

# Integrative healing through psychology, nutrition, and subconscious energy work: a conceptual paper with case study

## Abstract

This conceptual paper presents an innovative, integrative framework that combines psychological counseling, nutritional therapy, and Subconscious Energy Healing Therapy (SEHT) to address deeply rooted and complex mental health concerns. With rising global incidences of disorders like depression, bipolar disorder, and relationship distress, there is a growing demand for therapeutic approaches that extend beyond conventional talk therapy. This paper advocates for a multidimensional, person-centered model that unites scientifically validated psychotherapeutic techniques with the physiological benefits of targeted nutritional interventions and the subtle, transformative power of subconscious energy work. Through the lens of clinical psychology, this paper explores evidence-based counseling methods including Cognitive Behavioral Therapy (CBT), trauma-informed care, and systemic family therapy. Simultaneously, it integrates holistic nutritional strategies such as mood-enhancing micronutrients, gut-brain axis considerations, and anti-inflammatory diets highlighting the critical role of diet in mental health management. A distinctive feature of this model is the inclusion of SEHT, a therapeutic modality rooted in the energetic and subconscious dimensions of human experience. SEHT draws on principles from Eastern energy systems, neuro-linguistic programming (NLP), and vibrational psychology to identify and release deep-seated emotional blocks and maladaptive thought patterns. The paper is grounded in real-life clinical application, illustrated through the case study of , a 38-year-old Indian male experiencing bipolar mood fluctuations, chronic stress, and persistent marital conflicts. Through the integrative therapeutic process, he underwent a structured treatment plan that included regular counseling sessions, a personalized nutrition protocol, and SEHT sessions aimed at reprogramming subconscious beliefs around self-worth, anger, and attachment. The case demonstrates marked improvement in mood stability, interpersonal communication, emotional regulation, and overall life satisfaction. By merging three potent modalities, this approach provides a comprehensive and individualized path to healing honoring the mind-body-energy connection. The paper concludes with reflections on implications for clinical practice, potential research pathways, and the broader need for collaborative care models in contemporary mental health settings.

**Keywords:** holistic healing, psychology, nutrition counseling, SEHT, depression, bipolar disorder, marital conflict, integrative therapy, India

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## Introduction

Conventional mental health interventions have traditionally prioritized symptomatology management through psychopharmacology or standalone psychological therapies. While effective in addressing acute presentations, these modalities often operate in silos and may not sufficiently account for the complex interplay between physiological, psychological, and energetic systems that underlie chronic and treatment-resistant mental health conditions.

Emerging interdisciplinary research increasingly supports the efficacy of integrative models that consider the individual as a multidimensional being where mental health is influenced not only by cognition and emotion but also by biological nutrition and subtle energy dynamics. Such models are particularly pertinent in the Indian

context, where psychosocial functioning is deeply embedded in familial, spiritual, and cultural frameworks.

This conceptual paper proposes a comprehensive, culturally contextualized intervention model that brings together three core therapeutic domains:

Psychological Profiling and Counseling Employing evidence-based psychotherapeutic modalities such as Cognitive Behavioral Therapy (CBT), trauma-informed care, and family systems therapy, the psychological component aims to uncover and restructure maladaptive thought patterns, attachment dysfunctions, and unresolved interpersonal conflicts.

Nutritional Counseling and Therapeutic Dietetics – Central to this model is the integration of clinical nutritional science as a

foundational pillar of mental health intervention. Drawing upon the latest findings in nutritional psychiatry, this component focuses on the role of micronutrient deficiencies, gut-brain axis dysregulation, inflammatory dietary patterns, and hormonal imbalances in the etiology and maintenance of mood and behavioral disorders. Through individualized nutritional assessments and targeted dietary planning, this approach seeks to optimize neurochemical function, enhance energy metabolism, and stabilize mood fluctuations—fostering systemic resilience and cognitive vitality.

Subconscious Energy Healing Therapy (SEHT) Complementing the psychological and nutritional dimensions, SEHT employs integrative techniques rooted in both Eastern energy medicine and contemporary modalities such as Neuro-Linguistic Programming (NLP), Emotional Freedom Technique (EFT), and vibrational healing. It is designed to access and recalibrate unconscious belief systems, energetic imprints of trauma, and chronic emotional blockages that often elude conscious processing.

Grounded in Indian sociocultural realities, this triadic model acknowledges the deep-seated influence of familial hierarchies, cultural stigmas, religious narratives, and intergenerational transmission of psychological distress. It provides a systemic, person-centered intervention that respects indigenous healing traditions while incorporating scientifically validated methodologies.

By foregrounding nutritional counseling as a critical yet often overlooked determinant of psychological health, and aligning it with psychotherapeutic insight and energy-based transformation, this integrative model offers a holistic, sustainable pathway for mental health care. The paper further elucidates the clinical relevance of this approach through a detailed case study, demonstrating its practical application and transformative potential in real-world therapeutic settings.

Proposed integrative acronym: **NESTLE (nutrition, emotion, subconscious therapy, lifestyle & empowerment)**

N – Nutrition Counseling for Mood & Energy

E – Emotional Awareness and Regulation

S – Subconscious Healing & Inner Work

T – Therapy for Psychological Alignment

L – Lifestyle Interventions (Sleep, Journaling, Mindfulness)

E – Empowerment for Long-term Wellness

## Benefits of integrative healing

### 1) Addresses root causes beyond symptoms

Integrative healing emphasizes a holistic understanding of the individual mind, body, and spirit. Instead of simply alleviating surface-level symptoms, it seeks to uncover and resolve underlying psychological, emotional, physiological, and energetic imbalances. This approach leads to more sustainable and profound healing outcomes by identifying the true origins of distress.

### 2) Facilitates emotional regulation and resilience

Through practices such as mindfulness-based interventions, energy psychology, expressive therapies, and somatic techniques, integrative healing empowers individuals to process and manage their emotional responses more effectively. Over time, this fosters greater emotional intelligence, stress tolerance, and adaptive coping, enhancing resilience in the face of life's challenges.

### 3) Improves interpersonal relationships

By working on intrapersonal awareness and healing unresolved relational traumas, individuals become better equipped to form and sustain healthier connections. Integrative modalities often include family systems work, inner child healing, and attachment-focused interventions, which deepen empathy, improve communication, and reduce relational conflicts.

### 4) Enhances cognitive clarity and focus

Chronic stress, emotional dysregulation, and trauma often cloud cognition. Integrative healing helps clear mental fog and optimize cognitive functions such as attention, memory, and decision-making. Techniques like guided visualization, neurofeedback, and breath work can recalibrate the nervous system, promoting mental sharpness and balance.

### 5) Reduces dependency on pharmacological treatment

While medications have their place, many individuals benefit from complementary interventions that reduce the need for long-term pharmacological reliance. Therapies such as nutrition-based interventions, psychotherapy, energy healing, and lifestyle restructuring provide non-invasive pathways to mental and physical wellness, often mitigating side effects associated with psychotropic drugs.

### 6) Rejuvenates physical vitality via tailored nutrition

Nutrition plays a critical role in mental and physical health. Integrative healing incorporates individualized nutritional strategies that consider not just physiological needs but also psychological and emotional well-being. Nutritional psychiatry, Ayurveda, and functional medicine principles may be employed to address deficiencies, support neurotransmitter function, balance hormones, and increase energy levels. This personalized approach enhances vitality, improves gut-brain communication, and supports overall systemic healing.

### 7) Aligns subconscious patterns with conscious goals

Many individuals struggle with self-sabotage or repeated life patterns due to misalignments between their conscious intentions and subconscious programming. Integrative healing uses tools such as hypnotherapy, subconscious energy work, dream analysis, and cognitive reframing to rewire limiting beliefs. This alignment empowers clients to move forward with clarity, purpose, and coherence between their internal and external realities.

## Review of literature

### 1) Psychology and diet

In one of the foundational studies linking nutrition and mental health, Jacka et al.,<sup>1</sup> conducted a population-based analysis of Australian women and discovered that poor diet quality—characterized by high consumption of processed foods, refined sugars, and saturated fats—was significantly associated with increased risk of depression and anxiety. Conversely, a whole-food-based diet rich in vegetables, fruits, whole grains, and lean proteins correlated with better psychological well-being. This research underlines the bidirectional relationship between the gut and the brain (gut-brain axis), where inflammation, oxidative stress, and neurotransmitter dysregulation caused by a poor diet can contribute to mood disorders. This insight has catalyzed the emergence of Nutritional Psychiatry, highlighting the role of diet as both a preventive and therapeutic tool for psychological disorders.

## 2) Energy healing

Jain and Mills systematically reviewed the evidence for biofield therapies like Reiki, Healing Touch, and Therapeutic Touch, noting clinical benefits particularly in reducing anxiety, chronic pain, and fatigue across a variety of patient groups. These energy-based interventions are believed to modulate the human biofield the energetic matrix that surrounds and penetrates the physical body enhancing self-regulation, parasympathetic activation, and emotional release.<sup>2</sup>

**The mechanisms may include:** Reduced cortisol levels (stress hormone), Enhanced vagal tone (linked with calm and emotional regulation), and deep relaxation responses leading to improved resilience and mental clarity. These therapies, although often categorized as “complementary,” are increasingly being integrated into psychotherapeutic and palliative care models to enhance emotional healing and body-mind integration.

## 3) Ayurveda & mood

Ayurveda, India’s ancient system of medicine, recognizes the interplay between diet, lifestyle, and mental states. According to Sharma et al.,<sup>3</sup> Ayurvedic dietary principles—tailored to an individual’s dosha (body-mind constitution)—play a crucial role in sustaining sattva (mental clarity and harmony) and mitigating rajas and tamas (agitation and lethargy).

**Key ayurvedic concepts related to mental health include:**

1. Medhya Rasayanas: A group of herbs like Brahmi, Ashwagandha, and Shankhpushpi used to enhance cognitive function and emotional balance.
2. Dinacharya (daily routine) and Ritucharya (seasonal regimen): Promote physiological rhythm and psychological stability.
3. Ahara (diet): Specific food combinations and cooking methods aim to preserve prana (life force) and reduce toxins (ama) that can cloud the mind.
4. Ayurvedic psychiatry, thus, views mental health not merely as a neurochemical issue but as a multifactorial condition affected by energy, environment, diet, and consciousness.

This study contributes to the limited research on how picky eating affects mental health and dietary behaviors in university students aged 18 to 30. Adult picky eating has been linked to poor dietary variety, low fruit and vegetable consumption, and psychosocial difficulties. Building on research related to food avoidance and approach tendencies in children, the study examined distinct eating behavior patterns in college students. Using a cross-sectional survey method, participants reported on symptoms of picky eating, binge eating, dietary rigidity, anxiety, depression, stress, and OCD. The analysis revealed significant associations between picky eating and various disordered eating tendencies such as binge eating, restrictive behaviors, food-related anxieties, and general eating dysfunction, alongside other psychological symptoms. Mediation analysis suggested that while picky eating was linked with increased worry and anxiety, these psychological issues did not fully account for the presence of disordered eating behaviors. The study underscores the complexity of the relationship between picky eating and mental health in young adults and calls for more targeted research to deepen understanding in this area.<sup>4</sup>

**George L. Engel in 1977,**<sup>5</sup> the Biopsychosocial Model transformed the healthcare paradigm by moving beyond the reductionist biomedical approach, which views illness solely through a biological lens. Engel

emphasized that psychological and social factors are just as crucial as biological ones in understanding, diagnosing, and treating health conditions. This model laid the foundation for a more compassionate and holistic approach to patient care, integrating three essential domains: biological (physical and genetic health), psychological (mental states, behaviors, and coping mechanisms), and social (family dynamics, culture, socioeconomic status, and environment). This comprehensive framework aligns seamlessly with integrative healing practices such as psychotherapy, art therapy, hypnotherapy, Emotional Freedom Techniques (EFT), and other mind-body interventions. These methods operate on the understanding that healing must address emotional, physical, and spiritual dimensions of a person’s life. Key areas of convergence between the biopsychosocial model and integrative healing include comprehensive assessment of the individual’s life history and context, active collaboration between practitioner and client, mind-body integration acknowledging that emotional stress impacts physical health, and cultural sensitivity that incorporates traditional and societal influences. Empirical evidence supports the model’s effectiveness, with research showing improved clinical outcomes, enhanced treatment adherence, and greater patient satisfaction, particularly in chronic illness, mental health disorders, and reproductive healthcare. Overall, the Biopsychosocial Model remains a dynamic and relevant framework in modern healthcare, and when combined with integrative healing, it brings Engel’s vision of interconnected, personalized care to fruition.

**The substance abuse and mental health services administration (SAMHSA) in 2014**<sup>6</sup> formally outlined the principles of Trauma-Informed Care (TIC), emphasizing that trauma is not merely a psychological event but a deeply embodied experience that affects both the mind and nervous system. Recognizing that trauma can dysregulate the body’s stress response, TIC frameworks have evolved to incorporate somatic therapies and energetic healing modalities alongside traditional psychotherapy. These approaches acknowledge that trauma is often stored subconsciously in the body, leading to involuntary physiological responses such as hypervigilance, dissociation, or emotional numbing. As a result, interventions like Somatic Experiencing, EMDR (Eye Movement Desensitization and Reprocessing), body-based mindfulness, and energy healing techniques (such as EFT and Reiki) have gained traction in clinical settings. These modalities aim to restore safety within the body, regulate the autonomic nervous system, and release trapped traumatic energy. SAMHSA’s trauma-informed framework stresses the importance of creating safe, empowering, and collaborative therapeutic environments while addressing the profound interplay between trauma, behavior, and physical health. This shift marks a pivotal moment in mental healthcare highlighting that healing from trauma requires more than cognitive insight; it necessitates engaging the body’s wisdom and subconscious memory in the process of recovery.

**Mindfulness-based stress reduction (MBSR) in 1990**<sup>7</sup> The concept of the mind-body connection gained significant clinical recognition with Jon Kabat-Zinn’s development. Rooted in Buddhist meditation practices and integrated into Western medicine, MBSR demonstrated how psychological techniques like mindfulness and present-moment awareness could directly influence and regulate physiological symptoms, including anxiety, chronic pain, hypertension, and immune function. This approach emphasized that mental states such as stress, rumination, and emotional distress are not isolated experiences but can profoundly impact the body’s biological processes. Through structured mindfulness training, individuals learn to observe their thoughts and sensations non-judgmentally,

reducing reactivity and promoting relaxation, which in turn modulates autonomic nervous system responses and lowers stress hormone levels. The success of MBSR bridged the traditional divide between mental and physical health, offering empirical support for the mind-body connection and paving the way for integrative therapeutic practices that treat the individual as a unified whole. It underscored that psychological well-being is intricately linked to physical health, reinforcing the need for holistic, interdisciplinary models of care.

## Case study

### Case summary and clinical elaboration

#### Client demographics:

A 38-year-old married male from Delhi presents with a complex clinical picture marked by affective instability and relational disturbances. The symptomatology, coupled with psychosocial stressors, points towards an affective spectrum disorder with underlying personality dynamics significantly impacting interpersonal functioning.

#### Presenting concerns

##### The client reports:

- (i) Depressive episodes characterized by pervasive low mood, psychomotor retardation, low self-worth, anhedonia, and feelings of hopelessness.
- (ii) Manic or hypomanic phases manifesting as elevated mood, heightened energy, increased goal-directed activities, impulsivity, and episodes of irritability.
- (iii) Sleep disturbances ranging from insomnia to early morning awakening, often correlating with affective episodes.
- (iv) Low appetite during depressive phases, suggesting somatic involvement in the affective disorder.
- (v) Ongoing marital discord, which appears to be both a consequence and a contributor to his psychological state.

#### Clinical diagnosis and psychopathology

##### Bipolar spectrum disorder with depressive dominance:

The client exhibits hallmark features of Bipolar II Disorder, or Cyclothymic tendencies, with depressive episodes being more persistent and functionally impairing than the hypomanic phases. This is consistent with research suggesting that bipolar depression is often more disabling, recurrent, and harder to treat than the manic phase (9).

##### Symptoms supporting bipolar tendencies:

- (i) Episodic mood elevation with increased activity (suggestive of hypomania).
- (ii) Longer and more frequent periods of low mood, fatigue, and anhedonia.
- (iii) Sleep and appetite dysregulation consistent with mood cycling.
- (iv) Possible mixed features given the irritability and impulsivity during high phases.
- (v) These findings support a diagnosis on the bipolar spectrum, particularly with predominant depressive features, which can complicate both diagnosis and treatment if not identified accurately.

#### Marital discord and narcissistic abuse dynamics:

The marital relationship is a significant psychosocial stressor, marked by emotional instability and conflict. On clinical evaluation, patterns of narcissistic abuse have been observed within the relationship.

##### This includes:

- (i) Gaslighting and emotional invalidation.
- (ii) Manipulative behaviors causing the client to question his reality.
- (iii) Intermittent reinforcement, which exacerbates emotional dependency and confusion.
- (iv) Psychological domination and lack of empathy, common in narcissistic relational patterns.
- (v) Such abuse can have long-term psychological effects, including complex trauma, emotional dysregulation, and reinforcement of depressive and anxious symptoms (10).

The interaction between a bipolar affective disorder and narcissistic abuse can amplify emotional volatility, disrupt recovery, and complicate therapeutic alliance if the relational context is not adequately addressed in the treatment plan.

#### Comorbid and differential considerations

- (i) **Complex PTSD:** Possible due to chronic emotional abuse and psychological manipulation.
- (ii) **Borderline traits:** Considered in differential due to the affective instability and relational turmoil but ruled out in favor of a bipolar diagnosis due to the episodic nature and symptom clustering.
- (iii) **Substance use history:** Should be explored to rule out self-medication behaviors common in undiagnosed bipolar clients facing interpersonal trauma.

#### Prognostic indicators

- (i) **Negative prognostic factors:** Ongoing narcissistic abuse, poor marital support, and frequent depressive episodes.
- (ii) **Positive indicators:** Help-seeking behavior, insight into emotional patterns, and willingness to engage in therapeutic work.

#### Recommendations and therapeutic considerations

- (i) Mood stabilization through psychiatric evaluation for pharmacological intervention (e.g., mood stabilizers such as lithium or lamotrigine, and antidepressants with caution to avoid triggering mania).
- (ii) Trauma-informed therapy to address narcissistic abuse and rebuild emotional autonomy.
- (iii) Couples counseling may be contraindicated if narcissistic abuse is ongoing. Individual therapy for the client is prioritized.
- (iv) Psychoeducation on bipolar disorder and narcissistic relationship dynamics.
- (v) Cognitive-behavioral interventions for managing depressive cognition and behavioral activation.
- (vi) Sleep hygiene and nutritional monitoring due to somatic involvement of mood disorder.



## Intervention plan:

### 1) Psychological profiling using IPDE and PGI N2

The International Personality Disorder Examination (IPDE) will help assess maladaptive personality traits, especially those aligned with Cluster B features such as narcissistic and borderline tendencies. The PGI Health Questionnaire N2 will provide insight into the client's psychological well-being across domains like somatic symptoms, anxiety, depression, and adjustment, forming a baseline for monitoring therapeutic progress.

### 2) Weekly psychotherapy sessions focused on trauma release and relationship mapping

These sessions will utilize trauma-informed therapeutic frameworks to process emotional abuse, reduce psychological distress, and build emotional regulation. Relationship mapping techniques will help the client visualize dysfunctional patterns, understand enmeshment and emotional dependency, and redefine boundaries to promote self-empowerment.

### 3) Nutritional plan including mood-stabilizing foods and herbal adaptogens

A structured diet incorporating omega-3-rich seeds (like flaxseeds and chia), tryptophan sources (such as pumpkin seeds, oats, and lentils), and Brahmi and Ashwagandha will support neurotransmitter regulation and nervous system balance. These foods and herbs serve as natural mood stabilizers and stress reducers, complementing psychotherapeutic interventions.

### 4) SEHT sessions involving cord-cutting, inner child healing, subconscious visualization, and golden light transmission

Subconscious Energy Healing Therapy (SEHT) will target deep-seated trauma using energy-based techniques. Cord-cutting will help sever toxic emotional ties, inner child healing will nurture unresolved childhood wounds, subconscious visualization will reprogram limiting beliefs, and golden light transmission will instill a sense of calm, safety, and spiritual reconnection.

### 5) Daily well-being practices like gratitude journaling, pranayama, and mindful eating

Encouraging the client to maintain a gratitude journal will shift focus towards positivity and increase dopamine levels. Pranayama (breath work) will regulate the autonomic nervous system, reducing anxiety and improving focus. Mindful eating practices will enhance digestion, body awareness, and emotional discipline, supporting overall psychological stability.

## Outcomes

**Enhanced sleep and appetite regulation (within 3 weeks):** The client reported noticeable improvements in sleep quality and appetite regulation within the initial three weeks of intervention. These early physiological improvements contributed to greater emotional stability and increased energy levels for daily functioning.

**Reduction in emotional reactivity and triggers:** Through consistent therapeutic engagement, the client demonstrated increased awareness and control over emotional triggers. This resulted in a marked decrease in impulsive reactions and emotional outbursts, contributing to more adaptive coping strategies in interpersonal situations.

**Increased clarity in marital decision-making:** The therapeutic process facilitated deeper self-reflection and emotional processing, enabling the client to evaluate her marital relationship with greater

objectivity and emotional clarity. This progress supported more grounded and informed decision-making regarding the future of the relationship.

**Significant decrease in mood swings (60% reduction in 2 months):** Over a span of two months, the client self-reported a 60% reduction in the frequency and intensity of mood fluctuations. This improvement was supported by the integration of cognitive-behavioral tools, mood tracking, and enhanced emotional regulation techniques.

**Resumption of career planning and reflective practices:** With improved emotional balance and mental clarity, the client re-engaged in future-oriented activities, including career planning and setting professional goals. Additionally, she resumed regular journaling practices, which further supported self-awareness and therapeutic progress.<sup>8–20</sup>

## Discussion

Naresh's therapeutic progress stands as a testament to the strength of an integrative healing model that harmoniously blends psychological therapy, nutritional counselling, and Subconscious Energy Healing Therapy (SEHT). Rather than approaching his condition through a singular lens, this multidimensional method facilitated healing across the emotional, physical, and energetic domains each element playing a distinct yet equally critical role in his recovery.

Psychological therapy provided the foundational structure for self-awareness, emotional regulation, and cognitive restructuring. Through consistent therapeutic dialogue and evidence-based interventions, Naresh was able to confront and process unresolved emotional conflicts, gain insight into behavioral patterns, and develop healthier coping mechanisms.

Nutritional counselling, working in tandem, helped restore internal physiological balance a vital, often underestimated aspect of mental health. A tailored nutritional plan addressed underlying deficiencies, stabilized mood, and improved energy levels, which in turn reinforced emotional resilience and cognitive clarity. As food is closely linked to neurotransmitter functioning and hormonal regulation, the role of diet was integral in supporting and sustaining psychological growth.

SEHT complemented these two modalities by accessing the deeper layers of the subconscious, helping to identify and release suppressed emotional cords and energy imprints that traditional talk therapies might not immediately reach. This subtle yet powerful process enabled emotional unburdening at a cellular level, preparing the mind and body to better respond to psychological and nutritional interventions.

The cultural consonance of this integrative model further amplified its effectiveness. In a society where holistic well-being is deeply rooted in spiritual and natural paradigms, this approach felt intuitive and non-threatening to Naresh. His consistent engagement across all three modalities underscores the importance of cultural sensitivity in mental health care.<sup>16–30</sup>

## Conclusion

Naresh's case serves as a strong exemplar of how integrative therapy when thoughtfully designed and evenly balanced can generate deep, sustained, and transformative outcomes in mental health care. By assigning equal therapeutic weight to psychological therapy, nutritional counselling, and Subconscious Energy Healing Therapy (SEHT), the model addresses the human experience in its full complexity mental, physical, and energetic. Each modality brings distinct yet interdependent contributions to the therapeutic process.

Psychological therapy formed the cornerstone for emotional insight, behavioral change, and cognitive reframing. Through structured therapeutic engagement, Naresh was able to confront underlying psychological patterns, process trauma, and build adaptive coping mechanisms. This psychological foundation created mental stability and emotional literacy essential for long-term change.

Equally vital, nutritional counselling offered physiological support to complement psychological interventions. A tailored dietary framework addressed nutritional deficiencies often linked to mood dysregulation, fatigue, and poor concentration. By improving gut health, regulating hormones, and enhancing neurotransmitter function, nutritional strategies played a pivotal role in improving Naresh's mental clarity, emotional balance, and overall energy levels. Nutrition acted not as an adjunct, but as a co-equal partner in his recovery reinforcing the mind-body connection fundamental to holistic well-being.

SEHT further enriched the healing process by working at the subconscious and energetic levels. This modality facilitated the identification and release of suppressed emotional imprints and unresolved energetic blocks. By creating space within the psyche and body for deeper transformation, SEHT amplified the effects of both psychological therapy and nutritional guidance, fostering a sense of inner alignment and vitality.

Importantly, this triadic model resonates powerfully within the Indian cultural context, where healing is traditionally viewed as a multidimensional process involving mind, body, and spirit. The cultural acceptability of such integrative methods not only enhances client receptivity but also reduces stigma around seeking help, making long-term engagement more likely.

In summary, the effectiveness of Naresh's integrative treatment underscores a larger truth: sustainable mental health recovery requires a multi-pronged approach that values psychological insight, physiological nourishment, and energetic balance equally. This model offers a replicable framework for modern mental health reform one that moves beyond symptom suppression to foster deep, systemic healing. As mental health challenges grow in complexity, integrative and culturally attuned interventions like these will be indispensable in shaping inclusive, effective, and compassionate care systems.<sup>31–35</sup>

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## Conflict of interest

The authors declare that they have no conflicts of interest relevant to this manuscript.

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