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“EFFECTIVENESS OF ADRAVYA CHIKITSA (TV TECHNIQUE) ON MENTAL HEALTH STATUS OF HOSPITALIZED FEMALE PATIENTS: A SINGLE GROUP ASSESSMENT QUASI-EXPERIMENTAL STUDY”

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ABSTRACT:

Mental health disorders among hospitalised women are frequently underdiagnosed and inadequately addressed. Ayurveda emphasises non-pharmacological interventions such as Adravya Chikitsa, particularly Satvavajaya Chikitsa, for the management of psychological disturbances. The TV technique, incorporating relaxation, guided visualisation, and positive suggestion, can be conceptually correlated with Satvavajaya Chikitsa.

Aim:

To evaluate the effectiveness of Adravya Chikitsa in the form of the TV technique on the mental health status of admitted female patients.

Methodology:

A one-group pretest–posttest quasi-experimental study was conducted among admitted female patients on the occasion of Mental Health Awareness Day in the female ward of Government Ayurved Hospital, Nagpur. Mental health parameters were assessed before and after the intervention using a structured mental health assessment scale. The intervention was administered as Adravya Chikitsa through a guided TV technique session.

Results:

Post-intervention assessment demonstrated noticeable improvement in emotional stability, reduction in anxiety levels, improvement in sleep quality, and overall enhancement of mental well-being among the participants.

KEY WORDS:- Adravya chikitsa, TV technique, Satvavajaya Chikitsa, Manasika Vyadhi, Adravya Chikitsa

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INTRODUCTION

Ayurveda conceptualizes mental health as a state of equilibrium of *Manas* with the predominance of *Satva Guna*, whereas the aggravation of *Rajas* and *Tamas* leads to *Manasika* disturbances. Acharya Charaka identifies *Prajñāparādha* (intellectual blasphemy), resulting from impairment of *Dhi* (intellect), *Dhriti* (self-control), and *Smriti* (memory), as a major etiological factor in the development of mental disorders. This perspective underscores the importance of correcting cognition and behavior rather than relying solely on pharmacological interventions.

For the management of *Manasika Vyadhi*, Ayurveda advocates *Adravya Chikitsa*, with particular emphasis on *Satvavajaya Chikitsa*. This therapeutic approach aims at *Manonigraha* (mental regulation) through the cultivation of *Jñāna* (knowledge), *Vijñāna* (discernment), *Dhairya* (mental stability), *Smriti*, and *Samādhi*. Acharya Vāgbhaṭa further highlights the significance of *Satva Bala* in maintaining mental health and recommends psychological control measures as primary modalities of treatment.

The concepts of reassurance (*Ashvāsana*), counselling, and strengthening of the mind are elaborately described in the *Suśruta Samhitā*, particularly in the management of *Unmāda*. These classical references accord priority to non-pharmacological psychological interventions, supplemented by supportive care.

The TV Technique employed in the present study, incorporating relaxation, guided visualization, and positive suggestion, can be conceptually correlated with *Satvavajaya* and *Ashvāsana Chikitsa* as described in classical Ayurvedic literature.

Materials and Methods (Conceptual Validation)

The intervention was conceptualized as *Adravya Chikitsa* based on the principles of *Satvavajaya*. Acharya Vāgbhaṭa emphasizes *Manonigraha* as a fundamental component of therapy, particularly in conditions where psychological factors contribute to disease aggravation. This classical foundation supports the application of guided relaxation and visualization techniques in hospitalized patients.

Discussion (Classical Integration)

The principles of *Adravya Chikitsa* applied in this study are substantiated by descriptions of *Satvavajaya*, *Manonigraha*, and *Ashvāsana Chikitsa* found in *Aṣṭāṅga Hṛdaya* and *Suśruta Samhitā*. These texts emphasize psychological reassurance and regulation of mental faculties as primary therapeutic strategies in the management of *Manasika* disorders.

The observed improvements in emotional stability, reduction in anxiety, and enhancement of

sleep quality may be attributed to the augmentation of *Satva Guna* and the attenuation of *Rajas* and *Tamas*. Both Acharya Charaka and Vāgbhaṭa affirm that strengthening *Satva* through non-pharmacological interventions enhances mental resilience and coping capacity.

Suśruta further reinforces that psychological reassurance and supportive communication play a pivotal role in alleviating mental disturbances, thereby validating the effectiveness of *Adravya Chikitsa* techniques such as the TV Technique in hospital-based settings.

Scope of the Study

The present study focuses on hospitalized female patients; therefore, its findings are primarily applicable to women in a clinical inpatient setting. The study evaluates the effectiveness of *Adravya Chikitsa* delivered through the TV Technique, emphasizing non-pharmacological approaches to mental health management. The intervention demonstrates potential for integration into routine hospital care as a complementary modality alongside conventional treatment. Additionally, the findings provide preliminary evidence that may serve as a foundation for larger-scale studies exploring *Adravya Chikitsa* across diverse patient populations.

Table 1: Age-wise Distribution of Study Participants (n = 25)

Age Group (Years) Number of Patients (n) Percentage (%)

Below 40	5	20%
40 – 50	8	32%
50 – 60	8	32%
Above 60	4	16%
Total	25	100%

Most of the patients (64%) belonged to the 40–60 years age group, indicating a higher representation of middle-aged individuals in the present study.

Table 2: Disease-wise Distribution of Patients (n = 25)

Disease Number of Patients (n) Percentage (%)

Sandhigata Vata Vyadhi	6	24%
Hypertension (HTN)	4	16%
Osteoarthritis (OA)	6	24%
Fissure	5	20%
Psoriasis	1	4%
Amavata	3	12%
Total	25	100%

Sandhigata Vata Vyadhi and Osteoarthritis were the most commonly observed conditions, each affecting 24% of the study population.

CONCLUSION

Thus, the present study is well supported by classical references from Charaka, Vāgbhaṭa and Suśruta Saṁhitā, confirming that Aḍṛavya Chikitsa in the form of Satvavajaya and Ashvāsana is a scientifically and traditionally validated approach for mental health promotion.

Limitations of the Study

The study uses a one-group pretest–posttest design without a control group, which may limit the ability to attribute changes solely to the intervention.

The sample size is small (n=25), which may affect the generalisability of the results.

Convenience sampling was used, which may introduce selection bias.

Long-term effects of the intervention were not assessed; only immediate post-intervention outcomes were measured.

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