



## MANAGEMENT OF MIXED ANXIETY AND DEPRESSIVE DISORDER: EFFECTIVENESS OF VARĀVIŚĀLĀDI KAŚĀYA AND GUḌŪCĪ CŪRṆA: A PILOT STUDY

### Clinical Research

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### ABSTRACT

**Background:** Mixed Anxiety and Depressive Disorder (MADD) is characterized by comorbid anxiety and depressive symptoms of at least two weeks' duration that do not independently meet diagnostic criteria for full-blown anxiety or depressive disorders, yet cause substantial functional impairment. Although contemporary treatments for MADD may be associated with adverse effects or incomplete symptomatic recovery, Ayurveda offers a holistic approach addressing both psychological and physical dimensions. The present study explores the potential of Varāviśālādi Kaśāya and Guḍūcī Cūrṇa in symptom management and quality-of-life improvement, warranting further evaluation through larger controlled trials. **Objective:** To evaluate the clinical effectiveness of Varāviśālādi Kaśāya and Guḍūcī Cūrṇa on symptom severity and Quality of Life (QoL) in subjects with ICD-11 diagnosed MADD, and to conceptualize its Ayurvedic pathomechanism. **Methods:** A single-arm pilot study was conducted with 5 participants (n = 5) selected from the Outpatient Department of VPSV Ayurveda College Hospital, Kottakkal. The intervention comprised oral administration of Varāviśālādi Kaśāya (15 mL with 45 mL warm water, twice daily before meals) and Guḍūcī Cūrṇa (Tinospora cordifolia Willd. Miers, 5 g with warm water at 9:00 PM after meals) for 30 consecutive days. Outcome measures were assessed at baseline (Day 0) and post-intervention (Day 31) using the Mini-Mood and Anxiety Symptom Questionnaire (Mini-MASQ) and the Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (Q-LES-Q-SF). **Results:** Post-treatment mean scores demonstrated reductions across all Mini-MASQ domains: General Distress (26.2 to 12.6), Anxious Arousal (16.6 to 10.2), and Anhedonic Depression (32.4 to 17.4). Total Q-LES-Q-SF scores increased from 25.8 to 40.0, corresponding to a 57.1% mean percentage improvement in Quality of Life. **Conclusion:** The administration of Varāviśālādi Kaśāya and Guḍūcī Cūrṇa demonstrated noticeable symptom alleviation and improved overall quality of life in MADD patients.

### KEYWORDS

Guḍūcī Cūrṇa, Medhya Rasāyana, Mixed Anxiety and Depressive Disorder, Varāviśālādi Kaśāya

#### 1. INTRODUCTION

Mixed Anxiety and Depressive Disorder (MADD) is a clinical condition frequently encountered in primary healthcare and psychiatric outpatient clinics. Epidemiological surveys in India report a prevalence rate ranging from 4.5% to 8.1% in diverse study populations. The condition is characterized by sub-threshold symptoms of both anxiety and depression persisting for at least two weeks. Although neither set of symptoms, considered separately, is sufficiently severe to justify a diagnosis of a major depressive disorder or a specific anxiety disorder, their co-occurrence causes functional distress and impairment in daily activities.

Due to overlapping clinical presentations, MADD is frequently misdiagnosed or managed with non-specific pharmacotherapy. Modern clinical taxonomies (such as ICD-11) increasingly recognize MADD as a distinct diagnostic entity requiring targeted therapeutic strategies. Standard pharmacological management often presents challenges, including tolerance, adverse side effects, or incomplete symptomatic recovery, leading to increased interest in holistic Ayurvedic management protocols.

Ayurveda offers a holistic approach to MADD by addressing the interplay of psychological and physiological factors through Dosa balance, *Sattvāvajaya Cikitsā*, and individualized interventions. This provides a rationale for exploring Ayurvedic approaches as potential therapeutic options, subject to scientific validation.

#### 2. OBJECTIVES

##### 2.1 Primary Objective

To evaluate the clinical efficacy of *Varāviśālādi Kaśāya* and *Guḍūcī Cūrṇa* in mitigating anxiety and depressive symptom severity in participants with MADD.

##### 2.2 Secondary Objective

To evaluate the impact of the intervention on overall Quality of Life (QoL) in affected individuals.

#### 3. MATERIALS AND METHODS

##### 3.1 Study Design and Setting

An open-label, single-arm pilot study was conducted at the Outpatient Department (OPD) of VPSV Ayurveda College Hospital, Kottakkal, Kerala.

##### 3.2 Sample Size

The study enrolled 5 participants (n = 5) presenting with features of MADD.

##### 3.3 Inclusion Criteria

- Diagnostic confirmation of MADD in accordance with ICD-11 diagnostic criteria.

- Age: 18 to 60 years.
- Willingness to provide written informed consent and adhere to trial procedures.

##### 3.4 Exclusion Criteria

- Patients with major psychiatric disorders (e.g., Schizophrenia, Bipolar Affective Disorder, Severe Major Depressive Disorder with suicidal ideation).
- Co-morbid severe organic brain disorders, substance dependence, or uncompensated systemic medical illness.
- Pregnant or lactating women.

##### 4. Intervention

The intervention was administered for 30 consecutive days as detailed below:

- Varāviśālādi Kaśāya: 15 mL diluted with 45 mL warm water, administered twice daily at 7:00 AM and 7:00 PM before food.
- Guḍūcī Cūrṇa (*Tinospora cordifolia* Willd. Miers): 5 g administered with warm water at 9:00 PM after food.

##### 5. Assessment Tools and Timeline

Clinical evaluation was carried out at two primary time points: Day 0 (Baseline) and Day 31 (Post-treatment).

- Mini-Mood and Anxiety Symptom Questionnaire (Mini-MASQ): Assessed three primary subscales:
  - General Distress (GD), Anxious Arousal (AA) and Anhedonic Depression (AD)
- Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (Q-LES-Q-SF): Evaluated overall quality of life and subjective well-being.

#### 6. RESULTS

All five enrolled participants (n = 5) completed the full 30-day treatment regimen without any reported adverse drug reactions.

##### 6.1 Mini-MASQ Symptom Scores

Reductions in mean scores were recorded across all three domains of the Mini-MASQ from baseline to Day 31:

##### 6.2 Quality of Life (Q-LES-Q-SF)

The overall score on the Q-LES-Q-SF increased from a baseline to Day 31. This corresponds to a 57.1% mean percentage improvement in Quality of Life.

**Table 1: Changes in Mini-MASQ and Q-LES-Q-SF Scores from Baseline to Day 31 (Sn = 55)**

| Assessment Scale / Domain                    | Baseline Mean (Day 0) | Post-Treatment Mean (Day 31) | Clinical Outcome |
|----------------------------------------------|-----------------------|------------------------------|------------------|
| International Journal of Scientific Research |                       |                              | 1                |

|                                            |      |      |                           |
|--------------------------------------------|------|------|---------------------------|
| Mini-MASQ:<br>General Distress (GD)        | 26.2 | 12.6 | Symptom<br>Reduction      |
| Mini-MASQ:<br>Anxious Arousal (AA)         | 16.6 | 10.2 | Symptom<br>Reduction      |
| Mini-MASQ:<br>Anhedonic<br>Depression (AD) | 32.4 | 17.4 | Symptom<br>Reduction      |
| Q-LES-Q-SF<br>Total Score                  | 25.8 | 40.0 | 57.1% Mean<br>Improvement |

## 7. DISCUSSION

### 7.1 Ayurvedic Pathogenesis (*Sampraāpti*)

From an Ayurvedic perspective, MADD can be categorized as a *Vāta-Kapha Pradhāna Mānasika Vikāra* with significant involvement of *Rajas* and *Tamas* Dusti. The initial subclinical manifestations of anxiety, psychological distress, and lowered mood closely align with the descriptions of *Unmāda Pūrvarūpa* in classical Ayurvedic texts (*Susruta Samhitā Uttaratantra* 62). Clinical features also correlated with *Viśāda* and *Cittodvega*.

### 7.2 Mode of Action of Interventions

The therapeutic outcomes observed in this study can be attributed to the combined pharmacological and *Rasa-Vīrya-Vipāka* profiles of the formulations:

- *Varāviśālādi Kaṣāya* (*Kālyāṇaka grītha A.H. Uttara* 6/26-31): Formulated to exert *Tridoṣaśāma*ka, neuroprotective, anti-inflammatory, and *Medhya* (cognitive-enhancing) properties. It provides a central nervous system (CNS) calming action, helping to soothe somatic arousal and general emotional distress associated with *Vāta-Pittaja* dysfunction. Its antioxidant action further protects neural tissue from chronic stress-induced oxidative damage.
- *Guḍūcī Cūrṇa* (*Tinospora cordifolia* Willd. Miers): The Ayurvedic Pharmacopoeia of India categorize it as a premier *Medhya Rasāyana*, *Balya*, and *Tridoṣahara* drug. Modern pharmacological literature supports its adaptogenic, anti-stress, and anxiolytic actions. *Guḍūcī* exerts antidepressant-like actions via monoamine neurotransmitter modulation and CNS stabilization. It promotes adaptive resilience to stress, improves sleep quality, and restores overall vital energy (*Ojas*).

Thus, the overall therapeutic effect of *Varāviśālādi Kaṣāya* in the present study may be due to its multidimensional actions, including correction of *Doṣa* imbalance, enhancement of *Agni* and *Ojas*. The beneficial effect of *Guḍūcī Cūrṇa* observed in the present study may be attributed to its combined *Medhya Rasāyana*, adaptogenic, antioxidant, anti-inflammatory, anxiolytic, and antidepressant actions. By correcting *Doṣic* imbalance, improving *Agni* and *Ojas*, protecting neuronal integrity, and stabilizing neuroendocrine and neurotransmitter functions, *Guḍūcī* may play a significant role in the management of Mixed Anxiety and Depressive Disorder. Together, this combination targets both physical (*Śārīrika*) and psychological (*Mānasika*) dimensions, leading to marked reductions in anhedonia, anxious arousal, and overall functional distress.

## 8. CONCLUSION

The findings of this pilot study indicate that a 30-day intervention with *Varāviśālādi Kaṣāya* and *Guḍūcī Cūrṇa* is a promising therapeutic strategy for Mixed Anxiety and Depressive Disorder. The protocol demonstrated symptom reductions across anxiety and depression domains, accompanied by a 57.1% improvement in Quality of Life.

### Limitations and Future Scope

The preliminary nature of this trial includes a small sample size and an open-label design. Future research with larger sample sizes using randomized controlled designs is recommended. Furthermore, future studies could incorporate objective physiological biomarkers, such as serum cortisol and Brain-Derived Neurotrophic Factor (BDNF), to explore the possible mechanisms of recovery. Adjunct lifestyle modifications and Yoga interventions could also be explored to assess their additional benefits in the management of MADD.

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### Conflicts of Interest : Nil

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