

## Integrated Yoga and Naturopathy Treatment for Generalized Anxiety Disorder: A Single Case Report

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Overwhelming worry and apprehensions, particularly in public settings, are hallmarks of social anxiety disorder. There is a persistent misconception that someone is constantly observing, assessing, or observing their actions. A patient with generalized anxiety disorder was the subject of the current case report. Numerous metrics showed a notable improvement following the supervision of Yogasana, Pranayama, Omkara chanting, meditation, naturopathy, and thought replacement treatment. Before and after day therapy, assessments on several scales were conducted, and there was a six-month follow-up. These resulted in a reduction of 69.60 on the Liebowitz Social Anxiety Scale (LSAS), a 46% reduction on the Social Phobia Inventory (SPIN), and an improvement of 43.49% in the physical domain, 34% in the psychological domain, 11.53% in the social relationship domain, and 27.90% in the environment domain of the WHO Quality of Life Questionnaire (QuoL-BREF). Therefore, it is proven that integrated approach of Yoga and naturopathy plays a beneficial role in GAD.

**Keywords:** Case Report, Generalized Anxiety Disorder, Yoga and Naturopathy, Yoga and Naturopathy For GAD

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## Introduction

With lifetime prevalence rates of 4-7%, generalised anxiety disorder (GAD) is a very prevalent condition. It is a condition marked by persistent, uncontrollable concern that is exacerbated by physical symptoms like restless nights, tense muscles, and trouble focussing. The disorder is associated with seriously impaired social and occupational functioning, comorbidity with other disorders, and increased risk for suicide. GAD can go undiagnosed because of a focus on physical symptoms and because of the stigma of mental illness (Hoge et al., 2012)

GAD affects women more frequently than men and prevalence rates are high in midlife (prevalence in females over age 35: 10%) and older subjects but relatively low in adolescents (Wittchen, 2002)

The causes of GAD are not yet well understood. Traumatic life experiences, faulty conditioning, genetic influences, and neurobiological dysfunction are considered to be potential etiological factors for GAD and other anxiety disorders (Noyes et al., 1987). GAD tends to cluster in families (Noyes et al., 1987). Twin studies have shown a moderate hereditary influence (Hettema et al., 2001), which is, however, less intense than in other anxiety disorders, e.g., panic disorder. The neurobiological factors under discussion include disturbances of various neurotransmitter systems (serotonin, epinephrine/ norepinephrine, GABA) (Abelson et al., 1991; Bandelow et al., 2008; Tiitonen et al., 1997)

### Chart 1: The diagnosis of generalized anxiety disorder according to ICD-10.

Tension, worries, and fears about everyday events and problems for at least six months, with the following symptoms and signs:

- Vegetative manifestations such as increased heart rate, diaphoresis, tremor, or dry mouth
- Symptoms in the chest or abdomen (respiratory symptoms, feeling of tightness, chest pain, abdominal discomfort)
- Mental symptoms (dizziness, derealization, fear of losing control, fear of dying)
- General symptoms (hot or cold flashes, paresthesiae)
- Symptoms of tension (muscle tension, agitation, foreign-body sensation in throat)

- Other, nonspecific symptoms (exaggerated startle response, lack of concentration, irritability, difficulty falling asleep)

Patients are tormented by constant worries, e.g., that they (or their loved ones) might have an accident or become ill. Activities that are perceived as dangerous are avoided or postponed. Patients also worry about the fact that they are always worrying ("meta-worries," e.g., "All this worrying is sure to give me an ulcer").

### Chart 2: ICD 10: Diagnosis of Generalized Anxiety Disorder

Generalized anxiety disorder - definition according to the ICD-10 research criteria (abbreviated version) \*.

Tension, worries, and fears about everyday experiences and problems lasting for at least six months, accompanied by at least four of the following types of symptoms (including at least one of symptoms 1-4):

#### ▪ Vegetative symptoms

1. Palpitations, sensation of heartbeat, rapid heart rate
2. Diaphoresis
3. Fine or coarse tremor
4. Dry mouth

#### ▪ Thoracic and abdominal symptoms

5. Respiratory symptoms
6. Feeling of tightness in the chest
7. Chest pain or discomfort
8. Nausea or abdominal discomfort

#### ▪ Mental symptoms

9. Feeling dizzy, unsteady, faint or light-headed
10. Derealization or depersonalization
11. Fear of loss of control, going insane, or "cracking up"
12. Fear of dying

#### ▪ General symptoms

13. Hot or cold flashes
14. Numbness or tingling

#### ▪ Symptoms of tension

15. Muscle tension
16. Agitation and inability to relax
17. Feeling of being wound up, nervousness, emotional tension
18. Feeling of something sticking in the throat, dysphagia

■ **Other, nonspecific symptoms**

19. Exaggerated startle response
20. Concentration difficulties, feeling of emptiness
21. Persistent irritability
22. Difficulty falling asleep because of worries

The GAD scale has been shown to be a reliable and effective diagnostic tool. Nine items from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) symptom criteria for GAD were included in the original item pool, along with four items derived from an analysis of pre-existing anxiety scales. A 13-item survey was created to find out how frequently each symptom bothered the patients over the previous two weeks. "Not at all," "several days," "more than half the days," and "nearly every day" were the response choices that received scores of 0, 1, 2, and 3, respectively. An option to gauge the length of anxiety symptoms was also added. The objective was to ascertain how many items were required to attain high procedural, construct, and diagnostic criteria validity as well as reliability.(Spitzer et al., 2006).

## Case Report

### Patient Information

The case describes "Mr. A" who was presenting with Generalized Social Anxiety Disorder in a 25-year-old male, well built, well-nourished and unmarried and a confirmed case of 'Social Anxiety Disorder'. He was taking regular consultation and treatment from psychiatry at a private hospital and was advised yoga and naturopathy treatments for his unresolved anxiety issues. He visited our Sharada Yoga and Naturopathy Hospital OPD on August 8th, 2024.

### Present Medical History

The male patient was under psychiatric consultation and treatment for above problems since almost last more than one year i.e., since 03.08.2023. When he came to Sharada Yoga and Naturopathy Hospital, a detailed history was recorded. He was feeling shy and hence his mother helped him in explaining the ailment. He later was comfortable to have a conversation more frankly. He had many complains such as- he was not able to sleep properly in his home in darkness with lights off, difficulty to convey his thoughts and feelings to others, a strong feeling of embarrassment and problem of over thinking, suicidal thoughts.

He also complained of fear and anxiety while being alone at home. He found it difficult to initiate the talk with others, becoming stressful without any specific reason. He had much difficulty in going to crowded places i.e. agoraphobia. He gradually started suffering from these symptoms for 2 years when his relationship issues with fiancée aggravated, but remained unaware of these happenings. The issues became very evident to family when he had a relationship crisis with his then fiancée and the engagement was called off. He was then forcefully taken to the psychiatrist who had been consulting him for over a year and is on anti-anxiety medications since then.

### Medical History

The subject had a traumatic relationship with his fiancée. He had no significant medical or surgical past history. He had normal physical and mental development since childhood. His parents were very caring and during school time he was a good performer.

### Yogic Interpretation of The Case

Since Yoga encompasses more than just physical exercise, it also addresses mental health. According to *Yogic* philosophy, the brain is the source of all illnesses. Our "*Ego*" is largely responsible for the emergence of all illnesses, both mental and physical. Ignorance, excessive stress, *Tridosha* imbalance, and *Avidya* are the root causes of illness.

विपर्ययो मिथ्याज्ञानमतद्रूपप्रतिष्ठम्। योगसूत्र १/८.

People who are afraid or depressed, have poor eating habits, lead an unbalanced lifestyle, lack confidence, or have experienced psychological trauma are more likely to suffer from mental diseases. The *Manovahi Srotasa* is easily affected by primarily *Vata* and intensified *Raja* and *Tama Doshas* in such individuals, leading to a variety of psychological disorders.

रजः पित्तनिलाद्भ्रमः। Sushruta Sharirasthana 4/56.

*Yoga* is not only the way of life; but also, can be used for therapeutic, non-pharmacological intervention to treat health issues by experts. *Pranayam*, an integral part of *Yogic* therapeutic modality deals with the rhythmic respiratory cycles. Many studies have shown the beneficial effects of *Pranayam* in regulating autonomic nervous system especially by improving heart rate variability (Nivethitha et al., 2016).

Anxiety management relies heavily on parasympathetic activation. Additionally, it helps people obtain deeper grasp of society and their surroundings.

Psychiatric counselling and normal allopathic treatment were not working for the patient. He was diagnosed with *Manodaurbalya* and was scheduled to receive specialised *Yoga* instruction in a conventional fashion. Over the course of the six-month study period, the different subjective parameters on the Liebowitz Social Anxiety Scale (LSAS), Social Phobia Inventory (SPIN), and WHO Quality of Life questionnaire - also known as WHO QoL-BREF - were methodically documented. The percentage change in their values was used to evaluate the outcome.

### Diagnosis

Diagnostic & statistical manual IV (DSM IV) states social phobia is defined as marked and persistent fear of social or performance situations in which embarrassment may occur. The diagnosis of patient was made on basis of symptoms present.

### Timeline

A detail of the study of the patient in hospital from registration to follow up has been given in figure (See: Fig. 1: Timeline of case report).

### Intervention

#### Yoga practices

Patient was convinced to perform the advised guided *Yoga* practices along with life style modification and stress management. Patient was provided with "Yoga Practice Module" consisting of:

- A) *Pranayam*, (*Bhramari*, *Nadishuddhi*),
- B) *Asanas* (*Tadasana*, *Vrukshasana*, *Baddhakonasana*, *Shashankasana*, *Ushtrasana* *Viparitkarni*, *Shalabasana*, *Makarasana*), *Suryanamaskara* with breath awareness 6 rounds
- C) *OM Kara* meditation with breath awareness.

He was advised to practice the entire intervention mentioned above, for 30 min daily in early morning at his home regularly (See: Table 1, *Yoga* and meditation protocol)

#### Diet modifications:

An essential component of health is diet. It addresses emotional and spiritual health in addition to bodily wellness.

Both *Sharirik* (bodily humours) & *Mansik Guna* (mental humours) are drastically altered by *Ahaar Parinaam*, or digestive byproducts. Psychological well-being is responsibility of *Sata*, *Rajah*, & *Tamasguna*. Overwhelming stress, anxiety, & despair can be eliminated with *Satvik Ahaar*. (*Srimad Bhagvad Gita*. Gorakhpur. Gita Press; 2009, n.d.).

युक्ताहारविहारस्य युक्तचेष्टस्य कर्मसि। युक्तस्वप्नावबोधस्य योगो भवति दुःखहा॥Geeta 6.17॥

The complaints will go away with just enough food, work, sleep, alertness, entertainment, or sports. It is necessary to adhere to the principle of moderation in all facets of life.

आयुःसत्त्वबलारोग्यसुखप्रीतिविवर्धनाः। रस्याः सिग्धाः स्थिरा हृद्या आहाराः सात्त्विकप्रियाः॥Geeta 17.8॥

It was suggested that his diet be supplemented with delicious fresh fruits and vegetables (raw or properly prepared), whole grains and legumes, fresh dairy products, nuts, natural sweeteners like honey and dates (reducing refined sugars), and a little quantity of oil from dairy or vegetable sources exclusively. Prepared meals were to be mixed and cooked in a way that preserves or improves their nutritional value. Food ought to be visually appealing, palatable (with a hint of seasoning), and compatible with the body's natural composition. The meal is boiled, basic, and bland. Spices, pickles, and papad were severely forbidden.

#### Naturopathy Treatment:

The patient was given naturopathy treatments for at least 30 mins for 15 days. The following were the treatments given:

1. Partial massage to head and neck
2. Mud bath and neutral douche
3. Full body massage and Sauna bath
4. Simple salt glow massage
5. Hot arm and foot bath
6. Hot foot immersion
7. Jacuzzi

#### Counselling:

He was given counselling every alternate day and he was asked to maintain thought dairy as a part of Thought Replacement Theory. It could be that verbal worry is best countered by generating opposing positive thoughts in the same (verbal) modality, because this would more directly compete with the negative outcomes rehearsed in worry.

It may be, for example, that worry-related intrusions (in verbal form) are more likely to prime alternative positive verbal outcomes that were rehearsed earlier, in comparison to positive images, which would require an additional shift from a semantic to a perceptual modality.

### Regimen:

Few points were specifically suggested to add in his daily routine:

1. To be awake by 5 am in the morning.
2. To avoid late night works, movies, etc and go to bed up to 10 p.m.
3. To minimize use of electronic gadgets like mobile, t. v., laptop, tab etc and to reduce screen time
4. To maintain a personal diary to write down related to his feelings and daily routine
5. To read or listen to motivational speakers or people who overcame GAD.

### Outcome measures:

#### Liebowitz Social Anxiety Scale (LSAS)

It is a tool to evaluate the cases of social anxiety. Progressive improvement in symptoms was found in varied symptoms which restricted the day to day living of the patient. There was significant stress reduction and feeling of relief reported by the patient. Initially the patient had score of 102 which was reduced up to 71 (60.60%) at the end of this study y (See: Fig.3 and Table 2)

#### Social Phobia Inventory (SPIN):

At the beginning of the intervention the tool measured very severe SAnD (Score = 50); after 6 months of Yoga module performance the SAnD came down to a mild score (Score 23) after the marked reduction of 46% . (See: Fig 3, Table 2)

#### WHO quality of life questionnaire - WHO QoL-BREF

In our study, we found that *Yoga* and meditation practices in this case of social anxiety improved WHO QoL- BREF score in each domain. We found 43.47% improvement in physical domain (D1), 34% in psychological domain (D2), 11.54% in social relationship domain and 27.91% in environment domain (D4) (See: Fig. 3: Improvement in Quality-of-life score) (See: Fig. 4, and Table 2)

### Follow-up:

Regular follow up visit of patient and data collection was scheduled after every month, where the assessments were done online on 3rd month. On every visit, his complaints were recorded as per the standard protocol. Every time assessment was done using the pre-defined tools on every event. Complaints of patient were also recorded in his own words to ensure the changes in his symptoms. From recent follow-up, as per patient and his new fiancé and his mother, there is no aggravation of symptoms of social anxiety; and improvement was seen in all his symptoms. He started taking part in day-to-day activities without any hesitation, which was not the case before adopting our integrated approach. His anti-anxiety medications are completely stopped. His overall changes are evidence to it. (Fig 2).

## Discussion

All of the symptoms and the intended yoga outcomes were taken into consideration when creating the specially designed session for this case. *Hath Yoga Pradeepika* claims that practicing *Bhramari* (humming bee breath) and *Nadi Shuddhi* (alternate nostril breathing) reduces mental tension and anxiety as well as wrath. Additionally, mental attention and concentration improve. The lion's position, or *Simhasana*, is a great way to externalise introverted persons. Hero's pose, or *Veerasana*, allows for control of the energy in the pelvic area and stabilises the flow of energy to the uro-genital organs. It also strengthens the body and improves self-control. By toning the pelvic region and promoting moola bandha and *Vajara Nadi*, *Bhadrakonasana* (butterfly pose) helps to relieve conditions involving those organs. Spinal twist position, or *Markatasana*, is an excellent way to calm your body and mind. Reversing attitude, or *Vipareet Karni*, is beneficial for a healthy body and can direct bodily fluids towards the brain. Benefits of *Trataka* (concentrated gazing) include improved memory and focus, postural issues, anxiety, allergies, depression, and sleeplessness. (*Muktibodhananda Swami. "Hatha Yoga Pradipika: Light on Hatha Yoga." Chapter 1, Verse 21, 34, 41, 53, 54; Chapter 2, Verse 31, 68. India: Bihar School of Yoga; 2002. p. 202e5., n.d.*). This customised session proved successful in increasing the patient's self-confidence and improving the flow of urine in tense situations.

In this instance, the technique was successful and well-tolerated. Every 30 days, a follow-up visit was planned to evaluate the students' performance and improvement in the yoga exercises.

The patient kept a journal to record his everyday activities and to record any questions, developments, and remarks. Using the three distinct instruments for subjective characteristics, changes in the symptoms described were evaluated.

Other non-pharmacological methods have also been found to be useful in treating social anxiety disorder, in addition to *Yoga*. An 8-week mindfulness meditation intervention significantly decreased the Hamilton Anxiety Scale (HAM-A), Clinical Global Impression of Severity and Improvement (CGI-S and CGI-I), and Beck Anxiety Inventory (BAI) in a randomised control trial that involved 93 patients with general anxiety disorder (all  $p < 0.05$ ). (Hoge et al., 2013)

During three months of surveillance through OPD and telecommunication, a patient with a DSM-5 SAD severity score of 0.8—indicating mild SAD—reported no recurrence of symptoms. Following 23 days of yoga and naturopathy intervention, the results showed an increase in SF-36 scores, HF, R-R intervals, NN50, pNN50, SDNN, and RMSSD and a decrease in PSS scores, Hamilton Anxiety Rating Scale (HARS) scores, heart rate, low frequency (LF), and the LF/high frequency (HF) ratio. (Vijay et al., 2024)

Another study on keeping a thought diary revealed that by increasing the number of competing thoughts, negative intrusive thoughts were reduced and concern episodes were prevented. (Eagleson et al., 2016).

## Conclusion

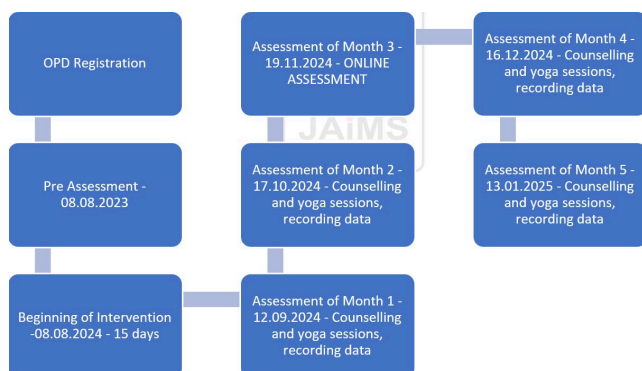


Figure 1: Timeline of Case Report

Non pharmacological approach can always have a good impact on Generalized Anxiety Disorders in younger individuals and the chances of recurrence can be minimized.

Table 1: Yoga and meditation protocol

Yoga	Time
a) Pranayam, (Bhramari, Nadishuddhi)	10 mins
b) Asanas (Tadasana, Vrukshasana, Baddhakonasana, Shashankasana, Ushtrasana Viparitkarni, Shalabasana, Makarasana), Suryanamaskara with breath awareness 6 rounds	20 mins
c) OM Kara meditation with breath awareness.	10 mins

Table 2: Scoring of each Follow-Up

Table of changes	Before Treatment	Follo w Up 1	Follo w Up 2	Follo w Up 3	Follo w Up 4	Follo w Up 5	Diffe renc e	% Chan ge
Liebowitz Social Anxiety Scale	102	96	85	78	75	71	31	69.60784
Social Phobia Inventory	50	46	38	31	31	23	27	46
WHO quality of life questionnaire- WHO QoL-BREF:								
Physical Domain	46	51	55	63	64	66	20	43.47826
Psychological Domain	50	52	59	63	65	67	17	34
Social Relationship Domain	52	53	56	57	58	58	6	11.53846
Environment Domain	43	46	60	52	54	55	12	27.90698

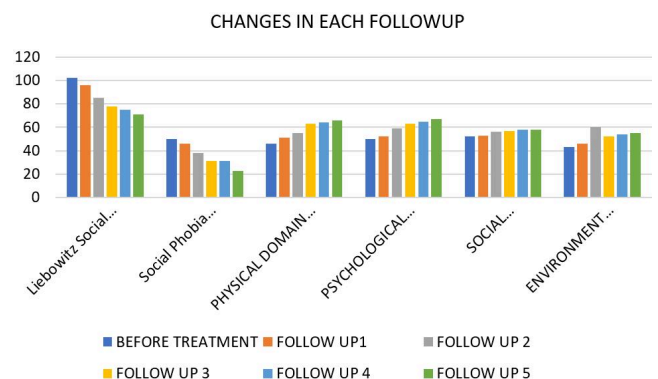
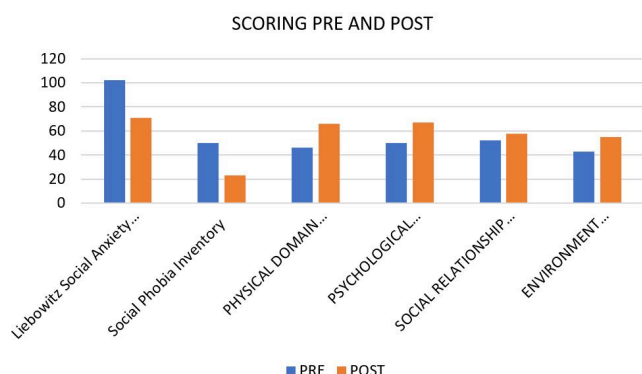
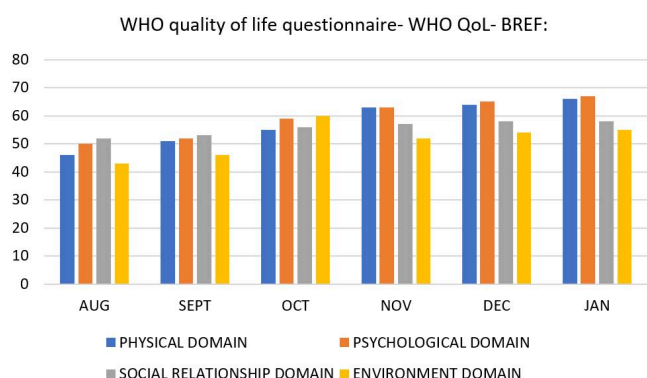


Figure 2: Scoring in each Follow-up





**Figure 3: Pre and Post Scoring of Scales (Final Scores)**



**Figure 4: Changes in quality of life**

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