









**REVIEW ARTICLE** 

www.ijapc.com e-ISSN 2350-0204

# Manifold Ayurvedic Management of *Chittodvega* (General Anxiety Disorder)

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# ABSTRACT

*Chittodvega* (Generalised anxiety disorder) is one of the most prevalent anxiety disorder characterized by cognitive, somatic, emotional and behavioural components. Though exact cause of disease is not known, but it appears to be caused by stressors acting on a personality predisposed by a combination of genetic factors and environmental influences from childhood. A case of 19 year old male patient with complaints of fearfulness, hesitation to talk, restlessness and disturbed thoughts since 3 years attended OPD for Ayurveda line of treatment. Detailed history and examination was done diagnosed as a case of *Chittodwega* (Generalized anxiety disorder). Treatment was planned with *shodhana*, *bahiparimarjana*, *shamana* and *stavavajaya chikitsa*. Patient got a remarkable relief in signs and symptoms.

# **KEYWORDS**

Chittodvega, Generalised anxiety disorder, Ayurveda, treatment



Received 06/07/2020 Accepted 05/08/2020 Published 10/09/2020



# **INTRODUCTION**

Chittodvega is one of the Manasika vikara where affliction of mind by anxiety, fear and agitation are predominant features<sup>1-2</sup>. Anavasthita chittata has been mentioned as one of the vataja nanatmaja vikara which is the main feature of *Chittodvega*<sup>3</sup>. It is a state of mind in which features of Generalized Anxiety Disorder are seen<sup>4</sup>. Anxiety is defined as a subjective feeling of apprehension or fear about the present or the past accompanied by a number of autonomic or somatic signs and symptoms<sup>5</sup>. It is the feeling of distress with no adequate cause. Symptoms of Generalised anxiety disorder are worry, apprehension, psychological arousal, muscle tension, sleep disturbances, restlessness<sup>6</sup>.

# **CASE REPORT**

A patient named xxx, 19 years old male visited outpatient department of SDM Hospital, Udupi on date 27/01/2020 with complaints of fearfulness, hesitation to talk, restlessness and disturbed thoughts since 3 years. He said to have excessive sweating, tremors and headache.

Patient was apparently normal before 3 years. He started observing symptoms when he was studying at college for 11<sup>th</sup> standard. Initially he started experiencing sudden fear and occasional restlessness.

Later it exaggerated to restlessness and disturbing thoughts. He experienced claustrophobia (being trapped in a closed room). Other physical signs and symptoms were profuse sweating, palpitation, tremors in hands and headache.

There was no history of shock, familial issues as per the knowledge of patient and his attendant in his childhood. As per patient attendant (father), patient was not used to be a friendly and never liked socializing or going out to play. History of crime, legal punishment, suicidal tendency were absent.

As per personal history he was vegetarian, appetite was normal, but used to get flatulence, micturition was regular, with undisturbed sleep. As per physical findings examination pallor, icterus. lymphadenopathy, cyanosis were absent. Blood pressure was 110/80/mm Hg, pulse was 72/min, with normal heart rate. 16/min. CNS examination showed. he was conscious and oriented. Heamatological parameters like blood sugar, liver function tests, renal functions, thyroid tests were normal.

Manaha pareeksha<sup>7</sup> was done, where manonigraha was occasionally absent. Other parameters like Buddhi, Ooha, indriya nigraha, orientation of time place, person was intact. Sheela vibhrama<sup>8</sup> features like restlessness, hesitation, scary



nature, unusual thoughts, anxiety were found positive. *Achara vibhrama* features like lack of concentration while listening to lectures, concentration on study were found<sup>9</sup>. Particularly obsession with certain sentences, thoughts for few days which used to fade away after certain period of time were there.

#### Diagnosis

Based on signs and symptoms, clinical features, laboratory findings patient was **Table 1** Treatment protocol

diagnosed as case of *Chittodwega*/Generalised Anxiety disorder. Based on analysis of *dosha/dooshya* involvement, *prakriti, manasika bhava, desha, kala* management started. Assessment of the patient before and after treatment was done using Hamilton Anxiety rating scale<sup>10</sup>.

Treatment was planned with following *shodhana, bahiparimarjana, shamana* and *stavavajaya chikitsa*.(Table1).

Treatment	Days	Drug	Quantity	Duration/day
Nitya virechana	7	Gandhrava hastadi erenda taila with ushnodaka	7.5 ml of tiala and ushnodaka 20 ml	-
Shiropichu	7	Brahmi taila	QS	20 minutes
Taila dhara	7	Murchita tila taila	750 ml	20 minutes
Mridu abhyanga	7 days	Mahanarayana taila	250 ml	30 minutes
Shamanoushadhi	7 days	Tab,Sarpagandha Tab Ashwagandha	500mg 500 mg	1-0-1 1-0-1
Satvavajaya chikitsa	7 days	Councelling	-	30 minute
Yoga	7 days	Pranayama, Surya namaskara	-	30 minute

### RESULTS

After 7days of treatment condition of the patient improved very much. Patient found remarkable relief in few symptoms and occasions of anxiety has reduced to a considerable extent. Said to have reduction in uncontrolled thoughts. Hamilton Anxiety rating scale displayed below shown remarkable reduction in few signs and symptoms. (Table 2)

Table 2 Hamiltor	Anxiety	Rating	Scale
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SIGNS/SYMPTOMS	BT	AT	
Anxious mood	4	1	
Tension	4	0	
Fears	4	1	
Insomnia	4	0	

Intellectual	4	2	
Depressed mood	3	1	
Somatic(muscular)	3	0	
Somatic(sensory)	4	0	
Cardiovascular	3	0	
Respiratory symptoms	3	0	
Gastro intestinal	2	0	
Autonomic symptoms	4	0	
Behaviour at interview	4	0	

# DISCUSSION

Production of *Manasa vikara* is considered due to the impairment of general mental functions because of weak psyche(*alpasatva*), vitiation of both *saririka* and *manasa dosa*(*rajo and tama*) and also by the vitiation of *manovaha* 



*srotas*<sup>11</sup>. This may occur as primary involvement of manasa dosa while physical involvement is secondary, or sometimes the primary involvement is saririka dosa and subsequently manasa dosa get involved<sup>12</sup>. *Chittodvega*(Generalised anxiety disorder) one of the most predominant anxiety disorder characterized by cognitive, somatic. emotional and behavioural components<sup>2</sup>. Though exact cause of disease is not known, but it appears to be caused by stress factors acting on a personality predisposed by a combination of genetic factors and environmental influences from childhood<sup>13</sup>. Though Manasika dosas like raja and tama are causative factors for chittodvega, vata is the factor<sup>14</sup>. chief initiative Charaka mentioned Anavasthita chitta (unstable mind) as one among vataja nanatmaja vyadhi which is also a cardinal feature of chittodvega<sup>15</sup>.

Here the patient who was a student, with *alpasatva* exposed to stress factors like excessive study, isolation from homely atmosphere, resulted in *udvega avastha* of *manas* (exited state of mind), along with vitiated state of *vata, pitta and rajo guna*; accordingly presentations like fearfulness, restlessness, diffuse thoughts. Hence treatment was planned with *snigdha virechana* with *gandharva hastadi eranda tiala* which is *pittahara, vatahara*<sup>16</sup>.

Shiropichu with brahmi taila which is a best medhya, sheeta veeryatmaka and vatashamaka<sup>17</sup>.Taila dhara is an indication in manasika vayadhi with rajo guna vrddhi<sup>18</sup>. Mridu Abhyanaga brings down the control vatadosha, which is done here is Mahanarayana taila<sup>19</sup>.

*Satvavajaya chikitsa* with different counselling modes will help in restoration of *satva guna*<sup>20</sup>. Yoga and pranayama are finest modes operandi for *anavasthita chitta*<sup>21</sup>. *Pranayama* especially helpful in stress related disorders, reduces signs of oxidative stress, simultaneously improves autonomic functions<sup>22</sup>.

Oral intake of Tab. *Sarpaganadha* helps in maintaining peace of the mind, relieves stress and anxiety<sup>23</sup>.Researches have proved that Tab. *Ashwaganadha* has a cooling effect on mind, known as *medhya rasayana*, beneficial in balancing *vata*<sup>24</sup>.

# CONCLUSION

A person with *alpasatva* when exposed to stressful atmosphere because of *doshik vitiation(raja and tama)*, misuse of mental ability begins and one goes into severe emotional changes, resulting in pathological state of mind causing *Chittodwega*. Chronic insecurity, low selfesteem, nervousness leads to several physical and psychological changes, which



will be further mediated through autonomic nervous system leading to a stress or anxiety disorder<sup>25</sup>.These particular set of treatment with counselling can give a reliable benefit in the above patient.



## REFERENCES

1. Babu G, Bhuyan GC, Prasad GP, S Anitha. (June 2007). Role of Achara Rasayana in Chittodwega. Ancient science of life, 26(4), 1-4

Rao Srinivasa Pedaprolu. (2007). Manas
 Psychiatry of Ayurveda. Chowkhamba
 Sanskrit Series Office, Varanasi.

3. Saxsena Ajaya et al. (2014). Clinical Trial of Shirodhara in ChittodwegaVis-avis Generalised Anxiety Disorder. Research Journal of Pharmacology and Pharmacodynamics, 6(3), 141-5

4. Wittchen HU. (2002). Generalised anxiety disorder, Prevalence, burden and cost to society. Depress Anxiety, 16, 162-71.

5. Borwin Bandelow. (2015).
Epidemiology of Anxiety disoders in the 21 st Century. Dialogues in Clinical neuroscience, 17(3), 327-335.

6. Florence Thibaut. (2017). Anxiety disorders a review of current literature. Dialogues in clinical neurosciences, 19(2), 87–88.

7. Neera Saini. (2015). Role of Manas vikara in development of psychosomatic disorders. IAMJ, 3(7), 2-5.

8. Sharma Ajay Kumar, Gupta Rajika,Sharma Amit Kumar. (2016).Psychotherapy in Ayurveda. ChaukambhaVishwabharati, Varanasi.

9. Murthy ARV. (2009). Rationale of Ayurvedic Pscychiatry. Chaukambha Orientalia, Varanasi.

10. Hamilton M. (1959). The assessment of anxiety states by rating. British J Med Psychol, 32, 50-55.

MG Ramu, BS Venkataram. (1985).
 Manovikara(Mental disoders) in Ayurveda.
 Ancient science of life, 14(3), 165-73.

 Valiathan MS. (2009). The legacy of Caraka. Universities Press (India) Private Limited. Hyderabad.

 Alexander Bystrisky, Jason Schiffman.
 (2013). Current Diagnosis and Treatment of Anxiety Disorders. Pharmacy and Therapeutics, 38(1), 30-38.

14. Sreelakshmi B, Midhu Parvathy B.(2016). Dosabhediyam redefined. AryaVaidya Sala Kottakal, Malappuram.

 Jadavaji Trikamji Acharya. (2004).
 Charaka Samhita. Chaukhambha Sanskrit Sansthan, Varanasi.

 Nishteshwara K. (2007). Text book of Dravyaguna. Chaukamba Surabharati Prakashan, Varanasi.

17. Con stough, Hemant singh, Andrea zangara. (2015). Mechanisms, Efficacy, and Safety of *Bacopa monnieri* (Brahmi) for Cognitive and Brain Enhancement. Evidence based complimentary and alternative medicine, pp 605



Acahray Srinivasa G. (2006).
 Panchakarma illustrated. Chaukambaha
 Sanskrit Pratishthana, Delhi.

19. Patil Vasant C, Baghel MS. (2017).Text book of Panchakarma Vijnana.Chaukambha Publications, Varanasi.

20. Babu Suresh S. (2010). The principles and practice of Kayachikitsa. Chaukambha Orientalia, Varanasi.

21. Mittal Santoshkumar, Joshi Niraj kumar, Sunilkumar. (2014). Role of Ayurveda and Yoga in Mental disorder or Mental illness. IAMJ, 2(5), 2-8

22. Pallav Sengupta. (2012). Health Impacts of Yoga and Pranayam. A state of the art review- International journal of preventive medicine, 3(2), 444-58.

23. Soni Ritu, Jaiswal Sakshi, Jyoti Kiran Bara. (2016). The Use of Rauwolfia serpentina in Hypertensive Patients. Journal of Biotechnology and biochemistry, 2(5); 28-32.

24. Narendra singh, Mohit Bhalla, Marelina glica. (2011). An Overview on Ashwagandha: A Rasayana (Rejuvenator) of Ayurveda. African J Tradit Complement Alern Med, 8(5); 208-213.

25. Zala Divya S, Anup B Thakar, Nilesh N Bhat. (2017). Review of research works done on generalized anxiety disorder at institute for postgraduate teaching and research in Ayurveda, Jamnagar. Indian

journal of Health Sci Biomed Res, 10, 231-

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