



## AYURVEDIC MANAGEMENT OF GENERALIZED ANXIETY DISORDER: A CASE REPORT

### Ayurveda

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### ABSTRACT

**Background:** Generalized Anxiety Disorder (GAD) represents one of the most prevalent mental health conditions globally, with significant impact on quality of life and functional capacity. In Ayurveda, this condition correlates with *Chittodvega*, a psychological disorder characterized by mental agitation and imbalance. **Case Presentation:** A 46-year-old female teacher presented with a 6-month history of reduced sleep, increased fear and tension, reduced confidence to stay alone, and inability to travel independently. Her symptoms significantly impacted her daily functioning and occupational performance. The patient had a history of panic attacks dating back to age 13, with symptom exacerbation following her mother's death 6 months prior to presentation. **Interventions:** The patient received comprehensive Ayurvedic treatment including Panchakarma procedures (*Virecana, Nasya, śirodhāra, Abhyanga*) and internal medications (*Gandharvahastādi kaṣāyam, Drākṣādi kaṣāyam, Medhyarasaayana cūrṇaḥ, Kalyānaka ghṛta*) over a 19-day inpatient period. **Outcomes:** Significant clinical improvement was observed across all parameters. Hamilton Anxiety Rating Scale (HAM-A) scores decreased from 20 to 3, and Pittsburgh Sleep Quality Index (PSQI) improved from 19 to 2. The patient showed restored confidence in independent activities and improved sleep quality at discharge. **Conclusions:** This case demonstrates the effect of Ayurvedic management in treating GAD, supporting the potential of traditional medicine approaches in mental health care.

### KEYWORDS

Chittodvega, Generalized Anxiety Disorder, Panchakarma, Mental Health.

### INTRODUCTION

Anxiety disorders constitute the most common category of mental health conditions worldwide, affecting an estimated 4.4% of the global population and 359 million individuals as of 2021. In India, the National Mental Health Survey (NMHS) 2016 reported a current weighted prevalence of anxiety disorders at 2.57%, with Generalized Anxiety Disorder (GAD) accounting for 0.57% of the adult population. The condition demonstrates a notable gender disparity, with women being approximately twice as likely to develop anxiety disorders compared to men.

GAD is characterized by persistent and excessive worry about various life circumstances for a minimum of six months, accompanied by physical symptoms and functional impairment. The disorder significantly impacts quality of life, with approximately 60% of affected individuals experiencing disability of varying severity. Despite effective treatments being available, the overall treatment gap for anxiety disorders remains substantial at 82.9% in India<sup>1</sup>.

In the Ayurveda, anxiety-related conditions are conceptualized under the framework of *manovaha srotodushti* and specifically identified as *chittodvega*. This condition is understood to arise from imbalances *Vāta-Pitta doṣa*, along with disturbances in *mānasika doṣas*<sup>2</sup>.

Ayurvedic management encompasses *śodhana, śamana*, and *rasāyana* therapies, all aimed at promoting *mānasa-prasāda* restoring the balance of both *śārīrika* and *mānasika doṣas*, and enhancing overall health. Recent research suggests that Ayurvedic treatments can help anxiety as much as regular medicines, with fewer side effects and support for overall health.

### Case Presentation

#### Patient Information

A 46-year-old married female teacher from a middle-class socioeconomic background presented at Manassanthi OP, VPSV Ayurveda Hospital, Kottakkal with chief complaints of sleep disturbances, heightened anxiety, and reduced confidence in independent activities. She had completed her B Com. degree and TTC, but is currently unemployed due to her condition. Informant was her sister-in-law. The information obtained was reliable and adequate.

### Clinical Findings

#### History of Presenting Illness

The patient reported a six-month history of reduced and disturbed sleep patterns associated with increased fear and persistent tension. She expressed an inability to remain alone comfortably and a marked reduction in confidence when traveling independently. Episodes of

acute anxiety were noted, manifesting as frequent panic attacks precipitated by stressful or emotionally challenging situations. The current episode was precipitated by her mother's death six months prior to presentation. However, the patient had a long-standing history of anxiety symptoms dating back to age 13, when she experienced her first panic attack at a social gathering. Significant life stressors included academic pressures during her TTC training, family conflicts, and concerns about medical investigations six years prior.

#### Past Medical and Psychiatric History

The patient had prior psychiatrist visits and at the time of admission, she was receiving

1. Tab. Eltroxin 100 mcg 1-0-0
2. Tablet Escigress 20mg 0-0-1

#### Physical Examination

Vital signs at admission (20/01/2025) were within normal limits: Pulse 72/min, BP 120/80 mmHg, RR 13/min, weight 67 kg.

On systemic examination no abnormality was found in central nervous system, cardio vascular system and respiratory system.

#### Mental Status Examination

**Table: 1 Mental Status Examination**

General appearance and Behaviour	
Grooming and dressing	Appropriate, moderate built
Facial expression	Anxious
Eye contact	Not maintained throughout interview
Attitude towards examiner	Co-operative
Comprehension	Intact
Gait and posture	No abnormalities detected
Motor activity	No abnormalities detected
Social manner	Intact
Rapport	Established
Speech and Mood Assessment	
Coherence	Coherent
Relevance	Relevant
Spontaneity of speech	No abnormalities detected
Subjective mood	Happy
Mood reactivity	Absent
Cognition	
Consciousness	Alert and aroused
Orientation	Time, Place & Person - Intact
Attention & Concentration	Intact
Memory	Immediate, Recent & Remote - intact

Thought Process	
Form and stream	Continuous, Goal oriented
Content	No abnormalities detected
Insight	Grade 5
Social Judgment	Intact
Impulsivity	Absent

### Assessment Scales

Standardized assessment tools were administered to quantify symptom severity:

- Hamilton Anxiety Rating Scale (HAM-A): 20 (moderate anxiety)
- Pittsburgh Sleep Quality Index (PSQI): 19 (poor sleep quality)

### Daśavidha Parīkṣā

The patient has *kapha-vāta prakṛti* with *madhyama sattvabala*, *sarvarasa sātmya*, and *samāgni*. *Abhyavahāraśakti* and *jāraśakti* was found to be *madhyama* with *madhyama roga bala* and *rogi bala*. Main *dosa* involved in her was *vāta-kapha* with *rajo-tāma manasa prakṛti*.

### Ayurvedic Mental Status Examination

*Manovibhrama* involves mental disturbance with increased thoughts and anticipation; *Bhaktivibhrama*, decreased interest and inability to experience pleasure; *Śīlavibhrama*, emotional outbursts.

### Samprāpti

The condition was understood as arising from *Manovaha Srotodusti* secondary to excessive worry, grief, and fear.

### Diagnostic Assessment

Modern Diagnosis: Generalized Anxiety Disorder (F41.1, ICD-11-6B00)

Ayurvedic Diagnosis: *Chittodvega (Vāta-Kaphā)* predominance

### Therapeutic Interventions

**Table 2: Internal Medications**

Medicine	Dose	Timing
<i>Gandharvahasthādīkashāya</i>	90 ml	6 AM
<i>Drākṣādi kaṣāya</i>	90 ml	6 PM
<i>Aśvagandhā cūrṇa + Yaṣṭi cūrṇa + Śāṅkhapuṣpī cūrṇa (1:1:1)</i>	6 gm	Night
Tenz off capsule (Kashmir pharma)	2 capsules	BD after food
<i>Kalyāṇaka Ghṛta</i>	1 tsp	Night
<i>Ashwagandharishta</i>	25 ml	BD after food
<i>Suvarṇamuktādi guṭīkā</i>	1 tablet	Night

**Table 3: Panchakarma Procedures And Yoga**

Procedure	Medicine	Duration	Outcomes
<i>Sadyovirecana</i>	<i>Ichhābhedī rasa</i> 2 tablets	1 day	4 <i>vegas</i> achieved
<i>Snehapāna</i>	<i>Kalyāṇaka Ghṛta</i>	2 days (30ml, 150ml)	<i>Samyak snigdha lakṣaṇa</i> obtained
<i>Abhyanga + Uṣma sweda</i>	<i>Dhanamṭaram taila</i>	2 days	<i>Mardava</i> to body obtained.
<i>Virecana</i>	<i>Valīya aṅtrakūtharam gulīka</i>	1 day	6 <i>vegas</i> obtained
<i>Marśa nasya</i>	<i>Kṣīrabala taila (7 avarthi)</i>	3 days (1ml each)	Initial day sleep disturbance noted later sleep improved
<i>Talam</i>	<i>Kṣīrabala taila + Kachurādi cūrṇa</i>	5 days	Sleep became sound, Fear reduced
<i>Śirodhāra</i>	<i>Daśamūla + Pañcagandha cūrṇa</i>	5 days	Energy level improved Overall improvement noted
<i>Pratimārśa nasya</i>	<i>Kṣīrabala taila (7 avarthi)</i>	7 days	
<i>Abhyanga + Uṣma sweda</i>	<i>Dhanamṭaram taila + Sahacarādi taila</i>	3 days	

Yoga & Relaxation	<i>Paścimottānāsana, Tādāsana, Prāṇāyāma—Nāḍīsud dhi, Bhramarī, Relaxation - JPMR</i>	16 days	Mental calmness, Concentration improved
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### RESULTS

Significant clinical improvement was documented across all assessment parameters after Ayurvedic management.

Neurovegetative Signs and Symptoms: Sleep Improved from reduced, disturbed to sound sleep. Energy level restored from reduced to normal. Ability to experience pleasure improved from absent to present.

Standardized Scale Improvements:

- HAM-A Score: Decreased from 20 to 3
- PSQI Score: Improved from 19 to 2

The patient experienced notable functional improvements following treatment, including restored confidence for independent activities, regained ability to make decisions about driving and pursuing new courses, and enhanced sleep quality and duration

### Follow Up Medications

1. *Gandharvahasthādīkashāya*– 90 ml 6 AM before food
2. *Drākṣādi kaṣāya*– 90 ml 6 PM before food
3. *Aśvagandhā cūrṇa + Yaṣṭi cūrṇa + Śāṅkhapuṣpī cūrṇa (2:1:2)*- 5gm BD after food
4. Tenzoff capsules (Kashmir pharma)- 2 tablets BD after food
5. *Suvarṇamuktādi guṭīkā* - 1 tablet BD after food
6. *Pratimārśa nasya- Kṣīrabala taila (7 avarthi)* 2 drops each nostril at evening time.

### DISCUSSION

This case demonstrates the successful application of Ayurvedic principles in managing GAD, achieving significant clinical improvements. The therapeutic strategy employed followed classical Ayurvedic protocols for *Chittodvega* management, incorporating both *śodhana* and *samana* therapies.

Initially *sadyovirecana* was performed with *Ichhābhedī rasa* Gulika which produce *koshta śodhana* and *vāt anulomana*. *Kalyāṇaka Ghṛta* was used for *snehapāna* which is *tridoṣa śamana* and have particular action on *manovaha srotas* showing anxiolytic and neuroprotective effects in experimental and clinical studies<sup>3</sup>. The subsequent *Virecana* with *valīya aṅtrakūtharam gulīka* resulted in *vāta kapha śamana* and *manaprasāda* through gut detoxification and normalizes *agni*<sup>4</sup>.

Panchakarma procedures, particularly *Śirodhāra* and *Marśa nasya*, directly address the neurological components of anxiety through their effects on the central nervous system<sup>5</sup>. Researches showed that these procedures can modulate neurotransmitter activity and promote parasympathetic nervous system activation, leading to sustained anxiety reduction. *Marśa nasya* with *Kṣīrabala taila* has *indriya prasādana* action; its *snigdha*, *śīta*, and *br̥mhañīya* properties support sensory functions. *Śirodhāra* done with *daśamūla* and *pañcagandha cūrṇa*. *Śirodhāra* has shown its anti-anxiety, antihypertensive and sleep-inducing effects in few studies. Physiological responses of *śirodhāra* procedure are found to reduce the sympathetic tone thereby decreasing the cardiac activity and increasing  $\alpha$  and  $\theta$  wave activity in brain<sup>6</sup>.

*Talam* using *Kṣīrabala taila* and *Kachurādi cūrṇa* are documented to reduce stress, induce deep relaxation, and improve sleep quality in insomnia and anxiety, likely via parasympathetic activation and modulation of HPA-axis reactivity<sup>7</sup>.

Along with this *yoga* and *prāṇāyāma* were also done. *Nāḍīsuddhi* and *Bhramarī prāṇāyāma* reduce autonomic arousal and cortisol levels<sup>8</sup>, while Jacobson's Progressive Muscular Relaxation (JPMR) decreases muscle tension, complementing the *Vātahara* and anti-stress effects of the above procedures. The *yoga* therapy from the early treatment phase contributed to addressing both physical and psychological aspects of the condition<sup>9</sup>. Ayurvedic management produced marked clinical gains across parameters. HAM-A dropped from 20 to 3; and PSQI improved from 19 to 2. Functional benefits included restored confidence, decision-making, and sleep.

## CONCLUSION

This case report provides compelling evidence for the effect of Ayurveda management in treating GAD. The combination of *pañcakarma* procedures, internal medications, and *yoga* resulted in significant clinical improvement across multiple domains, including sleep quality, anxiety symptoms, and functional capacity.

Further research is warranted to explore the mechanisms underlying these therapeutic effects and to establish standardized protocols for Ayurvedic management of anxiety disorders. Such studies could facilitate the integration of Ayurvedic approaches into mental health care systems.

## REFERENCES

1. Gururaj G, Varghese M, Benegal V, et al. Epidemiology of common mental disorders: Results from "National Mental Health Survey" of India, 2016. *Indian J Psychiatry*. 2022.
2. Mahajan D, Jamwal N. Ayurvedic management of mental health disorders w.s.r to anxiety. *J Ayurveda Integr Med Sci*. 2025;10(7)
3. Diddi S, Lohidasan S, Arulmozhi S, Mahadik KR. Standardization and Ameliorative effect of Kalyanaka ghrita in  $\beta$ -amyloid induced memory impairment in wistar rats. *Journal of Ethnopharmacology*. 2023 Jan 10; 300:115671.
4. Kanwar R, Sharma MK, Sharma GP. Role of shirodhara and nasya in the management of chittodvega w.s.r anxiety disorder- a single case study. *World J Pharm Res*. 2020;9(15):184-192. doi: 10.20959/wjpr202015-19067.
5. Sanjeev R, Antriksha B, Anil N, Prem SS, Anuradha N. Effects of shirodhara in generalized anxiety disorder. *CellMed*. 2016 Nov 1;6(4):27-.
6. Uebaba K, Xu FH, Ogawa H, Tatsuse T, Wang BH, Hisajima T, et al. Psychoneuroimmunologic effects of Ayurvedic oil-dripping treatment. *J Altern Complement Med*. 2008;14(10):1189-98.
7. Vrinda V, Sunitha VK, Bhadrans S. Added effect of Pratimarsha Nasya with Ksheerabala Taila (14 Aavartita) over selected yoga techniques in insomnia. *Int J Ayur Med [Internet]*. 2022 Dec [cited 2024 May 22];13(4):944-950.
8. Upadhyay J, Nandish NS, Shetty S, Saoji AA, Yadav SS. Effects of Nadishodhana and Bhramari Pranayama on heart rate variability, auditory reaction time, and blood pressure: A randomized clinical trial in hypertensive patients. *J Ayurveda Integr Med*. 2023 Jul-Aug;14(4):100774. doi: 10.1016/j.jaim.2023.100774. PMID: 37499590; PMCID: PMC10388195.
9. Woodyard C. Exploring the therapeutic effects of yoga and its ability to increase quality of life. *Int J Yoga*. 2011 Jul;4(2):49-54. doi: 10.4103/0973-6131.85485. PMID: 22022122; PMCID: PMC3193654.