

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL







Case Report ISSN: 2320-5091 Impact Factor: 6.719

AYURVEDIC MANAGEMENT OF CHITTODVEGA: A SINGLE CASE REPORT

Pata Anusha¹, Shrilatha Kamath T²

¹PG Scholar, ²Professor and Head

Department of PG Studies in Manasaroga, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Kuthpady, Udupi - 574118, Karnataka, India

Corresponding Author: anushapata1997@gmail.com

https://doi.org/10.46607/iamj5510022022

(Published Online: February 2022)

Open Access

© International Ayurvedic Medical Journal, India

Article Received: 14/01//2022 - Peer Reviewed: 18/01/2022 - Accepted for Publication: 19/01/2022



Check for updates

ABSTRACT

Anxiety is a normal emotion. It's your brain's way of reacting to stress and alerting you of potential danger ahead. Occasional anxiety is okay. But Anxiety disorders are different. They are a group of mental disorders that cause constant overwhelming anxiety and fear. Excessive anxiety can make one avoid work, family get-togethers, school and other social situations that might trigger or worsen your situation. Generalized anxiety disorder is one of the most common mental disorders. Generalized anxiety disorder produces fear, worry and a constant feeling of being overwhelmed. Excessive worry is a general feature of Generalized anxiety disorder [1][2]. The condition is correlated to *Chittodvega* based upon its presentation. It is a *manovikara* caused by the imbalance in *manasika doshas* i.e., *Raja* and *Tama*. The case presented here is managed by *Virechana* who acted upon the *vikruta doshas* and relieved the symptoms.

Keywords: General Anxiety Disorder, *Chittodvega*, *Virechana*, *Shodhana*.

INTRODUCTION

General Anxiety Disorder (GAD) is characterized by resistance, excessive, difficulty to control worry and other associated symptoms such as fatigue, difficulty to concentrate, restlessness and abdominal discomfort. It is the most common anxiety disorder in primary care, being present in 22% of primary care patients who complain of anxiety problems [3]. Individuals with GAD are at significantly increased risk of impaired

social and role functioning, mental health, and overall physical mental well-being.[4] Clinical trials have shown that anxiolytic drugs alone have limited longterm efficacy.^[5] Various scholars have used the terms Chittodvega [6], Vishada, Attatvabhinivesha [7][8], Anavasthita chitta [9][10] etc., to explain Anxiety. The psychic factors are involved in almost all the disease processes along with physical disturbance as both of these are interdependent. The disease follows each other at times get attached with the Kama, etc., with Jwara etc. [11]. In pathogenesis of Hypertension (Uccharakta chapa) Vata (Vyana and Prana), Pitta (Sadhaka), Kapha (Avalambaka) and Manovaha Strotas involving Hrudaya, Rasa-Rakta Samvahana and Ojas are main responsible factors vitiated due to the disturbed Manasika bhavas like Chinta (Anxiety), Krodha (Anger) etc. producing hypertensive state. To control Manasika Bhavas, preventive measures play an important role to keep away such disorders. The line of treatment in the disease consists of Nidanaparivarjana, Shodana in the form of Virechana, Shirovirechana, Raktamokshana, Shirodhara, Shamana medications and Rasayana chikitsa. A good number of patients adopt Ayurvedic treatment to attain a better quality of life. Here is an article with a case study on Chittodvega managed with the help of Ayurvedic procedures that have been taken for discussion.

CASE REPORT

A female patient aged 55 years K/C/O Hypertension and Hypothyroidism, taking Allopathic medications for the same. She has a history of Anxiety for which she was under Allopathic medication 15 years ago. Her complaints reduced while she was under the course of medication. She had a history of falls 2 years back which resulted in a Hip fracture. She took medicines for the same and found some relief. For the next few months, she did not have any complaints of low backache. Later she developed a low backache after 1^{1/2}year, pain radiating to mid-back and toes with a burning sensation. She is currently not under any psychiatric medication, since the incident she developed previous complaints of fear, anxiousness and sleeplessness. The onset of the symptoms, i.e., anxiousness, fear and sleeplessness started gradually and started to

interfere with her day-to-day routine. The patient panics even if she skips one dose of medication un-intentionally and becomes scared & anxious about the worst happening. When she will be feeling anxious and scared, her symptoms of low back pain increase and stop her from performing her activities. The patient's Blood pressure levels get increased which in turn made her worry more about her condition. None of her other family members has similar kinds of symptoms.

EXAMINATION:

General Examination, Built: Normosthenic body, Appearance: Healthy, Pallor: Absent, Icterus: Absent, Clubbing: Absent, Cyanosis: Absent, Lymphadenopathy: Absent, Edema: Absent

Systemic Examination

Cardiovascular System: S1S2 Heard

Respiratory System: Air Entry Bilaterally Equal Gastro-Intestinal System: P/A Soft, No Organomegaly felt.

Central Nervous System: Conscious and Oriented Cranial Nerves: Within normal limits

Higher Mental Functions

General Appearance and Behavior:

- General Appearance- Healthy looking, Grooming-Well-groomed, Dressing- Adequate
- Attitude towards Examiner- Cooperative attitude.
- Comprehension- Intact
- Gait and Posture- Normal
- Motor Activity- No Abnormal Involuntary Movement (AIM), Reaction time increases occasionally
- Social Manner- Normal, Eye contact -Normal
- Rapport- Good
- Hallucinatory Behavior- Absent

Speech:

- Rate and Quality- Appropriate rate of speech, sometimes slow.
- Volume and Tone- Normal
- Flow and Rhythm- Smooth

Mood and Affect: Anxious mood. Anhedonia- Present **Thought:**

- Flight of Ideas- Absent
- Blocking of Thoughts- Absent
- Thought Broadcasting- Absent

- Thought Control by Others- Absent
- Obsession and Fixed Ideas- Present
- Sudden strange ideas/ Pseudo religious Ideas- Absent

Perception and Motor Control:

- Perception of Time- Intact
- Hallucination- Absent
- Illusion- Absent

Cognition:

- Consciousness- Conscious
- Orientation- Well oriented to Time, Place, Person
- Attention- Attentive
- Concentration- Appropriate
- Memory: Immediate- Intact

Recent- Intact

Remote - Intact

- Intelligence- Normal
- Abstract thinking- Present

Insight- Present

Judgement- Not impaired

INTERVENTION:

The principles of management of *Chittodvega* are by doing *samprapti vighatana* of *Vata* and *Rajas*. This can be achieved by alleviating *Vata dosha* and maintaining the *Rajas*. In this patient, both *Shamana* and *Shodhana* modes of treatment were adopted. The treatment protocol is mentioned in the table below.

S. No	Symptoms	Treatment	Medication	Anupana	Dosage	Time	Duration
1.	Anxiousness	Shamana	Shivagutika Sarp-	Ushna jala	0-0-1	B/F	1 month
	Hypertension	Aushadi	agandha Vati		0-0-1	A/F	
	Hypothyroidism		Ushakadi Vati		0-0-1	B/F	
	Dyslipidemia						
2.	Anxiousness	Snehapana	Guggulu Tiktaka	Ushna jala	50ml	E/M	4 Days
	Hypertension		Ghruta		100ml	E/S	
	Hypothyroidism				150ml		
	Dyslipidemia				200ml		
3.	Anxiousness	Vishrama kala	Maha Narayana				3 Days
	Hypertension	Sarvanga	Taila				
	Hypothyroidism	Abhyanga					
	Dyslipidemia						
4.	Anxiousness	Virechana	Trivruth lehya		40g	E/S	1 Day
	Hypertension				With		
	Hypothyroidism				Milk		
	Dyslipidemia						

E/M- Early Morning, E/S- Empty Stomach, A/F- After Food, B/F- Before Food.

ASSESSMENT CRITERIA

Ashta Vibhrama Assessment

0=NOT PRESENT 1=MILD 2=MODERATE 3=SEVERE 4=VERY SEVERE

<u>VIBHRAMA</u>		<u>BT</u>	<u>AT</u>	FOLLOW UP (After 15days)
a. Manas Vibhrama	Frequency	4	2	1
	Severity	4	2	1
b. Buddhi Vibhrama	Frequency	3	2	1
	Severity	3	2	1
c. Sanjnajyana Vibhrama	Frequency	Absent	-	-
	Severity		-	-
d. Smriti Vibhrama	Frequency	Absent	-	-

	Severity		-	-
e. Bhakti Vibhrama	Frequency	Absent	-	-
	Severity		-	-
f. Sheela Vibhrama	Frequency	Absent	-	-
	Severity		-	-
g. Cheshta Vibhrama	Frequency	Absent	-	-
	Severity		-	-
h. Aachara Vibhrama	Frequency	Absent	-	-
	Severity		-	-

Hamilton's Anxiety Scale:(HAM-A)

0=NOT PRESENT 1=MILD 2=MODERATE 3=SEVERE 4=VERY SEVERE

CRITERIA	BEFORE TREATMENT	AFTER TREATMENT	FOLLOW UP (15 DAYS)
1. Anxious mood	4	2	1
2. Tension	3	1	1
3. Fear	4	2	1
4. Insomnia	3	2	1
5. Intellectual	1	1	1
6. Depressed mood	2	1	0
7. Somatic muscular	3	1	1
8. Somatic sensory	0	0	0
9. Cardiovascular symptoms	2	1	1
10. Respiratory symptoms	0	0	0
11. Gastrointestinal symptoms	1	0	0
12. Genitourinary symptoms	0	0	0
13. Autonomic symptoms	0	0	0
14. Behavior at interview	1	0	0

DISCUSSION

Anxiety developed during the patient's early adulthood and was controlled but re-appeared due to the situations she was facing. The patient showed mild symptoms initially without hampering her day-to-day activities. Later the symptoms progressed and started to interfere in her day-to-day activities. She starts to panic for every small mistake of hers or even forgetting to take a dose of medicine. When she starts being anxious and develops a sense of fear, low back pain increases and also her blood pressure tends to increase. This condition was correlated to *Chittodvega* based on her features.

Vata dosha controls and regulates the function of manas. It also promotes the manas to perform their normal functions. Helps distinguish between good and bad things. Vata dosha promotes indriyas in their

proper functioning. By understanding the *karmukata* of *Vata* we can understand its importance in the normal functioning of the *manas*.^[12]

Among the *chikitsa* mentioned for *Chittodvega*, *Shamana* or *Shodhana*, in this patient both the treatment modalities were adopted. Firstly *Shodhana* (purificatory procedure) in the form of *Virechana* was done, followed by giving *Shamana aushadi* (internal medications) was done.

Virechana karma is divided to act in two following ways. [13]

- 1. Systemic action: It collects and brings down the morbid *doshas* from *shakha* to *koshta*.
- 2. Local action: Where it is concerned with the evacuation of the *doshas* in the form of *mala* from the gut by *Adhobhagahara* property.

The absorption of the dravyas used in *Virechana karma* happens because of their *Veerya*, it reaches *Hrudaya*, followed by reaching *Dasha dhamani*, reaching other micro and macro channels within the body i.e., *sukshmati sukshma srotas*. By the properties of *Ushna*, *Teekshna*, *Vyavayee*, *Vikasi* the morbid *doshas* are driven towards the *koshta* from *shakha*. Due to its *Adhobhagahara* property expulsion of the *doshas* outside the body from the *koshta* takes place. [14]

Abhyanga is a baahya snehana karma that is beneficial for the body both mentally and physically. While massaging we apply pressure in a good amount and rhythm which creates a magnetic field and electricity in the body. By this, the charging and conductivity of the nerves increases. The nerve fibres have a myelinated sheath in which mainly lipids are present. Na⁺ and K⁺ ions are responsible for the repolarization in nerve fibres. This action is done with the help of melatonin, as a result, serotonin and other neurochemicals cause pleasant and soothing effects. By this working mechanism of *Abhyanga* (massage), we can understand the reduction in mental stress.^[15]

Sarpagandha Vati was administered to the patient, pharmacological action being generalized or specific. It is known to be Kapha Vata shamaka, Nidra Karaka and also helpful in Uccharaktachapa, alleviating all the three doshas. Rauwolfia serpentina is considered to be one of the first herbal antipsychotic drugs. It acts upon the vasomotor centre leading to Vasodilatation, in turn lowering the blood pressure. It has a depressant action on the Cerebral centres thereby soothing the general nervous system. [16][17]

Some studies tell us about the relationship between Oxidative stress and Anxiety. Due to the presence of Oxidative stress, the lipid-rich constitution of the brain favours lipid peroxidation which leads to a decrease in the fluidity of the membrane and causes damage to the membrane proteins by inactivating receptors, enzymes and ion channels [18][19]. The result is oxidative stress altering neurotransmission, neuronal function and overall brain functioning. Abnormalities in the regulatory system lead to anxiety [20][21]. Altering the function of HPA-Axis, which is stimulated during stress

responses and anxiety conditions, could also have an impact on the emotional response of the individual. Phytochemical constituents of *Shiva gutika* are proven to be a rich source of antioxidant activity, which in turn helps in managing oxidative stress in the body. Decreasing oxidative stress could truly aid in the betterment of body tissues and organs, benefitting the betterment of body metabolic activities. [23]

CONCLUSION

The treatment, that is both *Virechana karma* and *Shamana aushadi* (*Sarpagandha Vati* and *Shiva gutika*) are selected based on the *dosha dushti* that has been observed in the disease *Chittodvega* helped in alleviating the signs and symptoms experienced by the patient thus showing remarkable effect.

REFERENCES

- Leonard k, Abramovitch A. cognitive functions in young adults with generalized anxiety disorder. Eur Psychiatry. 2019 Feb; 56:1-7. [Abstract]
- Roomruangwong C, Simeonova DS, Stoyanov DS, Anderson G, Carvalho A, Maes M. Common Environmental Factors May Underpin the Comorbidity Between Generalized Anxiety Disorder and Mood Disorders Via Activated Nitro-oxidative Pathways. Curr Top Med Chem. 2018;18(19):1621-1640[Abstract]
- 3. Wittchen HU. Generalized anxiety disorder: Prevalence, burden, and cost to society. Depress Anxiety 2002; 16:162-71.
- Mendlowicz MV, Stein MB. Quality of life in individuals with anxiety disorders. Am J Psychiatry 2000; 157:669-82.
- Youngstedt SD, Kripke DF. Does bright light have an anxiolytic effect? – An open trial. BMC Psychiatry 2007; 7:62
- Trikamji AJ, editor. Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary of Chakrapanidatta, Vimana Sthana. Ch. 6, Ver. 5. Reprint edition. Varanasi: Chaukambha Prakashan; 2011. p. 254.
- Trikamji AJ, editor. Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary of Chakrapanidatta, Vimana Sthana. Ch. 10, Ver. 54-63. Reprint edition. Varanasi: Chaukambha Prakashan; 2011. p. 477.
- 8. Rajesh K, Gurdip S. a Clinical study on the Treatment of Attatvabhinivesa concerning the Anxiety States.

- Department of Kayachikitsa, PG Dissertation Submitted to Gujarat Ayurveda University, Jamnagar; 1991.
- 9. Trikamji AJ, editor. Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary of Chakrapanidatta, Vimana Sthana. Ch. 20, Ver. 11. Reprint edition. Varanasi: Chaukambha Prakashan; 2011. p. 113.
- Shreevatha S. Concept of Manasa Prakriti and its Role in Psychopathology with Special Reference to Anavasthita Cittatva (Generalized Anxiety Disorders) and its Management. PG Dissertation Submitted to Gujarat Ayurveda University. Jamnagar; 2000.
- 11. Trikamji AJ, editor. Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary of Chakrapanidatta, Vimana Sthana. Ch. 6, Ver. 8. Reprint edition. Varanasi: Chaukambha Prakashan; 2011. p. 254.
- Agnivesha, Charaka Samhita revised by Charaka and Dridabala, edited by Acharya Vidhyadhar Shukla, Ravi Dutta Tripathi. Delhi: Chaukamba Sanskrit Pratishthan. 2011, Vol.1, Sutrasthana, 8 chapters, verse no 7, page no-144.
- 13. Dr Vasant Patil, Virechan Karma, Principles and Practice of Panchakarma, chapter 12, edition 5, New Delhi, Chaukambha Publications, 2015, page 403.
- 14. Dr Bramhanand Tripathi, Aatreya Bhadrakapyeey adhyay, Charak Samhita of Agnivesha, Sutrasthan, Volume 1, chapter 26, verse no.70, edition 6, Varanasi, Chaukambha Surabharati Prakashan,1999, page 490.
- Sinha Kaushal et.al. Abhyanga: Different contemporary massage techniques and their importance in Ayurveda. JAIMS 2017 Vol 2(3): page no. 245-251. DOI:10.21760/jaims. v213.8238
- Pandey GS. Bhavaprakasha Nighantu of Sri Bhavamishra.9th ed. Varanasi.Chaukambha Bharathi Academy;1993. p.82-85
- 17. Shastry JLN. Illustrated Dravyaguna vijnana. 1st edition. Varanasi. Chaukambha Orientalia;2004
- Valko M, Leibfritz D, Moncol J, Cronin MTD, Mazur M, Telser J. Free radicals and antioxidants in normal physiological functions and human disease. *Int J Biochem Cell B*. 2007; 39:44–84. [PubMed] [Google Scholar]
- 19. Halliwell B. Oxidative stress and neurodegeneration: where are we now? *J Neurochem*. 2006; 97:1634–1658. [PubMed] [Google Scholar]
- Belzung C, Berton F. Further pharmacological validation of the BALB/c ByJ neophobia in the free exploratory paradigm as an animal model of trait anxiety. *Behav Pharmacol*. 1997; 8:541–548. [PubMed] [Google Scholar]

- 21. Belzung C, Griebel G. Measuring normal and pathological anxiety-like behaviour in mice: a review. *Behav Brain Res.* 2001; 125:141–149. [PubMed] [Google Scholar]
- 22. Mathew SJ, Price RB, Charney DS. Recent advances in the neurobiology of anxiety disorders: Implications for novel therapeutics. *Am J Med Genet C*. 2008; 148:89–98. [PubMed] [Google Scholar]
- V. H. Pushpa, M. K. Jayanthi, Shashank M. Patil & Ramith Ramu (2021) Pharmacological profile of ShivaGutika: an uncharted and versatilepolyherbal drug, All Life, 14:1, 215-219, DOI: 10.1080/26895293.2021.1903570

Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Pata Anusha & Shrilatha Kamath T: Ayurvedic Management Of Chittodvega: A Single Case Report. International Ayurvedic Medical Journal {online} 2022 {cited February 2022} Available from: http://www.iamj.in/posts/images/upload/594_599.pdf