WJPMR, 2026, 12(9), 177-180

Case Report

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

Impact Factor: 7.555

ISSN (O): 2455-3301

ISSN (P): 3051-2557

Coden USA: WJPMBB

# AYURVEDIC MANAGEMENT OF KRODHA (PATHOLOGICAL ANGER) IN A COMPETITIVE SPORTSPERSON: A CASE REPORT

***Dr. Priyanka K. Bansod**

Associate Professor, Dept. of Kriya Sharir, Smt.Shalinitai Meghe Ayurved College and Research Center, Bhilewada, Bhandara (MH).

***Corresponding Author: Dr. Priyanka K. Bansod**

Associate Professor, Dept. of Kriya Sharir, Smt.Shalinitai Meghe Ayurved College and Research Center, Bhilewada, Bhandara (MH). **DOI:** https://doi.org/10.5281/zenodo.22160175

**How to cite this Article:** Dr. Priyanka K. Bansod. (2026). Ayurvedic Management of Krodha (Pathological Anger) In A Competitive Sportsperson: A Case Report. World Journal of Pharmaceutical and Medical Research, 12(9), 177–180. 

**Article Received on 05/08/2026** **Article Revised on 24/08/2026** **Article Published on 01/09/2026**

## ABSTRACT

Krodha (anger) is recognised in Ayurveda as a Manasika Vikara arising from an intensified state of Rajas Guna, capable of vitiating Pitta Dosha and disturbing multiple body systems when left unregulated. Competitive sportspersons, owing to high physical and psychological demand, intense rivalry and public scrutiny, represent a population particularly susceptible to maladaptive anger expression. This report describes the Ayurvedic management of a 24-year-old competitive boxer presenting with recurrent anger outbursts that had begun to affect both his interpersonal relationships and competitive standing. Assessment revealed a Pitta-Vata predominant Prakriti with Rajasika Sattva and elevated baseline scores on the Anger and Aggressiveness subscales of the Competitive Aggressiveness and Anger Scale (CAAS). The patient was managed over eight weeks with Shamana Aushadha (Manasamitra Vataka, Brahmi Ghrita, Saraswatarishta), external procedures (Shirodhara, Nasya) and Sattvavajaya Chikitsa incorporating structured counselling and cooling Pranayama, alongside dietary and lifestyle modification. A graded reduction in both CAAS subscale scores was observed over the follow-up period, accompanied by improved interpersonal functioning and competitive performance, with no further disciplinary incidents. This case illustrates the practical applicability of classical Krodha-Pitta-Manas principles in a contemporary sports context and underscores the importance of anti-doping compliant prescribing when treating competitive athletes with Ayurvedic formulations.

**KEYWORDS:** Krodha, Sattvavajaya Chikitsa, Sportsperson, Competitive Aggressiveness and Anger Scale, Pitta Dosha, Case Report.

## INTRODUCTION

Krodha is described in classical Ayurvedic texts as an intensified manifestation of Rajas Guna, capable of provoking Pitta Dosha and disturbing both somatic and psychic equilibrium.[1] Competitive sport inherently demands a controlled degree of arousal, drive and assertiveness (Utsaha) for optimal performance; however, when this arousal exceeds physiological regulation, it may manifest as pathological Krodha, with consequences for interpersonal conduct, disciplinary standing and, ultimately, performance itself.

Contemporary sports psychology similarly recognises anger and aggressiveness as trait-level constructs that can both facilitate and undermine athletic performance, depending on the degree of regulation achieved by the individual. Ayurveda offers a structured therapeutic framework for Manasika disorders through its Trividha Chikitsa—Daivavyapashraya, Yuktivyapashraya and Sattvavajaya Chikitsa—the last of which specifically addresses restraint of the mind from harmful objects of thought through counselling, knowledge and self-discipline.[2] Despite this robust theoretical foundation, documented clinical application of integrated Ayurvedic Krodha management in an athletic population remains limited. The present case report is intended to illustrate one such application.

## CASE REPORT

### *Patient Information*

A 24-year-old male, competitive state-level boxer (light-heavyweight category), presented with a chief complaint

of recurrent, intense anger outbursts of approximately one year duration.

***History of Present Illness***

The patient reported a gradual increase in irritability and anger outbursts over the preceding year, coinciding with heightened competitive pressure and a recent change in coaching staff. Episodes were characteristically triggered by perceived unfair officiating, competitive losses and public criticism on social media, and were marked by verbal aggression toward teammates and coaching staff. One episode of physical altercation had resulted in a tournament suspension. Outbursts were transiently relieved by intense physical exertion but recurred within days. Associated complaints included disturbed sleep prior to competitions and episodic acidity and loose stools during periods of heightened stress.

***Past History***

No history of diabetes, hypertension, head injury or prior psychiatric illness was elicited. The patient was not on any psychotropic medication.

***Personal History***

Ahara (diet): Predominantly non-vegetarian, frequent intake of spicy and fried food, irregular meal timing owing to training schedule.

Vihara (lifestyle): Intense daily training of 3–4 hours; high intake of caffeinated pre-workout supplements.

Nidra (sleep): Disturbed, averaging 5–6 hours with frequent nocturnal awakening, particularly before competitions.

Vyasana (habits): Occasional alcohol consumption following competitions; no tobacco use.

***Family History***

The patient's father was reported to have a short temper, though without any formal psychiatric diagnosis.

***General and Systemic Examination***

The patient presented with a well-built, muscular athletic habitus. Vital parameters were within normal limits, and systemic examination revealed no abnormality. No pallor, icterus or oedema was noted.

**Table 1: Dashavidha Pariksha and Prakriti Assessment.**

| Parameter | Finding |
|---|---|
| Prakriti (Constitution) | Pitta–Vata Pradhana |
| Sara (Tissue quality) | Madhyama, well-developed musculature |
| Samhanana (Body compactness) | Madhyama to Uttama |
| Pramana (Body proportion) | Madhyama; proportionate athletic build |
| Satmya (Suitability/adaptability) | Madhyama |
| Sattva (Psychic constitution) | Rajasika predominant |
| Ahara Shakti (Appetite/digestion) | Vishama; episodic Atisara during stress |
| Vyayama Shakti (Exercise capacity) | Uttama, consistent with athletic training |
| Vaya (Age group) | Yuva (young adult) |
| Nadi (Pulse character) | Pitta–Vata predominant; rate increased on recall of anger-provoking events |

Assessment using the Competitive Aggressiveness and Anger Scale (CAAS), a validated 12-item instrument comprising separate Anger and Aggressiveness subscales designed specifically for competitive athletes[9], revealed elevated scores on both subscales at baseline (see Table 3).

***Diagnosis***

Krodha (pathological anger)—a Manasika Vikara—in a Pitta–Vata Pradhana Prakriti individual with Rajasika Sattva, associated with secondary Agnimandya during periods of psychological stress.

**TREATMENT**

An eight-week, multimodal Ayurvedic protocol was instituted, combining Shamana Aushadha, Bahya Chikitsa (external procedures), Sattvavajaya Chikitsa and Ahara-Vihara modification. All formulations were reviewed against the current World Anti-Doping Agency Prohibited List prior to prescription, given the patient's status as a competitive athlete subject to anti-doping testing.[10]

**Table 2: Treatment Protocol.**

| Intervention | Details | Duration |
|---|---|---|
| Manasamitra Vataka.[4] | 1 tablet twice daily with honey | 8 weeks |
| Brahmi Ghrita.[5] | 5 g once daily at bedtime with warm milk | 8 weeks |
| Saraswatarishta.[6] | 15 ml twice daily after meals with equal water | 8 weeks |
| Shirodhara (Brahmi Taila) | 45 minutes, twice weekly | Weeks 1–4 |
| Nasya (Anu Taila) | 2 drops each nostril, once daily, morning | Weeks 1–2 |
| Sattvavajaya | Structured counselling with Sheetali and Bhramari Pranayama, 20 | 8 weeks |

| | | |
|---|---|---|
| Chikitsa.[2] | minutes daily | |
| Ahara-Vihara modification | Pitta-shamaka diet, sleep hygiene (7–8 hours), reduced pre-workout stimulant intake | 8 weeks |

**FOLLOW-UP AND OUTCOME**

**Table 3: CAAS Subscale Scores (Mean Item Score, Range 1–5) Across Follow-up.**

| Visit | Week | Anger Subscale | Aggressiveness Subscale | Clinical Observation |
|---|---|---|---|---|
| Baseline (BT) | 0 | 4.5 | 3.8 | Recent tournament suspension; frequent verbal outbursts; disturbed sleep |
| Follow-up 1 | 2 | 4.0 | 3.6 | Improved sleep; mild reduction in irritability |
| Follow-up 2 | 4 | 3.2 | 2.9 | No disciplinary incidents; improved rapport with coach |
| Follow-up 3 | 6 | 2.6 | 2.4 | Stable mood; improved training focus |
| Follow-up 4 (AT) | 8 | 2.1 | 2.0 | Competed without incident; improved digestion and sleep |

Over the eight-week treatment period, both Anger and Aggressiveness subscale scores showed a consistent downward trend. Clinically, this was accompanied by improved sleep quality, resolution of stress-related digestive complaints, restored rapport with coaching staff and teammates, and successful participation in a subsequent tournament without disciplinary incident. The patient subjectively reported greater awareness of anger-provoking triggers and improved ability to apply the breathing and counselling techniques introduced during Sattvavajaya Chikitsa, particularly in the pre-competition period.

## DISCUSSION

The clinical improvement observed in this case may be understood through several converging mechanisms. Brahmi Ghrita and Saraswatarishta are classified as Medhya Rasayana, traditionally held to enhance Sattva and Buddhi while pacifying excess Rajas, the Guna underlying Krodha.[1,7] Manasamitra Vataka is similarly indicated for Manasika disorders associated with Vata–Pitta disturbance. Shirodhara, through sustained, rhythmic application of medicated oil over the frontal region, is widely held to induce a calming, Vata–Pitta pacifying effect, with a plausible modern correlate in reduced sympathetic arousal and cortisol response. Sattvavajaya Chikitsa, incorporating structured counselling and cooling Pranayama, parallels several elements of cognitive-behavioural anger management strategies used in contemporary sports psychology, lending the classical approach a degree of conceptual convergence with modern practice.

An important practical consideration in this case was the patient's status as a competitive athlete subject to anti-doping regulation. Several classical Manasika formulations contain ingredients that require careful screening against current anti-doping prohibited lists; accordingly, formulations were selected and verified to avoid any substance of concern prior to prescription. This consideration is essential whenever Ayurvedic Manasika Chikitsa is extended to competitive sportspersons and merits emphasis in any future structured research in this population.

This report is subject to the inherent limitations of a single case description: the absence of a control or comparison group, reliance on a self-report psychometric instrument, and the possibility of regression to the mean or non-specific effects of attention and counselling contributing to the observed improvement. Nonetheless, the case illustrates a coherent, classically grounded and anti-doping compliant approach to Krodha management that may merit evaluation in larger, structured case series among athletic populations.

## CONCLUSION

Krodha in sportspersons, while partly channelled into competitive drive, can become pathological and detrimental to both interpersonal relationships and performance when inadequately regulated. In this case, an integrated Ayurvedic protocol combining Shamana Aushadha, Panchakarma-based external procedures and Sattvavajaya Chikitsa was associated with a meaningful reduction in anger and aggressiveness scores over eight weeks, alongside improved interpersonal functioning and competitive participation. This case supports the conceptual relevance of classical Krodha-Pitta-Manas principles to a contemporary sports context and suggests a promising direction for further structured research, conducted within an anti-doping compliant framework.

## PATIENT CONSENT

Written informed consent was obtained from the patient for the use of his anonymised clinical details for academic and publication purposes. All identifying information has been withheld.

## REFERENCES

1. Agniveśa. Charaka Saṃhitā with Āyurveda Dīpikā commentary of Cakrapāṇi. Varanasi: Chaukhambha Sanskrit Sansthan; 1997. Vimānasthāna 6/6.
2. Agniveśa. Charaka Saṃhitā with Āyurveda Dīpikā commentary. Varanasi: Chaukhambha Sanskrit Sansthan; 1997. Sūtrasthāna 1/58.
3. Agniveśa. Charaka Saṃhitā with Āyurveda Dīpikā commentary. Varanasi: Chaukhambha Sanskrit Sansthan; 1997. Sūtrasthāna 11/54.

4. Śrīkantā Datta. Bhāiṣajya Ratnāvalī, Unmāda Rogādhikāra: Manāsamitra Vātaka. Varanasi: Chaukhambha Prakashan.
5. Vāgbhaṭa. Aṣṭāṅga Hṛdaya, Uttarasthāna, Unmāda Pratishedha: Brāhmī Ghṛta. Varanasi: Chaukhambha Surbharati Prakashan; 2010.
6. Śrīkantā Datta. Bhāiṣajya Ratnāvalī, Medhya Rasāyana Adhikāra: Sarasvatāriṣṭa. Varanasi: Chaukhambha Prakashan.
7. Agniveśa. Charaka Saṃhitā with Āyurveda Dīpikā commentary. Varanasi: Chaukhambha Sanskrit Sansthan; 1997. Cikitsāsthāna 1.3, Medhya Rasāyana Adhyāya.
8. Agniveśa. Charaka Saṃhitā with Āyurveda Dīpikā commentary. Varanasi: Chaukhambha Sanskrit Sansthan; 1997. Sūtrasthāna 30/26.
9. Maxwell JP, Moores E. The development of a short scale measuring aggressiveness and anger in competitive athletes. Psychology of Sport and Exercise. 2007; 8(2): 179–193.
10. World Anti-Doping Agency. The Prohibited List 2026. Montreal: WADA.