



Case Series on the Ayurvedic management of Generalized Anxiety Disorder - Clinical Insights into Pratimarsha Nasya and Ghrita Pana in Chittodvega

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Mental health has become an increasingly significant concern in today's dynamic and stressful world, affecting individuals across all age groups and social strata. While occasional stress and anxiety are common, the persistent pressures of modern life marked by instability, uncertainty, and rapid change have led to a rise in psychological distress, leaving many individuals vulnerable to mental health disorders. In Ayurvedic literature, anxiety is classified as Chittodvega, a type of Manovikara arising from the vitiation of the Manasika Doshas Rajas and Tamas. It is also considered a contributing factor in the development of Unmada Roga. This Ayurvedic understanding closely aligns with the modern concept of Generalized Anxiety Disorder (GAD), one of the most prevalent and widely recognized psychiatric conditions encountered in clinical practice today. Five patients presenting with Chittodvega were selected from the Panchakarma OPD for this case series. Each patient received Pratimarsha Nasya Karma as a localized therapeutic procedure, in conjunction with internal administration of Medhya Ghrita as part of Shamana Chikitsa. Upon completion of the treatment protocol, significant improvement was observed in the subjective parameters. Follow-up assessments indicated no further disease progression. This suggests that the combined application of Panchakarma procedures and Shamana medication offers a safe and effective approach for managing Chittodvega, underscoring the potential of integrative Ayurvedic treatment in conditions comparable to Generalized Anxiety Disorder (GAD).

Keywords: Chittodvega, Pratimarsha Nasya Karma, Generalized Anxiety Disorder, Medhya Ghrita, Pana

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Introduction

Anxiety is a common human experience, frequently triggered by situations such as examinations, major life decisions, or everyday stressors. While a certain level of anxiety can be normal and even helpful in motivating action, excessive or prolonged anxiety can disrupt daily life and impair overall functioning. In today's fast-paced and high-stress environment, the incidence of anxiety disorders has risen significantly across all age groups. These conditions not only affect emotional and cognitive health but also influence physical well-being and behaviour.

Among the spectrum of anxiety-related conditions, Generalized Anxiety Disorder (GAD) is one of the most prevalent. It is marked by chronic, excessive, and often irrational worry accompanied by symptoms such as muscle tension, difficulty concentrating, hyperarousal, restlessness, and sleep disturbances. Individuals with GAD tend to dwell excessively on trivial matters, leading to considerable interference in day-to-day life.[1]

Although anxiety and worry are natural responses to stress, they become pathological when they are disproportionate to the actual threat or continue even after the stressor is resolved. Persistent anxiety can be distressing, hinder treatment outcomes, and often requires focused clinical attention. In recent years, increasing global population and socio-economic pressures have contributed to a steady rise in anxiety disorders.[2]

Following the COVID-19 pandemic, there has been a notable surge in anxiety and depression, particularly in primary healthcare settings. *The Lancet* reports a global increase in anxiety prevalence ranging from 13.8% to 25.6%, while the WHO notes a 25% rise. [3] In India, similar trends are observed, with studies indicating prevalence rates between 23.7% and 35%.[4]

In *Ayurvedic* literature, this state of persistent mental distress is conceptualized as *Chittodvega*, it is a compound word formed from *Chitta* and *Udvega*. The term *Chitta*, derived from the root *Chit*[5], refers to consciousness, awareness, and mental functioning. When affixed with the *Kta* suffix, it implies the observed or contemplated aspect of the mind.[6] *Udvega*, coming from the root *Ud* with the *Vin* suffix, denotes emotional agitation, anxiety, or psychological unrest.[7]

Together, *Chittodvega* signifies a mentally disturbed or anxious condition, highlighting an imbalance in both emotional and cognitive domains.

Acharya Charaka, in *Vimana Sthana*, classifies *Chittodvega* under *Manodosha Vikaras*[8], identifying it as a mental disorder primarily driven by imbalances in the mind. In such conditions, the disturbance originates in the *Manas* and subsequently affects the *Sharira*. This process is linked to the depletion of *Sattva Guna* and the predominance of the *Manasika Dosha Rajas* and *Tamas*.[9] As these forces gain dominance, they impair higher mental faculties and disrupt mental clarity, leading to the onset of various *Manasika Vikaras*.

Additionally, the role of the *Tridoshas*[9] (*Vata*, *Pitta* and *Kapha*) is also significant in the pathogenesis of *Chittodvega*. *Vata*, particularly its *Prana Vayu* subtype, governs the nervous system and mental activity; when aggravated, it can cause symptoms like excessive worry, fear, and sleep disturbances. An imbalance in *Sadhaka Pitta*, responsible for processing emotions and intellect, increases emotional vulnerability. Similarly, disturbance in *Tarpaka Kapha*, which nourishes and stabilizes mental faculties, may result in decreased emotional resilience and cognitive dullness. The combined dysfunction of these *Doshas* provides the physiological basis for the manifestation of *Chittodvega*.

Ayurveda, the timeless science of health and well-being, offers a holistic framework for maintaining physical, mental, and spiritual harmony. *Acharya Charaka* advocates a multidimensional approach for managing *Manasa Rogas*, which includes balancing the *Manasika Doshas* (*Rajas* and *Tamas*), strengthening *Sattva*, and re-establishing homeostasis between body and mind. For this, three categories of treatment are prescribed by *Acharya Charaka*[10]: *Daivavyapashraya Chikitsa*, *Yuktivyapashraya Chikitsa* and *Satwavajaya Chikitsa*. In the present Case Series, an integrative *Ayurvedic* protocol comprising *Pratimarsha Nasya Karma* and *Ghrita Pana* was employed to evaluate its therapeutic effectiveness in the management of *Chittodvega*. The intervention yielded promising clinical outcomes, with a marked reduction in anxiety symptoms, thus validating the utility of this *Ayurvedic* regimen in addressing anxiety-related disorders.

Materials and Methods

Five patients diagnosed with *Chittodvega* (Generalized Anxiety Disorder) were selected from the Panchakarma OPD of Dayanand Ayurvedic College & Hospital, Jalandhar.

Inclusion Criteria

- Patient fulfilling diagnostic criteria for *Chittodvegas.r.* to Generalized Anxiety Disorder
- Patient aged between 16-65 years.
- Patient fit for *Ghrita Pana* and *Pratimarsha Nasya Karma*
- Patient of either sex
- Patient willing to participate in the study

Exclusion Criteria

- Age less than 16 and more than 65 years
- Pregnant and lactating mother
- Patients who are unfit for *Ghrita Pana* and *Pratimarsha Nasya Karma*.
- Patients suffering from any severe psychiatric disorder (schizophrenia, bipolar disorder, mood disorder) and systemic disorders like hypertension, diabetes, hyperthyroidism, malignancies etc. were excluded.
- Patients having drug dependency

Case Series

Case 1:

A 24-year-old female reported to the *Panchakarma* OPD with complaints of stress and excessive overthinking, associated with stiffness and restlessness for the past year. She was asymptomatic before this period. She also presented with poor concentration, frequent confusion, reduced appetite, disturbed sleep, and burning micturition. On detailed history, it was revealed that she comes from a conservative family background where higher education for girls is generally discouraged. Despite being academically bright and currently in the 3rd professional year of BAMS, the patient has been under constant pressure from extended family members and grandparents to marry, which has led to significant emotional distress and interference with her academic focus and overall well-being.

Case 2:

A 44-year-old male presented to the *Panchakarma* OPD with complaints of disturbed sleep, stress, restlessness, and persistent negative thinking for the past 8–9 months. The patient was healthy prior to this period. On further inquiry, he shared that his symptoms began after he suddenly learned that his father was experiencing memory loss, which was later diagnosed as Alzheimer's disease. Deeply attached to his father, especially after the loss of his mother 17 years ago, the news caused significant emotional distress.

Since then, he has been unable to concentrate on his work, resulting in financial difficulties. He now experiences frequent episodes of confusion, delayed responses, excessive worry, and occasional palpitations. He also reported irregular bowel habits and intermittent bilateral hand tremors for the past 7 months. The patient remains emotionally overwhelmed and mentally preoccupied with thoughts of his father's condition.

Case 3:

A 42-year-old female reported to the *Panchakarma* OPD with complaints of overthinking and memory loss, accompanied by headache and slurred speech during stressful situations for the past 2–3 years. No symptoms were observed prior to this duration.

On further questioning, the patient shared that her stress began increasing after learning that her son, currently in the 10th standard, has been strongly inclined toward going to Canada for higher studies. Over the last three years, his desire to move abroad has intensified. The patient, being emotionally sensitive and deeply attached to her children, made several efforts to convince him to continue his education and career in India, but he remained stubborn and unresponsive to parental advice.

As a result, the patient has been experiencing significant emotional distress, frequent mood swings, increased worry and a disturbed sleep cycle, all of which have progressively affected her daily functioning.

Case 4:

A 23-year-old male presented to the *Panchakarma* OPD with complaints of stress, overthinking, and irritability for past 6–7 months. On further inquiry, the patient reported experiencing memory issues,

Reduced concentration, delayed responses, and frequent confusion. He is currently in the final year of his BAMS course and was previously a diligent student. However, the extensive syllabus and his growing inclination towards acquiring practical knowledge over theoretical studies have led to academic stress and mental fatigue. In an effort to gain hands-on experience, he joined his Father's Friends hospital but reported heightened alertness and performance anxiety while working in front of others. Additionally, for the past 4–5 months, he has been experiencing increased anger and disturbed sleep.

Case 5:

A 49-year-old female patient presented to the *Panchakarma* OPD with complaints of persistent tension, stress, and generalized body aches for the past one year.

She reported being asymptomatic until one year ago when her husband suffered a cerebrovascular accident (CVA), resulting in paralysis of the entire left side of his body. Despite undergoing multiple treatments, his recovery remains incomplete. The patient belongs to a middle-class family, and the financial burden of prolonged treatment has been overwhelming. Her husband was the sole earning member of the family, employed in the corporate sector, while she is a homemaker. With their children still pursuing college education and the household dependent on a single income, the situation has led to significant emotional and financial stress. The family's savings have been exhausted on medical expenses. As a result of the ongoing stress, the patient experiences frequent irritability and agitation. Over time, she has also developed disturbances in her sleep pattern and a noticeable reduction in appetite.

Table 1: Patient Information

	Case 1	Case 2	Case 3	Case 4	Case 5
Occupation	Student	Businessman	Housewife	Student	Housewife
Socio-economic Status	Middle Class	Middle Class	Lower Middle Class	Upper Middle Class	Lower Middle Class
Marital Status	Unmarried	Married	Married	Unmarried	Married

Table 2: Past History

	Case 1	Case 2	Case 3	Case 4	Case 5
Medical History	Not Specific	Not Specific	Not Specific	Not Specific	Not Specific
Surgical History	No Surgical History	Appendicectomy 22 Years Back	Herniotomy 9 Years Back	No Surgical History	No Surgical History
Family History	Mother: OA +ve Father: HTN +ve	Father: Alzheimer's Children: Healthy	Mother: Type 2 DM Father: Healthy	Mother: Healthy Father: Fatty Liver Grade 1	Mother: RA +ve Children: Healthy

Table 3: Personal History

	Case 1	Case 2	Case 3	Case 4	Case 5
Appetite	Reduced	Reduced	Reduced	Reduced	Reduced
Type of Diet	Veg	Mixed	Veg	Veg	Veg
Time of Diet	Irregular	Irregular	Irregular	Irregular	Irregular
Bowel	Loose Stool	Constipated	Loose Stool	Regular	Constipated
Urine	Normal	Normal	Burning Micturition	Burning Micturition	Normal
Sleep	Disturbed	Disturbed	Disturbed	Disturbed	Disturbed
Stress	Family	Family	Financial	Education	Family
Koshtha	Madhyam	Krura	Mrudu	Madhyam	Krura
Agni	Mandagni	Vishmagni	Mandagni	Samagni	Vishmagni
Addiction	Coffee From 10 Months	Cigarette Smoking on and off from 9 months	No addiction	No Addiction	Tea from 6-7 years

Table 4: General Appearance & Behaviour

	Case 1	Case 2	Case 3	Case 4	Case 5
Height	5 Feet 2 Inch	5 Feet 8 Inch	5 Feet 1 Inch	5 Feet 3 Inch	5 Feet 1 Inch
Weight	51 Kg	78 Kg	60 Kg	55 Kg	62 Kg
Grooming	Well Groomed	Well Groomed	Not properly Groomed	Well Groomed	Not properly Groomed
Behaviour	Cooperative	Cooperative	Communicative	Communicative	Cooperative
Comprehension	Intact	Intact	Intact	Intact	Intact
Gait & Posture	Normal	Normal	Normal	Normal	Normal
Reaction Time	Delayed	Delayed	Delayed	Delayed	Normal
Social Manner	Normal	Normal	Normal	Normal	Normal
Speech	Normal	Normal	Slurred	Normal	Normal
Eye Contact	Normal	Normal	Normal	Normal	Normal
Mood	Anxious	Anxious	Anxious	Anxious	Anxious

Table 5: Systemic Examination

Systems	Case 1	Case 2	Case 3	Case 4	Case 5
CNS	Conscious, Oriented to Time, Place & Person	Conscious, Oriented to Time, Place & Person	Conscious, Oriented to Time, Place & Person, Tremors +nt B/L Hands	Conscious, Oriented to Time, Place & Person, Tremors +nt B/L Hands	Conscious, Oriented to Time, Place & Person
CVS	S1S2 Heard	S1S2 Heard, Palpitations +nt	S1S2 Heard	S1S2 Heard	S1S2 Heard, Palpitations +nt
Respiratory	B/L Air Entry Clear	B/L Air Entry Clear	B/L Air Entry Clear	B/L Air Entry Clear	B/L Air Entry Clear
GIT	Soft & Non tender	Soft & Non tender, Scar +nt	Soft & Non tender, Scar +nt	Soft & Non tender	Soft & Non tender

Table 6: Ashthavidha Pariksha

	Case 1	Case 2	Case 3	Case 4	Case 5
Nadi	Vata Pittaja	Pitta Kaphaja	Pitta Kaphaja	Vata Kaphaja	Vata Pittaja
Mala	Sama	Sama	Sama	Nirama	Sama
Mutra	Samanya	Samanya	Samanya	Samanya	Samnya
Jihva	Nirlepita	Nirlepita	Malavrutta	Malavrutta	Nirlepita
Sparsha	Khara, Alpa Ushna	Snigdha	Ushana	Snigdha	Ruksha
Shabda	Spashta	Spashta	Aspashta	Alpavaka	Spashta
Drika	Dhusara	Shwetabha	Dhuma	Shwetabha	Pittabha Shweta
Aakriti	Krusha	Samanya	Samanya	Krusha	Samanya

Table 7: Dashavidha Pariksha

	Case 1	Case 2	Case 3	Case 4	Case 5
Prakriti	Vata- Pittaja	Pitta-Kaphaja	Vata-Pittaja-Kaphaja	Vata-Kaphaja	Vata-Pittaja
Vikriti	Vata, Rajasa, Tamasa	Pitta, Rajasa, Tamasa	Vata, Rajasa, Tamasa	Kaphaja, Rajasa, Tamasa	Pittaja, Rajasa, Tamasa
Sara	Rasa	Mamsa	Rasa	Rakta	Rakta
Samhanana	Avara	Madhyam	Madhyam	Avara	Madhyam
Pramana	Avara	Madhyam	Madhyam	Avara	Madhyam
Satva	Avara	Avara	Madhyam	Madhyam	Avara
Satmya	Vyomishra	Sarvarasa	Sarvarasa	Vyomishra	Vyomishra
Ahara Shakti					
Abhyavaharana	Avara	Avara	Avara	Avara	Avara
Jeerna	Avara	Madhyam	Avara	Madhyam	Avara
Vyayama Shakti	Madhyam	Avara	Avara	Avara	Madhyam
Vaya	Bala	Madhyam	Madhyam	Bala	Madhyam

Diagnostic Assessment

Based on clinical presentation, condition was diagnosed as *Chittodvega*, an Ayurvedic equivalent of Generalized Anxiety Disorder (GAD), and was further confirmed using DSM-5[11] diagnostic criteria. All routine haematological investigations were performed and found to be within normal limits. Following diagnosis, a customized Ayurvedic treatment plan was implemented. To evaluate effectiveness of intervention, Hamilton Anxiety Rating Scale (HAM-A)[12] and classical Ayurvedic features of *Chittodvega* listed in NAMASTE Portal[13] were assessed at three stages: before treatment, after treatment, and during follow-up. This approach provided a comprehensive assessment of patient's improvement from both modern and Ayurvedic perspectives.

Therapeutic Intervention

Shaman Yog	Dose	Duration	Anupana
Medhya Ghrita (Kalpit Yoga)	15 ML Twice a day Empty Stomach	15 Days	Warm water/ warm milk

Pratimarsha Nasya Yog	Dose[14]	Duration	Time
Medhya Ghrita (Kalpit Yoga)	2 Bindu i.e. 1ml (20 Drops) each nostril Once in a day	15 Days	Pratah Kala Abhakta

Table 8: Contents of Medhya Ghrita (Kalpit Yoga).

SN	Dravya	Type of Dravya	Dose[15]
1.	Kushmanda Swarasa	Drava Dravya	4 Parts
2.	Brahmi	Kalka Dravya	1/8th Part
3.	Shankhpushpi	Kalka Dravya	1/8th Part
4.	Vacha	Kalka Dravya	1/8th Part
5.	Ustukhuddus	Kalka Dravya	1/8th Part
6.	Mukta Pishti	Kalka Dravya	1/8th Part
7.	Go Ghrita	Sneha Dravya	1 Part

Preparation of Medhya Ghrita (Kalpit Yoga): It was prepared according to the standard preparation method of preparing medicated *Ghrita* described in *Sharangdhara Samhita*. [16]

Assessment Criteria

Based on the classical signs and symptoms of *Chittodvega*, subjective parameters are assessed.

Standardized Terminology is taken from the NAMASTE PORTAL.

Scoring Criteria: None: 0, Mild: 1, Moderate: 2, Severe: 3, Very Severe: 4.

Here, BT: Before Treatment i.e. Day 0, AT: At the end of the Treatment i.e. DAY 15, AF: At the Time of follow up i.e. Day 30

Table 9: Assessment Criteria

Symptoms	Case 1			Case 2			Case 3			Case 4			Case 5		
	BT	AT	AF	BT	AT	AF	BT	AT	AF	BT	AT	AF	BT	AT	AF
Ayasa	4	3	0	3	2	1	4	2	1	3	2	1	4	2	1
Unmattachittatvama	4	3	0	4	3	1	4	2	1	4	3	0	3	2	1
Shirsha Shoonyata	3	2	1	4	1	1	3	2	1	3	2	0	4	1	1
Krodha	4	3	0	3	2	1	3	2	1	3	2	1	3	2	0
Angamarda	3	2	1	3	1	1	3	2	1	3	3	1	3	2	1
Anidra	4	1	1	4	2	0	4	3	1	4	1	0	4	2	0
Anannabhilasha	3	1	1	3	2	1	3	1	0	3	1	1	3	1	1
Udvega	4	1	1	3	1	0	4	1	0	3	2	1	4	2	0
Total Score	29	16	5	27	14	5	28	15	6	26	16	5	28	14	5

(HAM-A) is one of the earliest tools designed to evaluate the intensity of anxiety symptoms. In this study, it was utilized to assess the patient's condition both prior to and following the treatment.

Scoring Criteria: None: 0, Mild: 1, Moderate: 2, Severe: 3, Very Severe: 4.

Table 10: Hamilton Anxiety Rating Scale (HAM-A).

Symptoms	Case 1			Case 2			Case 3			Case 4			Case 5		
	BT	AT	AF	BT	AT	AF	BT	AT	AF	BT	AT	AF	BT	AT	AF
Anxious Mood	3	1	0	4	2	1	3	1	0	4	2	0	3	2	0
Tension	3	1	1	3	1	1	3	1	0	3	2	0	4	2	0
Fears	2	1	0	3	1	1	2	1	1	3	2	1	2	1	0
Insomnia	4	1	1	4	1	0	3	1	0	4	1	0	3	1	0
Intellectual	2	1	0	2	1	0	2	1	0	3	1	1	2	1	1
Depressed Mood	2	1	0	2	1	0	3	1	1	2	1	0	3	1	0
Somatic (Muscular)	3	2	1	3	2	1	2	1	1	2	1	1	3	1	1
Somatic (Sensory)	2	1	0	2	2	1	2	1	1	1	1	1	2	1	0
CVS Symptoms	1	0	0	1	1	0	2	1	0	1	1	0	2	1	1
Respiratory Symptoms	1	0	0	1	1	0	2	1	0	1	1	0	2	1	1
Git Symptoms	3	2	1	2	1	1	3	1	1	2	1	1	2	1	1
Genitourinary Symptoms	2	1	1	2	1	1	2	1	0	2	1	1	1	1	0
Autonomic Symptoms	1	1	1	1	0	0	1	1	0	1	0	0	1	1	0
Behaviour at Interview	1	0	0	1	1	0	2	1	0	1	0	0	1	0	0
Total Score	30	13	6	31	16	7	32	14	5	30	15	6	31	15	5

Outcomes

The classical features of *Chittodvega*, as documented through the NAMASTE Portal, were evaluated at three stages:

Prior to treatment, upon completion of the treatment, and during the follow-up period. The symptom scores, which were initially 29, 27, 28, 26, and 28, showed a marked reduction to 16, 14, 15, 16, and 14 after treatment, with a further decline to 5, 6, 6, 5, and 5 at follow-up, indicating progressive and sustained clinical improvement. Similarly, the Hamilton Anxiety Rating Scale scores initially recorded as 30, 31, 32, 30, and 31, indicating moderate to high anxiety decreased to 13, 16, 14, 15, and 15 post treatment, and further reduced to 6, 7, 5, 6, and 5 during follow-up, reinforcing the therapeutic efficacy of the intervention.

Result

All five patients demonstrated significant improvement in their clinical symptoms following intervention. There was a substantial decline in severity and frequency of *Chittodvega* and anxiety-related manifestations. The evaluation based on classical *Ayurvedic* parameters showed marked relief of 80.43%, with outcome being statistically highly significant ($p < 0.001$). Correspondingly, Hamilton Anxiety Rating Scale (HAM-A) reflected an 81.16% reduction in anxiety scores, also with a statistically significant result ($p < 0.001$). These results indicate therapeutic efficacy of adopted intervention in managing both classical *Ayurvedic* presentation of *Chittodvega* and modern clinical features of Generalized Anxiety Disorder (GAD). Statistical interpretation of results is carried out using Paired t-test.

Effect of *Medhya Ghrita Pana* and *Medhya Ghrita Pratimarsha Nasya* on the Classical Signs and Symptoms of *Chittodvega*, Standardized Terminologies are taken from NAMASTE PORTAL for assessment

On the Classical Signs and symptoms of Chittodvega	Mean		Mean Diff.	S.D.	% Relief	Paired t test		
	B.T.	A.F.				t value	P value	Infer.
	27.600	5.400	22.2	1.3038	80.43%	38.073	<0.001	Sig.

Effect of *Medhya Ghrita Pana* and *Medhya Ghrita Pratimarsha Nasya* on Hamilton Anxiety Rating Scale (HAM-A)

On the Hamilton Anxiety Rating Scale HAM-A	Mean		Mean Diff.	S.D.	% Relief	Paired t test		
	B.T.	A.F.				t Value	P Value	Infer.
	30.800	5.800	25	1.414	81.16%	39.528	<0.001	Sig.

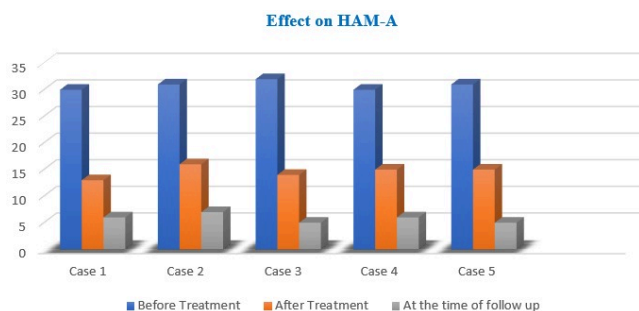


Figure 1: BT-AT-AF Comparison according to Classical Signs and Symptoms as outlined by NAMASTE PORTAL.

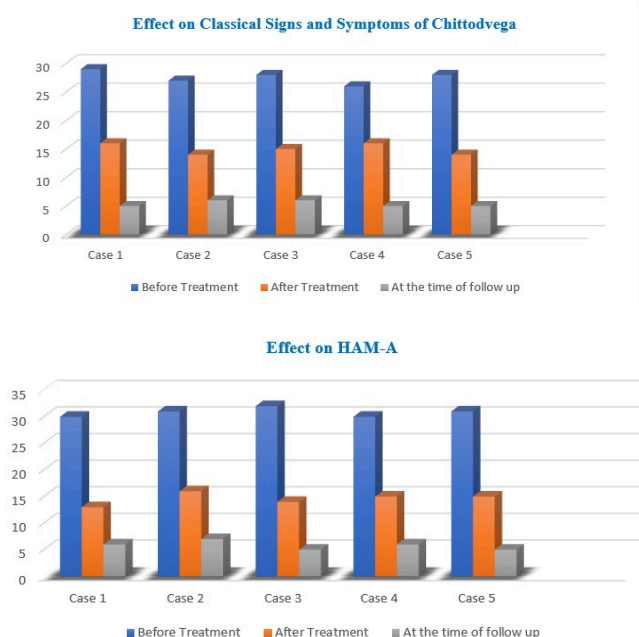


Figure 2: BT-AT-AF Comparison According to HAM-A

Discussion

Ayurveda, with its holistic and psychosomatic outlook, regards the mind as a fundamental aspect of health, emphasizing the interconnectedness of body, mind, and soul i.e., *Tridanda*.^[17] It asserts that true well-being arises from the harmonious functioning of these three dimensions. Within this system, two major sets of regulatory principles are described: the *Manasika Doshas*, i.e. *Rajas* and *Tamas*^[9], which govern mental functioning, and the *Sharirika Doshas*, *Vata*, *Pitta*, and *Kapha*^[9], which control physiological processes.

These systems are deeply interrelated, and their imbalance is seen as a root cause of psychosomatic disturbances. The *Hridaya*^[18] is considered the core seat of the *Manas*, from where mental activity is orchestrated.

This activity is facilitated through a network of *Srotas*, operating in conjunction with the *Sharirika Doshas*. When the *Manasika Doshas*, become aggravated, they disrupt the functioning of *Buddhi* and impair the *Manovaha Srotas*^[19],

Leading to the emergence of psychological conditions, among which *Chittodvega* holds a prominent position. When analyzed through its linguistic roots, clinical features, and psychosomatic manifestations, *Chittodvega* aligns closely with Generalized Anxiety Disorder (GAD) as recognized in modern psychological nomenclature.

The present study adopts an integrative treatment approach involving *Ghrita Pana* and *Pratimarsha Nasya* to assess their combined effectiveness in the management of *Chittodvega* an *Ayurvedic* correlate of Generalized Anxiety Disorder (GAD). Both interventions incorporate *Medhya Aushadhis* herbs traditionally valued in *Ayurveda* for promoting cognitive function and mental stability. These formulations are designed to act directly on the central nervous system, aiming to reinforce *Sattva Guna* and enhance *Ojas*, thereby aiding in the restoration of mental equilibrium.

In this therapeutic design, *Ghrita* serves as the principal medium for both oral and nasal administration, chosen for its potent lipophilic nature and exceptional *Yogavahi*^[20] property, which allows it to deliver active compounds deep into tissues. Its ability to dissolve in lipids facilitates the passage of herbal constituents across lipid-rich cellular membranes, in the blood-brain barrier. When processed with *Medhya* herbs, *Ghrita* binds with their active principles, thereby increasing their therapeutic potential on the brain and nervous system.

In this Case Series, *Medhya Ghrita* was employed in both oral and nasal routes to leverage its dual delivery potential. Among the four primary *Sneha Dravyas*, *Ghrita* is considered the most efficacious due to its ability of *Sanskara Anuvartana*^[21] the capacity to retain and transmit the therapeutic properties of the herbs with which it is processed. Furthermore, classical *Ayurvedic* literature regards *Ghrita* as an *Ajanmadeya Dravya*^[22], indicating its suitability for internal use even from birth, owing to its nourishing, stabilizing, and harmonizing effects. This integrative application is thus aimed at systematically evaluating the clinical outcomes in the treatment of *Chittodvega*.

Probable Mode of Action of *Pratimarsha Nasya*

"*Nasa Hee Shiraso Dvaram*"[23], meaning "the nose is the gateway to the head," forms the theoretical basis for employing the nasal route in the treatment of mental disorders. Drawing on this principle, *Pratimarsha Nasya* has been chosen in this study as a therapeutic modality to assess its effect on anxiety and mental agitation. Owing to its property of *Ajanma Satmyatva*[24] suitability from birth to old age it is considered safe for continuous use across all age groups, without causing any harmful effects. Regular administration of *Pratimarsha Nasya* nourishes the sense organs and promotes cognitive function by enabling direct access to medicaments in the central nervous system.

Medhya Ghrita, infused with intellect-promoting *Medhya* herbs and possessing a strong lipophilic character, efficiently traverses the nasal mucosa. This enables rapid absorption into the bloodstream and facilitates crossing the blood-brain barrier, allowing the active constituents to reach brain tissues directly. This direct delivery mechanism supports the neuroprotective and neuromodulator actions of *Medhya Ghrita*, enhancing neurotransmitter function and provides nourishment to cerebral tissues. It plays a vital role in restoring the balance of *Manasika Doshas*, specifically by pacifying aggravated *Rajas* and *Tamas*, and reinforcing *Sattva* and *Ojas*, which are essential for psychological strength, clarity, and emotional stability. These attributes make it particularly valuable in the management of *Chittodvega*.

Probable Mode of Action of *Ghrita Pana*

Medhya Ghrita is a lipid-based Ayurvedic formulation enriched with herbs known for their neuroprotective, adaptogenic, and anxiolytic effects. The *Ghrita* serves as an effective carrier medium, enhancing absorption and bioavailability of herbal constituents. Due to its lipophilic nature, it facilitates efficient transport of active compounds across biological membranes, including blood-brain barrier. When administered orally, *Medhya Ghrita* modulates brain function by supporting synthesis and regulation of key neurotransmitters such as acetylcholine, GABA, and serotonin, which are crucial for cognitive processing and emotional stability. It plays a therapeutic role in correcting imbalances in *Manasika Doshas*, particularly *Rajas* and *Tamas*, which are commonly associated with anxiety and psychosomatic disturbances.

Moreover, *Medhya Ghrita* contributes to enhancement of *Ojas* and *Sattva*, thereby promoting neuroimmune resilience, neuronal adaptability, and optimal brain performance. The synergistic action of these properties aids in reducing anxiety, restoring mental clarity, and supporting overall psychological and physical well-being.

Conclusion

The integrative therapeutic approach employing *Medhya Ghrita* both as *Pana* and *Pratimarsha Nasya* demonstrated significant clinical efficacy in the management of *Chittodvega* (Generalized Anxiety Disorder) among the five patients enrolled in this study. The dual-route administration allowed for a synergistic effect, while *Pana* facilitated systemic absorption and central action via modulation of neurotransmitter pathways, *Nasya* provided direct access to the brain through the nasal mucosa, enhancing the local and rapid therapeutic impact. Patients reported Significant relief in anxiety levels, mental clarity, sleep quality, and emotional stability.

The results support the classical Ayurvedic understanding that *Medhya Ghrita*, when administered through appropriate routes, not only nourishes the nervous system but also stabilizes the mind and enhances overall mental well-being. The study supports the potential of *Medhya Ghrita* as a safe, holistic, and effective approach in the management of Generalized Anxiety Disorder.

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