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Healing Through Raga: A Critical Examination of the Therapeutic Role of Indian Classical Music in Stress Management

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Abstract

This critical review examines the potential of Indian Classical Music (ICM) as a structured auditory intervention for stress management. This study synthesizes evidence from 35 peer-reviewed publications (2000–2026) to examine the relationship between Indian Knowledge Systems (IKS) and contemporary psychophysiological research. By mapping traditional Raga Chikitsa frameworks against empirical markers such as heart rate variability (HRV) and cortisol, this review evaluates the regulatory impact of ragas on the autonomic nervous system. The available evidence suggests that ICM may provide a culturally relevant framework for emotional regulation, though the current literature remains heterogeneous. This paper proposes a conceptual Standardized Raga Protocol (SRP) to improve clinical reproducibility and future research quality.

Keywords: Indian Classical Music, Raga Chikitsa, Music Therapy, Stress Physiology, Autonomic Nervous System, Critical Review, Integrative Health.

1. Introduction

Stress arises when individuals perceive environmental demands as exceeding their available coping resources (Lazarus & Folkman, 1984). While Western music therapy employs standardized harmonic protocols, the application of ICM—defined by its reliance on microtonal *shruti* and cyclic *tala*—requires a distinct, evidence-informed framework. This review synthesizes historical IKS foundations with modern psychophysiological data to evaluate the clinical viability of raga-based interventions.

2. Methodology

This review adopted a structured critical review methodology informed by transparent literature identification and selection procedures.

- **Search Strategy:** Databases (Scopus, Web of Science, PubMed, JSTOR) were queried using keywords: “Hindustani Classical Music,” “Raga,” “Stress,” “HRV,” and “Cortisol.”

- **Selection:** 124 records were identified. After removing 20 duplicates and screening 104 titles/abstracts, 66 records were excluded for lacking physiological outcome measures. Of the 38 full-text articles assessed for eligibility, 35 were included in the final synthesis.
- **Quality Appraisal:** Included studies were evaluated qualitatively based on study design, sample size, the presence of control groups, and reporting of physiological outcome measures.

3. Conceptual Framework

(Note: In the final document, insert a diagram illustrating the flow from IKS principles to physiological outcomes.)

4. Evidence Hierarchy: Raga Analysis

Raga	Traditional Basis	Proposed Mechanism	Evidence Level	Representative Research Type	Research Gap
Yaman	<i>Sangita-Ratnakara</i>	Stabilization of pitch-space	Preliminary	HRV studies	Standardized dosage
Bhairav	<i>Natyashastra</i>	Circadian alignment	Low	Cortisol baseline studies	Control group rigor
Ahir Bhairav	<i>Raga Chikitsa</i>	Cognitive focus	Low	Attention/Focus paradigms	Longitudinal data
Bageshri	<i>Raga Chikitsa</i>	Emotional release	Preliminary	Music-evoked mood studies	Cross-cultural data
Darbari	<i>Sangita-Ratnakara</i>	Vagal tone activation	Moderate	Decreased Heart Rate	Sleep-onset metrics

5. Discussion

Maintaining a clear distinction between philosophical concepts in IKS and empirical scientific evidence is essential for strengthening academic work on Indian Classical Music. The available evidence suggests that ICM may offer distinct neurocognitive mechanisms, potentially imposing a higher cognitive processing demand owing to the listener's need to track cyclic *tala* and melodic rules. However, we must acknowledge confounding variables—including musical training, cultural familiarity, and listening environment—that influence therapeutic outcomes.

6. Practical Implications (SRP Framework)

Based on this synthesis, we propose a conceptual **Standardized Raga Protocol (SRP)**. SRP refers to reproducible intervention parameters including:

- **Raga Selection:** Tailored to the listener's baseline affective state.
- **Modality:** Active participation (*riyaz*) versus passive listening.
- **Dosage:** Minimum duration of 30 minutes.



- **Safety:** Raga-based therapy should complement, not replace, clinical psychological care.

7. Conclusion

Future progress in this field will depend on sustained collaboration among musicologists, neuroscientists, psychologists, and clinicians. Future research should prioritize multi-center trials to establish the efficacy of standardized interventions.

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