine, views life as a confluence of the physical body (*sharira*), sensory organs (*indriya*), mind (*satva*), and soul (*atma*). Mental health is intricately linked to the balance among these components, with the mind (*manas*) playing a pivotal role in perception and cognition. Ayurvedic texts attribute mental disorders to imbalances in the *doshas*, *rajas* and *tamas*, affecting the mind.

Sattwavajaya Chikitsa, or Ayurvedic psychotherapy, is a non-pharmacological intervention aimed at restoring mental equilibrium by controlling the mind and restraining it from unwholesome objects or thoughts. This approach emphasizes the cultivation of positive mental attributes such as courage, patience, and memory, facilitating the replacement of negative emotions like fear and anger with positive counterparts. Techniques employed in *Sattwavajaya Chikitsa* include:¹⁷

Cintya (Controlling Thoughts)

Guiding individuals to regulate their thought processes to prevent the recurrence of distressing memories.

Vicarya (Substituting Ideas)

Encouraging the replacement of negative thoughts with constructive and positive ones.

Uhya (Channeling Assumptions)

Assisting in reframing and interpreting experiences in a more balanced manner.

Dhyeya (Refining Goals)

Helping individuals set realistic and meaningful objectives to foster a sense of purpose.

Sankalpa (Providing Guidance)

Offering appropriate counsel to aid in decision-making and coping strategies.

Utilisation In The Management Of Sexual Trauma

Jnana (Insight)

Developing self-insight can help survivors understand the impact of the trauma on their thoughts, emotions, and behaviors. It can facilitate a deeper understanding of their reactions and coping mechanisms. *Vijnana* (Education): Providing psychoeducation about trauma, its effects, and healthy coping strategies can empower survivors and reduce feelings of confusion or self-blame. Understanding the nature of their distress as a response to trauma, rather than an inherent flaw, can be crucial. *Dhairya* (Support): Building resilience and coping abilities is essential for trauma recovery. Offering empathetic support and fostering a sense of inner strength can help survivors navigate difficult emotions and situations. This aligns with the principle of giving emotional support in times of loss or grief. *Smriti* (Cognitive Restructuring): Carefully recalling and processing traumatic memories in a safe therapeutic environment, with the aim of understanding their impact, can be beneficial. This technique could potentially help in reframing traumatic experiences and reducing their emotional intensity over time by understanding the "exact nature of the affecting object". However, this would need to be approached with extreme caution and under expert guidance to avoid re-traumatization. The principle of replacing negative thoughts with positivity (*Pratipaksha bhavana*) is also relevant here.¹⁰ *Samadhi* (Mindfulness and Emotional Regulation): Techniques aimed at achieving mental tranquility and a higher level of awareness can help survivors manage overwhelming emotions, reduce hypervigilance, and promote a sense of inner peace.

The principle of inducing emotions opposite to those associated with distress (*Pratipaksha bhavana*) could be applied to counteract feelings of fear, shame, or anger associated with the trauma by consciously cultivating feelings of safety, self-worth, and healthy assertiveness, respectively. Further-

more, the methodologies like regulating thought processes (*Chintya*) and replacing ideas (*Vicharya*) directly address the negative and intrusive thoughts often experienced after trauma. Proper guidance and advice for taking right decisions (*Sankalpa*) can also aid survivors in making choices that support their healing and well-being.

It is important to note that applying these ancient techniques to the complex issue of sexual trauma would require a nuanced and sensitive approach by trained professionals who understand both the principles of *Sattwavajaya Chikitsa* and the complexities of trauma-informed care. The sources do not provide specific protocols for this application, but the underlying principles of mind control, emotional regulation, and fostering positive mental states suggest a potential for these techniques to be integrated into a holistic approach to trauma recovery.

Integrating *Sattwavajaya Chikitsa* with other Ayurvedic therapies can enhance its effectiveness in addressing sexual trauma. Practices such as *Achara Rasayana* (behavioral therapy) promote ethical conduct and mental discipline, while *Shirodhara* (continuous pouring of medicated oil on the forehead) induces deep relaxation and alleviates stress. Additionally, the use of *Rasayana* (rejuvenative therapies) aims to revitalize the body and mind, supporting overall well-being.

The holistic nature of Ayurvedic psychotherapy aligns with contemporary understandings of trauma-informed care, which recognize the interconnectedness of mind and body in the healing process. By addressing the root causes of distress and fostering resilience through individualized, culturally sensitive interventions, *sattwavajaya chikitsa* offers a comprehensive framework for healing from sexual trauma. While modern psychotherapeutic approaches provide valuable tools for addressing the aftermath of sexual trauma, incorporating Ayurvedic practices like *sattwavajaya chikitsa* can offer a more holistic path to recovery. By nurturing mental strength, promoting positive behavioral changes, and integrating supportive therapies, individuals can embark on a journey toward healing that encompasses both psychological and physiological dimensions.

Scientific and Clinical Evidence

Modern psychotherapy and *Sattwavajaya* are not fundamentally different. In both cases, the mind is separated from dangerous sensory objects. The genealogies of contemporary selfhood imply that psychotherapy is a setting where genuine inner selves are created concurrently with and through the realization of their repression and the process of healing. Ayurvedic psychotherapy would serve two purposes: first, it would reinstate genuine medical culture by practicing a practice that is thought to have a primordial dimension; second, it would uncover real subjectivity by revealing a self that is thought to have an interior depth.^{10,14,16}

The clinical evidence suggests that *sattwavajaya chikitsa* shows promise in managing various conditions, both as a standalone therapy and alongside drug treatments. Key findings include:¹⁰ In Adjustment disorders: *Sattwavajaya Chikitsa* combined with Ayurvedic drugs improved concentration, memory, and reduced anxiety, depression, and insomnia. In Hysterical neurosis: A herbo-mineral formulation with *Sattwavajaya Chikitsa* was effective in providing mental support and better coping abilities. In *Manasa – Dosha Ajeerna*: *Sattwavajaya Chikitsa* (with placebo) showed positive effects on certain symptoms. For Memory enhancement: *Sattwavajaya Chikitsa* (with placebo) improved short-term memory in healthy volunteers. In Premenstrual syndrome: *Sattwavajaya Chikitsa* as the main treatment with Ayurvedic drugs relieved mood symptoms and improved cognitive functions in a case study. Other applications: *Sattwavajaya Chikitsa* concepts used as psychological counseling showed positive results in premature ejaculation, obesity, nail biting in children, and depression. These studies indicate that *Sattwavajaya Chikitsa* has clinical applicability and potential efficacy in addressing mental and psychological well-being.

Bridging The Gap: Ayurveda And Conventional Psychiatry

The *Gita* is an excellent treatise on psychotherapy, while the *Mahabharata* is a fantastic textbook on psychopathology. The 18 chapters of self-knowledge in the *Bhagavad Gita* cover a variety of psychother-

apy treatments. By forcing a person to delve deeper within himself and gain understanding of how it functions, Gita releases a person from the sensation of guilt in its own framework, overcomes suppression, and boosts motivation and morale¹⁸

Patients have higher expectations for their care than they have for western-style treatments. Balhodi suggests that psychiatrists should strive to become acquainted with Ayurvedic and folk ideas of mental illnesses by working with Ayurvedic practitioners^{10,14}

CONCLUSION

The foundation of health is a holistic perspective that does not distinguish between the mind, body, and society. Ayurvedic interventions offer an experienced, intuitive, holistic approach unlike western medicine, which is more experimental, analytical, and reductionist. In order to maintain a balance between the three crucial elements—intellect, memory, and patience, *Sattwavajaya Chikitsa* offers a promising adjunctive approach for psychological rehabilitation in survivors of sexual trauma. Integrating this traditional Ayurvedic therapy with contemporary mental health interventions paves the way to enhance holistic recovery. Although further large scale clinical studies are needed to substantiate its effectiveness and practical application, the results of previous clinical studies prove that *Sattwavajaya Chikitsa* plays an indispensable part in the future of trauma care.

CONFLICT OF INTEREST

There is no conflict of interest.

FUNDING

It is a Non-Funded Study.

ACKNOWLEDGEMENTS

Nil

REFERENCES

1. Trauma [Internet]. [cited 2025 Mar 27]. Available from: <https://www.apa.org/topics/trauma/>
2. Mark KP, Vowels LM, Mullis L, Hoskins K. Women's strategies for navigating a healthy sex life post-sexual trauma. PLoS One. 2023 Sep 1;18(9 September).
3. Sexual violence Sexual violence encompasses acts that range from verbal harassment to forced penetration, and an array of types of coercion, from social pressure and intimidation to physical force.
4. Tripathi S, Pathak VK, Lahariya C. Key findings from NFHS-5 India report: Observing trends of health indicators between NFHS-4 and NFHS-5. J Family Med Prim Care [Internet]. 2023 Sep [cited 2025 Mar 27];12(9):1759. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10657051/>
5. Violence Info – Sexual violence – Sexual Violence [Internet]. [cited 2025 Mar 27]. Available from: <https://apps.who.int/violence-info/sexual-violence/>
6. Sexual Offences under the IPC-Section 375-377 [Internet]. [cited 2025 Mar 27]. Available from: <https://www.legalserviceindia.com/legal/article-3447-sexual-offences-under-the-ipc-section-375-377.html>
7. NATIONAL CRIME RECORDS BUREAU (NCRB) | Ministry of Home Affairs [Internet]. [cited 2025 Mar 27]. Available from: <https://www.mha.gov.in/en/national-crime-records-bureau-ncrb>
8. Violence against women [Internet]. [cited 2025 Mar 27]. Available from: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
9. Brown SJ, Khasteganan N, Brown K, Hegarty K, Carter GJ, Tarzia L, et al. Psychosocial interventions for survivors of rape and sexual assault experienced during adulthood. Cochrane Database Syst Rev [Internet]. 2019 Nov 7 [cited 2025 Mar 27];2019(11):CD013456. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6836856/>
10. Belaguli G, Savitha HP. An empirical understanding on the concept of Sattvavajaya Chikitsa (Ayurveda Psychotherapy) and a mini-review of its research update. 2019; Available from: www.ijournalhs.org
11. Lake AM, Zhou Y, Wang B, Actkins K V, Zhang Y, Shelley JP, et al. Sexual Trauma, Polygenic Scores, and Mental Health Diagnoses and Outcomes. JAMA Psychiatry [Internet]. 2024 Oct 30; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/39475956>
12. Markowitz JC, Neria Y, Lovell K, Van Meter PE, Petkova E. History of sexual trauma moderates psychotherapy outcome for posttraumatic stress disorder. Depress Anxiety. 2017 Aug 1;34(8):692–700.
13. Tripathi JS. Review Article DIMENSIONS OF SATTVA-VAJAYA CHIKITSA (AYURVEDIC-PSYCHOTHERAPY) AND THEIR CLINICAL APPLICATIONS. Vol. 2012, Annals Ayurvedic Med.
14. Behere PB, Das A, Yadav R, Behere AP. Ayurvedic concepts related to psychotherapy. Vol. 55, Indian Journal of Psychiatry. 2013.
15. Budhwar H. CHIKITSA OF MANAS ROGA ACCORDING TO AYURVEDA. Budhwar World Journal of Pharmaceutical Research www.wjpr.net [Internet]. 2015;11:2534. Available from: www.wjpr.net

16. Murthy AR V, Singh RH. THE CONCEPT OF PSYCHOTHERAPY IN AYURVEDA WITH SPECIAL REFERENCE TO SATVAVAJAYA. Ancient Science of Life. 1987.
17. Amin H, Sharma R. Nootropic efficacy of Satvavajaya Chikitsa and Ayurvedic drug therapy: A comparative clinical exposition. Int J Yoga [Internet]. 2015 [cited 2025 Mar 30];8(2):109. Available from: <https://pubmed.ncbi.nlm.nih.gov/26170589/>
18. Amin HD, Hetalben A, Chayal V. Psychotherapy in Bhagwat Geeta and Ayurveda. Journal of Ayurvedic and Herbal Medicine [Internet]. 2024;10(1):1–2. Available from: www.ayurvedjournal.com