

Sattva in Ayurveda and Mental Health: Classical Foundations, Contemporary Evidence, and Prospects for Integrative Care – A Narrative Review

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Abstract

Background

Mental health is influenced by biological, psychological, behavioral, social, cultural, and environmental factors. Ayurveda offers a multidimensional understanding of mental health through the concepts of *Manas* (mind), *Triguna*—Sattva, Rajas, and Tamas—mental strength, conduct, diet, lifestyle, and the relationship between the individual and the surrounding environment. Among these concepts, Sattva represents clarity, discernment, emotional balance, self-regulation, compassion, and the capacity to respond to difficult situations without losing psychological stability.

Objective

This narrative review examines the meaning of Sattva in Ayurveda, its relationship with mental health and psychological resilience, available methods of Sattva assessment, and the possible role of Sattva-oriented interventions in contemporary mental-health care.

Methods

Classical Ayurvedic concepts were interpreted alongside peer-reviewed literature available through July 2026. Relevant literature was identified through PubMed, PubMed Central, and publisher-hosted databases using combinations of the terms “Sattva,” “Satva,” “Triguna,” “Rajas,” “Tamas,” “Ayurveda,” “mental health,” “psychiatric disorders,” “Sattvavajaya,” “personality,” “stress,” “anxiety,” “depression,” “addiction,” and “yoga.” Conceptual papers, observational studies, psychometric investigations, clinical studies, and reviews published in English were considered.

Results

Current evidence generally associates higher Sattva scores with greater life satisfaction, psychological well-being, attention, adaptive coping, self-regulation, and better quality of life. Higher Rajas and Tamas scores have frequently been observed in people with anxiety, depression, psychosis, and alcohol dependence. However, the relationship is not uniform across diagnoses. A transdiagnostic study found distinct combinations of the three Gunas in anxiety disorders, obsessive-compulsive disorder, depression, schizophrenia, and bipolar disorder. Yoga-based and Sattvavajaya-oriented interventions have shown preliminary potential to increase Sattva and

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improve selected psychological outcomes. Nevertheless, much of the available evidence is cross-sectional, based on small samples, and vulnerable to cultural and self-report biases.

Conclusion

Sattva may offer a culturally grounded framework for understanding mental strength, emotional regulation, health-promoting behaviour, and psychological well-being. It should not be treated as a substitute for psychiatric diagnosis or evidence-based treatment. Its most promising role lies in culturally responsive assessment, mental-health promotion, psychotherapy-informed counselling, and adjunctive lifestyle care. Future research should use validated multilingual instruments, longitudinal designs, adequately powered clinical trials, and mediation analyses to determine whether changes in Sattva predict meaningful clinical improvement.

Keywords: Ayurveda; Sattva; Triguna; mental health; Sattvavajaya Chikitsa; personality; psychological well-being; integrative psychiatry

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INTRODUCTION

Mental disorders are among the leading contributors to disability and reduced quality of life worldwide. According to the World Health Organization, approximately 1.1 billion people were living with a mental disorder in 2021, with anxiety and depressive disorders being the most common. Despite the availability of effective treatments, large sections of the population do not receive appropriate care. These gaps have encouraged interest in preventive, culturally acceptable, community-based, and integrative approaches to mental well-being.

Ayurveda views health as more than the absence of physical disease. It places the body, mind, senses, behaviour, social relationships, and inner awareness within a single therapeutic framework. Mental well-being is therefore not considered separately from sleep, food, daily routine, sensory exposure, emotional experiences, moral conduct, family environment, or physical health.

Within this framework, Sattva is a central yet frequently oversimplified concept. It is often translated as purity or goodness, but these translations capture only a part of its psychological significance. In a clinical context, Sattva is better understood as the capacity for mental clarity, discrimination, emotional steadiness, self-awareness, adaptive control over impulses, and constructive engagement with life.

Sattva does not function independently. Ayurveda and related Indian philosophical systems describe all psychological activity through the interaction of Sattva, Rajas, and Tamas. Sattva supports clarity and balance; Rajas facilitates movement, desire, effort, and emotional activation; and Tamas supports rest, stability, and withdrawal. Health does not necessarily require the complete elimination of Rajas or Tamas. Activity is impossible without Rajas, and sleep and recuperation are impossible

without Tamas. Psychological disturbance may arise when these qualities become excessive, contextually inappropriate, rigid, or poorly regulated.

The present review examines Sattva as a dynamic mental-health construct rather than as a fixed moral label. It also considers whether Sattva can contribute to contemporary discussions about resilience, self-regulation, psychological flexibility, and culturally responsive mental-health care.

Review Methodology

A narrative review approach was selected because the available literature includes classical descriptions, theoretical interpretations, psychometric studies, observational research, small clinical trials, and heterogeneous interventions that cannot presently be combined meaningfully through meta-analysis.

Literature available through July 2026 was examined using PubMed, PubMed Central, journal platforms, and publisher-hosted sources. Search terms included combinations of “Sattva,” “Satva,” “Triguna,” “Rajas,” “Tamas,” “Ayurveda,” “mental health,” “psychiatric illness,” “personality,” “stress,” “life satisfaction,” “anxiety,” “depression,” “psychosis,” “alcohol dependence,” “Sattvavajaya,” “yoga,” and “psychotherapy.”

Priority was given to:

1. Classical Ayurvedic concepts relevant to Sattva and mental health;
2. Peer-reviewed studies using recognized Triguna instruments;
3. Studies involving healthy and clinical populations;
4. Investigations of Sattva-related interventions; and

5. Papers discussing psychometric, methodological, and integrative-care implications.

Studies were interpreted critically rather than assuming that classical constructs are directly equivalent to modern psychiatric categories. Because this was a narrative review, formal risk-of-bias scoring and quantitative evidence synthesis were not performed.

Conceptual Basis of Mental Health in Ayurveda

Manas and psychological functioning

In Ayurveda, *Manas* is involved in perception, attention, interpretation, emotional experience, memory, intention, and behavioral response. It connects the sensory organs with cognition and determines whether external information is attended to, rejected, interpreted, or acted upon.

Classical descriptions of psychological health include appropriate memory, understanding, courage, patience, emotional control, and the ability to distinguish beneficial from harmful actions. Mental disturbance may emerge when cognition, restraint, memory, judgement, conduct, or sensory regulation becomes impaired.

The mind is not described as an isolated structure. It continuously interacts with the body, senses, consciousness, diet, environment, social relationships, and previous experiences. This creates a psychosomatic model in which physical imbalance can influence mental functioning and prolonged psychological distress can disturb sleep, digestion, appetite, immunity, and general health.

Triguna: Sattva, Rajas, and Tamas

Triguna theory describes three interacting qualities of psychological nature:

Guna	Constructive expression	Dysregulated expression
Sattva	Clarity, discernment, balance, compassion, patience, self-control and meaningful action	Excessive perfectionism, moral rigidity or attachment to being correct may occur in particular contexts
Rajas	Initiative, motivation, effort, ambition, movement and emotional responsiveness	Restlessness, impulsivity, excessive desire, anger, anxiety, competition

Guna	Constructive expression	Dysregulated expression and overactivity
Tamas	Rest, sleep, grounding, stability and temporary withdrawal from stimulation	Apathy, confusion, avoidance, excessive sleep, cognitive dullness, hopelessness and inertia

These Gunas should be interpreted dimensionally. Every person displays all three qualities, although their relative expression may vary according to constitution, age, health, circumstances, sleep, diet, social environment, habits, and emotional state. Contemporary studies similarly treat the Gunas as coexisting dimensions rather than mutually exclusive personality categories.

Different meanings of Sattva in Ayurveda

Several related uses of the term Sattva need to be distinguished.

Sattva as mind: In some classical contexts, Sattva is used as a synonym or functional representation of the mind.

Sattva Guna: This refers to the quality of mental clarity, balance, knowledge, harmony, and self-regulation.

Sattva Bala: This represents mental strength or the capacity to tolerate stress, pain, uncertainty, fear, and emotional challenges. Individuals may be described as having superior, moderate, or inferior mental strength—*Pravara*, *Madhyama*, or *Avara Sattva*.

Manasa Prakriti: This refers to psychological constitution. Classical descriptions include Sattvika, Rajasa, and Tamasa patterns with further subdivisions.

Sattva Sara: This denotes excellence of psychological essence and is associated with memory, devotion, courage, gratitude, purity of intention, and mental stability.

Using these terms interchangeably creates conceptual confusion. A person may show a predominantly Sattvika disposition but temporarily experience reduced Sattva Bala during bereavement, illness, sleep deprivation, or severe stress. Similarly, a high Sattva score on a personality questionnaire should not automatically be interpreted as superior clinical resilience.

Sattva as a Mental-Health Resource

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Sattva can be understood as a mental resource that enables a person to perceive situations more accurately, regulate impulses, maintain perspective, and select a proportionate response. This does not mean that a Sattvika individual never experiences sadness, anger, fear, or grief. Rather, emotional experiences are less likely to completely overpower judgement and behaviour.

The mental-health relevance of Sattva can be organised into several functional domains.

Cognitive clarity

Sattva is associated with attention, discrimination, memory, and the ability to identify what is helpful or harmful. A clear mind can observe a thought without immediately accepting it as fact. This quality resembles, but should not be equated directly with, metacognitive awareness.

Research has reported positive relationships between Sattva, attention, concentration, and adaptive emotional processing. In one study examining Triguna and emotional style, Sattva was positively associated with attentional characteristics, whereas Rajas and Tamas showed negative relationships with selected attention-related measures.

Emotional regulation

A Sattvika state involves the experience of emotion without prolonged loss of balance. Fear can encourage caution, anger may signal injustice, and grief may support emotional processing. The difficulty arises when emotion becomes excessive, persistent, suppressed, or disconnected from the situation.

Sattva may therefore be interpreted as a regulatory capacity rather than permanent calmness. Rajas supplies emotional intensity and readiness for action, while Tamas allows disengagement and rest. Sattva helps regulate when, how, and to what extent these responses are expressed.

Psychological flexibility

Sattva supports the ability to reconsider beliefs, tolerate uncertainty, accept feedback, and act according to long-term values rather than immediate impulses. This has conceptual similarities with psychological flexibility, although the constructs originate from different traditions and require independent measurement.

Resilience and Sattva Bala

Sattva Bala reflects the capacity to tolerate pain, distress, fear, loss, and difficult treatment procedures. Ayurveda recognizes that the same illness may produce different psychological responses in different individuals. One patient may remain composed, another may require reassurance, and another may feel overwhelmed by relatively minor symptoms.

This approach is clinically relevant because it directs attention not only to symptom severity but also to coping capacity, family support, confidence, health literacy, previous experiences, and the ability to participate in treatment.

Meaning, relationships, and ethical conduct

Sattva is also expressed through honesty, compassion, gratitude, self-restraint, social responsibility, and meaningful activity. These characteristics may protect mental health by strengthening interpersonal trust, reducing behavioral conflict, and giving coherence to life decisions.

However, Sattva should not be used to judge a patient's moral worth. Psychiatric symptoms must not be described as personal failure, spiritual inferiority, or lack of purity. Such interpretations could deepen shame and discourage treatment-seeking.

Sattva and Contemporary Psychological Constructs

Several modern psychological concepts show partial conceptual overlap with Sattva:

- Emotional regulation;
- Mindfulness;
- Self-control;
- Psychological flexibility;
- Resilience;
- Prosocial behaviour;
- Meaning in life;
- Conscientiousness;
- Life satisfaction;
- Compassion; and
- Adaptive coping.

These similarities may support interdisciplinary research, but Sattva should not be reduced to any single Western psychological trait. It includes cognitive, emotional, behavioural, ethical, relational, and contemplative dimensions. Conversely, psychological disorders cannot be reduced entirely to an imbalance of Gunas.

Sattva may be especially useful as a culturally grounded, transdiagnostic construct. Instead of

asking only whether a person meets criteria for a particular disorder, a clinician might also explore clarity of thought, impulsivity, avoidance, emotional activation, sleep pattern, motivation, values, coping ability, and social behaviour.

Such assessment may enrich formulation, but it should accompany rather than replace standard clinical interviewing, risk assessment, and validated diagnostic procedures.

Empirical Evidence Linking Triguna with Mental Health

Life satisfaction and perceived stress

A cross-sectional study among healthy university students examined relationships between the Vedic personality traits and life satisfaction and perceived stress. Higher Sattva was associated with more favourable psychological outcomes, whereas higher Rajas and Tamas were associated with greater perceived stress and lower life satisfaction. Because the study was cross-sectional, it could not establish whether Guna patterns influenced stress or whether ongoing stress altered self-reported Guna characteristics.

Anxiety Disorders

A preliminary study compared 30 individuals with anxiety disorders with 30 community participants. The clinical group showed higher Rajas and Tamas, while the community group showed higher Sattva and better quality of life. Rajasic and Tamasic characteristics were associated with poorer quality of life among participants with anxiety disorders.

This pattern is conceptually plausible because anxiety often includes heightened mental activity, anticipatory worry, physiological arousal, restlessness, and difficulty disengaging from threat-related thoughts. These characteristics may resemble an intensified Rajasic state. Nevertheless, anxiety may also produce avoidance, fatigue, and withdrawal, which resemble Tamasic expression.

Depression

Small studies have reported relatively greater Rajas or Tamas and lower Sattva among people with depression than among healthy controls. Tamas may correspond conceptually with low motivation, excessive sleep, withdrawal, hopelessness, and cognitive slowing. However, depressive experiences are heterogeneous, and agitated depression may involve substantial Rajasic activation.

Importantly, a later transdiagnostic investigation found a more complex pattern—high Sattva and Tamas with comparatively low Rajas in its depression subgroup. This finding demonstrates

why psychiatric disorders should not be assigned a single Guna mechanically.

Psychotic and bipolar disorders

Earlier preliminary research suggested higher Rajas and Tamas among people with psychotic conditions. A larger transdiagnostic study subsequently observed a high Tamas–Rajas and low Sattva configuration among participants with schizophrenia or bipolar affective disorder. Positive psychotic symptoms were associated with Rajas, whereas negative symptoms were associated with Tamas.

This interpretation remains exploratory. The effects of medication, duration of illness, hospitalisation, social exclusion, and functional impairment may influence both symptom scores and self-reported Guna characteristics.

Obsessive-compulsive disorder

The relationship between Sattva and obsessive-compulsive disorder appears especially nuanced. One study identified a high Sattva–Rajas and low Tamas pattern among people with obsessive-compulsive disorder and found an association between Sattva scores and obsessive-compulsive symptoms. The authors suggested that excessive responsibility, perfectionism, moral sensitivity, or intolerance of error could partly explain this relationship.

These findings caution against treating high Sattva as uniformly protective. A questionnaire may classify perfectionistic or highly controlled behaviour as Sattvika even when it is rigid, distressing, or compulsive.

Alcohol Dependence

A comparative study involving 30 men with alcohol dependence and 84 community participants found meaningful differences in Triguna, personality, nonattachment, and subjective well-being. The clinical group showed a less favourable Sattva–Rajas–Tamas profile, while Sattva was positively related to subjective well-being. The study was limited to men and used a cross-sectional design.

Transdiagnostic evidence

One of the most informative contemporary studies compared 113 adults with psychiatric disorders with 113 age-, sex-, and education-matched healthy controls. The clinical group included depression, schizophrenia, obsessive-compulsive disorder, anxiety disorders, and bipolar affective disorder.

Healthy controls generally had higher Sattva scores, except in comparison with the obsessive–

compulsive disorder group. The study reported different configurations:

- Anxiety and obsessive-compulsive disorder: higher Sattva-Rajas and lower Tamas;
- Depression: higher Sattva-Tamas and lower Rajas;
- Schizophrenia and bipolar disorder: higher Tamas-Rajas and lower Sattva.

The study supports a dimensional and transdiagnostic interpretation of the Gunas. At the same time, its cross-sectional, single-centre design and relatively small diagnostic subgroups limit causal and predictive conclusions.

Table 2. Selected empirical evidence on Sattva and mental health

Study	Population	Main finding	Major limitation
Wolf, 1999	619 participants	Developed and psychometrically evaluated the Vedic Personality Inventory	Cultural composition and self-report bias
Sharma et al., 2012	30 anxiety patients and 30 community participants	Anxiety group had higher Rajas and Tamas; community group had higher Sattva	Small cross-sectional sample

Study	Population	Main finding	Major limitation
Sharma et al., 2021	Healthy university students	Sattva related to higher life satisfaction; Rajas and Tamas related to stress	Student sample and no causal inference
Kaur et al., 2022	Yoga practitioners, exercise participants and sedentary participants	Yoga practitioners showed higher Sattva and different activation in self-regulatory brain regions	Cross-sectional group differences
Bhargava et al., 2023	113 psychiatric patients and 113 controls	Distinct Guna configurations across psychiatric diagnoses	Single-centre, mild-to-moderate illness
Nedungottil et al., 2023	Men with and without alcohol dependence	Sattva related to more favourable well-being	Male-only clinical sample
Lakshmy et al., 2025	Community-based validation sample	Developed a Triguna-oriented mental-health screening instrument	Requires broader external validation

Assessment of Sattva

Vedic Personality Inventory

The Vedic Personality Inventory is among the most commonly used instruments for measuring Sattva, Rajas, and Tamas. The original instrument was developed from Vedic descriptions and later reduced to a 56-item format. The initial psychometric investigation included 619 participants. Subsequent work reported high internal consistency for its three subscales, with Cronbach’s alpha values generally above 0.90.

High internal consistency does not by itself establish cultural validity, diagnostic usefulness, or sensitivity

to therapeutic change. The items may also overlap with social desirability, religiosity, self-discipline, or culturally approved conduct.

Mysore Triguna Scale

The Mysore Triguna Scale and its shorter forms were developed to assess Triguna characteristics in a psychologically interpretable format. These tools recognise that the Gunas coexist and may be expressed in different combinations.

Manas Prakriti and Ayurveda-based instruments

Ayurvedic researchers have also developed instruments based on descriptions of *Manasa Prakriti*. A pilot survey-based inventory attempted to operationalise psychological constitution using classical descriptions. More recently, a Triguna-based mental-health screening instrument was developed to identify psychological patterns related to Sattva, Rajas, and Tamas.

Challenges in measurement

Present instruments face several challenges:

1. **Trait versus state:** It remains unclear whether scores represent stable personality, temporary mental state, or both.
2. **Cultural wording:** Items developed in one linguistic or spiritual context may not retain the same meaning elsewhere.
3. **Social desirability:** Sattva items frequently describe socially approved behaviour.
4. **Religious confounding:** Spiritual practice and Sattva may overlap in some questionnaires.
5. **Clinical validity:** Cut-off scores for psychiatric screening are not yet firmly established.
6. **Response to treatment:** Sensitivity to meaningful clinical change requires further testing.
7. **Measurement invariance:** Instruments should be tested across age, sex, language, educational level, religion, and clinical diagnosis.

A clinically useful Sattva instrument should assess behaviour and psychological function without assigning moral status to the respondent.

Approaches for Supporting Sattva

Sattvavajaya Chikitsa

Sattvavajaya Chikitsa is commonly interpreted as the Ayurvedic psychotherapeutic approach. Its classical definition centres on withdrawing or

restraining the mind from objects, thoughts, or behaviours considered harmful. In contemporary terms, this may include attention regulation, cognitive reframing, emotional support, strengthening of judgement, self-observation, behavioural restraint, and cultivation of adaptive habits.

The traditional therapeutic components often include:

- *Jnana*: development of realistic knowledge and understanding;
- *Vijnana*: applied or discriminative knowledge;
- *Dhairya*: patience, courage, and emotional containment;
- *Smriti*: restoration of useful memory and awareness;
- *Samadhi*: stabilisation and focused regulation of the mind.

These components have conceptual similarities with psychoeducation, supportive psychotherapy, cognitive restructuring, relapse prevention, mindfulness, and values-guided behaviour. Nevertheless, Sattvavajaya should not be presented as identical to any one modern psychotherapy.

The therapeutic relationship is also important. A calm, respectful, nonjudgmental clinician may temporarily support the patient's weakened psychological resources until greater self-regulation develops.

Yoga

Yoga combines physical postures, breath regulation, attentional training, relaxation, ethical principles, and contemplative practices. A randomised controlled study comparing yoga with physical exercise found that yoga participants showed a significant increase in Sattva and reduction in Tamas, along with improvement in selected self-esteem domains.

A cross-sectional functional neuroimaging study found that yoga practitioners had higher Sattva and preferential recruitment of brain regions associated with inhibitory control and self-regulation. Because participants were not randomised to long-term lifestyle patterns, pre-existing personality differences cannot be excluded.

Yoga may therefore support Sattva through several pathways:

- Improved sleep and daily rhythm;
- Reduced physiological arousal;
- Enhanced interoceptive awareness;
- Better attention regulation;

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- Increased tolerance of emotional discomfort;
- Greater behavioural discipline; and
- Development of reflective rather than impulsive responses.

Meditation and contemplative practices

Meditative practices may support attentional stability, decentering, emotional awareness, compassion, and reduced automatic reactivity. These characteristics overlap with several functional expressions of Sattva.

Practices should be selected according to the individual's condition. Intensive meditation may not be appropriate during acute psychosis, severe mania, active suicidality, dissociative states, or overwhelming trauma symptoms without specialist supervision.

Diet

Ayurveda proposes that food influences both physical and mental functioning. A Sattvika dietary pattern is generally described as fresh, balanced, appropriately prepared, moderate, digestible, and suited to the individual. The psychological effects of such a diet may arise not only from specific foods but also from regular meal timing, avoidance of intoxication, improved metabolic health, mindful eating, and reduced extremes of fasting or overeating.

Ayurvedic food classifications should not be imposed rigidly. Food availability, socioeconomic conditions, medical requirements, culture, allergies, and nutritional adequacy must be considered. A person should not be made to feel psychologically impure because of dietary choices. Modern research supports deeper interdisciplinary investigation of Ayurvedic dietetics but does not yet justify disease-specific psychiatric claims based solely on Sattvika food classification.

Sleep and daily routine

Adequate sleep supports attention, emotional regulation, memory, impulse control, and stress tolerance. Sleep deprivation may increase Rajasic restlessness and later produce Tamasic fatigue and cognitive dullness.

A regular routine may support Sattva through predictable sleep, timely meals, physical activity, exposure to daylight, meaningful work, adequate rest, and reduced overstimulation. These measures are low-cost but should be individualised rather than prescribed as a rigid moral routine.

Conduct and social environment

Ayurveda's concept of *Sadvritta* includes truthful communication, nonviolence, cleanliness, moderation, respect, compassion, sensory discipline, and socially responsible behaviour. These practices may support mental health by reducing interpersonal conflict, guilt, impulsive actions, social isolation, and exposure to destabilising environments.

Sattva is not only an internal quality. Families, schools, workplaces, and healthcare settings may either support or weaken it. Persistent violence, discrimination, exploitation, poverty, and insecurity cannot be corrected merely by asking an individual to think positively or meditate.

Medhya Rasayana and Ayurvedic medicines

Ayurvedic practice describes herbs and formulations intended to support memory, cognition, sleep, stress tolerance, and emotional balance. Preliminary studies have examined formulations such as Manasamitra Vataka, Shankhapushpi, and Ashwagandha for selected psychological outcomes. Some trials have reported improvements, but formulations, dosages, diagnostic criteria, control conditions, and product quality vary considerably.

Herbal or herbo-mineral treatment should be prescribed only by appropriately qualified practitioners. Product contamination, heavy-metal exposure, variable manufacturing standards, adverse effects, and herb-drug interactions remain important safety concerns. Ayurvedic medicines should not be used to delay psychiatric assessment or discontinue prescribed medication without medical supervision. WHO and NCCIH guidance emphasises the need for quality assurance, safety monitoring, appropriate regulation, and scientifically responsible integration.

Clinical Relevance for Contemporary Mental-Health Care

Culturally responsive formulation

Many Indian patients and families already use concepts such as Sattva, Rajas, karma, yoga, or mental strength when describing distress. Clinicians who understand these concepts may communicate more effectively and build a treatment plan that feels culturally meaningful.

For example, a patient describing excessive Rajas may be communicating persistent worry, agitation, anger, racing thoughts, sensory overstimulation, or inability to rest. A patient describing Tamas may be referring to fatigue, avoidance, hopelessness, excessive sleep, emotional numbing, or cognitive dullness.

These descriptions can enrich clinical interviewing, but they should always be translated into specific symptoms, duration, severity, impairment, and risk.

Transdiagnostic intervention

Sattva-oriented care may target processes shared across diagnoses:

- Sleep disturbance;
- Impulsivity;
- Avoidance;
- Emotional dysregulation;
- Poor attention;
- Maladaptive habits;
- Interpersonal conflict;
- Loss of meaning;
- Reduced self-efficacy; and
- Inconsistent daily routine.

This transdiagnostic approach may complement diagnosis-specific treatment.

Mental-health promotion and prevention

Sattva may be particularly valuable in preventive settings such as universities, workplaces, community centres, and primary healthcare. Programmes could combine sleep education, yoga, emotional-literacy training, stress management, healthy routines, social connection, and values-based reflection.

These programmes should measure standard mental-health outcomes in addition to Guna scores. An increase in Sattva is clinically meaningful only when accompanied by improvements in distress, functioning, quality of life, coping, or relapse prevention.

Adjunctive rather than replacement care

Sattva-oriented interventions may accompany psychotherapy, medication, rehabilitation, and social support. Acute psychosis, mania, severe depression, suicidal risk, substance withdrawal, and other serious conditions require timely assessment and evidence-based treatment.

Integrated care should not create a false choice between Ayurveda and psychiatry. The most responsible model combines cultural relevance with diagnostic accuracy, patient autonomy, safety monitoring, and openness to multiple therapeutic approaches.

Critical Appraisal of the Evidence

The available literature is promising but not yet sufficient to establish Sattva as a validated clinical biomarker, diagnostic category, or independent treatment mechanism.

First, most studies are cross-sectional. They show associations but cannot determine whether low Sattva contributes to mental illness, mental illness changes Sattva scores, or both are influenced by a third factor such as sleep, medication, social adversity, or education.

Second, many studies include small, homogeneous samples. University students, yoga practitioners, hospital patients, or spiritually inclined participants may not represent the broader population.

Third, self-report measures are vulnerable to social-desirability bias. Participants may endorse Sattva items because they describe culturally or morally valued behaviour.

Fourth, the same Guna may have different meanings across disorders. High activity may represent healthy motivation, anxiety, mania, occupational pressure, or substance craving. Low activity may reflect restorative rest, depression, medication effects, or physical illness.

Fifth, intervention studies commonly use multicomponent programmes involving postures, breathing, meditation, counselling, diet, and routine. It is therefore difficult to determine whether improvement occurs specifically through changes in Sattva.

Sixth, publication bias is possible. Studies reporting favourable relationships between Sattva and well-being may be more likely to be published than studies with negative or inconsistent findings.

Finally, moral language creates an ethical risk. Describing people with psychiatric disorders as Rajasic or Tamasic may reinforce stigma. Gunas should be used as descriptive, dynamic tendencies—not as labels of virtue, blame, or human value.

Conclusion

Sattva is a multidimensional Ayurvedic construct encompassing mental clarity, discernment, emotional balance, self-regulation, compassion, resilience, and constructive behaviour. Its importance lies not in the elimination of Rajas and Tamas but in the flexible regulation of all three Gunas according to context.

Contemporary studies generally associate Sattva with favourable psychological outcomes, including life satisfaction, quality of life, attention, and adaptive self-regulation. Psychiatric populations often display higher Rajas or Tamas, although distinct disorders may show different and sometimes unexpected Guna configurations. These findings support dimensional research but do not justify using Gunas as independent diagnostic categories.

Sattvavajaya Chikitsa, yoga, meditation, healthy routines, appropriate diet, supportive relationships,

and ethical conduct may provide a culturally meaningful framework for mental-health promotion and adjunctive care. However, current evidence remains limited by cross-sectional designs, small samples, self-report bias, inconsistent terminology, and heterogeneous interventions.

Sattva should therefore be approached as a promising cultural and psychological framework rather than a proven biomedical marker. Its future contribution will depend on rigorous measurement, respectful integration, methodological transparency, and a clear commitment to patient safety. When used without moral judgement and alongside evidence-based mental-health care, Sattva may help bridge classical Ayurvedic knowledge with contemporary approaches to resilience, emotional regulation, and person-centred well-being.

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