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AYURVEDIC MANAGEMENT OF GENERALIZED ANXIETY DISORDER-A CASE REPORT

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ABSTRACT

Introduction: Although anxiety disorders are universal, they evince patterns of cross-cultural variability in their prevalence, explanations and clinical presentations. Estimates suggest anxiety disorders are among the most common psychiatric illnesses in the world, with between 4% and 25% of individuals suffering from one or more anxiety disorders in their life time. *Chittodvega* is one of the clinical conditions mentioned in Ayurveda classics, where many of the clinical conditions of Generalized anxiety disorder is being observed. In Charaka Samhitha, it is mentioned that *chittodvega* is occurring due to *manodoshas*; *rajas* and *tamas*. Management including *samana* and *sodhana* is also explained for the same. **Main clinical findings:** A 45 years old female with the complaints of fearfulness, inability to relax, poor concentration and insomnia over the last six months came to the Kayachikitsa OPD. She had extremely strained relationship with her husband and his family. On mental status examination, she was observed to have negative thoughts, restlessness, less attention and concentration and impaired memory and impaired abstract thinking. **Diagnosis:** She is suffering from generalized anxiety disorder. **Interventions:** She was administered allopathic medicines but the response was not as expected. Then she took Ayurveda treatment. Internal medications were given. *Snehapana*, *Shirodhara*, *Abhyanga*, *Nadisveda* and *Yogabasti* were also be done. **Outcome:** The patient responded satisfactorily to the treatment and there was marked reduction in HAM-A scale score after the intervention. **Conclusions:** The selected treatment protocol was found to be effective in managing Generalized anxiety disorder

Keywords: Anxiety, *Chittodvega*, Generalized Anxiety Disorder, *Mano doshas*, *Sodhana*

Introduction

Manas, its functions, alterations, resulting clinical conditions and their management have been well explained in Ayurvedic literature. *Chittodvega* is one among the *manovikaras* mentioned in Charaka samhitha^[1]. The term *chittodvega* comprises of two words *chitta* and *udvega*, which refers to anxious state of the mind. It denotes increased *manodoshas* and increased state of *vata* and *pitta dosha*. As *vata* and *pitta* are vitiated, the main symptoms are *atichinta* and *bhaya*. *Manovikaras* are the outcome of morbid *manasika doshas*. To comprehend about a disease, the afflicted variables such as *dosha*, *dushya*, *agni*, *srotas* etc. have to be recognised. For that Vagbhatacharya in Ashtanga hridaya Soothra sthana has described *Dasa vidha pareeksha* [Table1]. In *samprapti* or the pathogenesis, there is *sthanasamshraya* of vitiated *dosha* in *hrudaya*, which is the seat of *manas*, causing *dushti* of *manavohashrotas* and leading to *chittodvega*. *Sodhana*, *samana* and *rasayana* are the basic treatment modalities in Ayurveda which comes under *yuktivyapasraya chikitsa*. *Yuktivyapasraya*, *satvavajaya* and *daiavavyapasraya* are three treatment modalities described in Ayurveda, which can be effectively used for the management of such clinical conditions.

Anxiety is normal and adaptive response to threat that prepares an organism for fight or flight. Normal anxiety becomes pathological when it causes significant subjective distress or

impairment in functioning of an individual.^[2] Anxiety disorders are frequent conditions associated with significant distress and dysfunction. The worry becomes restlessness, being easily fatigued, difficulty concentrating, palpitations disturbed sleep etc. Generalised anxiety disorder has a life time prevalence varying from 3 to 8%. The two main approach of management for generalized anxiety disorder are psychotherapy and internal medications. Generalized anxiety disorder may be hard to recognize because one may not think of oneself as worried or anxious.

Anavasthita chittatva has been mentioned as one of the disorders caused by *vata*, which is the main feature of *chittodvega*. By considering the different meanings of the word *udvega*, it can be said that *chittodvega* is a state in which features of generalised anxiety disorder are seen.

Case report: Main Clinical finding

A female school teacher of age 45 years, not having any systemic diseases, complains of fearfulness, inability to relax, restlessness, dry mouth, poor concentration and insomnia for almost six months. She feels bothered by not being able to control her worries due to which she gets irritated, unable to initiate any activity from past six months. She was constantly tortured both physically and mentally by her husband. According to the informant, who was her mother, added that she has frequent crying spells, occasional stomach problems and lethargy. For these complaints she got

consulted and was diagnosed with generalized anxiety disorder. She was put on allopathy medications. Conventional treatments for anxiety in allopathic system of medicine as fluoxetine, sertraline, benzodiazepines such as alprazolam, clonazepam and diazepam are also indicated for short term use. She continued her medications for two months but got no relief, so she discontinued the treatment. For the past two months, all symptoms got aggravated. None of her family members have a history of psychiatric disorder.

EXAMINATION

General examination

Pallor - Absent, Icterus - Absent, Cyanosis - Absent, Clubbing - Absent, Lymphadenopathy - Absent, Oedema - Absent, Pulse - 72/minute, BP - 120/80mm Hg

Bowel-once per day, appetite-good, Micturition-5-6/day, sleep-occasionally disturbed, Substance abuse-nil.

Systemic examination

Central Nervous System - Conscious and oriented, cranial nerves - not affected, reflexes -normal.

Cardio Vascular System -not affected

Respiratory System – not affected

Diagnosis

As the patient shows restlessness, less attention and concentration and not having any psychotic features such as thought abnormalities and not having impaired perception, it can be concluded that she is having generalized anxiety disorder. Diagnostic criteria of generalized anxiety disorder is Hamilton's Anxiety Scale: (HAM-A) [Table 2]. In

Ayurveda it can be correlated with *Chittodvega*. *Mano pareeksha* in Ayurveda is described in Charaka samhitha Nidanasthana Unmada nidana 7th chapter [Table 3].

Interventions

The principle of treatment of *chittodvega* is based on the involvement of dosha and dushya, here there is vitiation of *vata*, *pitta*, *raja* and *tama*. The patient was managed with *shamana* and *shodhana* along with *rasayana*. *Samanoushadha (Abhyantara)* given for one month.

Outcome

After the intervention, there was significant reduction in Hamilton Anxiety Rating Scale i.e., the score reduced from 33 to 15. As per the patient she feels positive, her complaints of fearfulness, fatigue, difficulty in concentration, restlessness and muscle tension were markedly reduced. Also crying spells, occasional stomach problems and lethargy got reduced. She got better sleep after the therapy. There was an overall improvement in her condition.

Discussion

Generalized anxiety disorder is a chronic condition in which anxiety symptoms are persistent and not are not restricted to or markedly increased in any particular set of circumstances. The triggering factors of *manovikara* are *prajnaparadha*, *asatmendriyarthasamyoga* and *parinama* as mentioned in the classics. The role of *vata* and *pitta* are predominantly seen in the manifestation of *chittodvega*. *Vata* when gets vitiated gives rise to symptoms such as *bhaya*, *shoka*, *chinta*, *pralapa* further causing *balahreenata* and *sukhahani*. *Pitta* causes *krodha*.

The term *chittodvega* comprises of two words - *chitta* and *udvega*. Mental disorders and physical diseases when allowed to persist for long time, they can interchange their nature. That is mental disorders can show physical diseases and vice versa. *Manasika* disease afflicting the *saririka* diseases is of special significance here in case of generalized anxiety disorder. It is a disorder in which symptoms of both *manasika* and *saririka* involvement is present.

Observing from an Ayurvedic perspective, the signs, symptoms, stages and pathology of generalized anxiety disorder happens at various levels. In the *dosha* level *vata*, *pitta* along with *mano dosha-raja* and *tamas* are vitiated. Among the subtypes of *vata* mainly *udana*, *vyana*, *samana* and *apana* are affected in a functional manner. Among the subtypes of *pitta*, *pachaka* and *sadhaka pitta* are affected and the pathology mainly happens in *hrudaya* which is the *stana* of *manas*, *rasadhatu*, *ojas*, *sadhaka pitta* and *vyana vata*. Due to the vitiated *dosha* affecting *hrudaya*, *rasa dhatu kshaya lakshana* and *ojokshaya lakshana* are also evident in generalized anxiety disorder.

Ayurveda has categorized *chikitsa* into three types that is *daivavyapashraya*, *yuktivyapashraya* and *satvavajaya*. The management was planned based on the application of the three aspects.¹

All treatments are based on Charaka Samhitha Chikitsa sthana *Unmada chikitsa* [Table 5]. *Snehana*, *swedana* followed by *sodhana* was the methodology adopted. *Maha Kalyanaka gritha* was used for *snehapana*. It is an excellent *vata pitta hara* drug mentioned in the context of Ayurvedic psychiatry. *Tailadhara* is one of the treatments mentioned under *murdhni taila chikitsa*.

This procedure has a demonstrable anxiolytic effect. It also seen that there is reduction in blood pressure with lowered sympathetic tone. It is postulated that, when oil is poured on *ajna chakra*, it brings about consonance in psychosomatic axis. *Shirodhara* was done with *ksheerabalataila* which consists of *balamula* having the properties of *rasayana*, *hridya* and *balya*.

Balaswagandhaditaila, used for *abhyanga* is useful for reducing muscle aches and it is *balya* also. *Tala* with *Kachuradi churna* was done. *Tala* proved to be effective in pacifying *pitta dosha* and anxiety. *Kachuradhi churna* is effective in insomnia. After *Sneha-svedana*, the *shodhana karma* selected was *Basti*. It is capable of pacifying all the *doshas* and also enhances mental functions.

Vayu is the cause for *koshtagati*, *shakhagati* vitiation of *dosha* in *marma*, *sarvanga*, and *avayava*. *Vikshepa* and *sangata* of *vit*, *mutra*, *pitta* and other *mala* is dependant of *vayu*. When *vata* gets aggravated there is no remedy other than *Basti* for its alleviation. Therefore, *basti* is considered as *ardha chikitsa* (half of entire treatment) and some considered it as *sarva chikitsa* (whole of therapeutic measures). Effective internal medications in *Sahasra yoga* are given. [Table 4]. *Drakshadi Kashaya* is used to manage diseases of *vata* and *pitta* origin. *Saraswatharishtha* is *smrithivardaka*, *hridya* and *rasayana*. It mainly contains *brahmi* which has properties like *medhya*, *rasayana*, *smritivardhaka* and *vayastapana*. *Manasamithra vataka* is an ayurvedic formula for the treatment of all kinds of psychiatric conditions. It is used to improve intelligence and memory. In *Kushmanda rasayana*, the main ingredient is *kushmanda* and is very

renowned to treat psychological disorders. It is *brahmana*, *hridya*, *balya*, *medhya*, *vata pitta samaka* because the *rasa* and *vipaka* are *madhura*, *virya* is *sheeta*. The internal medication mentioned above given as follow up medicine for one month.

Conclusion

Generalized anxiety disorder (GAD) is characterized by excessive worries, nervousness, fatigability, concentration problems, agitation, somatic symptoms and sleep disruption ongoing for at least 6 months. The treatment protocol in this case was based on the *dushti* of *vata* and *pitta* along with *mano doshas*. The treatment increased the *manobala* thus showing notable effect. The selected treatment protocol was found to be effective in managing anxiety disorder and highlighted the importance of Ayurvedic psychiatric management in similar psychiatric conditions as well. There is further scope for research in this regard.

Declaration of patient consent

Authors certify that they have obtained patient consent form, where the patient/care giver has given her consent for reporting the case along with the images and other clinical information in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Conflicts of interest

No conflicts of interest

Table no. 1 Dasavidha pareeksha(Ashtanga hridaya Soothrasthana 12/67-68)

Dushya	
<i>Dosha</i>	<i>Vata</i>
<i>Dhatu</i>	<i>Rasa</i>
Desha	
<i>Bhoomi</i>	<i>Jangala</i>
<i>Deha</i>	<i>Manas</i>
Bala	<i>Madhyama</i>
Kala	
<i>Kshanadi</i>	<i>Hemantha</i>
<i>Vyadhyavasta</i>	<i>Chirakari</i>
<i>Anala</i>	<i>Vishama</i>
Prakriti	
<i>Sharirika</i>	<i>Vata pitta</i>
<i>Manasika</i>	<i>Rajasika</i>
Vaya	<i>Youvana</i>
Satva	<i>Avara</i>
Satmya	<i>Sarva rasa</i>

<i>Ahara</i>	
<i>Abhyavaharana shakti</i>	<i>Madhyama</i>
<i>Jarana shakti</i>	<i>Madhyama</i>

Table no.2 Assessment :Mental Status Examination

General Appearance and Behaviour	
General Appearance	Looks uncomfortable
Attitude towards examiner	Co-operative, anxious
Comprehension	Impaired
Gait and posture	Normal
Motor activity	Restlessness
Social manner	Hesitant eye contact
Rapport	Maintained
Speech	
Rate and quantity	Spontaneous
Volume and tone of speech	Reduced
Flow and Rhythm	Hesitant
Mood and Affect	
	Anxious and Restless
Thoughts	
Negative thoughts	Present
Suicidal ideation	Absent
Blocking of thoughts	Absent
Thought broadcasting	Absent
Thought control by others	Absent
Obsession and fixed ideas	Absent
Perception	
Hallucination	Absent
Illusion	Absent
Cognition	
Consciousness	Conscious
Orientation	oriented to time, place, person
Attention	Impaired
Concentration	Impaired
Memory	Impaired
Intelligence	Normal
Abstract thinking	Impaired
Insight	Present
Judgement	Impaired

Table no.3 *Mano pareeksha* in Charaka Samhitha Nidanasthana 5/7

Manas	
<i>Indriyabhigraha</i> (perception and motor control) <i>Ashabdasravana, pashyatiasanthiroopani</i> (Hallucination) <i>Mithyavichara</i> (illusion)	Absent

<i>Mano nigraha</i> (mental control)	Occasionally absent
<i>Ooham</i> (abstract thinking)	Impaired
<i>Vichara</i>	Impaired
<i>Buddhi</i>	
General information	Good
Immature behaviour	Present
Inappropriate laughter	Present
Inappropriate crying	Present
Imitation of different sounds	Absent
Beating oneself	Absent
<i>Samjna jnana</i>	
Orientation to time	Present
Orientation to place	Present
Orientation to person	Present
Attention	Occasionally absent
Concentration	Occasionally absent
<i>Smriti</i>	
Remote memory	Present
Recent memory	Present
Immediate memory	Impaired
<i>Bhakti</i>	
Desire in relation to food	Less
Desire in relation to dress and hair style	Less
Desire for cold things	Absent
<i>Sheela</i>	
Sleep	Disturbed
Smoking/chewing tobacco/alcoholism	Absent
Mood	Anxious
Diet	Mixed
<i>Cheshta</i>	
Inappropriate dancing/singing/playing music	Present
Shouting/running/attacking others	Absent
Reduced motor activity	Absent
Speech	Irregular
<i>Achara</i>	
Personal standards	
Neglect of daily routine and work	Present
Habit of over cleanliness	Absent
Obsessions in work	Absent
Social standards	
Nudity	Absent

Table no.4 Time line of events and therapeutic protocol

Treatment procedures	Summarises from initial and follow-up visits	Medicine	Observations	Dates of administration

<i>Snehapana</i> [8]	Patient reports for an out patient consultation and is admitted for inpatient management	<i>Mahakalyanaka ghrita</i> [9] for 7 days	<i>Agnideepti, snehadvesha, gatramardavam</i>	January 01,2021- January 07,2021
<i>svedana</i> <i>a.Shirodhara</i> [11]		<i>Ksheerabala taila</i> for 7 days		January 08,2021- January 14,2021
<i>b.Abhyanga, Nadisveda</i>		<i>Balaswagandhadi taila</i> [12] for 7 days		
<i>Shirolepa</i>		<i>Kachooradi choorna</i> [13]and <i>Ksheerabala</i> for 7 days		
<i>Yogavasti</i>				
<i>a.Matravasti</i> [14]	Patient feels comfortable with treatment and is discharged.	<i>Dhanwantara tailam</i> for 5 days	Cure <i>vata rogas</i> , improves strength of body, strengthening of <i>dhathu budhi</i> and <i>indriya</i> , sound sleep and lightness of body.	January 15,16,18,20,22, 2021
<i>b.Kashayavasti</i> [15]		<i>Erandamoolam</i> for 3 days	<i>Vit-muthra sameeranathvam, ashaya laghava, rogopashanthi</i>	January 17,19,21,2021.

Table no.5 Internal medications

Medicine	Dose	Rationale
<i>Drakshadi Kashaya</i> [3]	15ml	Twice daily Before food
<i>Ksheerabala capsule</i> [4]	1	Twice daily with Kashaya Before food
<i>Saraswatharishta</i> [5]	25ml	Twice daily After food
<i>Manasamitravatakam</i> [6]	1	Once daily At night along with milk
<i>Kushmandarasayana</i> [7]	1 teaspoon	Once daily At night

Table no.6 Assessment criteria Hamilton's Anxiety Scale: (HAM-A)

Criteria	Before treatment	After treatment 15 th day
Anxious mood	4	1
Tension	4	1
Fear	4	1
Insomnia	3	1
Intellectual	2	2
Depressed mood	2	1
Somatic (muscular)	2	2
Somatic (sensory)	1	0
Cardiovascular symptoms	2	1
Respiratory symptoms	2	0
Gastro intestinal symptoms	1	0
Genito urinary symptoms	2	1
Autonomic symptoms	2	1
Behavior at interview	2	1
Total	33	15

0= not present 1= mild 2= moderate 3= severe 4= very severe

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