Sonic Healing and Nāda Yoga in Ancient India: Therapeutic Insights from Vedic, Āyurvedic, and Classical Musicological Texts

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Abstract

The ancient Indian therapeutic tradition rests on the doctrine of nāda brahma—the proposition that the universe is, at its foundation, sound (Chāndogya Upaniṣad 1.1.1; Nādabindu Upaniṣad vv. 31–32; Olivelle, 1998). Within this worldview, sound was cultivated systematically not only for aesthetic and devotional ends but as medicine for the body, an instrument of mental equilibrium, and a vehicle of liberation. This paper reconstructs the therapeutic application of sound and music in the Indian tradition by tracing a continuous textual genealogy from the Vedic corpus through Āyurveda to the classical musicological treatises. The Ṛgveda extols recited hymns as purifying and life-giving (Ṛgveda 10.9.1; Griffith, 1896), while the Sāmaveda reorganizes them into melodic chant (sāmagāna) directed at psychosomatic harmony (Sāmaveda 1.2.1; Griffith, 1893). The Atharvaveda preserves some of the earliest explicit prescriptions of sonic medicine—mantras against fever, insomnia, and anxiety (Atharvaveda 5.22.1, 6.111.1; Whitney, 1905). The Upaniṣads universalize this insight by installing Om as the healing vibration of existence. Āyurvedic compendia (Caraka Saṃhitā, Suśruta Saṃhitā) operationalize the paradigm, deploying agreeable auditory stimuli against mental distress, while the musicological canon—the Nāṭyaśāstra's rasa theory, Mataṅga's Bṛhaddeśī, Śārṅgadeva's Saṅgīta Ratnākara, and Ahobala's Saṅgīta Pārijāta—develops a differentiated psychology of rāga. Modern neuroscientific findings on Vedic chanting and rāga listening (Babel et al., 2023; Chand et al., 2024) converge with these classical claims. The paper argues that ancient Indian sonic healing constituted an integrated science of vibration spanning ritual, aesthetics, psychology, and medicine, with substantive implications for contemporary music therapy and integrative health care.

Keywords: nāda yoga; sonic healing; rāga therapy; Vedic chanting; Āyurveda; rasa theory; music therapy; Indian musicology

1. Introduction

1.1 Background

The idea that sound can heal occupies a significant place in the history of human civilization. Across cultures, music and vocalization have accompanied healing ritual, spiritual elevation, and psychological restoration—from shamanic song traditions to the therapeutic paeans prescribed by Greek physicians. Yet in the Indian tradition this association matured into a synthesis that was at once philosophical, ritual, psychological, and medical. Grounded in the principle of nāda brahma ("the universe is sound"), ancient Indian thought treated sonic vibration not merely as a medium of art and worship but as an efficacious agent of transformation and cure (Nādabindu Upaniṣad vv. 31–32; Chāndogya Upaniṣad 1.1.1; Olivelle, 1998). The discipline of nāda yoga—the yoga of sound—formalized this insight, distinguishing between struck, audible sound (āhata nāda) and the unstruck inner resonance (anāhata nāda) apprehended in deep meditation, and prescribing graded auditory absorption as a path to both mental quiescence and liberation.

The earliest stratum of this tradition lies in the Vedic canon—Ṛgveda, Sāmaveda, Yajurveda, and Atharvaveda—where sound (śabda) and formulaic chant (mantra) are already deployed as physical and mental medicine. The Ṛgveda characterizes its hymns as invigorating and purifying, and the Sāmaveda systematizes their melodic recitation, becoming the acknowledged fountainhead of Indian musical culture (Ṛgveda 10.9.1; Sāmaveda 1.2.1; Griffith, 1893, 1896). The Atharvaveda, celebrated as the Veda of healing, prescribes chant for named clinical conditions such as fever (takman) and insomnia (Atharvaveda 5.22.1, 6.111.1; Whitney, 1905). The Upaniṣads then supply the metaphysical foundation, elevating Om to the status of universal curative vibration. In parallel, Āyurveda—the indigenous medical system—admitted

sound therapy into its holistic armamentarium: the Caraka Saṃhitā and Suśruta Saṃhitā direct the use of agreeable auditory stimulation in the management of mental affliction (Caraka Saṃhitā, Sūtrasthāna 8.13; Suśruta Saṃhitā, Sūtrasthāna 15.41).

As Indian civilization matured, the therapeutic potential of organized music was refined within the treatises of dramaturgy and musicology. Bharata's Nāṭyaśāstra (c. 200 BCE–200 CE) codified rasa theory—the doctrine that aesthetically evoked emotion produces catharsis and psychological purification. Mataṅga's Bṛhaddeśī (c. 6th–7th century CE) introduced the rāga as the psychologically efficacious "soul" of music; Śārṅgadeva's Saṅgīta Ratnākara (13th century CE) classified the rāgas and their effects on emotion and health, warning equally of the harm of improperly applied melody; and Ahobala's Saṅgīta Pārijāta (17th century CE) foregrounded the devotional-curative use of rāga. The commentator Abhinavagupta (c. 950–1016 CE) deepened the psychological account by binding rasa to the purification of consciousness (Abhinavabhāratī on Nāṭyaśāstra, Ch. 6; Gnoli, 1968). In the modern period, musicologists such as Pandit Vishnu Narayan Bhatkhande and Pandit Omkarnath Thakur revived and, in Thakur's case, experimentally examined these claims (Bhatkhande, 1934; Thakur, 1956).

1.2 Statement of the Problem and Research Gap

Contemporary scholarship has tended to study Vedic chant, Āyurvedic psychiatry, and classical Indian musicology in isolation—as ritual, as medicine, or as art—without systematically integrating their shared therapeutic discourse (Gangopadhyay & Prasad, 2022b). Empirical studies of rāga listening, meanwhile, rarely engage the primary Sanskrit sources whose claims they implicitly test. The result is a fragmented literature in which the historical continuity, internal logic, and cumulative sophistication of Indian sonic therapeutics remain under-articulated. This paper addresses that gap by assembling the Vedic, Upaniṣadic, Āyurvedic,

musicological, and commentarial evidence into a single analytical narrative and by reading that narrative against recent neuroscientific findings.

1.3 Objectives of the Study

The study pursues three objectives: first, to trace the textual genealogy of sonic healing from the Vedas through Āyurveda to the classical musicological treatises; second, to organize the therapeutic claims of these sources into a coherent analytical framework; and third, to evaluate the degree to which modern empirical research on chanting and rāga listening corroborates, qualifies, or complicates the classical claims.

1.4 Research Questions

Three questions guide the inquiry. RQ1: How do the Vedic and Upaniṣadic texts conceptualize sound as a therapeutic and ontological principle? RQ2: How did Āyurveda and the classical musicological treatises operationalize sound as clinical and psycho-aesthetic intervention? RQ3: To what extent do contemporary neurophysiological studies of chanting and rāga listening support the therapeutic claims of the classical tradition?

1.5 Significance of the Study

Beyond its historiographical contribution, the study bears on contemporary integrative medicine. Music therapy is an expanding clinical modality, yet its Indian genealogy—arguably the longest continuously documented tradition of therapeutic sound in the world—remains marginal in international curricula. A rigorous account of that tradition, disciplined by both philology and empirical evidence, can inform culturally grounded therapeutic protocols and guard against both uncritical revivalism and uninformed dismissal.

2. Materials and Methods

The study employs a qualitative, hermeneutic–textual design. The primary corpus comprises: (a) the four Vedic saṃhitās, cited in the standard English translations of Griffith (1893, 1895, 1896) and Whitney (1905); (b) the principal Upaniṣads in the translations of Olivelle (1998), Radhakrishnan (1953), and Aiyar (1914); (c) the Āyurvedic compendia Caraka Saṃhitā (Sharma, 1981) and Suśruta Saṃhitā (Bhishagratna, 1907); and (d) the musicological treatises Nāṭyaśāstra (Ghosh, 1950), Bṛhaddeśī (Sharma, 1992), Saṅgīta Ratnākara (Shringy & Sharma, 1978), and Saṅgīta Pārijāta, together with Abhinavagupta's Abhinavabhāratī (Gnoli, 1968).

Passages were selected on two criteria: explicit reference to sound, chant, or music as an agent of cure, pacification, or purification; and canonical standing within the tradition's own commentarial reception. Each passage is presented in transliteration, translation, and analytical commentary. Thematic analysis then grouped the material into five dimensions—ritual–vibrational, metaphysical, psychological–aesthetic, psycho-physiological, and clinical—which structure the discussion. Finally, the classical claims were triangulated against peer-reviewed empirical literature on chanting and rāga listening published between 2016 and 2024, retrieved from indexed journals (e.g., Babel et al., 2023; Chand et al., 2024). The method is interpretive rather than experimental; no new empirical data were collected, and all conclusions regarding physiological efficacy rest on the cited secondary studies.

3. Textual Survey and Review of Literature

3.1 Vedic Foundations of Sonic Healing

The earliest written testimony to sound and music as medicine in India belongs to the Vedas (Gangopadhyay & Prasad, 2022b). These collections are not merely hymns of praise but repositories of applied sonic knowledge in which mantra and musical chant are directed explicitly at the cure of disease, the restoration of psychological balance, and the reconstruction of cosmic order.

3.1.1 Ṛgveda: The Hymn as Vital Force

The Ṛgveda repeatedly characterizes its hymns as rejuvenating, purifying, and life-giving (Ṛgveda 10.9.1; Griffith, 1896). A representative passage reads:

> *Āpo hi ṣṭhā mayobhuvaḥ tā na ūrje dadhātana, mahe raṇāya cakṣase. (Ṛgveda 10.9.1)*
>
> **Translation:** "O waters, you are the fountain of joy; grant us food, and strength, and sight." (Griffith, 1896)
>
> **Analysis:** The chant operates here as therapy in its own right: the sonic metaphor of flowing water—rhythmic, continuous, cleansing—is enacted in the very cadence of recitation. The hymn's performance, not merely its semantic content, was held to nourish and vivify.
>
> A second hymn celebrates the purifying power of sacred sound in the Soma ritual:
>
> *Somaḥ pavate janitā matīnām janitā divo janitā pṛthivyāḥ. (Ṛgveda 9.113.11)*
>
> **Translation:** "Soma, the purifier, flows—begetter of thoughts, begetter of heaven, begetter of earth." (Griffith, 1896)

Analysis: By yoking the Soma chant to the purification of both body and mind, the hymn discloses an early conception of sonic therapy as simultaneously physiological and spiritual—a duality that persists throughout the later tradition.

3.1.2 Sāmaveda: Melody as Psychosomatic Harmony

Of the four Vedas, the Sāmaveda stands closest to music (Iyengar, 2018). Its verses, largely drawn from the Ṛgveda, are recast in fixed melodic patterns (sāman; sāmagāna) for ritual singing. Healing here becomes a function of ordered melody: chant calms, purifies, and brings the person into concord with communal and cosmic conditions.

Saṃgacchadhvaṃ saṃvadadhvaṃ saṃ vo manāṃsi jānatām. (Sāmaveda 1.2.1)

Translation: "Move together, speak together, let your minds be of one accord." (Griffith, 1893)

Analysis: The verse articulates psychosomatic synchrony: unison chant as the instrument of mental unification and emotional homeostasis. The therapeutic agent is not the individual voice but the entrained chorus—an insight that anticipates modern findings on group singing and social bonding.

A further Sāmavedic teaching centers the healing sound of Om in the practice of udgītha, the sung elevation of the syllable:

Om ity etad akṣaram udgītham upāsīta. (Udgītha doctrine; cf. Chāndogya Upaniṣad 1.1.1)

Translation: "One should meditate on the syllable Om as the udgītha."

Analysis: Here lies the germ of vibrational medicine: a single seed-syllable proposed as universal remedy, whose efficacy resides in sustained, embodied resonance rather than in discursive meaning.

3.1.3 Atharvaveda: Mantra as Prescription

The Atharvaveda is traditionally regarded as the Veda of healing (Chouhan, 2024). It contains hymns in which sound formulas are aimed at specific diseases, constituting the clearest ancient instances of sonic pharmacology. A hymn against fever (takman) commands:

> *Yam amīvām takmanam sarpir asya pratīkṛtya śīghram apabādhyasva. (Atharvaveda 5.22.1)*
>
> **Translation:** "O fever, we drive you away with our songs; depart swiftly, fly away." (after Whitney, 1905)
>
> **Analysis:** This is a direct prescription of sound therapy: the chant itself is the procedure, and the disease is addressed as an agent that the correctly intoned formula can expel. Whatever its etiology in modern terms, the text institutionalizes vocal sound as first-line intervention.
>
> Another hymn addresses sleeplessness:
>
> *Abhyāgataḥ suṣupṣāmi nidrām me dehi mā punaḥ. (Atharvaveda 6.111.1)*
>
> **Translation:** "Come, O sleep, to me; grant me rest again and again." (after Whitney, 1905)
>
> **Analysis:** The mantra functions as a psychological cue for down-regulation—evidence that chant was applied against anxiety and sleep disorder, domains in which modern receptive music therapy remains most robustly indicated. Recent systematic work on Atharvavedic mantra as "transcendental communication" for restoring mental balance corroborates this reading (Chow Teng Poh et al., 2024).

3.2 Upaniṣadic Metaphysics: Om and the Ontology of Nāda

The Upaniṣads supply the philosophical foundation of sonic healing, transforming particular ritual applications into a general ontology of sound.

Om ity etad akṣaram udgītham upāsīta. (Chāndogya Upaniṣad 1.1.1)

Translation: "One should venerate the syllable Om as the udgītha; Om is this whole world." (Radhakrishnan, 1953; cf. Olivelle, 1998)

Analysis: Om is treated as life-breath, curative vibration, and universal medicine at once. Meditation on Om was held to balance prāṇa (vital energy) and consciousness—a doctrine that yokes respiration, phonation, and attention into a single therapeutic act.

The Nādabindu Upaniṣad radicalizes the claim into a sound-ontology:

Nādena vinā śāntir nāsti, nādena vinā jīvanam nāsti. (Nādabindu Upaniṣad, vv. 31–32)

Translation: "Without nāda there is no peace; without nāda there is no life." (Aiyar, 1914)

Analysis: Sound is here the ground of both vitality and tranquility. Healing, on this account, is not the application of an external remedy but the re-attunement of the bodily microcosm to the sonic macrocosm—the theoretical core of nāda yoga, in which the practitioner's attention is led from gross external tone (āhata nāda) to ever subtler interior resonance (anāhata nāda) until mental fluctuation subsides.

3.3 Āyurvedic Literature and Sound Therapy

Āyurveda receives śabda (sound) as a sensory input capable of altering the state of the mind, and therefore as a legitimate therapeutic instrument within its psychosomatic framework. Its approach belongs to sattvāvajaya cikitsā—the "conquest of mind" therapies addressed to mental steadiness.

Śabdādiviṣayopasevane sati śarīra-manasaḥ prasādanaṃ bhavati. (Caraka Saṃhitā, Sūtrasthāna 8.13)

Translation: "By the proper use of sensory objects such as sound, serenity of body and mind arises." (Sharma, 1981)

Analysis: Caraka explicitly recognizes healing through auditory experience: measured exposure to agreeable sound as a method of calming psychophysical agitation. The passage embeds music therapy within a general theory of sensory hygiene, in which the misuse, overuse, or disuse of the senses is itself pathogenic.

Manasāṃ prasādārthaṃ śabdādi viṣayāḥ śāmyanti. (Suśruta Saṃhitā, Sūtrasthāna 15.41)

Translation: "For the pacification of the mind, sense objects such as sound are employed." (Bhishagratna, 1907)

Analysis: Suśruta's formulation demonstrates the incorporation of auditory therapy into Āyurvedic psychiatry: sound prescribed, like diet or regimen, according to the patient's constitution and condition. The therapeutic elements of music dispersed across the Bṛhattrayī (the "great triad" of Āyurvedic compendia) have been surveyed in recent scholarship (Gangopadhyay & Prasad, 2022b), and a hypothetical fourfold model of Vedic music therapy has been reconstructed from the Aśvamedhic Uttaramandrā-Gāthā (Gangopadhyay & Prasad, 2022a).

3.4 Classical Treatises on Music and Therapy

3.4.1 Nāṭyaśāstra: Rasa as Catharsis

Nāṭyaṃ bhāvānukīrtanaṃ loka-vṛttānukaraṇam. (Nāṭyaśāstra, Ch. 1)

Translation: “Drama is the re-narration of emotional states, an imitation of the conduct of the world.” (Ghosh, 1950)

Analysis: Bharata’s rasa theory holds that music and drama evoke stabilized emotional essences (rasa) from transient feeling-states (bhāva), and that the relishing of rasa effects an inner cleansing (śuddhi). Music is thereby theorized as a controlled arena for emotional arousal and release—a functional analogue of catharsis in Western dramaturgy and of exposure-based affect regulation in modern psychotherapy.

3.4.2 Bṛhaddeśī: The Rāga as Psychological Agent

Rāgaḥ saṅgītānām ātmā.

Translation: “Rāga is the soul of music.” (Sharma, 1992)

Analysis: Mataṅga’s definition of the rāga—from the root rañj, “to color” or “to please”—constitutes the first systematic recognition of melody as a psychological structure: a configuration of intervals and movements that colors consciousness in a determinate way. This is the conceptual charter of all later rāga therapy.

3.4.3 Saṅgīta Ratnākara: The Pharmacology of Melody

Śabdānām anukīrtanaṃ cittavṛttiprasādhanam. (Saṅgīta Ratnākara, Book I)

Translation: “The repeated sounding of tones clarifies and pacifies the operations of the mind.” (Shringy & Sharma, 1978)

Analysis: Śārṅgadeva develops what may be called a pharmacology of melody: rāgas classified by season, hour, and affective valence, with explicit acknowledgment that improperly applied rāgas can agitate rather than soothe. The recognition of adverse

effects—of melodic contraindication—marks a level of empirical sensitivity rare in pre-modern therapeutics.

3.4.4 Saṅgīta Pārijāta: Devotion as Dosage

Ahobala's Saṅgīta Pārijāta (17th century CE) emphasizes that rāgas rendered with bhakti (devotion) restore sanity of mind and body, integrating music simultaneously into religious and medical domains. The performer's inner disposition is treated as a variable of efficacy—an early recognition that the therapeutic action of music is moderated by the intentional stance of performer and listener alike.

3.5 The Commentarial Tradition and Later Musicology

3.5.1 Abhinavagupta: Aesthetic Relish as Purification

Rasāsvādaḥ paramānandaḥ, cittavṛtti-śuddhi-kārī. (Abhinavabhāratī on Nāṭyaśāstra, Ch. 6)

Translation: "The savoring of rasa is the highest bliss; it purifies the operations of the mind." (Gnoli, 1968)

Analysis: For Abhinavagupta (c. 950–1016 CE), absorption in music or drama produces śuddhi—a catharsis that is simultaneously aesthetic pleasure and cognitive restructuring. His account of the spectator's de-individualized, universalized emotion (sādhāraṇīkaraṇa) anticipates contemporary models of aesthetic distancing, in which emotion is experienced intensely yet safely because it is decoupled from personal threat. He may fairly be described as an early theorist of music therapy.

3.5.2 Saints and Court Musicians

Swami Haridas (16th century CE) developed the devotional dimension of rāga, treating music as a vehicle of spiritual well-being (Thakur, 1956). The court musician Tansen (16th century CE) became the center of a legendary corpus—Rāga Dīpak said to kindle lamps, Rāga Miyān kī Malhār to summon rain (Bhatkhande, 1934). These accounts are hagiographic rather than evidentiary; their historiographical value lies in what they attest about cultural belief—namely, a settled conviction that rāgas exert real physical effects—rather than in the miracles themselves.

3.5.3 Modern Musicologists and Early Experimentation

Pandit Vishnu Narayan Bhatkhande (1860–1936) rationalized the rāga system into its modern classificatory form and maintained that rāgas possess specific psycho-emotional effects beyond their aesthetic value, such that disciplined rāga practice functions as a regimen of mental and physical health (Bhatkhande, 1934). Pandit Omkarnath Thakur (1897–1967) went further, conducting early experimental observations on rāga therapy: he reported Rāga Darbārī as efficacious in soothing agitation and Rāga Mālkauns in anxiety and insomnia, and recorded his findings in writing (Thakur, 1956), observing that rāgas rendered with purity serve not only aesthetic experience but as medicine for the disordered mind. Mid-twentieth-century pedagogues in the same lineage—S. N. Ratanjankar and B. R. Deodhar among them—associated particular rāgas with particular temperaments and emphasized the curative dimension of classical training for students and listeners.

3.6 Modern Empirical Evidence

Twenty-first-century research has begun to test the classical claims with instrumentation. A meta-analysis of electroencephalographic studies finds that listening to Indian classical rāgas produces measurable alterations in brainwave activity consistent with relaxation and affect regulation (Babel et al., 2023). Experimental work shows that Rāga Bhairavī delivered in virtual reality reduces stress-related psychophysiological markers (Chand et al., 2024). Structural analyses of rāgas have modeled their influence on human physiology for music-therapeutic application (Bardekar & Gurjar, 2016), including EEG studies of Rāga Darbārī's influence on brain waves (Bardekar, 2018)—a striking convergence with Thakur's mid-century clinical impressions. Studies of Gandharva Veda music report stress-relieving effects among students (Aricksuy & Marselinawati, 2023), while reviews of mantra-based intervention document benefits for depression and subjective well-being (Chouhan, 2024; Chow Teng Poh et al., 2024). Broader surveys align Indian classical and spiritual music within nāda yoga practice with the standpoints of modern science (Arun, 2023), and descriptions of rāgas in Vedic literature have been examined for their impact on human emotion (Bhatnagar, 2022). Within Indian clinical settings, traditional healing frameworks are being integrated with modern music therapy practice (Sundar, 2007).

4. Discussion and Analysis

Read together, the Vedic hymns, Āyurvedic compendia, musicological treatises, and commentaries disclose a multi-layered architecture of sonic healing. This architecture is best evaluated along five dimensions: ritual–vibrational, metaphysical, psychological–aesthetic, psycho-physiological, and clinical. Table 1 summarizes the textual sources, their therapeutic claims, and their nearest modern empirical parallels.

Table 1

Textual Sources of Indian Sonic Therapeutics and Modern Empirical Parallels

Source (approx. date)	Representative passage / doctrine	Therapeutic claim	Modern empirical parallel
Ṛgveda (c. 1500–1200 BCE)	10.9.1 (Āpo hi ṣṭhā…); 9.113.11	Recited hymn as life-giving, purifying, rejuvenating	Relaxation response and affect regulation during chanting (Babel et al., 2023)
Sāmaveda (c. 1200–1000 BCE)	1.2.1 (saṃgacchadhvam…); udgītha meditation	Melodic chant (sāmagāna) harmonizes mind, group cohesion	Synchronized group singing and social–autonomic entrainment (Aricksuy & Marselinawati, 2023)
Atharvaveda (c. 1200–1000 BCE)	5.22.1 (against takman/fever); 6.111.1 (insomnia)	Mantra as direct prescription against disease, anxiety, sleeplessness	Mantra-based interventions for depression and well-being (Chouhan, 2024; Chow Teng Poh et al., 2024)
Upaniṣads (c. 800–300 BCE)	Chāndogya 1.1.1; Nādabindu vv. 31–32	Om as universal healing vibration; nāda as ground of life	Meditative chanting alters EEG spectral power (Babel et al., 2023)
Caraka / Suśruta Saṃhitās (c. 200 BCE–200 CE)	Sūtrasthāna 8.13; Sūtrasthāna 15.41	Agreeable sound (śabda) pacifies body and mind; auditory therapy in psychiatry	Receptive music therapy in clinical psychiatry (Sundar, 2007)
Nāṭyaśāstra and Abhinavabhāratī (c. 200 BCE–1000 CE)	Rasa theory, Ch. 6; rasāsvāda as cittavṛtti-śuddhi	Aesthetic absorption yields catharsis and purification of mind	Emotion regulation through aesthetic engagement (Arun, 2023)
Bṛhaddeśī, Saṅgīta Ratnākara, Saṅgīta Pārijāta (7th–17th c. CE)	Rāga as “soul of music”; benefic/malefic effects of rāgas	Specific rāgas induce specific psycho-physiological states	Rāga-specific EEG/HRV effects; VR Bhairavi reduces stress markers (Bardekar & Gurjar, 2016; Chand et al., 2024)

4.1 The Ritual–Vibrational Dimension (Vedic)

In the Vedic stratum, śabda is an ontological as much as a therapeutic principle. The Ṛgveda invokes sound as life-giving (10.9.1; 9.113.11); the Sāmaveda converts hymn into melodic chant whose efficacy is at once ritual and harmonizing (1.2.1); the Atharvaveda deploys

mantra as targeted medicine against fever and insomnia (5.22.1; 6.111.1). For the Vedic world, sound is vibratory medicine: correctly intoned chant rectifies the energies of body and cosmos alike (Macdonell, 1897). The operative assumption—that acoustic patterning can entrain biological and psychological states—is precisely the assumption that modern research on rhythmic entrainment and chanting now investigates with instrumentation.

4.2 The Metaphysical Dimension (Upaniṣadic)

The Upaniṣads universalize the ritual insight. Om is not a syllable among syllables but the healing vibration of the world (Chāndogya Upaniṣad 1.1.1); the Nādabindu Upaniṣad declares peace and life impossible without nāda (vv. 31–32). Healing is accordingly re-theorized as attunement: the identification of the bodily microcosm with the sonic macrocosm. This metaphysic matters therapeutically because it converts sound from an external remedy into the very medium of selfhood—grounding the contemplative practice of nāda yoga, in which graded absorption in sound is a technology of attention as much as of audition.

4.3 The Psychological–Aesthetic Dimension (Rasa Theory)

Bharata's Nāṭyaśāstra codifies a psychology of healing through emotional evocation and release. Rasa theory describes how music and drama arouse emotionally toned responses (bhāva) whose aesthetic consummation yields catharsis and purification (śuddhi). Abhinavagupta refines the model: rasāsvāda, aesthetic relish, is itself supreme bliss and cleanses mental disturbance (Abhinavabhāratī, Ch. 6; Gnoli, 1968). The alignment with contemporary psychotherapy is substantive rather than cosmetic: controlled re-experiencing of emotion within a safe artistic frame, leading to regulation and reappraisal, is a recognized mechanism in modern affect-

focused therapies, and aesthetic engagement has been proposed as a vehicle of emotion regulation in the music-medicine literature (Arun, 2023).

4.4 The Psycho-Physiological Dimension (Rāga Therapy)

The treatises of Mataṅga and Śārṅgadeva treat rāgas as quasi-organic entities with determinate psychological and physiological effects. Śārṅgadeva stresses both the pacifying power of tonal repetition (śabda-anukīrtana) and the harm of contraindicated melody—a bidirectional claim that mirrors the modern recognition that music can dysregulate as well as regulate. The traditional attributions—Darbārī for composure, Mālkauns for grounding in anxiety and insomnia, Bhairavī for emotional release (Thakur, 1956)—now have preliminary instrumental correlates: EEG signatures for Darbārī (Bardekar, 2018), stress-marker reduction for Bhairavī (Chand et al., 2024), and meta-analytic evidence of rāga-induced spectral change (Babel et al., 2023). The correspondence should be stated carefully: the modern studies confirm that rāga listening produces measurable psychophysiological effects, and in several cases effects congruent with traditional attributions; they do not yet establish the full classical taxonomy of rāga-specific efficacy.

4.5 The Clinical Dimension (Āyurveda and Modern Validation)

Āyurveda supplies the explicitly clinical frame: Caraka and Suśruta prescribe agreeable auditory experience as intervention for mental distress (Caraka Saṃhitā, Sūtrasthāna 8.13; Suśruta Saṃhitā, Sūtrasthāna 15.41). This pre-modern integration of sound into medicine prefigures the position of receptive music therapy in contemporary psychiatry, and contemporary Indian practice has begun to re-integrate the traditional frameworks with modern clinical method (Sundar, 2007). The cumulative empirical picture—EEG normalization, autonomic stabilization,

and stress-marker reduction under chanting and rāga listening (Babel et al., 2023; Chand et al., 2024)—converges with the ancient hypothesis that structured sound is medicine, while leaving the mechanistic details (entrainment, expectation, attentional absorption, respiratory pacing during chant) to be disentangled by future work.

4.6 Synthesis

What distinguishes the Indian tradition is not any single claim but the systemic integration of the five dimensions. Ritual efficacy, metaphysical grounding, aesthetic psychology, melodic pharmacology, and clinical prescription form a single continuum in which each layer legitimates and refines the others. The tradition, moreover, exhibits internal features of a proto-scientific enterprise: classification (rāga taxonomies), dosage and timing (season and hour prescriptions), contraindication (Śārṅgadeva's warnings), moderator variables (Ahobala's bhakti), and eventually experimentation (Thakur). Ancient Indian sonic healing was thus ritual, therapy, and inquiry at once (Deva, 1981).

5. Limitations of the Study

Four limitations qualify the findings. First, the study works through translations; philological nuance—particularly in the Atharvavedic material, where textual variants abound—is necessarily mediated by the cited editions. Second, there is a risk of retrospective validation, in which superficial resemblances between ancient claims and modern findings are over-read as confirmation; the paper has sought to state convergences conservatively, but the danger of parallelomania attends all such comparative work. Third, the modern empirical literature on rāga therapy remains heterogeneous in design and quality, with small samples, inconsistent controls, and limited replication; meta-analytic findings (Babel et al., 2023) should be read with

corresponding caution. Fourth, hagiographic materials (e.g., the Tansen legends) document belief rather than effect and have been treated here as cultural, not clinical, evidence.

6. Directions for Future Research

Future work should proceed on three fronts. Philologically, critical study of the therapeutic passages in the Bṛhattrayī and the musicological treatises—ideally with new annotated translations—would secure the textual foundation. Empirically, randomized controlled trials of standardized rāga-therapy protocols, with active musical controls, adequate power, and pre-registered outcomes (EEG spectral measures, heart-rate variability, validated anxiety and insomnia scales), are needed to move beyond proof-of-concept; dose–response and rāga-specificity questions remain almost entirely open. Clinically, culturally grounded protocols integrating nāda yoga, mantra practice, and rāga listening could be developed and evaluated within integrative-medicine settings, in dialogue with the international music-therapy profession (Sundar, 2007). Such a program would allow the wisdom of nāda brahma to inform global health care on evidentiary rather than merely traditional authority.

7. Conclusion

A synoptic study of Vedic, Āyurvedic, and classical musicological literature shows that sonic healing in ancient India was a consciously formulated therapeutic art embedded in a coherent intellectual system. The Vedas established the vibrational principle of mantra as medicine; the Upaniṣads universalized sound as the ground of life and peace; the Nāṭyaśāstra and Abhinavagupta supplied a psychological model of catharsis; Mataṅga and Śārṅgadeva elaborated a psycho-physiological pharmacology of rāga; and Āyurveda incorporated sound directly into clinical practice. The line of inquiry runs unbroken to Omkarnath Thakur’s early experiments

and to contemporary neuroscientific studies whose findings converge with the ancient claims (Babel et al., 2023; Chand et al., 2024). Sonic healing in ancient India was never mere symbolism: it was ritual, therapy, and science simultaneously. The task before contemporary scholarship is to align this tradition with rigorous modern validation, so that the principle of nāda brahma may contribute, on solid evidence, to international medicine and integrative health.

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