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A CASE STUDY OF AYURVEDIC MANAGEMENT OF CHITTODWEGA WSR TO GENERALIZED ANXIETY DISORDER

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ABSTRACT

Many people experience some sort of anxiety at several occasions of life, which is not permanent, but if the symptoms persists for a longer period of time and on regular basis which also interferes with the normal functions of mind and body, then it is considered as Generalized anxiety disorder (GAD). It can be correlated to *chittodwega* in Ayurveda. The case which is considered here, presented with constant worry about the studies, restlessness, lack of concentration, parieto – temporal headache and occasional fainting attacks and was diagnosed as GAD according to DSM- 5. The Ayurvedic diagnosis was *Chittodwega*, which is caused due the altered state of *'Dhi'*(power of understand) with the involvement of *Manasik Doshas* (*Raja and Rama*) The patient being *AlpaSatva*, the integrated approach of treatment was adopted including, *yuktivyapashraya* and *Satvajaya Chikitsa* which was in the form of yoga. The patient was taking allopathic treatment since last one and a half year which was slowly tapered and discontinued. The total duration of treatment was 120 days. A reduction in the Hamilton anxiety rating scale HAM- A from 26 to 8 was achieved as a outcome of intervention. Hence the integrated approach of Ayurveda and yoga can efficiently manage the generalized anxiety disorders.

KEYWORDS: Ayurveda, Chittodwega, Anxiety, Satvajaya.

INTRODUCTION

Anxiety is one of the most common mental disorder, which interferes with the normal functions of mind and body. It can affect the routine activities of a person, performance at work and may also lead to relationship conflicts. Even the younger generation is facing the burden of anxiety due to huge competition in education and career. When the goals are seem to be unachievable, it ultimately affects the mental status of a student. The current weighted prevalence of total Anxiety disorders was 2.57% among the adult general population. Among anxiety disorders, agoraphobia was most common (1.6%), followed by GAD (0.57%)Among the age groups, the highest ADs distribution was among the 18-29 age group (28.1%) followed by the 30–39 age group (19.8%). Concerning education, illiterates (28.5%), and those with primary schooling (21%) were highest, followed by high school (17.3%) and secondary (14.2%) education. While 43.1% were employed, 77.2% of individuals with ADs were married, and 61.7% of individuals with ADs resided in rural areas.^[1] Females are 1.67 times more affected compared to men.^[2] The GAD is caused by numerous factors like genetics, heredity, extensive stress, adverse family conditions, abusive childhood or even substance abuse.

In Ayurveda, there is very less amount of explanation regarding psychiatric illness. Whatsoever information is available in texts, is categorized under one heading of Unmada. The Chittodwega being one of the symptoms of Unmada, is considered to be the anxious state of mind and thus closely resembles GAD. Acharya Charaka has coined the term *chittodwega*, who lives explaining the Manas Doshas in Vimanasthana.^[3] It is the altered state of 'Dhi' (power of understand) in the herbs satva or Alpa with the involvement of Manasik satva individual Doshas (Rajas and *Tamas*). Whereas the pathophysiology of anxiety is concerned One of the most widely accepted mediators known to play a central role in the pathophysiology of anxiety disorders is the gamino butyric acid (GABA) system.^[4]

Ayurvedic management of GAD

Common treatment protocol for mental disorders includes *Yukti vyapashraya Chikitsa* which includes pharmacological treatment in the form of medications and *panchkarma* along with dietary and lifestyle modulation, *Daiv vyapashraya* which is associated with faith and includes the factors like *mantra*, *Bali*, *hawan*, *Upwas*, *prayashchit* etc and *Satvajaya* Chikitsa which is the essence of Ayurveda for mental health and promotes

upliftment of *Satva Guna* and thus balancing *mansik Doshas*.

Patient information

A 19 years old female patient presented with constant worry about the studies, restlessness, lack of concentration, parieto – temporal headache and occasional fainting attacks since last two years. But symptoms were exaggerated since last year. Patient was taking allopathic medicines on irregular basis as she was not benefitting by it's effect and was facing adverse effects like drowsiness and weight gain. The patient was brought to OPD of Mahaveer Ayurvedic Medical College & Hospital, Meerut by her parents. Case reporting is done as per the CARE case report guidelines.

Clinical findings

Detailed information regarding patient's mental status was obtained from her parents. She was dull and lethargic, having poor eye contact, was not responding to any questions asked and was getting irritable if constantly asked about her mental situation. The parents suggested that she often worries about her studies as she wanted to peruse a career as a chattered accountant, but was not able to get through the preliminary examinations at the coaching center. She complains about severe headache which is parieto- temporal in nature and even fainted down several times. The relationship of patient with her brother was also not very well and both of them often had huge quarrels.

The parents consulted many psychiatrist for the patient, even MRI brain was done which suggested not any significant abnormality. She was currently taking Amitriptyline 25 mg and Chlodiazepoxide 10 mg twicetold a day and Tab Lorazepam 2 mg twice a day. *Manas pareeksha* of patient was done which revealed that she has *smriti Dushti* due to which could not remember what she summarized and Having *rajasik Manas prakruti*. *Doshaj prakruti* of patient was *vata- kaphaj*. *Dashvidh parikhsan* did not show any specific anomaly.

Treatment intervention

Patient was diagnosed with Chittodwega and met the diagnostic criteria of Generalized anxiety disorder according to DSM-5^[5] And was rated 26 at Hamilton anxiety rating scale HAM- A, with predominantly vitiated kapha and vata dosha along with rajas and Tamas Manasik Doshas. The management was done with Shirodhara and Nasya followed by shiro abhyanga and padabhyanga. Shiro abhyanga and padabhyanga was indicated to do at home also. Shaman Chikitsa was administered along with yogic procedures like Bhramari pranayama, Shavasana and rajyog meditation. tapered Allopathic medicines were and then discontinued. Treatment duration, chronology, drugs used and doses are enlisted in Table no.1

Sr. no.	Date/ Course	Treatment and yogic procedures	outcome
1	22/12/21 (for 15 days)	 Nasya-Anu Taila (2 Drops) in each nostrils- pratimarsh nasya Shirodhara – Bala Ashwagandha taila Kushmanda Ghrita – 20 ml BD empty stomach Manasmitra vatakam – 2 tabs BD Saraswatarishtha 3 tsf TID Bhramari Pranayama Twice a day (early morning and at bed time) (5 cycles each having 10 strokes Shavasana along with Rajyog guided meditation Counseling for patient and the parents as well 	 Severity of headache was reduced Frequency of fainting attacks reduced Irritability was reduced after the 15 days
2.	6/1/22 (for 1 month)	 Shiro abhyana and padabhyanga At bed time with Chanda Bala lakshadi taila Manasmitra vatakam – 2 tabs BD Saraswatarishtha 3 tsf TID Bhramari Pranayama Twice a day (early morning and at bed time) (5 cycles each having 10 strokes Shavasana with Rajyog meditation 	After the one month patient was having a good eye contact and self assessed irritability and anxiousness was also reduced to some extent and a single fainting attack was observed within this month even the headache reduced to much extent.
3	5/2/22 (for 3 months)	 Manasmitra vatakam - 2 tabs BD Ashwagandharishtha- 3 tsf Tid Bhramari Pranayama Twice a day (early morning and at bed time) (5 cycles each having 10 strokes 	After 3 months of treatment, patient achieved complete remission of symptoms. There was an improvement in the overall

Table 1: Showing Treatment regimen.

4. <i>Shavasana</i> with <i>Rajyog</i> meditation	behavior of patient as described by the parents and she was able to concentrate well in her studies. HAM- A score reduced from 26 to 8
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DISCUSSION

The patient showed significant improvement in the symptoms of GAD. The total duration of the treatment was 120 days, throughout which she has remarkable relief in the anxiety and was able to concentrate well on the studies. Her overall personality enhanced and was really influenced by the *rajyog* meditation which was advised to practice at home also. This shows that an integrated approach of Ayurveda and yoga is efficient in the management of GAD.

The Manas prakriti of patient was rajo Pradhan and the Doshaj Prakriti was Vata- kaphaj so snehan was advised in the form of abhyantar snehan, Shirodhara, Shiro abhyanga and padabhyanga. Abhyantar snehpana in the form of Kushmand Ghrita was given as Kushmand is suggested as Medhya by Acharya Bhavmishra^[6] and snigdha Guna pacifies the vitiated Bata dosha hence proved to be beneficial in mental disorders.^[7] Shirodhara is considered to be a best relaxant which brings about considerable reduction in stress level. The center of the forehead, which was evolution wise related to the third eye, is connected atavistically to the pineal gland. This spot is known as Agnya Chakra in the yoga tradition. Focusing on agnya chakra with closed eyes during meditation leads to psychosomatic harmony. As the oil drips on the agnya chakra, it is proposed that the meditation-like effect is a consequence of stillness of mind leading to adaptive response to the basal stress.^[8]

The *Anu tail prarimarsh Nasya* strengthen ups the neurological system original from brain as according to *Acharya vagbhata* suggested that nose is the gateway to the cranial cavity. So drugs administered in *Nasya* through the nostrils, reach the *Shringatak marma* and through the siras of eyes, ears, neck it reaches to the brain.^[9] Manas Mitra vatak works well on GAD.^[10] Also *Ashwagandha* has anti anxiety and anti depressant action.^[11] Bramhi which is the chief content of *Saraswatarishtha* has anxiolytic, antidepressant, sleep promoting effect and improves quality of life.^[12]

Yogic therapy was planned for the upliftment of *Satva Guna* in the form of *Bhramari pranayama*, *Shavasana* and *Rajyog* meditation. The yogic breathing like *Bhramari* pranayama effects the reflex of Autonomic nervous system in turn levels of not adrenaline, which helps to decrease the neuro hormones which are responsible for stress, anxiety and depression.^[13] The procedures like *Shavasana* and *Rajyog* meditation brings about balance in the sympathetic and parasympathetic activity of Autonomous nervous system and thus reduce the stress and anxiety level.

CONCLUSION

This study concluded that an integrated approach be of Ayurveda and yoga can work efficiently on generalized anxiety disorders. Not only this but it is also helpful in the enhancement of personality and can boost up the power of concentration.

REFERENCE

- 1. Manjunatha, Narayana, et al. "Prevalence and its correlates of anxiety disorders from India's National Mental Health Survey." *Indian Journal of Psychiatry*, 2016; 64.2(2022): 138.
- 2. Scott KM. Sex differences in the disability associated with mental disorders. Curr Opin Psychiatry, 2011; 24: 331–5. 6/5.
- 3. Nemeroff, Charles B. "The role of GABA in the pathophysiology and treatment of anxiety disorders." *Psychopharmacology bulletin*, 2003; 37(4): 133-146.
- 4. Zimmerman, Mark, et al. "Measuring anxiety in depressed patients: a comparison of the Hamilton anxiety rating scale and the DSM-5 anxious distress specifier interview." *Journal of psychiatric research*, 2017; 93: 59-63.
- Mishra B. In: Bhava Prakash. Mishra BS, editor. Vol. 2. Varanasi: Chaukhamba Publication; 16th th Cent AD.
- 6. Chandre, Rajni, B. N. Upadhyay, and KHHVSS Narasimha Murthy. "Clinical evaluation of Kushmanda Ghrita in the management of depressive illness." *Ayu*, 2011; 32.2: 230.
- Dhuri, Kalpana D., Prashant V. Bodhe, and Ashok B. Vaidya. "Shirodhara: A psycho-physiological profile in healthy volunteers." *Journal of Ayurveda and integrative medicine*, 2013; 4(1): 40.
- Hridaya A, Gupta KA. Vidyotini Hindi Commentary. Edition: Reprint, Sutra sthana, Nasya Vidhim Adhyaya. Ch. 20. Verse 1. Varanasi: Chaukhambha Prakashan, 2013; 172.
- 9. Tubaki, Basavaraj R., et al. "Clinical efficacy of Manasamitra Vataka (an Ayurveda medication) on generalized anxiety disorder with comorbid generalized social phobia: a randomized controlled study." *The Journal of Alternative and Complementary Medicine*, 2012; 18(6): 612-621.
- 10. Bhattacharya, S. K., et al. "Anxiolyticantidepressant activity of Withania somnifera glycowithanolides: an experimental study." *Phytomedicine*, 2000; 7(6): 463-469.
- 11. Mangal, anil, and ad jadhav. "evaluation of the efficacy and safety of ayurvedic drug (vacha brahmi ghan) in the management of manodwega (anxiety

neurosis)." *research and education in indian medicine*, 2012; 18.3(4): 143-48.

 Srivastava, Suprabha, et al. "Interventional effect of Bhramari Pranayama on mental health among college students." *Int J Ind Psychol*, 2017; (4): 29-33.

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