



Case Study

## AYURVEDIC MANAGEMENT OF GENERALISED ANXIETY DISORDER - A CASE REPORT

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### ABSTRACT

Stress is a very common word that we hear in our custom. But when it becomes excessive, persistent and disruptive it becomes a trouble. Generalized anxiety disorder (GAD) is a common mental disorder that involves constant and chronic tension, worrying and nervousness. In India GAD has high prevalence of 5.8%. Compared to a panic attack, its intensity is less but chronicity is longer. GAD makes the person exhausted mentally and physically and makes problems emotionally and behaviorally affecting the quality of life badly because functional somatic symptoms in GAD shows a wide range. In Ayurveda, the symptoms of GAD shows characteristics of *Chittodwega* and indicates a very effective management.

A 25 year old male attended in OPD with increased tension, fear and uncontrollable anxiety, disturbed sleep, and stomach ailments, constipation, belching and reduced appetite. On interrogation it was revealed that he developed the symptoms over the last 2 years. Mental status examination was done. Considering the signs and symptoms, he was diagnosed with GAD.

Internally he was given with *Somalatha Choorna*, *Aswagandharishta*, *Gokshura Choorna*, *Aswagandha Choorna* and *Sarpagandha Choorna* to manage his anxiety and stomach ailments. Procedures done were *Thala Pothichil*, *Snehapana*, *Virechana* and *Nasya* to reduce his anxiety and other problems. During this time, he was also subjected to meditation and counselling techniques as well. The patient responded well to the treatment and his symptoms improved significantly. HAM-A scale score before treatment was 24 which was reduced to 6 after treatment. On discharge he was advised to continue the medicines and relaxation techniques. The *Ayurveda* protocol was found to be effective in managing GAD and highlights the importance of ayurvedic psychiatric treatments in similar conditions.

### INTRODUCTION

Anxiety is a normal and adaptive response to threat that support the organism for fight or flight. But some persons are seem to be anxious about almost everything<sup>[1]</sup>. Then it is classified as generalized anxiety disorder (GAD). GAD is defined as excessive anxiety and worry about several events or activities for most days during at least 6 months period. The ratio of women to men with the disorder is 2:1 <sup>[2]</sup>.

In India having high prevalence of 5.8%<sup>[3]</sup>. GAD has its onset usually in late adolescence or early childhood and the functional somatic symptoms shows a wide range <sup>[4]</sup>. Perhaps anxiety is normal adaptive, differentiating normal anxiety from pathological anxiety and differentiating biological causative factors from psychosocial factors are difficult.

Adverse complications with the chronic use of commonly used SSRIs or SNRIs for GAD varies from short-lived adverse effects such as nausea, headache, dry mouth, diarrhea, or constipation to more complex sexual dysfunction that tends to be a more durable and problematic adverse effect of SSRIs and SNRIs <sup>[5]</sup> There is the possibility of patients developing anti-depressant-induced jitteriness or anxiety, potentially due to initial surge of serotonin, although this anxiety

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can be mitigated by slower titration or adjunctive use of benzodiazepines. We can conquer this with efficient Ayurvedic managements.

In *Ayurveda* perspective *Rajas* and *Tamas* the two psychic doshas [6] involved in all *manasika vikara*. *Chittodvega* is one of the *Manasika vikara* mentioned in *Ayurvedic* literature in which affliction of mind by anxiety, fear and agitation are seen. *Chitta* (mind) + *Udvega* (anxiety) = *Chittodvega* [6] (Anxious state of mind). According to Chakrapani '*Chitta udvignata chittodvegaha* which can be correlated with GAD.

### Presenting complaints with history

A 25 year old unmarried male who was admitted in our hospital with increased tension, fear and uncontrollable anxiety, disturbed sleep, and stomach ailments constipation, belching and reduced appetite. There was no history of substance abuse. Persistent anxiety had begun 2 years before and was becoming increasingly disabling the patient in day to day activities and working atmosphere also. He also had difficulty to mingle with others and had poor concentration.

On history taking, patient is the one and only child of non-consanguineous parents who belonged to a middle class family. The patient was brought up with a lot of pampering as his parents lost their first child at 9 months. His father was loving but strict. He was the topper in classes till his 7<sup>th</sup> standard. After that his interest in studies reduced and he passed SSLC with 88% marks. After finishing plus two he joined for B Com course and passed. But he showed excessive tension, uncontrollable thoughts and irrelevant behavior while the exams were going on. Then he joined M Com but discontinued after sometime. Then he joined as a trainee in a chartered accountancy institute. That also he stopped after 6 months. These job instability made his father angry and he scolded him many times for this. During covid time he stayed in home without job. This increased his thoughts that his colleagues are having good jobs and salaries but he didn't reached anywhere. His thoughts increased, sleep and personal hygiene also reduced, so they consulted a psychiatrist and took medicine for 4 months. After that they stopped the medicine on their own thinking about the side effects. Then his aunty in Mumbai arranged a job there and went to Mumbai. The work pressure in new job was high but he managed it. After some time one day he called his mother and started to talk irrelevantly about his dead paternal grandmother and also started to behave strangely to his co-workers. So they consulted a psychiatrist in Mumbai and started to take medicines. 6 months before he got a job as public

relations officer in a reputed company. But for him mingling with others was very difficult and stressful. So he left the job and came here for better management.

### Clinical examination

On assessing the mental status examination of the patient, he was well groomed, co-operative towards the examiner, comprehend well, gait and posture were intact, motor activity was slightly reduced, social manner was maintained and rapport was established. On assessing speech, rate and quality were slightly decreased, volume was decreased, and flow and rhythm were normal. Mood and affect were found to be sad, depressed, anxious and fearful both subjectively and objectively. Also mood and affect were congruent. Stream and form of thought were goal oriented and continuous. No abnormalities in perception, i.e., no hallucinations and illusions were reported. In cognition the patient was found to be conscious and oriented to time, place and person. Attention and concentration were slightly reduced. General intelligence was appropriate along with abstract thinking, reading, writing and visuo-spatial ability. Immediate retention and recall, recent memory, and remote memory were also intact. Insight was found to be grade 5. Judgment was also intact.

### Ayurveda clinical examination

*Asta vibhrama* as mentioned in *Unmada* was assessed. *Vibhrama* in *Manas* was found to be present as there was impairment in *Manonigraha*, *Uha*, and *Vicara* due to unresisted anxious thoughts and unusual behavior in stressful situations. Impairment in *Buddhi* was also present as he felt the presence of garbage in his stomach. No impairment in *Samjnajana* and *Smrti* were present. *Bhakti* showed slight impairment as his desire for food was very poor. *Sheela* was also impaired as he had reduced sleep. *Cesta* and *Acara* were impaired as he had the habit of reduced cleanliness.

### Diagnosis and Assessment

**History of past illness:** similar anxiety problems and took medication for 4 months in 2020

**Family history:** No relevant family history

### General examination

Weight- 72 KG

Height- 162 cm

Pallor, cyanosis and icterus were absent

### Systemic examination

All are within normal limits

**Table 1: Dasavidha pareeksha**

<i>Dooshya</i>	<i>Tridosha (Dosha)</i> <i>Rasa (Dhadhu)</i>
<i>Desham</i>	<i>Jangala Sadharana (Bhoomi)</i> <i>Sarva Sareera, Manas(Deha)</i>
<i>Balam</i>	<i>Madhyama (Roagam)</i> <i>Avara (Rogi)</i>
<i>Kalam</i>	<i>Sisira (Kshanadi)</i> <i>Vyadhyavastha (Navam)</i>
<i>Anala</i>	<i>Manda</i>
<i>Prakriti</i>	<i>Vata-Pitha (Deha)</i> <i>Tamasa Rajasa (Manasa)</i>
<i>Vaya</i>	<i>Youvana</i>
<i>Satwa</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Madhura Rasa</i>
<i>Aharasakti</i>	<i>Avara (Abhyavaharana Sakthi)</i> <i>Madhyama (Jarana Shakthi)</i>

**Diagnosis:** Modern- Generalized Anxiety Disorder (F 41.1)

*Ayurveda- Chittodwega*

**Table 2: Intervention with rationale**

<b>Procedure</b>	<b>Medicine</b>	<b>Duration</b>	<b>Rationale</b>	<b>Observations</b>
<i>Virechana</i>	<i>Avipathy Choorna<sup>[7]</sup> 25g</i>	1 Day	Reduces <i>Pitha</i>	Felt calmness to mind
<i>Thalapothichil (Sirolepa)</i>	<i>Purana Dhatriphala Choorna, Mustha Choorna, Thakra</i>	7 Days	To calm down	Sleep improved
<i>Thakrapana</i>	<i>Ashta Choorna<sup>[8]</sup> 5g, Thakra 1 litre</i>	2 Days	To boost <i>Jadaragni</i> and to make it suitable for <i>Snehapana</i>	Appetite improved
<i>Sneha Pana</i>	<i>Kalyanaka Grutha<sup>[9]</sup>, Mahat Panchagavya Grutha Equally in Arohana Matra</i>	5 Days	<i>Srotoshodhaka</i>	Bowels cleared
<i>Abhyanga and Ushma Sweda</i>	<i>Dhanwantaram Thaila</i>	3 Days	<i>Dosha Vilayana</i>	<i>Deha laghutha</i>
<i>Virechana</i>	<i>Avipathy choorna 25g</i>	1 Day	<i>Sodhana</i>	Intrusive thoughts reduced
<i>Yoga Vasthi</i>	<i>Sneha Vasthi - Maha Paishachikam Grutha and Eranda Mooladi Kashaya Vasthi<sup>[10]</sup></i>	8 days	<i>Vathaharam</i>	Anxiety and stomach problems improved considerably
<i>Nasyam</i>	<i>Anuthaila 8 drops in each nostril</i>	7 Days	<i>Uttamanga Sodhana</i>	Significant improvement in anxiety and worry

## DISCUSSION

In clinical practice, it is observed that GAD is very commonly associated with extreme anxiety which vitiates *Vata* very strongly in the individual. Also, the person fails to resist the thoughts that come into his mind which can be considered as *Vibhrama* of *Manas* as well as *Buddhi*. Again, when these intrusive thoughts comes the acts done by him gets influenced, there occurs the *Vibhrama* of *Sila*, *Cesta* as well as *Acara*. This again adds to the anxiety of the person. When the person is not able to resist the unwanted thoughts and deeds, he becomes irritated and restless and as a result, *Krodha* is manifested which denotes

the imbalance of *Pitta*. Also, in the above-mentioned case, as a result of his continuous anxiety, he developed symptoms of GAD clearly indicating the vitiation of *Vata* and *Pitta*. The *Vibhrama* of *Manas* and *Buddhi* needs to be considered while formulating the treatment protocol. Hence, while planning the treatment, the derangement of all the *Dosha* was considered along with an implication for *Srotosodhana*. Considering his severe anxiety, stress, and stomach ailments he was given the following internal medicines.

**Table 3: Internal medicines**

	Medicine	Dose
1	<i>Somalatha choorna</i>	5 g at night with hot water
2	<i>Aswagandharishtam</i>	25 ml BD after food
3	<i>Gokshura choorna</i> <sup>[11]</sup> + <i>Sarpagandha choorna</i> <sup>[12]</sup> + <i>Aswagandha choorna</i> <sup>[13]</sup>	3 g twice daily with hot water

Initially, he was given *Virechana* for reducing *Pitha*. *Thalapothichil (Sirolepa)* overhead helps the *Manas* to calm down and helped to manage his severe anxiety. After that he was done with *Thakrapana* mixed with *Ashta choorna* to boost his *Jadaragni* and to make suitable for *Snehapana* which is *Rookshana* also. Thereafter, with a view to doing *Sodhana*, he underwent *Snehapana* with *Mahat panchagavya ghrta* and *Kalyanaka grutha* both in equal amount in *Arohana matra* (50ml on the first day and 80 ml, 100 ml, 120 ml, 160ml on the 5<sup>th</sup> day) which has a property of *Laghu*, *Ushna*, *Tikсна*, and *Kaphahara*, shows its *Srotoshodhaka* property, and also it has been very effective in which thought abnormalities are predominant.

*Abhyanga* and *Ushma sweda* were done with *Dhanwatara thaila* for *Dosha vilayana* followed by *Virecana* (4 *Vegas* obtained). After this, he was subjected to *Yoga vasthi* as *Sneha vasthi* with *Maha paishachikam grutham* and *Eranda mooladi kashaya vasthi* in between. *Marsa nasya* with *Anu Taila* which has the property of *Uttamanga sodhana* was done after that. During this time, he was also subjected to *Smruthi* meditation and which helped him to be calm and enabled him to control anxieties and worries.

As a result of all these combined treatment modalities he started responding satisfactorily and to understand the errors in his thinking and implementing better copying strategies. So, he showed a significant reduction in the, HAM-A score to 6 from 24<sup>[14]</sup> in 40 days. On discharge, he was advised to continue the medications along with the meditation and relaxation techniques (Jacobson's relaxation

technique) that he was doing while under treatment which helped him to boost up his *Satwa guna* along with alleviation of other *Doshas* which gives a stable and peaceful mind through self-control along with *Pathya* in *Ahara* and *Achara*.

**Table 4: Tool used**

	BT	AT
HAM-A	24	6

### Discharge Medicines

Same internal medicines given during treatment.

### Follow up

The patient came for review after 2 months. He was doing his job in accounting section satisfactorily. Also he started to mingle with others more confidently.

### CONCLUSION

According to Sigmund Freud GAD is characterized by persistent feelings of unattached fearfulness described as free-floating anxiety <sup>[15]</sup> and is associated with high costs to both the individual and society due to its chronic nature. Its treatment need much time and services, especially psychological therapies which are not readily available in all settings. As GAD is a chronic condition long-term treatment should be anticipated and planned accordingly. With modern medicine treatment relapse is frequent after drugs are withdrawn, even after the period of withdrawal symptoms has passed. Benzodiazepines causing dependence has led to recommendations that these drugs should be avoided in the long-term. Specialized mental healthcare in Ayurveda gives prime importance to treat all mental illnesses without side

effects effectively to make the vitiated *Shareerika manasika doshas* to equilibrium. We have to do internal as well as external treatment along with psychotherapies to improve the condition. This *Ayurvedic* treatment protocol was found to be very effective in GAD.

#### REFERENCES

1. Benjamin james adock, virjina alcot sadock, petro ruiz. Synopsis of psychiatry: anxiety disorders. 11th edition; 2015
2. APA. (2013): diagnostic and statistical manual of mental disorders: DSM-5. Washington DC: American psychiatry association
3. APA. (2013): diagnostic and statistical manual of mental disorders: DSM-5. Washington DC: American psychiatry association
4. Vijay KG, Avasthi A, Grover S. A study of worry and functional somatic symptoms in generalized anxiety disorder. Asian Journal of Psychiatry. 2014 Oct 1; 11: 50-2.
5. Dragioti E, Solmi M, Favaro A, Fusar-Poli P, Dazzan P, Thompson T, Stubbs B, Firth J, Fornaro M, Tsartalis D, Carvalho AF. Association of antidepressant use with adverse health outcomes: a systematic umbrella review. JAMA psychiatry. 2019 Dec 1; 76(12):1241-55.
6. Acharya Charaka, Charaka Samhita, vimanasthana 6th chapter Shloka no-5-6, Ayurveda-dipika commentary of Chakra-panidatta, edited by Yadvaji Trikamji, Su-trasthana Varanasi, Choukamba Vishwa Bharati, Reprint 2017
7. Srikantha murthy K R editor. (2012): vagbhatas ashtanga hrudayam kalpa sidhi sthana (trans English). (6<sup>th</sup> ed., p.542-543.) Varanasi: Chaukhambha krishnadas academy
8. Khot AM, Rabb UN. Nidana Panchaka of Atatvabhinivesha-A Literary Review. International Journal of Ayurvedic and Herbal Medicine 8:5 (2018) 3336-3340
9. K.R.Srikanta Murthy, Susruta samhita, Choukamba orientalia, second edition, pg.no; 465
10. Agnivesha, Charaka, Dridhbala. Charaka Samhita, Siddhi Sthana, Uttarbasti-Siddhi 12/16. 2nd edition. Vol. 6. Varanasi: Chaukhambha Sanskrit Series Office; 2002. Text with English Translation and Critical Exposition on Chakrapani Datta's Ayurveda Dipika Commentary by R.K. Sharma and Bhagvandas; pp. 409-11.
11. Prakash L Hegde, Harini A. A text book of dravya guna vijnana volume 2. Chaukhambha sanskrit sansthan Varanasi . 2016. p 300- 308
12. Prakash L Hegde, Harini A. A text book of dravya guna vijnana volume 2. Chaukhambha sanskrit sansthan Varanasi . 2016.p 732- 738
13. Prakash L Hegde, Harini A. A text book of dravya guna vijnana volume 2. Chaukhambha sanskrit sansthan Varanasi . 2016. p 93- 101
14. Hamilton m a rating scale for depression. J nuerol Nuerosurg psychiatry 1960 ; 23:52-66
15. Freud S. On the grounds for detaching a particular syndrome from neurasthenia under the description "anxiety neurosis". English translation in: Strachey JT, ed. Complete psychological works (vol 3). London: Hogarth Press, 1924; 85-117

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