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Ayurvedic management in generalized anxiety disorder: A case study

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Abstract

Anxiety is characterized by persistent worry, nervousness, or uneasiness, often related to uncertain outcomes. Generalized Anxiety Disorder (GAD) is the most common form of anxiety seen in primary care settings, affecting approximately 22% of patients presenting with anxiety-related symptoms. In Ayurvedic philosophy, the mind (Manas) is influenced by three fundamental qualities (Trigunas): Satva, Raja, and Tama. Satva is associated with mental clarity and stability, whereas Raja and Tama are considered responsible for the development of mental disturbances.

This case report discusses a 28-year-old male patient who presented to the OPD with complaints of excessive worry, irritability, disturbed sleep, palpitations, and restlessness. The condition was diagnosed as Chittodvega (anxiety) in Ayurvedic terms. The patient was managed with Shamana Aushadhis (palliative herbal formulations). Clinical assessment was performed using the GAD 7 Scale before and after treatment to evaluate the therapeutic response.

Keywords: Ayurved, anxiety, GAD, mana, chittodvega

Introduction

The concept of Manas (mind) holds a central position in Ayurvedic philosophy, being regarded as one of the tripods of life^[3] along with Sharira (body) and Atma (soul)^[1]. Mental health^[2] in Ayurved is governed by the equilibrium of Trigunas (Sattva, Rajas, Tamas) and the Tridoshas (Vata, Pitta, Kapha). Chittodvega,^[4] a classical Ayurvedic term denoting anxiety^[5, 6] and mental unrest, exhibits close clinical resemblance to Generalized Anxiety Disorder (GAD) as defined in contemporary psychiatry. Characterized by persistent worry, apprehension, restlessness, and impaired concentration, Chittodvega^[7] is primarily attributed to Rajo-dominance and Vata vitiation. Ayurvedic management of such conditions involves a multidimensional therapeutic approach comprising Satvavajaya Chikitsa (psychological counselling), Daivavyapashraya (spiritual therapies), Yuktivyapashraya (rational pharmacotherapy)^[8]. The approach demonstrates Ayurved's potential in managing anxiety holistically by addressing both psychological and somatic symptoms.

Case Report

- A 28-year-old, Hindu, unmarried, male patient came to the Kayachikitsa O.P.D.
- His chief complains was excessive worry since 8 months associated with irritability, reduced sleep, feeling nervous sometimes palpitation and restlessness occur.
- Past History
- Consultation done from psychiatrist
- Taking Tab Paroanxit 12.5 mg 1 HS From 15 Days
- Family History: No
- Family Type: Joint family
- Personal History
- Diet -Mixed
- Appetite -poor
- Bowel -Irregular
- Urine -Normal
- Addiction -No
- Nature of sleep: Disturbed
- Diva Swapna: Never
- History of attempt to suicide: Absent

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- O/E
- BP - 130/80 mm Hg
- Pulse Rate - 96/min
- Respiration -22/min

Occupational History

Ocuupation - Student

Mental Status Examination

1. Appearance & Behaviour- Patient appear tense, restless, avoid eye contact
2. Speech -Talking quickly
3. Mood - Anxious
4. Thought Process - Difficulty in concentration, excessive worry
5. Perception - No Delusion
6. Congnitive - Oriented

Samprapti Ghataka

- Nidana - Vishama Ahara, Ruksha Sheeta Ahara, Katu Tikta Rasa Atisevana
- Vihara - Ratri Jagran, Ati Chintan, Krodha
- Dosha Manas - Raja, Tama (predominantly Raja)
- Dushya - Mana, Rasa
- Srotas - Rasavaha, Manovah Srotas
- Adhisthana - Mana (Hrudaya)
- Rogamarga - Madhyama-Marga
- Sadhyasadhyata - Kruccha Sadhya
- Vyadhi Vinishchay (Provisional Diagnosis) - Chittodvega,

Materials and Methods

- Source of Data - A diagnosed case of Chittotdvega selected from OPD.
- Method of collection of Data - A special proforma was prepared with details of history,
- Cardinal sign & symptoms as mentioned in Ayurvedic texts.
- Diagnostic criteria - Patient was diagnosed by the GAD 7 scale.⁽⁹⁾

Treatement Protocol

- Jatamansi churna phant 20 ml - Nishakali after food
- Saraswatarista - 15ml-0-15 ml After food
- Padabhyang with Bhrahmi Tail Daily at Night before Sleeping
- Duration: 21 days

Result

The patient got improvement symptomatically and there is a drastic change in score of GAD 7 Scale

Assessment

Items Assessed: Patients are asked: "Over the last two weeks, how often have you been bothered by the following problems?"

Each of the seven questions is rated on a 4-point scale:

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Table 1: Anxiety symptoms reduced after treatment

Sr No	Signs & Symptoms	Before Treatment	After Treatment
1	Feeling nervous, anxious, or on edge	2	1
2	Not being able to stop or control worrying	1	0
3	Worrying too much about different things	2	1
4	Trouble relaxing	1	0
5	Being so restless that it is hard to sit still	2	0
6	Becoming easily annoyed or irritable	2	0
7	Feeling afraid as if something awful might happen	1	1
	Total Score	11	3

Results

Following the 7 day treatment protocol, the patient experienced significant improvement in sleep quality and a noticeable reduction in anxiety symptoms. He reported a sense of relaxation. On follow-up after 21 days of continued internal medication, the patient was able to achieve uninterrupted sleep, reduce anxious feelings decrease worry, restlessness & reported substantial relief from psychological stress.

Discussion

Generalized Anxiety Disorder (GAD)^[5] is a prevalent mental health disorder characterized by chronic and uncontrollable worry about various aspects of daily life. This persistent anxiety is frequently associated with physical symptoms such as restlessness, muscle tension, fatigue, irritability, and sleep disturbances. The condition is long-lasting and can lead to significant functional impairment and reduced quality of life. In Ayurved, a comparable condition is referred to as Chittodvega, listed under Manasika Vikaras (mental disorders). It is defined by a disturbed or agitated mental state (Udvega) and arises due to an imbalance in Rajas Guna and

the vitiation of Vata and Pitta Doshas. Characteristic features include Atichinta (excessive rumination), Bhaya (fear), Manasika Ashanti (mental restlessness),^[7] and psychosomatic disturbances, demonstrating a close resemblance to the clinical picture of GAD in contemporary psychiatry.

Recognizing the chronic nature of the disorder, long-term management included Medhya Rasayana and psychological support. The patient was prescribed Jatamansi phant⁽¹⁰⁾ & Saraswatha Arista for 21 days, Jatamansi is a classical Ayurvedic formulation known for its neurocalming and anxiolytic properties. The principal component, Nardostachys jatamansi, exhibits GABA-modulating and neuro protective activity, which supports its use in the management of Generalized Anxiety Disorder (GAD) and Chittodvega. It aids in reducing hyperarousal, regulating sleep patterns, and dampening sympathetic overactivity, aligning with the modern pharmacological goal of anxiolysis without sedation. Saraswatha Arishta is a Medhya Rasayana formulation comprising adaptogenic and nootropic herbs such as Ashwagandha, Brahmi, and Shankhapushpi^[13]. It is indicated in disorders involving cognitive dysfunction, chronic stress, and anxiety spectrum disorders. Through its HPA axis-

modulating and cholinergic-supportive effects, Saraswatha Arishta contributes to stress resilience, mood stabilization, and cognitive enhancement, making it a valuable adjunct in the integrative management of GAD/Chittodvega.

Prolonged excessive thinking (Atichinta) is considered a primary factor in disturbing Rasa Dhatu ^[11], the essential nourishing fluid of the body. This disruption can lead to both psychological disturbances and physical symptoms. According to Ayurvedic literature, the Hridaya (heart) is regarded as the seat of the mind and emotions, and Acharya Charaka describes a close functional link between the skin (Twak) and the mind, indicating that emotional stress can influence the skin and other sensory systems.

When Vata Dosha becomes imbalanced due to the depletion of Rasa, and Pitta Dosha is simultaneously aggravated, this dysregulation tends to localize in vulnerable sites such as the head and heart, where Khavaigunya (susceptibility due to weakened tissue channels) exists. This results in widespread psychosomatic symptoms, including mental restlessness, anxiety, and somatic discomfort.

Over time, chronic stress, repetitive negative thinking, and poor emotional coping can worsen this imbalance, eventually manifesting as Chittodvega, a condition closely resembling generalized anxiety disorder in modern psychiatry.

Abhyanga ^[12] (therapeutic massage) was incorporated as a supportive treatment. It is considered Vatahara (pacifying Vata) and beneficial for Twak Indriya (skin and tactile perception), which is also linked with mental well-being. The use of Brahmi Taila, containing Brahmi, known for its calming and neuroregenerative actions, contributed further to Indriya Prasadana (enhancement of sensory and cognitive functions).

Conclusion

This case study highlights the effectiveness of integrative Ayurvedic management in treating Chittodvega, a condition closely resembling Generalized Anxiety Disorder (GAD). Rooted in the imbalance of Rajas Guna and Vata Dosha, anxiety manifests with both psychological and somatic symptoms. Through the administration of Shamana Chikitsa (palliative herbal therapies), including Jatamansi Phant, Saraswatarishta, and Brahmi Taila Abhyanga, the patient experienced marked relief in symptoms such as restlessness, worry, disturbed sleep, and irritability. The approach of combining Medhya Rasayana with supportive lifestyle practices proved beneficial in calming the mind, nourishing the nervous system, and restoring balance. The GAD-7 scale demonstrated significant symptomatic improvement, indicating that classical Ayurvedic formulations can offer safe, non-sedative, and holistic alternatives in the management of anxiety disorders.

This case emphasizes the need for further clinical research and validation of Ayurvedic protocols in managing modern psychiatric conditions like GAD. A personalized, dosha-based approach rooted in classical principles can provide an effective model for integrative mental health care.

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