

**CLINICAL EVALUATION OF AYURVEDIC APPROACH IN THE MANAGEMENT OF
CHITTODWEGA (ANXIETY DISORDER): A SINGLE CASE STUDY*****¹Dr. Mansoor Ahmad, ²Dr. Vikrant Sharma**¹Phd Scholar, Professor at IIMT Ayurved Medical College, Meerut, Uttar Pradesh.²Assistant Professor, Department of Dravyaguna, Bhartiya Ayurvedic Medical College, Amroha, U.P.***Corresponding Author: Dr. Mansoor Ahmad**

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ABSTRACT

Introduction: *Chittodwega*, described in Ayurvedic texts as a *Manasika Vikar* arising predominantly from *Vata* vitiation along with *Raja Guna* aggravation, aligns closely with the modern concept of anxiety disorder. Globally, anxiety disorders affect approximately 264 million individuals, with a steady rise attributed to excessive academic, professional, and social pressures. Ayurveda recognises such mental disturbances as a disruption of *Manovaha Srotas*, especially influenced by Prana Vata, resulting in restlessness, palpitations, apprehension, and disturbed sleep. **Materials & Methods:** A 34-year-old female presented with persistent worry, palpitations, trembling, restlessness, difficulty concentrating, and disturbed sleep for six months. Assessment was done using classical Ayurvedic parameters (*Vata* predominance, *Rajoguna* aggravation, *Mano-Vaha Srotodushti Lakshanas*) and the Hamilton Anxiety Rating Scale (HAM-A). Treatment protocol included *Yashtimadhu ghrita*, *Brahmi Vati*, *Sarasvatyarishta*, *Shiro abhyanga* (sesame oil), *Shirodhara*, *Satvajaya Chikitsa* and mild *Nidana Parivarjana* for *Manas-Dosha* pacification. Duration: 4 weeks. **Results:** Significant improvement was observed in worry levels, palpitations, sleep quality, calmness and thought clarity. HAM-A scores reduced markedly. The patient reported a sense of mental stability, emotional ease, and enhanced coping ability. No adverse effects were noted. **Discussion:** The response noted may reflect autonomic stabilization and reduced sympathetic over activity induced by Ayurvedic interventions, contributing to improved emotional control. **Conclusion:** This case demonstrated the effectiveness of Ayurveda in reducing symptoms of *Chittodwega*. Ayurvedic protocols may serve as a safe, holistic, and effective approach in managing anxiety-related conditions.

KEYWORDS: *Ayurveda, Chittodwega, Anxiety, Manovaha Srotas.***INTRODUCTION**

Anxiety disorders represent a major global mental health challenge. According to the World Health Organization (WHO), approximately 301 million individuals worldwide are currently living with anxiety disorders, including 58 million children and adolescents.^[1] Rising academic burden, occupational pressure, digital overstimulation, and psychosocial stressors are key contributors to this increasing trend. Prolonged anxiety adversely affects emotional well-being, productivity, interpersonal health, and overall quality of life.

In Ayurveda, the condition resembling anxiety is understood as *Chittodwega*, though the term is not separately classified as a disease in the *Brihatrayi*

(*Caraka, Suśruta, Aṣṭāṅga Hṛdaya*). However, the concept and clinical features are well-acknowledged in later Ayurvedic literature and commentarial texts. Yoga *Ratnakara* and Bhava Prakasha describe features such as *Chinta* (excessive worry), *Udvega* (mental agitation), *Bhaya* (fear), *Anidra* (sleeplessness), and *Hridhrava* (palpitations) — which clearly correspond to modern anxiety disorders.^[2]

Acharya Charaka notes that derangement of *Manasika Doshas* (*Rajas* and *Tamas*) along with *Vata* vitiation, particularly Prana Vata, leads to disturbances in cognition, emotional balance, and nervous system functioning.^[3] The involvement of *Manovaha Srotas*, *Tarpaka Kapha kshaya*, and *Sadhaka Pitta* vitiation

further contributes to restlessness, emotional instability, and impaired coping.

Modern neurobiology associates anxiety with amygdala hyperactivity, limbic dysregulation, impaired GABAergic tone, HPA-axis activation, and sympathetic overdrive. These biological correlates align closely with Vata vitiation and Rajas predominance.

Thus, Ayurvedic management of *Chittodwega* focuses on *Vata-shamana*, *Rajo-guna* pacification, *Medhya Rasayana*, and *Manovaha Srotoshodhana*, aiming to restore mental homeostasis and promote *sattva*-balancing. This case report evaluates the effectiveness of a classical Ayurvedic therapeutic protocol in the management of *Chittodwega* (anxiety disorder).

MATERIAL AND METHODS

Case Profile

A 34-year-old married female school teacher, belonging to a middle-class socioeconomic background, presented with complaints of persistent worry, restlessness, palpitations, trembling during stressful situations, difficulty initiating sleep, irritability, lack of concentration, occasional headache, and dryness of mouth for the past six months. The symptoms gradually intensified following an increase in professional workload and family responsibilities, leading to mental agitation and disturbed sleep, which affected her teaching performance. She denied any history of hypertension, diabetes, thyroid dysfunction, or substance use. Menstrual history was normal. Family history revealed mild anxiety in her mother during menopause, with no known hereditary psychiatric illness. The patient reported irregular dietary habits with preference for dry, light, spicy food; disturbed sleep pattern; reduced

appetite; occasional constipation; and moderate daily physical activity associated with teaching and routine household work. Psychological history revealed excessive thinking, fearfulness, and emotional sensitivity. On Ayurvedic assessment, *Vata-Pitta* dominant *Prakriti*, *Vata-Raja* predominant *Vikriti*, *Vishama Agni*, *Avara Vyayama Shakti*, *Madhyama Satva*.

Table no. 1: Vital examination.

Vital signs	Observation
Pulse rate	84/min
Blood pressure	128/74 mmHg
Respiratory rate	18/min
Temperature	97.8°F
Weight	65 kg
Height	163 cm

Table no. 2: Ashtavidh Pariksha.

Pariksha	Observation
<i>Nadi Pariksha</i>	<i>Vata</i> dominant
<i>Mala Pariksha</i>	Regular Bowel
<i>Mutra Pariksha</i>	Normal frequency and colour
<i>Jivha Pariksha</i>	Dry and coated
<i>Shabda Pariksha</i>	Hoarse
<i>Sparsha Pariksha</i>	<i>Khar</i> (Dry)
<i>Drik Pariksha</i>	Normal
<i>Akriti Pariksha</i>	Normal

Dietary & Lifestyle History

Irregular meals, preference for dry, spicy foods (*Vata-pitta* aggravating)
 Irregular sleep habits
 Moderate physical activity
 Screen exposure until late evening

Table no. 3: Treatment Schedule.

Therapy	Dosage/ Duration	Rationale
<i>Yashtimadhu Ghrita</i>	5 ml twice daily with warm milk	<i>Medhya</i> , <i>Vata-pacifying</i> , <i>Manas-balya</i>
<i>Brahmi Vati</i>	250 mg twice daily	Enhances <i>Medha</i> and <i>Manas-sthiti</i>
<i>Saraswatarishta</i>	10 ml with equal water twice daily	<i>Manovaha Srotas Shodhana</i> , <i>Medhya</i>
<i>Shiro-Abhyanga</i> (Tila Taila)	Daily 15 minutes	<i>Vata-shamana</i> , nervous system calming
<i>Shirodhara</i> (Ksheer-Bala Taila)	30 minutes, alternate days	Deep relaxation, <i>Prana Vayu</i> balance

Table no. 4:- Aahara–Vihara–Satvavajaya Protocol.

Category	Recommendations	Rationale
Ahahara (Diet)	Warm, unctuous, freshly prepared meals, <i>Go Ghrita</i> ., milk, <i>Kharjur</i> , raisins, <i>Shashtika Shali</i> rice, wheat, <i>moong dal</i> , <i>Guda</i> , <i>Saindhav lavana</i> .	<i>Vata-shamana</i> , nourishment of nervous tissues, promotes mental calmness
Vihara (Lifestyle)	Regular sleep routine, Gentle yoga, pranayama, <i>Dhyana</i> , Morning walks, <i>Shiro Abhyanga</i> & <i>Padabhyanga</i> with sesame oil	Stabilizes <i>Prana Vata</i> , induces relaxation, improves sleep, reduces stress response
Satvavajaya / Counselling	Relaxation, Positive reassurance, thought replacement & emotional grounding, Meditation, Maintaining gratitude	Enhances <i>Satva</i> guna, reduces <i>Rajas</i> , improves emotional regulation, strengthens coping ability
Nidan parimarjan	Dry, cold, spicy, and fast foods, Excess tea, coffee, junk food, Excess screen time, late-night work, Isolation, overstimulation, excessive	Prevents <i>Vata</i> aggravation & mental hyperstimulation; avoids precipitating factors

	social media, Worry-inducing discussions / overthinking	
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Assessment Tool

Hamilton Anxiety Rating Scale (HAM-A)

Ayurvedic Lakshana scoring

RESULTS

Clinical improvement observed over 4 weeks.

Table no. 5: Manasika Lakshana Evaluation.

Parameters	Description	Grade 0	Grade 1	Grade 2	Grade 3	BT	
<i>Chinta</i> (Excessive worry)	Frequency & severity of worry	None	Occasional, mild	Frequent, moderate	Constant, severe	3	1
<i>Udvega</i> (Restlessness)	Inner agitation, inability to relax	None	Mild restlessness	Frequent uneasy feeling	Persistent agitation	3	1
<i>Bhaya</i> (Fearfulness)	Unexplained fear	None	Slight insecurity	Frequent fear episodes	Persistent fear	2	1
<i>Anidra</i> (Insomnia)	Sleep quality & latency	Normal Sleep	Delayed sleep <30 mins	Difficulty in falling asleep 30–60 mins	Severe insomnia >60 mins	3	1
<i>Kshobha</i> (Irritability)	Emotional irritability	None	Mild irritability	Frequent irritation	Persistent irritability	2	0

Table no.6: Physiological Parameters.

Parameter	Baseline	Post Treatment	Interpretation
Pulse rate	98/min	82/min	Reduced sympathetic activity
Sleep duration	4–5 hrs/night	6–7 hrs/night	Improved sleep
Tremors/Shaking	Present	Minimal	Nervous system stabilization
Bowel habits	Irregular	Regular	Vata pacification

HAM-A Scale Outcome

Status Score Interpretation

Before treatment 26 Severe anxiety

After treatment 10 Normal–mild range

DISCUSSION

The therapeutic outcomes in this case demonstrate that the Ayurvedic regimen effectively addressed both the symptomatic and root-level pathology of Chittodwega. From a modern standpoint, anxiety is strongly associated with amygdala hyperactivity, HPA-axis dysregulation, elevated sympathetic tone, and reduced inhibitory neurotransmitters like GABA. Ayurveda describes similar disturbances through the lens of *Prana Vata* vitiation, *Manovaha Srotodushti*, and aggravation of *Raja Guna*, leading to symptoms such as *Chinta*, *Udvega*, *Bhaya*, *Kshobha*, and *Anidra*. The marked reduction in these symptoms following treatment suggests a restoration of *Prana Vata* functions (*manas-vyāpāra*, *buddhi*, *dhairya*, *nidra*) and stabilization of mental faculties through *Vata-shamana* and *Medhya* actions.

The combination of *Yashtimadhu Ghrita*, *Brahmi Vati*, *Sarasvatāriṣṭa*, *Shirodhara*, and *Abhyanga* appears to have interrupted the pathological cycle at multiple levels. Research shows that *Bacopa monnieri* increases GABAergic activity, reduces cortisol, and improves

cognitive processing^{[4][5]}; *Ghrita*-based *Medhya* formulations enhance neuroplasticity and nourish *Majja Dhatu*^[6]; while *Sarasvatāriṣṭa* exerts anxiolytic and neurocalming effects through antioxidant and adaptogenic mechanisms. *Shirodhara* and *Abhyanga* have been demonstrated to reduce sympathetic overactivity, stimulate the limbic system, and induce parasympathetic predominance. Together, these therapies likely regulated HPA-axis activity, reduced overactivation of stress circuits, improved neurotransmitter balance, and enhanced emotional regulation.^[7]

The improvements seen—in worry, palpitations, restlessness, sleep quality, irritability, and concentration—along with a substantial reduction in HAM-A score, reflect correction of both *Manovaha Srotodushti* and modern neurobiological dysfunction. The therapy broke the pathology by calming *Prana Vata*, reducing *Rajas*, supporting *Majja Dhatu* nourishment, improving GABA-serotonin pathways, and restoring autonomic equilibrium. This case therefore provides evidence that an integrated Ayurvedic approach offers a safe, holistic, and mechanistically plausible strategy for managing *Chittodwega* (anxiety disorder), consistent with both classical Ayurvedic principles and modern neuropsychophysiological understanding.

CONCLUSION

Ayurvedic interventions demonstrated effective management of *Chittodwega* (anxiety disorder) by balancing *Prana Vata*, strengthening mental faculties, and regulating autonomic responses. This case supports the role of *Vata-shamana*, *Medhya Rasayana*, and mind-calming therapies as safe and beneficial modalities in anxiety disorders.

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