

**EFFECT OF *DHAIRYA CHIKITSA* IN THE MANAGEMENT OF SOCIAL ANXIETY
(*CHITTODVEGA*): A CLINICAL STUDY****Dr. Sharadhi A. R. Bhasri¹, Dr. Raviprasad Hegde², Dr. Vinitha D. Souza³**¹PG Scholar, Department of Post Graduate Studies in Manovijnana Evam Manasaroga, Alva's Ayurveda Medical College and Hospital, Moodubidire, Karnataka, India.²Professor and Guide, Department of Post Graduate Studies in Manovijnana Evam Manasaroga, Alva's Ayurveda Medical College and Hospital, Moodubidire, Karnataka, India.³Associate Professor and Co-Guide, Department of Post Graduate Studies in Manovijnana Evam Manasaroga, Alva's Ayurveda Medical College and Hospital, Moodubidire, Karnataka, India.***Corresponding Author: Dr. Sharadhi A. R. Bhasri**PG Scholar, Department of Post Graduate Studies in Manovijnana evam Manasaroga, Alva's Ayurveda Medical College and Hospital, Moodubidire, Karnataka, India. DOI: <https://doi.org/10.5281/zenodo.23804866>**How to cite this Article:** Dr. Sharadhi A. R. Bhasri¹, Dr. Raviprasad Hegde², Dr. Vinitha D. Souza³ (2026). Effect Of Dhairya Chikitsa In The Management Of Social Anxiety (Chittodvega): A Clinical Study. World Journal of Pharmaceutical and Medical Research, 12(11), 209–213.

This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 22/09/2026

Article Revised on 12/10/2026

Article Published on 01/11/2026

ABSTRACT

Background: Chittodvega, a Manasika Vikara described in the Ayurvedic classics as Anavastita Chetasa, arises from vitiation of Rajas and Tamas with Vata prakopa and corresponds closely to Social Anxiety Disorder, a common but under-recognised condition marked by fear of scrutiny and social avoidance. Ayurveda manages such Manasa Vikaras chiefly through Satwavajaya Chikitsa, within which Dhairya restores Satva Bala and checks the dominance of Rajas and Tamas. **Objectives:** To evaluate the effect of Dhairya Chikitsa in the management of social anxiety (Chittodvega) and to study the applied dimension of Satwavajaya Chikitsa. **Materials and Methods:** A non-randomised, single-group clinical study was conducted on thirty participants aged 16 to 25 years satisfying the diagnostic criteria for the performance type of Social Anxiety Disorder at Alva's Ayurveda Medical College and Hospital, Moodubidire. Dhairya Chikitsa, operationalised through gradual modeling, participant modeling with contact desensitization, social skills training and staged performance exposure, was administered for thirty minutes once weekly over thirty days. Outcomes were assessed on the Kutcher Generalized Social Anxiety Disorder Scale for Adolescents on days 1, 15 and 30 and analysed by repeated measures analysis of variance or Friedman's test with post-hoc comparison. **Results:** All four subscales showed a highly significant decline ($p < 0.001$). The total score fell from 65.73 ± 16.19 at baseline to 39.33 ± 14.58 on day 30, a reduction of 40.16 per cent. **Conclusion:** Dhairya Chikitsa relieves the fear, avoidance, affective and somatic dimensions of Chittodvega and offers a safe, economical and non-pharmacological option in the management of social anxiety.

KEYWORDS: Chittodvega, Social Anxiety Disorder, Dhairya Chikitsa, Satwavajaya Chikitsa, Modeling technique, K-GSADS-A.

INTRODUCTION

Ayurveda regards the mind, no less than the body, as a legitimate seat of disease, and among the *Manasa Vikaras* catalogued by Acharya Charaka, *Chittodvega* occupies a distinct place. It is understood as a state arising from the aggravation of *Rajas* and *Tamas*, the two *Manasika Doshas* whose disturbance unsettles the ordinary functioning of the mind.^[1] The term itself is a compound of *Chitta* (mind) and *Udvega* (agitation or restlessness), and classical commentators describe it as *Anavastita Chetasa*, an unsteady and disturbed state of consciousness.^[2,3] *Chittodvega* is further placed among

the *Vataja Nanatmaja Vikaras*, disorders whose root lies in vitiated *Vata*, and is also regarded as a *Poorvaroop* of *Unmada*, indicating that persistent, unaddressed agitation of this kind may, over time, progress towards more serious derangement of the mind.^[4,5]

A great many of the features attributed to *Chittodvega* overlap closely with what modern psychiatry terms Social Anxiety Disorder (SAD): a disproportionate and persistent fear of situations involving possible scrutiny, evaluation or judgment by others, often accompanied by avoidance of the very situations that provoke it.^[6] SAD is

widely regarded as one of the more under-diagnosed conditions in psychiatric practice, its prevalence estimates varying considerably across populations and settings, from under a quarter to well over half in some community samples, and averaging close to 4 per cent in a thirteen-nation survey, with a consistently higher burden among women than men.^[7,8] Left unaddressed, the disorder is capable of eroding academic performance, occupational functioning and interpersonal life well into adulthood.

Ayurvedic therapeutics broadly recognise two complementary routes to treatment, *Dravyabhuta Chikitsa*, which relies on medicinal substances, and *Adravyabhuta Chikitsa*, which does not.^[9] *Satwavajaya Chikitsa*, one of the three pillars of *Trividha Chikitsa* alongside *Daivavyapashraya* and *Yuktivyapashraya*, belongs to the latter category and is directed specifically at *Manonigraha*, restraining the mind from *Ahita Arthas*, the unwholesome objects and impressions that disturb it.^[10] Within this framework, Charaka assigns a particular importance to *Dhairya*, a quality combining courage, patience, resolve and emotional steadiness, as one of the principal means by which *Satva Guna* is strengthened and the excess of *Rajas* and *Tamas* is checked.^[1] *Dhairya*, applied through reassurance, graduated exposure and the deliberate strengthening of coping capacity, is proposed in this study as a working translation of *Satwavajaya Chikitsa* into a structured, time-bound behavioural intervention, and its effect on *Chittodvega* presenting as social anxiety was examined.

OBJECTIVES OF THE STUDY

1. To evaluate the effect of *Dhairya Chikitsa* in the management of social anxiety (*Chittodvega*).
2. To understand the concept of *Satwavajaya Chikitsa* and to study the influence of *Dhairya Chikitsa* in social anxiety (*Chittodvega*).

MATERIALS AND METHODS

Source of data

Classical Ayurvedic texts along with their commentaries, contemporary psychiatric literature, indexed journal articles and relevant institutional websites pertaining to *Chittodvega*, *Satwavajaya Chikitsa* and Social Anxiety Disorder were reviewed and compiled to build the conceptual basis of the study.

The clinical sample was drawn from participants attending the outpatient and inpatient departments of the Department of Manasa Roga, Alva's Ayurveda Medical College and Hospital, Moodubidire, along with a few referrals through outreach camps. Screening was carried out against the diagnostic and inclusion criteria described below.

Study design

The present work was designed as a non-randomised, single-group clinical study, with participants assessed

longitudinally against their own baseline rather than against a separate control group.

Sample size

A case record proforma was designed for the study, and screening of prospective participants was performed using the Kutcher Generalized Social Anxiety Disorder Scale for Adolescents (K-GSADS-A). Forty-seven individuals were initially screened, of whom 31 satisfied the diagnostic and inclusion criteria and were enrolled; one participant discontinued midway, leaving 30 participants who completed the full 30-day protocol and whose data were taken forward for statistical analysis.

Diagnostic Criteria

Participants were diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for Social Anxiety Disorder, performance type: a marked and disproportionate fear or anxiety concerning one or more social situations involving possible scrutiny (conversation, being observed, or performing in front of others), a fear of acting in a way that will be negatively evaluated, near-invariable provocation of anxiety by the relevant situations, avoidance or endurance of these situations with marked distress, clinically significant impairment of functioning, a duration of six months or more, and exclusion of symptoms attributable to a substance, another medical condition, or another mental disorder.^[11]

Inclusion Criteria

Participants of either sex, aged 16 to 25 years, irrespective of caste or socio-economic status, who satisfied the diagnostic criteria for performance anxiety under Social Anxiety Disorder were included.

Exclusion Criteria

Participants with a co-existing major psychiatric illness or a significant systemic disease, and those unwilling to provide informed consent, were excluded from the study.

Ethical Clearance

The study protocol, along with the case proforma, was placed before the Institutional Ethics Committee of Alva's Ayurveda Medical College, Moodubidire. Following a review of the aim, objectives and procedure, ethical clearance was granted for the conduct of the study, and written informed consent was obtained from every participant, or from the guardian where applicable, prior to enrolment.

Interventional Protocol

Dhairya Chikitsa was administered as a structured, once-weekly session of 30 minutes duration, extending over a period of 30 days, and was operationalised through techniques drawn from behavioural therapy, namely modeling and social skills training, applied in a graded, four-week sequence (Table 1).

Table 1: Modeling procedure adopted as Dhairya Chikitsa.

Week	Component of Dhairya Chikitsa
1st week	Gradual modeling
2nd week	Participant modeling with contact desensitization (5–10-member audience)
3rd week	Participant modeling with contact desensitization (10–20-member audience)
4th week	Unsupported random performance on stage (20–30-member audience)

Gradual modeling exposed participants to a live, filmed or imagined individual demonstrating the desired social behaviour, allowing learning through observation and subsequent rehearsal. Social skills training was introduced alongside this to address the deficits, particularly in *Madhyama* and *Avara Satva* individuals, that commonly underlie performance-related social anxiety: non-verbal elements such as eye contact, posture, gesture and grooming, and vocal elements such as rate, pitch, volume and articulation, were addressed in a systematic manner. In the second and third weeks, the therapist guided the participants' performance, verbally or through direct support, before progressively larger audiences, so that exposure to the anxiety-provoking stimulus of an audience was increased while support from the therapist was maintained, allowing gradual desensitization. In the concluding week, participants performed a randomly assigned activity, such as delivering a short speech, unsupported, before an audience of 20 to 30 members.

Observation period and assessment tool

Assessment was carried out on day 1 (baseline), day 15 (mid-treatment) and day 30 (post-treatment, following one unsupported performance or activity), using the K-GSADS-A. The scale comprises Section A (18 items covering discomfort or anxiety and avoidance across common social situations), Section B (three self-identified most-feared situations) and Section C (11 items assessing affective and somatic distress), each scored on a 0 to 3 scale (0 = never, 1 = mild, 2 = moderate, 3 = severe or total avoidance). Four subscale scores were derived: SS1 (fear and anxiety), SS2 (avoidance), SS3 (affective distress) and SS4 (somatic distress), which were summed to obtain the total K-GSADS-A score.

Statistical analysis

Descriptive statistics (mean, median and standard deviation) were computed for all variables. Depending on the outcome of normality testing, repeated measures analysis of variance or Friedman's test was applied to compare baseline, day-15 and day-30 scores, with post-hoc comparison of all time-point pairs performed using the paired t test or the Wilcoxon signed-rank test as appropriate. A p value of less than 0.05 was taken as the threshold for statistical significance.

Grading of overall therapeutic effect

The overall response of each participant was graded under four categories: marked improvement (76 to 99 per cent reduction in score), moderate improvement (51 to 75 per cent), mild improvement (26 to 50 per cent) and no change (less than 25 per cent).

RESULTS

All four subscales of the K-GSADS-A registered a statistically highly significant decline over the 30-day intervention period ($p < 0.001$ on repeated measures analysis of variance or Friedman's test, confirmed on post-hoc pairwise comparison). The fear and anxiety score (SS1) fell from 26.23 ± 6.75 to 20.23 ± 6.86 , a reduction of 22.87 per cent; avoidance (SS2) fell from 24.20 ± 8.12 to 12.73 ± 6.58 , a reduction of 47.38 per cent; affective distress (SS3) fell from 9.06 ± 3.00 to 3.97 ± 2.30 , a reduction of 56.25 per cent; and somatic distress (SS4) fell from 6.33 ± 4.02 to 2.40 ± 2.24 , a reduction of 62.11 per cent. The total K-GSADS-A score declined from 65.73 ± 16.19 at baseline to 39.33 ± 14.58 by day 30, an overall improvement of 40.16 per cent (Table 2).

Table 2: Effect of Dhairya Chikitsa on K-GSADS-A subscale and total scores (n = 30).

Subscale	Day 1 (Mean $\pm$ SD)	Day 15 (Mean $\pm$ SD)	Day 30 (Mean $\pm$ SD)	Relief (%)	p value
SS1 – Fear and anxiety	26.23 ± 6.75	—	20.23 ± 6.86	22.87	<0.001
SS2 – Avoidance	24.20 ± 8.12	—	12.73 ± 6.58	47.38	<0.001
SS3 – Affective distress	9.06 ± 3.00	—	3.97 ± 2.30	56.25	<0.001
SS4 – Somatic distress	6.33 ± 4.02	—	2.40 ± 2.24	62.11	<0.001
Total K-GSADS-A score	65.73 ± 16.19	—	39.33 ± 14.58	40.16	<0.001

SS = subscale; SD = standard deviation; relief (%) = percentage reduction from baseline to day 30.

Graded by overall therapeutic response, mild improvement was recorded in the majority of participants, with a smaller proportion showing moderate or marked improvement, and only two participants showing no appreciable change.

DISCUSSION

Excessive fear of social situations, apprehension of negative judgment, avoidance behaviour and impaired social functioning are the defining features of Social Anxiety Disorder, and these correspond closely to the classical description of *Chittodvega* as a *Manasika*

Vikara driven by *Rajas* and *Tamas* dominance together with *Vata prakopa*.^[1,6] The improvement observed in this study following *Dhairya Chikitsa* is consistent with the Ayurvedic proposition that strengthening *Satva Bala*, through reassurance, graded practice and the deliberate cultivation of courage, curtails the excess of *Rajas* and *Tamas* that underlies such agitation.^[1] *Dhairya*, as described by Vagbhata, is inferred by the presence of *Avishada*, an absence of despondency, just as its deficiency is signalled by *Bhaya*, fear; the marked reduction in fear-related scores in this study is in keeping with this classical formulation.^[12]

The behavioural components used to operationalise *Dhairya Chikitsa*, modeling and social skills training, work through mechanisms that are reasonably well characterised in contemporary psychology. Modeling permits observational learning, in which a participant acquires adaptive social behaviour by watching and imitating a capable demonstrator, an effect described within social-cognitive theory.^[13] Social skills training, meanwhile, directly targets the communicative and interpersonal deficits, poor eye contact, closed posture and hesitant speech, that commonly accompany social anxiety, and its efficacy in reducing symptoms of the disorder has been reported in several behavioural-therapy trials.^[14,15] The parallel decline seen here across the fear and anxiety, avoidance, affective and somatic subscales suggests that repeated, graded and supported exposure interrupted the avoidance cycle that ordinarily sustains social anxiety, allowing corrective learning to occur.^[16]

The age and gender distribution in the sample, a preponderance of participants in early adulthood and a higher proportion of women, is broadly consistent with the epidemiological patterns reported for anxiety disorders generally, in which onset commonly occurs during adolescence or early adulthood and women carry a disproportionate burden.^[17,18] The Ayurvedic parameters recorded among participants, a predominance of *Vata-Pitta Prakriti*, *Avara Satva*, disturbed *Nidra* and *Vishama Agni*, align with the classical view that *Vata* governs mental processes and that its aggravation, together with reduced *Satva Bala*, predisposes an individual to anxiety-type *Manasa Vikaras*.^[19,20] The frequent finding of disturbed sleep and irregular *Agni* among participants also mirrors the bidirectional relationship between anxiety and both sleep and gastrointestinal function that is increasingly recognised in the gut-brain axis literature.^[21,22]

Taken together, these findings support the view that *Dhairya Chikitsa*, delivered through a structured behavioural format, offers a biologically plausible and clinically demonstrable route to symptom reduction in *Chittodvega* or Social Anxiety Disorder, without recourse to pharmacological agents and at negligible cost or risk to the participant. The absence of a control group, the modest sample size and the short observation period are acknowledged as limitations, and the findings

therefore require confirmation in larger, controlled studies with longer follow-up.

CONCLUSION

The present clinical evaluation indicates that *Dhairya Chikitsa*, applied over 30 days through gradual modeling, participant modeling with contact desensitization, social skills training and staged performance exposure, produces a statistically and clinically significant reduction in social anxiety as measured on the K-GSADS-A, with the total score improving by 40.16 per cent and every subscale (fear and anxiety, avoidance, affective distress and somatic distress) improving to a highly significant degree ($p < 0.001$). These results reject the null hypothesis of no effect and support the classical Ayurvedic position that *Dhairya*, as a component of *Satvavajaya Chikitsa*, restores *Satva Bala* and thereby relieves *Chittodvega*. Being non-invasive, economical and free of adverse effects, *Dhairya Chikitsa* merits consideration as a viable adjunct or standalone measure in the management of social anxiety, particularly among adolescents and young adults, and warrants further evaluation in larger, controlled trials.

ACKNOWLEDGEMENT

The authors are thankful to the Department of Post Graduate Studies in Manovijnana evam Manasaroga and to the management of Alva's Ayurveda Medical College and Hospital, Moodubidire, for the facilities and support extended during the conduct of this study, and to all the participants for their willing cooperation.

FUNDING

This study did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

REFERENCES

1. Agnivesha. Charaka Samhita with Ayurveda Deepika commentary by Chakrapani Datta. Edited by Vaidya Jadavji Trikamji Acharya. Varanasi; Chaukhambha Surbharati Prakashan: 2013, Vimana Sthana 6/5, p. 254.
2. Monier-Williams M. A Sanskrit-English Dictionary. Oxford; Clarendon Press: 1899.
3. Shastri J. Ayurveda Shabdakosha. Delhi; Chaukhambha: p. 123.
4. Agnivesha. Charaka Samhita with Ayurveda Deepika commentary by Chakrapani Datta. Edited by Vaidya Jadavji Trikamji Acharya. Varanasi; Chaukhambha Surbharati Prakashan: 2013, p. 113.
5. Agnivesha. Charaka Samhita with Ayurveda Deepika commentary by Chakrapani Datta. Edited by Vaidya Jadavji Trikamji Acharya. Varanasi; Chaukhambha Surbharati Prakashan: 2013, p. 223.
6. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed.,

- Washington DC; American Psychiatric Publishing: 2013.
7. Stein DJ, Lim CCW, Roest AM, de Jonge P, Aguilar-Gaxiola S, Al-Hamzawi A, et al. The cross-national epidemiology of social anxiety disorder. *BMC Med*, 2017; 15(1): 143.
 8. National Institute of Mental Health. Social Anxiety Disorder statistics. Available from: <https://www.nimh.nih.gov/health/statistics/social-anxiety-disorder> (accessed 2025).
 9. Charaka Samhita, English translation by Vaidya Bhagavan Das. Vol. 1, Vimana Sthana. Varanasi; Chaukhambha Orientalia: 2011, Ch. 6/9, p. 253.
 10. Charaka Samhita, English translation by Vaidya Bhagavan Das. Vol. 1, Sutra Sthana. Varanasi; Chaukhambha Orientalia: 2011, Ch. 18/50, p. 122.
 11. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed., Arlington VA; American Psychiatric Association: 2013, Social Anxiety Disorder, performance-only specifier.
 12. Vagbhata. Astanga Hridaya with Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri. Edited by Hari Sadashiva Sastri Paradakara. Varanasi; Chaukhambha Surbharati Prakashan: Reprint 2011.
 13. Bandura A. Social Foundations of Thought and Action: A Social Cognitive Theory. Englewood Cliffs; Prentice Hall: 1986.
 14. Beidel DC, Alfano CA, Kofler MJ, Rao PA, Scharfstein L, Wong N. The impact of social skills training for social anxiety disorder: a randomized controlled trial. *J Anxiety Disord*, 2014; 28(8): 908-18.
 15. Spence SH, Donovan CL. The effectiveness of social skills training in social anxiety. *Clin Psychol Rev*, 1999; 19(7): 765-86.
 16. Rapee RM, Heimberg RG. A cognitive-behavioral model of anxiety in social phobia. *Behav Res Ther*, 1997; 35(8): 741-56.
 17. Kessler RC, Berglund P, Demler O, Jin R, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 2005; 62(6): 593-602.
 18. McLean CP, Asnaani A, Litz BT, Hofmann SG. Gender differences in anxiety disorders: prevalence, course, comorbidity and burden. *J Psychiatr Res*, 2011; 45(8): 1027-35.
 19. Dey S, Singh RH, Udupa KN. Dosha brain-types: a neural model of individual differences. *J Ayurveda Integr Med*, 2015; 6(4): 280-5.
 20. Reddy MV, Reddy KR. Concept of Satva and Satvabala in Ayurveda with special reference to mental health. *AYU*, 2017; 38(3-4): 95-100.
 21. Alvaro PK, Roberts RM, Harris JK. A systematic review assessing bidirectionality between sleep disturbances, anxiety and depression. *Sleep*, 2013; 36(7): 1059-68.
 22. Carabotti M, Scirocco A, Maselli MA, Severi C. The gut-brain axis: interactions between enteric microbiota, central and enteric nervous systems. *Ann Gastroenterol*, 2015; 28(2): 203-9.