



# *Brahmi Taila Shiroabhyanga in Chittodwega* (Anxiety Neurosis)

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## Abstract:

Anxiety is arguably an emotion that predates the evolution of man. Its ubiquity in humans, and its presence in a range of anxiety disorders, makes it an important clinical focus. Neurotic disorders are basically related to stress, reaction to stress (usually maladaptive) and individual proneness to anxiety. Interestingly, both stress and coping have a close association with socio-cultural factors. Anxiety has been defined as an unpleasant emotion that is characterized by feelings of dread, worry, nervousness or fear etc. and when a neurotic disorder is associated, it is termed as anxiety neurosis. Ayurveda describes *chittodwega* (Anxiety) among *Manas roga*. Prevalence rate of Anxiety is said to be higher in women than men. The present study accounts sleep anxiety, disturbances, restlessness, fear, depression, along with changes in blood pressure. The study has been undertaken to evaluate the role of *Brahmi taila shiroabhyanga* in relieving anxiety. A head massage once periodically on 30 patients, relieved stress and patient felt comfortable in all symptoms presented, with a mean gradation of anxiety reduction to 1.6. (53.2%) which was statistically highly significant (<0.001). Hence it was concluded that, *Brahmi taila shiroabhyanga* was beneficial in alleviating anxiety.

**Keywords:** Anxiety, Anxiety neurosis, sleep, *Chittodwega*, *Manasaroga*, *Shiroabhyanga*,

## Introduction:-

Anxiety is arguably an emotion that predates the evolution of man. Its ubiquity in humans, and its presence in a range of anxiety disorders, makes it an important clinical focus [1]. Developments in nosology (Nasal Medications), epidemiology and psychobiology have led to significant advancement in our understanding of the anxiety disorders in recent years [2]. Advances in pharmacotherapy and psychotherapy of these disorders have brought realistic hope for relief of symptoms and improvement in functioning to patients.

Indian continent made its top place in the past with its knowledge and philosophy. Present scenario is to imitate the west for beautification and lifestyle. This situation pushes us in to psychosomatic / psychological disorders like anxiety, stress,

etc. Generalized Anxiety Disorder Prevalence is about 2-4% in normal population, this constituted 25-30% of psychiatric out patients [3]. The lifetime prevalence of depression, anxiety, and stress among adolescents and young adults around the world is currently estimated to range from 5% to 70%, with an Indian study reporting no depression among college going adolescents. Detecting depressive, anxiety, and stress-related symptoms in the college population is a critical preventive strategy, which can help in preventing disruption to the learning process. Health policies must integrate young adults' depression, stress, and anxiety as a disorder of public health significance [4].

The ever growing stress and strain in life lead to deterioration in various mental and physiological functions of body, causing

psychological disorders like anxiety neurosis. Anxiety has been defined as an unpleasant emotion that is characterised by feelings of dread, worry, nervousness or fear etc. And when a neurotic disorder is associated with it becomes anxiety neurosis [5].

Neurotic disorders are basically related to stress, reaction to stress (usually maladaptive) and individual proneness to anxiety. Interestingly, both stress and coping have a close association with socio-cultural factors. Culture can effect symptom presentation, explanation of the illness and help seeking [6].

Charaka samhita mentions '*Chittodvega*' as a *Manasika Vikara*. *Brahmi Tail Shiroabhyanga* plays an effective role in *Chittodwega* as *Brahmi* is a herb for calming brain and nervous system. *Brahmi* is a brain tonic and enhances memory, intelligence and longevity [7]. Detecting depressive, anxiety, and stress-related symptoms in the college population is a critical preventive strategy, which can help in preventing disruption to the learning process. Health policies must integrate young adults' depression, stress, and anxiety as a disorder of public health significance [8].

Anxiety is defined as a subjective feeling of apprehension or dread about the present or the past accompanied by a number of autonomic and somatic signs and symptoms. It is the feeling of fear with no adequate cause Anxiety is the commonest psychiatric symptom in clinical practice and anxiety disorders are one of the commonest psychiatric disorders in general population [9].

### Objectives

- To study the efficacy of *Brahmi Taila Shiroabhyanga* in *Chittodvega* (Generalized Anxiety Disorder)

### ICD F41.1 - Generalized anxiety disorder (Chittodwega) [10]:

Anxiety that is generalized and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances (i.e. it is "free-floating"). The dominant symptoms are variable but include complaints of persistent

nervousness, trembling, muscular tensions, sweating, lightheadedness, palpitations, dizziness, and epigastric discomfort. Fears that the patient or a relative will shortly become ill or have an accident are often expressed. Excludes: neurasthenia (F48.0)

*Medhya Rasayana* drugs helps to attain longevity, memory, intellect, youth, Excellence of luster, complexion and voice, excellent potentiality to all body and sense organs. *Medhya* drugs mentioned in the classics have an effective action over mind and GAD [11]. *Brahmi* (*Bacopa monnieri*) [12] is one such *Medhya* drug, significantly decreased whole brain acetyl cholinesterase activity. BR might prove to be a useful memory restorative agent in the treatment of dementia seen in elderly. *Brahmi* has an action against decreasing anxiety too. It is not only anxiolytic but also anti depressant [13]. In the present study *Brahmi* is used in the form of *Taila* for head massage.

### Material & Methods

**Source of the Data:** Patients suffering from *Chittodvega* attending the hospital of MGAC&RC, Wardha, Maharashtra

**Sample size:** 30 Patients

**Study Duration & Plan:** Head massage once in every 3 days for 15 minutes in 5 patterns (oil on the scalp palm massage, finger massage, combing back head massage, see fig-1) is done for 7 sittings.

### Exclusion criteria:

- Patients with uncontrolled diabetes mellitus, hyper-tension and other systemic diseases.
- Patients suffering from other psychiatric illnesses (F48.0)
- Patients suffering from organic brain diseases.
- Patients suffering from complications of substance abuses.

### Inclusion criteria:

- Subjects between the age 20-50 years irrespective of gender and socioeconomic status.
- The subjects who are ready to sign the informed consent form
- Patient suffering from clinical signs and symptoms of *Chittodwega*.



Parameter	Before	After	% relief	T value	P value	Sig.
Restlessness	3.1	1.3	58.2	5.5	<0.001	HS
Anxiety	3.5	1.6	53.2	7.76	<0.001	HS
Loss of sleep	3.4	0.9	74.04	7.14	<0.001	HS
Hamilton Anxiety scale	30.5	21.7	28.7	3.3	<0.05	HS

Table 1: Data showing parameters of anxiety before and after study

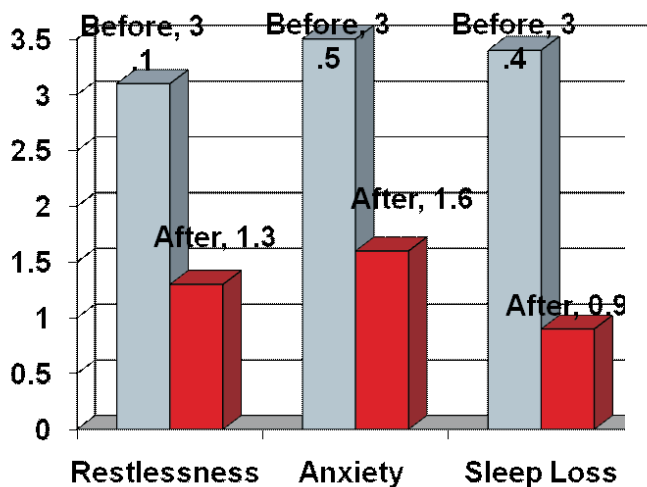


Fig 2: Outcomes of the intervention were

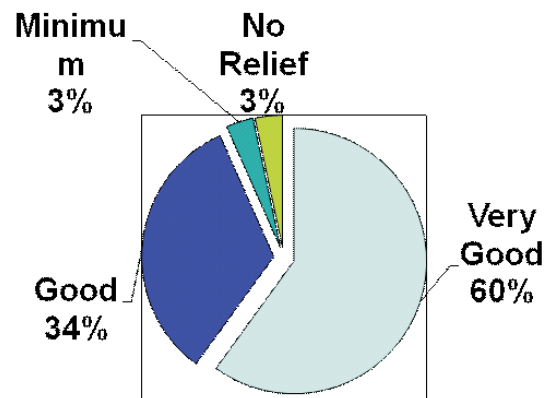


Fig 3: Improvement in the study



**Assessment criteria:**

- Subjective Parameters: Restlessness, Anxiety, Loss of sleep
- Objective parameters: Hamilton Anxiety Scale

**Material:**

- *Brahmi Taila* prepared in MGACHR&C pharmacy with *Bhrahmi* (*Bacopa monnieri* Linn.) and *Tila Taila* (oil of *Sesamum indicum* Linn.) in *Tailapaka* method.

**Improvement:**

Improvement	Patients	%
Very Good [70-100%]	18	60.0
Good [40-70%]	10	33.34
Minimum [30-40%]	1	3.33
No relief [0-10%]	1	3.33
<b>Total</b>	<b>30</b>	<b>100</b>

**Table 2: Improvement of the study Brahmi tail shiroabhyanga in chittodwega (Anxiety Neurosis)**

**Results:**

Outcomes of the intervention were assessed by using, signs and symptoms score, Hamilton Anxiety rating scales. Significance is calculated through Mean scores noted before and after the treatment for relief in percentage. Restlessness observed before the treatment was 3.1 and after the completion of the treatment mean was 1.3 (58.2%) relief, which is statistically significant (<0.001). Mean gradation of anxiety before treatment was 3.5 and after the treatment it reduced to 1.6. This reduction of 53.2% was statistically significant (<0.001). Hamilton Anxiety scale was 30.5 and after completion of course it reduced to 21.7, with a reduction of 28.7% was statistically significant (<0.05) (table-1, fig-2). The overall result of the *Brahmi taila shiroabhyanga* expresses statistical

significance and clinically satisfaction (table-2, fig-3) with 60% very good and 34% good results. No adverse reaction or complaints received during the treatment.

**Discussion:**

In the present study *Brahmi* (*Bacopa monnieri* (Linn.) is a brain tonic and enhances memory, intelligence and longevity, has been used for *Shiroabhyanga*. It has other effects such as pacification of vitiated *Vata* and *Pitta*, skin diseases, neuralgia, inflammations, epilepsy, insanity, ulcers, splenomegali, flatulence, fever, and general debility. *Brahmi Taila Shiroabhyanga* plays an effective role in *Chittodwega* as *Brahmi* is an herb for calming brain and nervous system. The *Tailapaka* method enriches the alkaloid content of *Brahmi*, so the penetrability of oil through the high vascular scalp is more than normal estimated 2%.

**Conclusion:**

Anxiety has been defined as an unpleasant emotion described by Ayurveda as *Manas roga* and *chittodwega*. The present study undertaken with *Brahmi Taila Shiroabhyanga* showed significant in sleep disturbances, restlessness, fear, depression, and anxiety. A head massage once in every 3 days for 15 minutes in 5 patterns is done for 7 sittings on 30 patients. All the subjects were relieved from stress and felt comfortable with good sleep patterns from the first sitting onwards. The mean gradation of anxiety was 3.5 and after the treatment it reduced to 1.6. This reduction of 53.2% was statistically highly significant (<0.001). Hence it can be recommended that *Brahmi Taila Shiroabhyanga* is beneficial in treating Anxiety neurosis and related disorders.

**References**

[1] Trivedi JK, Gupta PK., An overview of Indian research in anxiety disorders, Indian J Psychiatry. 2010 Jan;52(Suppl 1):S210-8.  
<http://www.ncbi.nlm.nih.gov/pubmed/21836680>  
 [2] Kushangi Bhanushali, Scope of Homoeopathy in the Treatment of Anxiety Disorders, thesis submitted to Hahnemann College of Homeopathy, London, 2011,  
<http://www.pghomeopathy.com/images/pdf/thesis.pdf>  
 [3] M.S.Bhatia: Essentials of psychiatry, CBS

publications & distributors 4536/1a 11, daryaganj New Delhi.

[4] Sahoo S, Khess CR , Prevalence of depression, anxiety, and stress among young male adults in India: a dimensional and categorical diagnoses-based study. *PUB MED J Nerv Ment Dis.* 2010 Dec;198 (12):901-4. doi: 10.1097/NMD.0b013e3181fe75dc.

[5] Veena kumari, "Role of Guduchyadi Medhya Rasayana in the Management of Chittodvega W.S.R. To General Anxiety Disorder, thesis submitted to RGUHS, Bangalore, [www.slideshare.net/ayurmitra/chittodwega-kc013-hyd](http://www.slideshare.net/ayurmitra/chittodwega-kc013-hyd)

[6] Trivedi JK, Gupta PK., An overview of Indian research in anxiety disorders, *Indian J Psychiatry.* 2010 Jan; 52 (Suppl 1): S 210-8. [Http://www.ncbi.nlm.nih.gov/pubmed/21836680](http://www.ncbi.nlm.nih.gov/pubmed/21836680)

[7] Acharya JT ed, The Charaka Samhita with , Ayurveda dipika, 5<sup>th</sup> ed.; 1995. Chaukhambha Orientalia, Varanasi P 254

[8] Sahoo S, Khess CR , Prevalence of depression, anxiety, and stress among young male adults in India: a dimensional and categorical diagnoses-based study. *PUB MED J Nerv Ment Dis.* 2010 Dec;198 (12):901-4. doi: 10.1097/NMD.0b013e3181fe75dc.

[9] V.M.D Namboothiri :A concise text book of psychiatry second edition pg-147

[10] <http://www.who.int/classifications/icd/en/bluebook.pdf>

[11] Vaidya Yadavji Trikamji Acharya edited Charaka Samita, Chikitsasthana, 1<sup>st</sup> chapter, sholoka no-7, Eight edition 2005, Chaukhambha Orientalia P.B.No 1032.Gokul Bhawan, K 37/109, Gopal Mandir Lane Golghar-Maidagin Varanasi 221001.

[12] Hanumanthachar Joshi and Milind Parle, Evid Based Complement Alternat Med. 2006 March; 3(1): 7985.,[Http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1375237/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1375237/)

[13]Yogesh S Deole, BK Ashok, Vinay Shukla, B Ravishankar, HM Chandola, Psycho-Pharmacological study on Antidepressant and Anxiolytic Effect of Brahmi Ghrita, *AYU,* 2008, Volume : 29, Issue : 2 pp : 77-83

