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MANAGEMENT OF CHITTODWEGA - A CASE REPORT

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ABSTRACT

Anxiety is arguably an emotion that predates the evolution of man. Its ubiquity in humans, and its presence in a range of anxiety disorders, makes it an important clinical focus. GAD(Generalised anxiety disorder) is the most common psychiatric disorder characterised by Repeated, Persistent and unrealistic worry about life-events but it is different from normal feelings of anxiousness. The prevalence rate of Anxiety disorder varies according to the different age group as per the current DSM-5 criteria, only phobia and GAD are included under anxiety disorders, with weighted prevalence values of 4.2% and 5.8% respectively. For these available Psychiatric drugs are having various adverse effect and produces the dependency of the drugs, for this integrated approach is very essential, Ayurveda medicines are safe, cost effective hence here a case of chittodwega is successfully treated with Shamana medicine.

Keywords: Generalized anxiety disorder, *Chittodwega*, Ayurveda, *Shamana*

INTRODUCTION

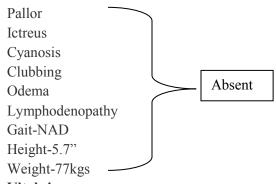
Generalized anxiety disorder is one of the most common mental disorders. Up to 20% of adults are affected by anxiety disorders each year. Generalized anxiety disorder produces fear, worry, and a constant feeling of being overwhelmed. Generalized anxiety disorder is characterized by persistent, excessive, and unrealistic worry about everyday things. This worry could be multifocal such as finance, family, health, and the future. It is excessive, difficult to control, and is often accompanied by many non-specific psychological and physical symptoms. Excessive worry is the central feature of generalized anxiety disorder. Ayurveda understands these disorders under the umbrella of *Chittodwega*. The word chittodwega¹ is mentioned by Caraka in Vimanasthana while explaining the *Manovikara*²(Minor psychritric disorders). The word meaning of Chittodwega refers to Anxious state of the mind, which is produced due to vitiation of Raja and Tama. In addition to Prana, Udana. Vvana Vavu: Sadhaka Pitta: and TarpakaKapha are also aggravated factors in it.

Case Study-PradhanaVedana (Chief complaint): Palpitation since 3months which is associated with tremors in both upper limb, electric shock like sensation in both the upper and lower limb, burning sensation in the chest, sour belching and reduced sleep.

Brief History: A 30 years male patient not a K/C/O DM/HTN was apparently normal 3months back. When he came to our hospital Kayachikitsa OPD(OPD No.2010444) on 14th September 2020 with the complaints of palpitation since 3months which is associated with tremors in the both upper limb, electric shock like sensation in both the upper and lower limb, burning sensation in the chest, sour belching and reduced sleep, for all these complaints he consulted nearby doctor they advised ECG and Echocardiogram all are within normal limit given Tab. Petrilbeta 10mg 0-0-1after food, Tab. Metoprolol 25mg 1-0-0 after food, by these medication pt. didn't get complete relief later consulted to Kayachikitsa O.P.D Of S.S. Ayurvedic Medical College & Hospital, Haveri.

Past History: Patient is not having history of any chronic illness like DM/HTN and Thyroid disorders.

On Examination: General examination



Vital signs:

Temp. 98.6° F, Pulse-78/min, Respiratoryrate-20cycles/min, Bp-130/80mm of Hg

Materials and Methods

Source of Data: A diagnosed case of *Chittodwega* is selected from OPD of S.S.Ayurveda Hospital, Haveri-Karnataka.

Method of collection of data:

A special proforma is prepared with details of history taking, Physical and Psychological signs, Symptoms as mentioned in Ayurvedic classics and Allied sciences. The parameters of signs, symptoms is scored based on standard methods and analysed before and

after treatment.

Table 1: Mental Status Examination

Mental status	Before Treatment	After Treatment	
Appearance	III	Good	
Behaviour	Pre-occupied	Co-operative	
Speech	Minimal	Adequate	
Mood	Depressed	Normal	
Thought process	Flight of ideas	Normal	
Thought content	Phobias	Normal	
Cognition	Normal	Normal	
Insight/Judgment Moderate Normal		Normal	

Table 2: Treatment protocol

1st PHASE (14-09-2020 to 24-09-2020)	2 nd PHASE (25-09-2020 to 24-10-2020)	
1.Tab.Kamadugharasa with mukta	1.Tab.Kamadugharasa with mukta	
1-0-1 Before food	1-0-1 Before food	
2.Tab.Medhya vati 1-0-1 After food	2.Tab. <i>Pittashekara rasa</i> 1-0-1 Before food	
3. Saraswatharista 15ml-0-15ml After food	3. Saraswatharista 15ml-0-15ml After food	
4. Aviphattikara choorna 1tsf-0-1tsf with hot water	4. Aviphattikara choorna 1tsf-0-1tsf with hot water	

Table 3: Assessment of the patient

Sl.No	Sign & Symptom	Before Treatment	After Treatment
1.	Palpitation	++	
2.	Tremors	++	
3.	Electric shock like sensation	++	
4.	Burning sensation in the chest	++	
5.	Sour belching	++	
6.	Reduced sleep	++	

DISCUSSION

Acc. To Ayurveda understanding of Vyadhi is mainly based on Laxana, Udbhavasthana and Adhisthana considering this acc. To Sushruta³vyadhi is mainly classified into two types i.e. Shareera and Manoadhisthana. At present because of stress and changes in lifestyle many people suffering from minor to major psychatric disorder. For disorders like Chittodwega (Anxiety disorder) many herbomineral preparations are explained in the classics, among these many preparations are used based on the involvement of Dosha and Dushya, Here an case presented with Dushti of Pitta-vata and Manas hence the selection of the drugs as mentioned above. Rationality behind these drugs Kamadugharasa⁴ is mainly having Mukta bhasma, muktasuktibhasma, Shanka, pravala and

Varatikabhasma which mainly acts on Manovikara and Pittahara, Medhya vati⁵ is Shankapushpi, Bramhi, Guduchi, Jatamamsi which are having Medhya, Sanjyaprabhodana and Nidrajana properties which are very much useful to calm the mind of the individual. Saraswatharista⁶ is mainly having Bramhipanchanga as main ingredient which is having the property of Rasayana and Chittasantosha. Aviphattikara choorna⁷ is the herbal preparation mainly used in Annavahasrotovikara here patient even presented with disturbance of Annavahasrotas which mainly reduces the Pittadosha, Vatanulomana and Rechana. Hence patient needs the combination of different formulations in cases of Chittodwega and even other psychiatric disorder too.

CONCLUSION

In this case study justifies the successful management of Chittodwega through simple, cost effective and easily available. By this case study, we can conclude that in all cases of Chittodwega (Generalised anxiety disorder) if patient seeks Ayurveda treatment as early as possible the percentage of recovery is more. And we can prevent the drug dependency and adverse effect of anxiolytics and sedatives. As this is a single case study so it's very difficult to conclude the effect of Ayurvedic treatment, but along with Shamana medicine it's very essential to plan panchakarma as the main treatment. To treat more effectively the combination of Shodana and Shamana is very much essential; hence considering the Doshaavastha one can adopt the suitable treatment for the better result. But this case study might be considered as base for future research protocol on the management of Chittodwega through Shamanoushadi.

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