



Case Study

INTEGRATIVE MANAGEMENT OF GENERALIZED ANXIETY DISORDER WITH VIDDHAKARMA

Kirti Gaikwad^{1*}, Meera K. Bhojani²

¹PG Scholar, ²Additional Professor, All India Institute of Ayurveda, New Delhi, India.

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ABSTRACT

Mental health disorders, known as *Manas Rogas* in Ayurveda, are a growing global health concern. Ayurveda provides a holistic approach to mental well-being, encompassing both *Dravyabhuta chikitsa* (pharmacotherapy) and *Adrvyabhuta chikitsa* (non-pharmacological interventions). This case report explores the potential role of *Viddhakarma* (specifically *Siravedha*), described by *Acharya Sushruta*, as a component of *Trasana Chikitsa* in the management of *Manas Rogas*, with a focus on GAD, considering the association of *Vata* vitiation with anxiety. **Materials & Methods:** A 32-year-old male patient, diagnosed with moderate to severe GAD (Hamilton Anxiety Rating Scale [HAM-A] score of 28), underwent *Viddhakarma* (*Trasana chikitsa*) in conjunction with conventional Ayurvedic medications as part of a comprehensive treatment plan. Symptoms severity was assessed using the HAM-A, and subjective improvements in sleep quality and emotional well-being were documented. **Results:** The patient demonstrated a significant reduction in anxiety symptoms, with the HAM-A score decreasing to 8. Subjective improvements in sleep quality and a reported sense of calmness and emotional well-being were also observed following the combined *Viddhakarma* and Ayurvedic intervention. **Discussion:** This case suggests that *Viddhakarma*, when integrated within a comprehensive Ayurvedic treatment protocol, may offer potential benefits in the management of GAD. The purported mechanism of *Viddhakarma*, involving *Vata* regulation and *Dosha* elimination through bloodletting, warrants further investigation.

INTRODUCTION

Disorders of mental health, known as *Manas Rogas* in Ayurveda, have become significant worldwide health challenges. Generalized Anxiety Disorder (GAD), described under ICD-10 code F41.1 and detailed in the DSM-5-TR, is characterized by excessive anxiety and worry occurring more days than not for at least six months, about various aspects of life, which the individual finds difficult to control. This is often accompanied by restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbance, leading to significant distress or impairment in social and occupational domains.^[1]

In Ayurveda, this presentation aligns with *Chittodvega*, a *Manasika Roga* resulting from the vitiation of *Vata Dosha* and predominance of *Rajo Guna*, affecting the *Manovaha Strotas*.^[2] Standard treatment methods in modern medicine comprises cognitive behavioral therapy (CBT), selective serotonin reuptake inhibitors (SSRIs), and benzodiazepines. However, these methods often face limitations like a delayed onset of action, side effects, risk of dependency, and residual symptoms.

It is thought that the *Manovaha Strotas*, overseen by *Prana Vayu*, can be disrupted by internal and external stressors, resulting in psychological imbalances.^[3] *Acharya Charaka* and *Sushruta* stress the two-way connection between the mind and body, promoting a psychosomatic perspective on mental disorders.^[4]

Viddhakarma, especially *Siravedha* (therapeutic venesection), is described by *Acharya Sushruta* as a type of *Trasana Chikitsa*, suitable for conditions where *Vata* and *Rakta Dushti* are predominant.^[5] The reasoning is based on alleviating vitiated *Doshas* and

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re-establishing channel patency to restore mental and somatic equilibrium. In the present case, *Viddhakarma*, aiming to enhance therapeutic outcomes through targeted *Vata*-pacification and vitiated blood elimination.

Case Report

A 32-year-old male patient, software engineer in the private sector visited outpatient department of AIIA, New Delhi with complaints of uncontrolled anxiety, low self-confidence, fatigue, frequent headaches, reduced appetite, irregular bowel movements specifically constipation and increased anger responses for over six months. His complaints started gradually but intensified after a challenging work period characterized by long hours, multitasking, and extended isolation from regular workplaces. The interplay of mental overload, a lack of physical activity, irregular dietary patterns, and insufficient sleep resulted in chronic anxiety and psychosomatic distress.

There had been a progression in the severity of emotional dysregulation and mood fluctuations in the last 6 months disturbing his daily life activities. Despite temporary relief through modern treatments such as steroids, selective serotonin reuptake inhibitors (SSRIs), benzodiazepines and cognitive behavioural therapy (CBT) the burden of his symptoms were increased significantly. Although, he took efforts to maintain his regular productivity, his quality of life began to decline, prompting him to seek Ayurvedic treatment. When assessed, he achieved a score of 28 on the Hamilton Anxiety Rating Scale (HAM-A), signifies moderate-to-severe GAD.

Clinical Examination

On Examination, the patient looked pale, afebrile, slightly disoriented, cyanosis and clubbing were absent. Irregular pulse with pulse rate was 89 per min and the blood pressure was 110/80mmhg. Per abdominal examination revealed tenderness in the right lower quadrant and liver was not palpable, peristaltic sounds to be sluggish. There were no obvious findings such as ascites, or palpable lymph nodes. On systemic examination, the respiratory

sounds were bilaterally equal, S1 and S2 were audible, chest clear, no added sounds were present, murmur was absent. Gastrointestinal tract findings, such as decreased appetite and bowel with tenesmus were present. Other systems were found normal.

Personal history revealed that patient had irregular bowel habits with mucus, and five kg weight loss within last 6 months. Urine frequency was 4-5 times a day with no nocturia, Disturbed sleep, moderately irritability. Diet was mixed with on and off aversion of food.

Ayurveda clinical examination revealed that *Nadi* (pulse) was *Samyak* (89 beats per minute-regular); *Mala* (stool): improper evacuation with tenesmus; *Mutra* (urine): yellowish; *Jihwa* (tongue): *Sama* (white coated); *Agni* (digestive fire): *Mandagni*; *Shabda* (speech): Normal; *Sparsha* (touch): *Ushna* (hot); *Drik* (eyes): *Kalusha*; *Akruti* (body built): *Madhyama*.

Diagnosis

Based on sign and symptoms and clinical examination, patient was diagnosed as a case of Generalized Anxiety Disorder as per ICD 10 F41.1 criteria [4]. Assessment of the patient before and after the intervention was done using Hamilton's Anxiety Rating scale.

Timeline

The patient was normal before 6 months. On the first visit, the patient complained of irritability, lack of concentration, feeling of unwanted fear, Increased frequency of experiencing irrelevant thoughts in mind and lack of self-confidence, feeling of losing everything, difficulty getting asleep, poor appetite, constipation, lack of energy whole day, generalized weakness started manifesting and increased gradually. The patient had taken allopathic medicines from March 11, 2024, to September 14, 2024, but had not satisfactory relief thus, the patient came for taking Ayurvedic treatment on September 20, 2024, and continued till December 17, 2024. The total duration of the treatment was 3 months. The detailed timeline of the treatment has been enlisted in Table.1

Table 1: Detailed Timeline

Period	Events
March 11, 2024	Diagnosis of GAD based on the signs, symptoms and clinical assessments.
March 11, 2024	Started allopathic medication.
September 20, 2024	Initiation of Ayurveda treatment.
October 5, 2024	Symptomatic improvement (bowel habits improved, anorexia decreased, appetite improved, time for onset of sleeping improved, frequency of coming irrelevant thoughts in mind has been reduced.)
December 17, 2024	Complete symptomatic relief. Hamilton's Anxiety Rating Score [HAM-A] decreased from 28 to 8.

Intervention plan**Viddhakarma procedure**

The procedure of *Viddhakarma* was performed all under aseptic conditions using on day 1, 7, 15, 30, 45, 60 and 90th day with 0.5-inch, 26 no. needle on following points. *Stapani (Ardhayava praman)*, *Utkshepa (Yavamatra)*, *shankha (Yavamatra)*, *Apang (Ardhayava)*, *Aawarta (Ardhayava)* and *Kshipra (Yavamatra)*.

Therapeutic intervention

After the Treatment protocol was explained, written informed consent was obtained from the patient. For 15 days, the patient received treatment with the following medications along with *Viddhakarma*. During this 15-day treatment plan, the patient was taking Cetalopram 20mg, venlafaxine 37.5 tablets once daily. After 15 days, the dosage of tablets was reduced step by step and then stopped. The patient was advised to consume one glass of lukewarm milk with Mishri once daily at bedtime, avoided junk food, spicy, oily, and heavy foods, limit caffeine intake, and make adjustments to sleep patterns. [Table 2]

Table 2: Details of therapeutic interventions

Medicine	Dose	Frequency	Time of Administration	Duration
<i>Mansyadi Kashayam</i>	20ml+20ml water	Once a day	Bedtime	First 21days
<i>Chirvilvadi Kashayam</i>	20ml	Twice a day	Before food	First 30 days
<i>Bramhi Ghrita</i>	1TSP	Twice a day	Before food	90 days.
<i>Bramhi Vati</i>	2 tablets	Twice a day.	After food	First 60 days. Then once daily till 90 days.
<i>Chitrakadi Vati</i>	1 tab (500mg)	Twice a day	Before food	First 15 days
<i>Trivrutta choornam + Musta Choornam</i>	(3gm + 2gm)	Twice a day	Before food with lukewarm water.	First 45 days then once daily for next 15 days, then stopped.
<i>Nasya with Bramhi Ghrita</i>	2 drops in each nostril	Once a day (early morning)	Before going to bed	First 30 days.

Assessment tools and follow-up

- **Follow-up Schedule:** Following an initial diagnosis, the patient underwent treatment with first 2 visits of 7 days each then 3 visits of every 15 days then monthly.

Objective Assessment: Hamilton Anxiety Rating Scale (HAM-A)

- **Subjective Parameters:** Sleep latency, irritability, concentration, restlessness, anorexia, bowel patterns.

Follow up observations

Within eight weeks, significant resolution of symptoms was observed. on this point oral medication was stopped except *Bramhi Vati* and lifestyle modification.

Visit	Date	HAM-A Score	Subjective Observations	Treatment and Remarks
First Visit (Day 0)	Sept 20, 2024	28	Severe anxiety, disturbed sleep (late onset), constipation, anorexia, low energy, frequent negative thoughts, poor focus, irritability.	Initiation of <i>Viddhakarma</i> + Ayurvedic medications+ continuation of SSRIs and Venlafaxine.
Second Visit (Day 7)	Sept 27, 2024	22	Mild improvement in sleep onset, slightly improved appetite, reduced irritability; irregular bowel habits persists but satisfactory.	Continued same medications; <i>Viddhakarma</i> performed on day 7.
Third Visit (Day 15)	Oct 5, 2024	18	Appetite improved, bowel regularity observed, reduced mental fatigue and intrusive thoughts, improved sleep pattern.	Gradual tapering of allopathic medicines initiated; <i>Viddhakarma</i> performed on day 15.

Fourth Visit (Day 30)	Oct 20, 2024	14	Noticeable calmness, improved focus, reduced restlessness, proper bowel evacuation, normalized appetite.	Ayurvedic medications continued; <i>Viddhakarma</i> performed on day 30.
Fifth Visit (Day 45)	Nov 4, 2024	11	Marked reduction in anticipatory anxiety, improved workplace efficiency, increased motivation, normal sleep cycle.	<i>Nasya</i> with <i>Brahmi Ghrita</i> continued; <i>Viddhakarma</i> performed on day 45.
Sixth Visit (Day 60)	Nov 19, 2024	9	No constipation or sleep disturbance, no intrusive thoughts, improved social engagement, enhanced self-confidence.	<i>Brahmi Ghrita</i> , <i>Brahmi Vati</i> , and <i>Trivrut+Musta</i> continued; <i>Viddhakarma</i> performed on day 60.
Seventh Visit (Day 90)	Dec 17, 2024	8	Mentally calm, emotionally stable, proper digestion and elimination, enthusiastic and alert.	All medications discontinued except <i>Brahmi Vati</i> one daily at bedtime for next 7 days; lifestyle modifications advised; <i>Viddhakarma</i> performed on day 90.

RESULTS

Over a 90-day period of Ayurvedic treatment, which included *Viddhakarma* and internal medications, the patient showed progressive and significant improvement in the clinical symptoms of Generalized Anxiety Disorder (GAD). The patient's score on the Hamilton Anxiety Rating Scale (HAM-A) decreased from 28 (moderate to severe anxiety) at baseline to 8 (mild to asymptomatic) by Day 90, indicating a significant reduction in anxiety symptoms. [Fig.1]

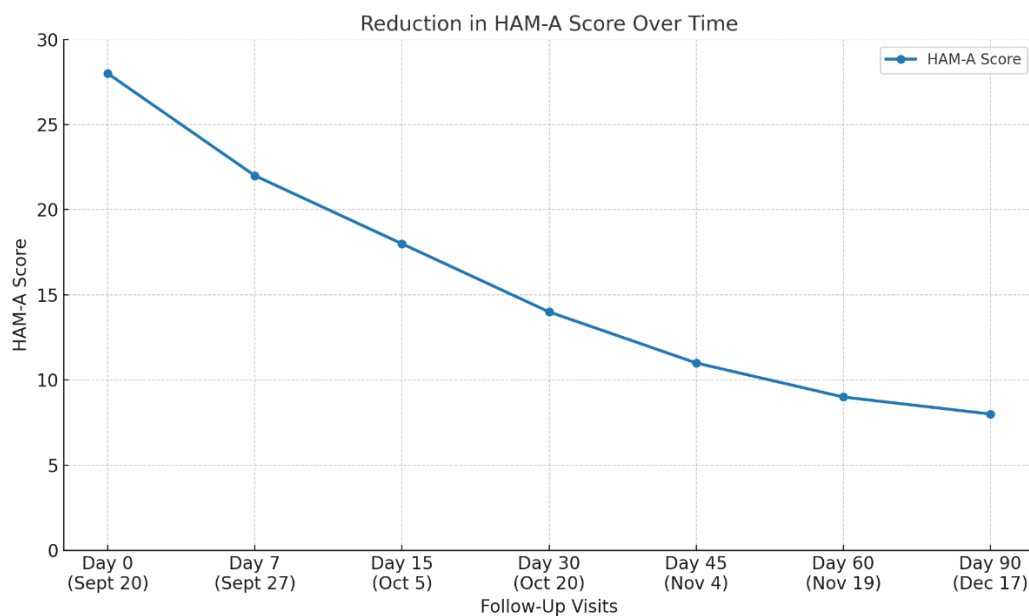


Fig.1 Reduction in HAM-A score over time

Subjective Improvements

Sleep Quality: An evident enhancement in sleep latency and duration was noted starting from the second week. On Day 60, the patient indicated that they had been sleeping peacefully and without interruption.

Bowel Patterns: Constipation and irregular bowel movements reported initially were resolved by day 15, with a normal frequency and ease of evacuation sustained throughout the follow-up period.

Appetite and Digestion: By the third visit (day 15), appetite had normalized, and bowel habits have also been gradually improving over the course of treatment.

Emotional Stability: Symptoms like irritability, restlessness, frequent intrusive thoughts, and low self-confidence decreased steadily, culminating in complete emotional stability by the end of the treatment.

Functional Well-being: The patient noted improvements in concentration, work efficiency, and social involvement, suggesting an enhancement in the overall quality of life. [Fig.2]

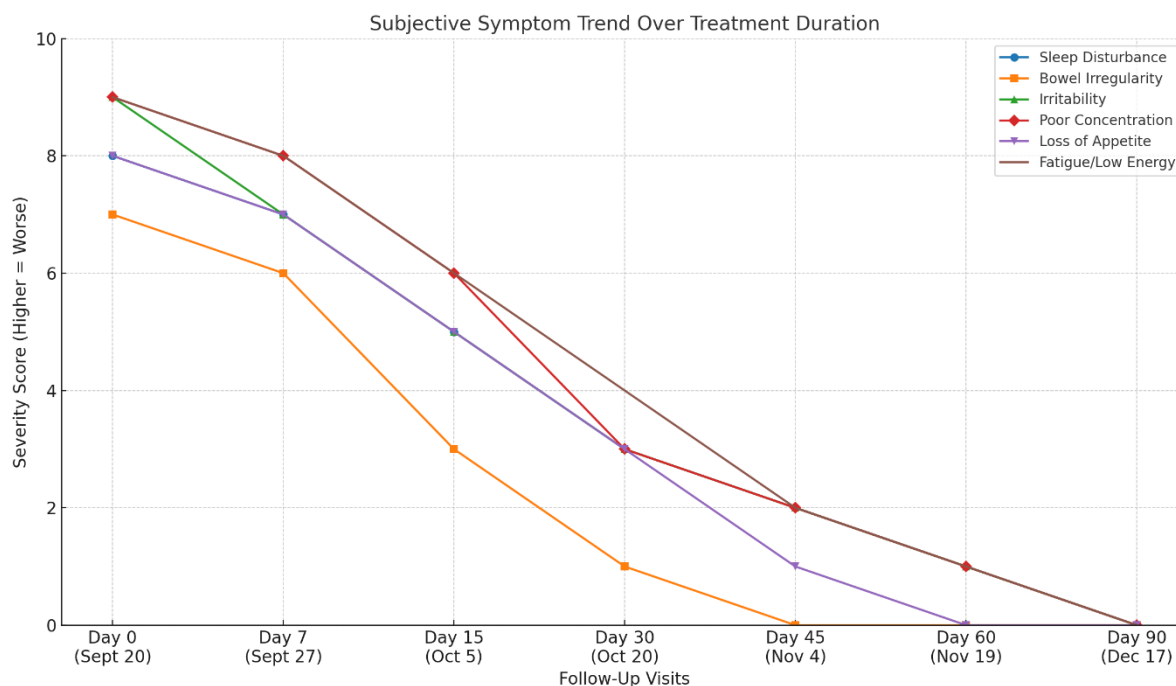


Fig.2 subjective symptoms trend over treatment duration

Objective findings

No complications or negative events were noted at any time during or following *Viddhakarma* procedures. Throughout the treatment, vitals and systemic parameters showed stability. By day 30, allopathic medication had been successfully tapered and discontinued, with no rebound or withdrawal symptoms occurring. The integrative application of *Viddhakarma* at *Marma* and *Shira* points, along with *Dravyabhuta Chikitsa* (herbo-mineral formulations and *Ghrita* preparations), led to a significant reduction in *Vata* vitiation and *Manasika Dosha* aggravation. This was in line with the subjective and objective improvements observed across all clinical domains.

DISCUSSION

This case study emphasizes the possible therapeutic benefits of an integrative Ayurvedic strategy that combines *Viddhakarma* and *Dravyabhuta Chikitsa* for managing Generalized Anxiety Disorder (GAD), which Ayurveda categorizes under *Chittodvega*, a subtype of *Manas Roga*.^[6] Clinically, GAD manifests as excessive worry, sleep disturbances, fatigue, irritability, and concentration difficulties. This aligns with the Ayurvedic description of *Vata* and *Rajo Guna* vitiation affecting the *Manovaha Strotas*.

1. *Viddhakarma*

Viddhakarma is described by *Acharya Sushruta* as a key procedure within *Trasana Chikitsa*, targeting the calming of *Vata* and the eliminating vitiated *Rakta* from the body. In this instance, *Viddhakarma* was

carried out at specified points like *Shankha*, *Utkshepa*, *Kshipra*, and *Apanga*.^[7] These are identified as *Shira-Marma* and have a direct effect on *Prana Vayu*. According to *Acharya Sushruta*, mental disorders such as *Unmada* and *Apasmara* involve the derangement of *Prana Vata*, which affects the *Hridaya* and *Manovaha Strotas*.^[8] *Viddhakarma* acts by clearing obstructed pathways, regulating *Vata*, and enhancing *Sattva Guna*, thereby played a role in alleviating subjective symptoms like irritability, excessive thoughts, and poor concentration.

Neurovascular Rationale of *Viddhakarma* in *Manas Roga*

Apart from local *Dosha shodhana*, the impact of *Viddhakarma* at *Shiromarma* points like *Utkshepa* and *Shankha* could affect neurovascular pathways that play a role in autonomic and emotional regulation. These points are located near the anatomical sites of trigeminal and cervical nerve branches. Pricking as a controlled stimulation method could elicit parasympathomimetic responses, diminish *Prana Vata* hyperactivity, and adjust neurochemical patterns linked to anxiety. While such hypotheses require empirical validation, they are consistent with Ayurvedic *Trasana Chikitsa* principles and somato-neural models in integrative medicine.

Performing *Viddhakarma* at *Shiromarma* points may activate local sensory receptors, engage parasympathetic pathways, and adjust cerebral blood circulation via controlled micro-injury and the release of inflammatory mediators. This is consistent with

neurophysiology's somato-visceral reflex models. In Ayurveda, the stimulation of *Prana Vayu* and the clearing of *Manovaha Strotas* through *Rakta Prasadana* promote balance in both physiological and psychological aspects. This might clarify the patient's immediate post-procedure feelings of lightness and tranquility, supporting the notion that *Viddhakarma* has therapeutic effects beyond mere physical detoxification.

Moreover, *Viddhakarma* may assist in *Srotoshodhana* and enhance *Rakta-Prasadana*, potentially restoring the region's normal neurovascular balance and contributing to emotional stability.^[9]

2. Mansyadi and Chiravilvadi Kashayam

These formulations include herbs that have demonstrated *Vatahara*, *Deepana*, and *Medhya* effects. *Mansya*, *Tagara*, and *Jatamansi* in *Mansyadi Kashayam* are recognized for their soothing effects on the mind and have demonstrated anxiolytic-like properties in experimental studies.^[10] *Chiravilvadi Kashayam*, which contains *Chirabilva* and *Vatsaka*, helps in *Agni* and *Koshtha Shuddhi*, essential for managing *Manasika Rogas* influenced by *Manda Agni* and *Mala Sanchaya*.^[11]

3. Brahmi Ghrita

Bramhi has extensive documentation as a *Medhya Rasayana*, enhances *Dhi*, *Dhriti*, and *Smriti* elements of *Manas*.^[12] *Ghrita's* application as an *Anupana* improves delivery through the Blood-Brain Barrier, in accordance with contemporary pharmacokinetics and the *Sookshma* property of Ayurveda. They work in tandem to bolster cognitive functioning, emotional regulation, and sleep.

4. Brahmi Vati

Brahmi Vati serves as a remedy for *Vata* and *Pitta*, and its application is warranted in cases of *Chittodvega* where there is an increase in *Rajo Guna* and *Vata Dosha*.

Compositions of this formulation are classified as *Medhya Rasayana* and *Srotoshodhaka*. They boost neurotransmission and synaptic plasticity also lowering cortisol levels and hence neurogenesis.^[13] These herbs' *Rasayana* property helps to build long-term resilience against stress and relapse. In addition, taking *Brahmi Vati* for as long as 90 days after acute intervention is consistent with *Rasayana chikitsa* as well as modern relapse-prevention protocols for managing GAD. Continued use aids in restoring *Dhi-Dhriti-Smriti*, decreases the frequency of anxiety episodes, may provide a more profound stabilization of the *Manovaha Strotas*.^[14]

5. Chitrakadi Vati

Chitrakadi Vati is widely utilized for its *Agnideepaka* and *Amapachaka* properties. It works by stimulating *Jatharagni*, which fosters proper digestion and absorption. Ingredients such as *Chitraka*, *Pippali*, *Maricha*, *Shunthi*, *Ajmoda*, and *Yavakshara* work together to show potent *Deepana-Pachana* characteristics. The *Ushna*, *Tikshna* and *Laghu Guna* aid in eliminating *Ama* (toxic metabolic byproducts) from the gastrointestinal tract and alleviating *Vata-Kapha* aggravation. In *Chittodvega* (anxiety), where impaired *Agni* plays a role in psychosomatic imbalances, *Chitrakadi Vati* helps restore the digestive fire, thus stabilizing both mental and bodily functions.^[15] Moreover, its *Vatashamaka* effect aids the *Manovaha strotas* by alleviating gastrointestinal stagnation, which in turn contributes to a calmer mind.

6. Trivritta Churna

Ingredients such as *Pippali*, *Maricha*, and *Shunthi*, is recognized for its *Shirovirechana*, *Amapachana*, and *Agnideepana* effects. Its *Tikshna* and *Ushna* qualities increase the *Yogavahi Karma* (bioavailability of drugs) taken together and improves slow metabolic activity.^[16] *Trikatu* pacifies associated *Vata-Kapha* vitiation in cases of *Rajasika* mental states such as restlessness and irritability through its stimulant and carminative actions. *Trivritta* aids the psychosomatic healing process, as *Mandagni* is frequently the underlying factor for both physical toxins and mental instability. The enhanced *Srotoshodhana* helps to clear subtle pathways of *Manovaha* and *Pranavaha strotas*, thereby providing indirect benefits for cognition and emotional regulation.^[17]

7. Musta Churna

It has *Grahani sthapaka*, *Tridosha-shamaka*, and *Medhya* properties, *Musta Churna*. It balances both *Vata* and *Pitta*, which makes it especially beneficial for digestive issues caused by stress. Its *Tikta* and *Laghu Gunas* assist in alleviating indigestion, bloating, and irregular bowel movements issues commonly observed in *Chittodvega* patients with a predominance of *Vata* and *Kapha*. *Musta* serves as a link between psychological and somatic health by restoring gut health and enhancing nutrient absorption. By calming hyperactive systemic responses and promoting mental clarity and peace, the formulation also aids in reducing *Rajoguna*.^[18]

8. Nasya with Brahmi Ghrita

Nasya is a direct treatment aimed at the *Shira* (head) and is regarded as *Uttamanga-Maruta Prashamana*. Its capability to nourish *Majja Dhatu* and calm *Vata* in *Urdhva Jatru Pradesh* makes it especially effective in *Manovikara*.^[19] *Brahmi Ghrita Nasya* was

administered in the first 30 days, which helped to accelerate recovery in sleep patterns, mental clarity, and emotional balance.

9. Lifestyle Modifications

The suggestion to embrace *Sattvika Ahara*, lower caffeine and spicy food consumption, and follow sleep hygiene practices is in line with *Nidana Parivarjana* and *Swasthavritta*. In the case of *Manas Roga*, such practices are vital, given that lifestyle often contributes to and exacerbates the condition.

CONCLUSION

Chittodvega (Generalized Anxiety Disorder) is mental disorder, primarily linked to the vitiation of *Vata Dosha* and *Rajo Guna*. *Viddhakarma* in conjunction with internal medications targeting *Agni Deepana*, *Vatahara*, and *Medhya* actions was effective in diminishing both objective (HAM-A score: 28 to 8) and subjective parameters such as sleep disturbance, bowel irregularity, irritability, and cognitive dysfunction. The incorporation of *Viddhakarma* at certain *Shiro Marma* points helped to calm *Prana Vayu* and stabilize mental functions. *Viddhakarma* when used adjunctively with classical Ayurvedic medications and lifestyle regulation, may offer enhanced relief in GAD by promoting *Vata* regulation and neurovascular detoxification.

Formulations such as *Mansyadi Kashaya*, *Chitrakadi Vati*, *Brahmi Ghrita*, and *Trivrit-Musta Churna* contributed to *Manas Shuddhi*, *Agni Sthirata*, and emotional well-being. This case supports the potential of integrative protocols in Ayurvedic psychiatry. Further randomized clinical trials are recommended to validate its safety, mechanism, and efficacy also to apply more widely in anxiety-spectrum disorders.

Patient Perspective

For several months, I had been battling with anxiety, sleep disturbances, and digestive issues. I had gone through various contemporary treatments with little alleviation, then I turned to Ayurveda. The treatment, which included pricking therapy (*Viddhakarma*), contributed to my improved calmness and sleep quality. After every session of *Viddhakarma*, during each visit and with every drop of blood released, I experienced a lightness at my head as if all stress and tension had exited my body along with that blood drop, bringing a soothing and calming sensation. With time, my mood, digestion, and mental clarity enhanced. I felt more anchored and could re-enter my daily routine with greater focus and energy. I appreciate the comprehensive care I received.

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***Address for correspondence**

Dr. Kirti Gaikwad

PG Scholar

All India Institute of Ayurveda,
New Delhi.

Email: kirtig399aiia@gmail.com

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