

COMPARATIVE STUDY ON AYURVEDIC PSYCHOTHERAPY AND COGNITIVE BEHAVIORAL THERAPY (CBT)

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Introduction

CBT focuses to assist the individual to identify the helpless or unlovable core thoughts, then to acquire the ability to replace with rational thinking, after that to change the behavior with behavioral modification techniques and eventually learn how to validate them through concerning predisposing, precipitating, perpetuating and protective factors (De Rubeis et al. 2005). With successfulness of this psychotherapy in several aspects, many forms of cognitive behavior therapy are derived based on cognitive formulation and the beliefs, behavioral strategies and conceptualization (Alford and Beck, 1997). Some of these forms are emotional behavior therapy (Ellis 1962), exposure therapy (Foa and Rothbaum 1998) and cognitive behavioral analysis system of psychotherapy (McCullough, 1999). In ayurvedic the psychotherapy is always used not only in psychological disorders but also in physical disorders hand in hand with internal and external medicaments. Specialysatvavajachikitsa, function of mind as regulating the though process (*Cintya*), replacing the ideas (*Vicarya*), channeling the presumptions (*Uhya*), polishing the objectives (*Dhyeya*), by proper guidance and advice (*Samkalpa*) for taking right decisions avoidance of *prajnahaparada*(intellectual blasphemy) *Jnana*, *Vijnana*, *DhairyaSmrti* and *Samadhi* and *futher* Trivarga Anvesana, *Tadvaidyas* eva and *Atma Desa Kala Bala Sakti Jnana* suggesting the ayurvedic

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physician to follow more relative technique to modern psychological practices in CBT.

Methodology

The ayurvedic psychotherapy textual references and research articles modern psychotherapy in CBT is in texts and research articles are compared to each under the definition, causes, features of dysfunctional mind, the behavioral and the scope and technique of therapies in vice versa. Then come to a conclusion in which facts and theoretical contents that both views can be compared and what are the correlations that can significantly identified.

Results and discussion

The impairment of the intellect, courage, memory power, time factor action and unwholesome contact with sense objects are course for the unhappiness(C/S/Sh/2). In cognitive model in CBT is discussed the automatic thoughts that triggered by critical incidents which cause to dysfunctional belief that occur core maladaptive schema in individual. The automatic thought always gives the unpleasurable experience to the person which in return predisposes the core thought as a real to that person.

The definition of defects in mind is given as *prajnahaparada(intellectual blasphemy)*, which when person perform *the actions* which are harmful to the body with impaired intellect, patience and memory which leads to the aggravation of all *doshas*. The Becks cognitive model it is described how the core schema in mind cause and reoccurrence of the dysfunctional believes and it at last end up with behavioral changes. The intellect include the cognition as one its component, thus in CBT it is described only in cognitive aspect whereas Ayurveda described it in more border view with intellect and memory (*Dhee, Druthi, smruthi*).

In charakasamhitha the therapeutic approaches for all diseases are mentioned as daivavyapaya, yukthivyapasha and sathwawaja(spiritual,

therapy based on physical properties and psychic therapy. Whether the *sathvavajachikithsa* is mentioned it is the first and only reference for *sathvavaja* in ancient ayurvedic text (Murthy & Singh 1987). The meaning of *sathvavaja* indicates to restrain mind from *arthas*, restraining mind from unwholesome activities which will cause harm on others and self with error in perception of *indriyatha* (perception of senses getting from eye, ear..ect) as in excessive or less (*hena* or *mithya*) without control of mind objectively and subjectively by regulating the thought process (*Cintya*) , replacing the ideas (*Vicarya*), by channeling the presumptions (*Uhya*) ,by polishing the objectives (*Dhyeya*) ,by proper guidance and advice (*Samkalpa*) for taking right decisions.

In summary the *sathvavajachikithsa* figure out Assurance, Replacement of emotions ,Regulation of thought process , Re-framing of Ideas , Channeling of Presumptions, Correction of objectives and ideals , Proper guidance and advice for taking right decisions and Proper control of patience (Murthy & Singh 1987).. the in the process of case formulation in CBT as having six parts: (a) creating the problem list; (b) describing the proposed underlying mechanisms; (c) accounting for the way in which the proposed mechanisms produce the problems on the problem list; (d) identifying the precipitants of current problems;(e) identifying the origins of the mechanism in the patients early life; and(f) predicting obstacles to treatment based on the formulation (TARRIER 2006). In comparing both CBT and ayurvedic focuses on core believes re-constructing and but ayurvedic are more into replacing emotions rather than behavioral modification in CBT.

While describing the principles of treatment of mental diseases Caraka prescribes the following methods of treatment like *Jnana*, *Vijnana*, *Dhairya*, *Smrti* and *Samadhi* and *further* *Trivarga*, *Anvesana*, *Tadvaidyas* *eva* and *Atma* *Desa* *Kala* *Bala* *Sakti* *Jnana*

In Charakasamhita sutra 8 th chapter he explained, maintain the normal condition of mind by with consideration of advantages and disadvantages of the solution with the help of the intellectual person by applying sense faculties to wholesome objects which would later cause benefits for self and other. Some of the CBT skills are behavioral activation, cognitive restructuring, and core belief strategies (Hawley 2017). These skills are supported with counselor can be compared with the intellectual person described in Charakasamhita, by behavioral activation, cognitive restructuring, and core belief strategies and normal condition of , mind is reestablished. These concepts are much more related.

In CBT, Cognitive techniques includes Identifying and monitoring negative thoughts, Rating the degree the belief in such negative thoughts and degree of emotion associated with thoughts, Categorizing the negative thoughts in specific cognitive distortions, Vertical descent, underlying assumption, costs and benefits of the thoughtect., Behavioral rehearsal , Relaxation technique, Activity scheduling ,grading task assignment, Assertiveness training, Communication training and Self reward to increase desirable behaviors. These cognitive and behavioral techniques can be compared with the sathwawajachikithsa andregain the function of mind like regulating the though process (*Cintya*) , replacing the ideas (*Vicarya*), channeling the presumptions (*Uhya*) ,polishing the objectives (*Dhyeya*) , proper guidance and advice (*Samkalpa*) for taking right decisions.

Conclusion

The ayurvedic point of view in psycho terapy with satvavajachikithsa, regulating the though process (*Cintya*) , replacing the ideas (*Vicarya*), channeling the presumptions (*Uhya*) ,polishing the objectives (*Dhyeya*) , proper guidance and advice (*Samkalpa*) for taking right decisions ect. have close relationship in practical approach in comparing to behavioral activation, cognitive restructuring, and core belief

strategies in CBT. Whereas ayurvedic science focused more on depth for spiritual and mental reconstructing rather than mere superficial behavioral modification. This study needs in-depth analysis further with nomenclature and definitions.

Keywords: Ayurveda psychotherapy sathvavaja cognitive

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