

## CASE STUDY

# An Ayurvedic Approach to Generalized Anxiety Disorder: A Case Study

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### ABSTRACT

Generalized anxiety disorder is a common and disabling disorder characterized by persistent worrying, anxiety symptoms, and tension about a variety of everyday problems for a period of at least 6 months. The symptoms of this disease show resemblance with the *Chittodvega* (~excited state of mind) which is one among the *Manovikara* (~mental disorders) explained in Ayurvedic texts. According to the World Health Organization, the estimated prevalence of generalized anxiety disorder is 4%. Generalized anxiety disorder is diagnosed twice as frequently in women as men. To address this issue and reduce the need for allopathic medications with their potential adverse effects, an approach based on Ayurvedic principles is beneficial. A 53-year-old female patient came to the outpatient department of *Kayachikitsa* presented with complaints of insomnia, sudden feeling of warmth and coldness, giddiness, headache, burning chest, overthinking and negative thoughts, tinnitus, discomfort in crowded places, intolerance of loud noise, and constipation. The treatment protocol implemented during the patient's first visit involved only *Shamana Chikitsa* (~pacifying therapy) including *Anulomana* (~promoting downward movement of doshas), *Deepana* (~appetizer), *Pachana* (~digestive), and *Medhya* (~nootropic) drugs. The patient was assessed for improvement in signs and symptoms after 1.5 months of treatment. The patient got significant relief in all symptoms. The Hamilton Anxiety Scale scores 29 before the treatment, later reduced to 09 after the follow-up. The present case study highlights the potential of *Ayurveda* intervention in the management of anxiety disorders.

## 1. INTRODUCTION

Anxiety is a natural and adaptive response to a perceived threat, preparing the body for a fight-or-flight reaction.<sup>[1]</sup> However, when anxiety becomes excessive and leads to significant distress or functional impairment, it can become pathological.<sup>[2]</sup> Generalized anxiety disorder (GAD) is characterized by excessive, uncontrollable worry about multiple life events lasting for at least 6 months. This worrying is often accompanied by physical symptoms such as muscle tension, irritability, heart palpitations, and sleep disturbances. The lifetime prevalence of GAD ranges from 3 to 8%, with females being more prone to it.<sup>[3]</sup> Risk factors for GAD include behavioral inhibition, negative emotions, and a tendency to avoid harm.<sup>[4]</sup> In

*Ayurveda*, *Chittodvega* (~excited state of mind) refers to an anxious state of the mind and is considered one of the *Manovikara* (~mental disorders). The term *Chittodvega* (~excited state of mind) comes from “*Chitta*” (~mind) and “*Udvega*” (~disturbance), describing an unsettled or anxious mind. *Anavastitha Chitta* (~a disordered mind) is identified as one of the *Vata*-related mental disorders.<sup>[5]</sup> *Manovikara* arise from imbalances in the *Manasika Dosha* (~mental energy). To understand a disease, *Ayurveda* examines the disturbed factors such as *Dosha*, *Dushya* (~bodily components), *Agni* (~digestive fire), and *Srotas* (~channels). In the case of *Chittodvega*, the vitiated *Dosha* settles in the *Hridya* (~the seat of the mind), disrupting the *Mano Srotas* (~mental channels) and leading to anxiety. *Ayurveda* treats such conditions through *Shodana* (~purification), *Shamana* (~pacifying), and *Rasayana* (~rejuvenation). *Rasayana* therapies are especially beneficial in promoting longevity, curing diseases, improving health, and enhancing mental faculties in addition to their positive effects on the body.<sup>[6]</sup>

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## 2. PATIENT INFORMATION

A female patient of age 53 years complains of pulsating type of headache usually in the right frontal and temporal lobe associated with swelling around the right eye for 12 years and constipation since childhood. She has a sudden feeling of warmth and coldness with feeling of fear and worst happening, restlessness. She feels bothered by not being able to control her worrying due to which she gets irritated, she also complains of difficulty in initiating sleep and maintaining sleep, due to lack of sleep she feels tired. Later, she gradually developed agitation to go out in crowded and noisy places. For these complaints, she got consulted and was diagnosed with generalized anxiety disorder, and she was put on allopathy medications. She took her medications for 1 year but got no relief from her complaints, so she discontinued her treatment. From the past 6 to 7 months, her condition has aggravated along with that she also has pain in her cervical region and lower backache with no history of trauma or injury, burning sensation in the epigastric and umbilical region, palpitation, tremors in the hands and tinnitus, and giddiness while changing posture. None of her family members have a history of psychiatric disorder.

### 2.1. Clinical Findings

The general examination of the patient showed that she was moderately built, well-nourished, and able to maintain a normal, straight decubitus. The patient was afebrile, with no signs of pallor, icterus, cyanosis, clubbing, edema, or lymphadenopathy. Her hair was smooth and oily, and her skin had a similar texture. The tongue appeared moist and coated. Vital signs included a blood pressure of 110/70 mmHg and a pulse rate of 83 beats/min. No pallor, icterus, clubbing, cyanosis, or lymphadenopathy was detected during the examination. The patient had a normal appetite but disturbed bowel movements, specifically constipation. Sleep patterns were abnormal as she had insomnia. Systemic examination revealed no abnormalities in the cardiovascular, respiratory, central nervous, or gastrointestinal systems. The patient underwent the *Dashavidha Pareeksha* (~a comprehensive ten-fold examination). The *Prakruti* (~body constitution) assessment indicated a *Kapha-Pitta* constitution with *Pitta Pradhan Tridoshaj*. The examination also revealed an unstable *Satva* (~mental constitution), while the *Sara* (~assessment elementary tissue examination) indicated a moderate essence of tissue. *Samhanana* (~compactness) was also found to be moderate. Regarding *Aahar Shakti* (~digestive strength), the patient demonstrated a normal food intake. The *Satmya* examination (~compatibility) was moderate, while the *Pramana* assessment (~measurement of blood and organs) yielded average results. The patient's *Vyama Shakti* (~capacity for exercise) was also moderate, considering her middle age. During the *Asthavidha Pareeksha* (~an eight-fold examination), the patient's *Nadi* (~pulse) was noted to be *Pittaj* with a rate of 110 beats/min. *Mala* (~bowel movements) were abnormal (*Vibandha*-constipation), while *Mutra* (~urine) examination was normal. *Shabda* (~speech) was classified as ordinary (*Sadharana*), and the *Jivha* (~tongue) appeared coated with a whitish discoloration (*Ama*). The patient's *Akriti* (~body build) was assessed as moderate, while *Drik* (~vision) and *Sparsha* (~touch) were within normal ranges.

### 2.2. Mental Status Examination

The patient appears uncomfortable but is well-groomed, with good hygiene and self-care. She is cooperative, is attentive, and exhibits signs of anxiety. Her comprehension is intact, and her gait and posture are normal. However, she displays restlessness in motor activity and maintains hesitant eye contact. Despite this, rapport is well-maintained. Speech is spontaneous, with a normal rate, quantity,

volume, tone, flow, and rhythm. Mood and affect indicate anxiety and restlessness. Thought processes are largely intact, with no signs of flight of ideas, thought blocking, thought broadcasting, thought control by others, obsessions, or fixed ideas. However, sudden strange ideas are present. Perception is intact, with an accurate sense of time and no hallucinations or illusions. Cognitively, the individual is conscious and oriented to time, place, and person. Attention and concentration are present, memory is intact, intelligence is normal, and abstract thinking is unimpaired. Insight is present, and judgment remains intact

### 2.3. Timeline of Event

For the 1<sup>st</sup> time, the patient came to CBPACS in outpatient department (OPD) 6 on April 4, 2024. After taking a detailed history and clinically examining the patient, she was suggested for *Mansyadi Kwath* at a dose of 15 mL twice a day and *Brahmi Ghrita* for *Nasya* and a combination of *Shatavari Churana* and *Praval Pishti*. After 10 days, the patient again visited the OPD on April 14, 2024, as she noticed a mild improvement in complaints of insomnia and headache, but this time the patient developed some gastric issues like burning sensation in the epigastric and umbilical region associated with giddiness. Hence, the same treatment was continued along with *Swarna Sut Shekhar Ras* 1 tab twice a day and *Avipattikar Churna* 5 g HS with lukewarm water. The patient again visited the hospital on May 5, 2024. This time the patient stated that she experienced a significant improvement in all complaints. As a fresh complaint, she was feeling mild to moderate pain in the cervical and lower back, so in addition to previous medication, *Panchguna Tail* was added for local application [Table 1].

### 2.4. Therapeutic Intervention

The principle of treatment of *Chittodvega* (~excited state of mind) is based on the involvement of *Dosha* and *Dushya*, where there is vitiation of *Vata*, *Pitta*, *Raja*, and *Tama*. The patient was managed with *Shamana Chikitsa* (~pacifying therapy) including *Deepana* (~appetizer), *Pachana* (~digestive), *Anulomana* (~promoting downward of *Dosha*), and *Medhya* (~nootropic) drugs prescribed [Table 2].

## 3. ASSESSMENT CRITERIA AND RESULT

The assessment criteria utilized in this study included the *Ashtavibhrama*, Hamilton Anxiety Scale (HAM-A),<sup>[7]</sup> and General Anxiety Disorder Scale-7 (GAD-7).<sup>[8]</sup> The results before and after treatment are presented in Tables 3-5.

The results of the assessment indicate a significant reduction in anxiety levels following treatment. Before treatment, the HAM-A Rating Scale was 29, which falls in the severe anxiety range. After treatment, this score decreased to 9 indicating a shift to mild anxiety. Similarly, the GAD-7 score dropped from 15 to 3 reflecting a substantial improvement in symptoms. These findings suggest that the treatment was effective in alleviating anxiety, leading to a noticeable reduction in overall symptoms such as headache, insomnia, and constipation. According to the patient, she feels more positive, and her complaints of burning sensation in the stomach and backache have significantly improved. Overall, her condition has shown considerable progress.

## 4. DISCUSSION

The triggering factors of *Manovikara* (~disease of mind) are *Prajnaparadha* (~volitional transgression), *Asatmendriyarth* *Samyoga* (~deficient, excessive, or perverted use of senses), and *Kala Parinama* (~deficient, excessive, or perverted incidence of seasons),

as described in the classics.<sup>[9]</sup> The influence of *Vata*, *Pitta*, and *Kapha* is also evident in the manifestation of *Chittodvega* (~excited state of mind). When *Vata* is aggravated, it leads to symptoms such as fear, grief, anxiety, and confusion, further resulting in weakness and loss of well-being. *Pitta* imbalance is also observed in *Chittodvega* (~excited state of mind). *Ayurveda* classifies treatment into three types: *Daivavyapashraya* (~divine/spiritual therapy), *Yuktivyapashraya* (~rational/physical therapy), and *Satvavajaya* (~mental therapy).<sup>[10]</sup> Based on this, the treatment plan was planned and executed; however, the patient was unable to stay in the hospital and take treatment, so only *Shamana Aushadha* (~pacifying drug) was given to the patient.

#### 4.1. Mamsyadi Kwatha

An Ayurvedic formulation mentioned in *Siddhayoga Sangraha* of *Yadvaji Trikamji Acharya* and *Bheshaja Samhita* is said to possess a very good effect in all psychological disorders. The components of *Mamsyadi Kwatha* are *Jatamansi* (*Nardostachys jatamansi* DC.), *Ashwagandha* (*Withania somnifera* Linn.), and *Parasika Yavani* (*Hyoscyamus niger* Linn.) in an 8:4:1 ratio, respectively. It is a strong potent psycho neuropharmacologically active compound and is subjected to antidepressant activity.<sup>[11]</sup>

#### 4.2. Probable Mode of Action of Ashwagandha

*Ashwagandha* (*Withania somnifera* Linn.) is revered as a powerful *Rasayana* and adaptogen, particularly beneficial in managing general anxiety. It has *Madhura Rasa* (~sweet taste), *Snigdha Guna* (~unctuous quality), and *Ushna Virya* (~hot potency) which pacify *Vata Dosha*, thereby reducing the nervous tension, restlessness, and fear that characterize anxiety. While primarily targeting *Vata Ashwagandha* also support the balance of *Kapha Dosha* that make mind stable and resilience. As a *Rasayana* (~rejuvenation). It rejuvenates the system and improves *Ojas* (~vital energy). It rejuvenates the system and improves *Ojas* (~vital energy).<sup>[12]</sup>

#### 4.3. Probable Mode of Action of Jatamansi

The plant *Nardostachys jatamansi* is *Tikta*, *Kashaya* (pungent), *Madhura* (sweet) in *Rasa* (taste), *Laghu* and *Snigdha* (oily) in *Guna* (physical properties), *Sheet* (cold) in *Virya* (potency), and *Katu* (bitter) in *Vipaka* (metabolic properties), thus it pacifies the *Vata* and *Pitta Dosha* and calms the nervous. It is also mentioned as *Vednasthapan* (analgesics), *Sangyasthapan* (which restoring the consciousness or alertness of mind), *Medhya* (brain tonic), and *Balya* (strengthen body). It is effective in primary insomnia through external application also. *Nardostachys jatamansi* possess many activities such as antidepressant activity, anticonvulsant activity, neurotropic activity, anti-Parkinson activity, and antioxidant activity.<sup>[13]</sup>

#### 4.4. Probable Mode of Action of Parsik yavani

*Parsik yavani* (*Hyoscyamus niger*) also called Henbane is a poisonous plant. In *Ayurveda*, it is considered *Upvisha* (less virulent poison) and has *Tikta* and *Kashaya* in *Rasa*, *Katu* in *Vipaka*, and *Ushna* in *Virya*. It alleviates *Kapha* and *Vata Doshas* and vitiates *Pitta Dosha*, thereby reducing the nervous tension, restlessness, and fear that characterize anxiety. It has many medicinal values such as analgesic properties, antispasmodic properties, antihistamic properties, sedative properties, and narcotics.

#### 4.5. Probable Mode of Action of Shatavari

*Shatavari* (*Asparagus racemosus* Willd) is *Madhur* and *Tikta* in *Rasa*, *Guru* and *Snigdha* in *Guna*, and *Sheeta* in *Virya*, thus it pacifies the *Vata*

and *Pitta Dosha*. It has *Smritimedhamatikar* and *Medhya* that promotes symptoms of general anxiety and work on memory and intellect. It also has *Vibandhaghna* properties, thus it prevents constipation.<sup>[14]</sup>

#### 4.6. Probable Mode of Action of Swarna Sut Shekhar Ras

*Swarna Sut Shekhar Ras* is a classical Ayurvedic formation of *Siddha Yoga Samgraha*. The key ingredients of *Swarna Sut Shekhar Ras* are *Parad*, *Raupya Bhasma*, *Gandhak*, *Tankan*, *Swarna Bhasma*, *Tamra Bhasma*, *Ela*, *Karchura*, *Marich*, *Dhatura*, *Maricha*, *Tejpatra*, *Nagkesar*, *Bilwa*, *Shunthi*, *Shankha*, *Pippali*, and *Bhringraj Kwath*. *Swarna Bhasma* has *Medhya*, *Rasayana*, and *Balya* properties, thus it promotes neurotransmitter balance, reduces excessive neuronal excitability, and reduces anxiety. The combined effect of all drugs in *Swarna Sut Shekhar Ras* is mainly *Vata Pitta Shamaka*, *Majja Dhatu Poshak*, *Deepana*, and *Rasayan*. The combination of these drugs works synergistically to reduce stress and anxiety, helps in stabilizing the autonomic nervous system, reducing panic attacks and nervousness.<sup>[15]</sup>

#### 4.7. Probable Mode of Action of Avipattikar Churna

Anxiety (*Chittodvega*) is often caused by an imbalance of *Vata* and *Pitta Dosha* characterized by excessive movement, insomnia, restlessness, and irritability. *Avipattikar Churna* is highly effective in pacifying aggravated *Pitta* and balancing *Vata* and enhancing digestion with its *Deepana* and *Anuloman* properties. The components of *Avipattikar Churna* are *Trivrut*, *Yashtimadhu*, *Vidanga*, *Triphla*, *Trikatu*, *Ela*, *Shankha Bhasma*, and *Sita*. These drugs effectively act as *Vata Pitta shamaka*, *Deepana*, and *Vatanulomaka*.<sup>[16]</sup>

#### 4.8. Probable Mode of Action of Brahmi Ghrit

*Brahmi* shows *Vata Kaphahar*, *Medhya*, and *Rasayan* properties and also shows tranquilizing, smooth muscle relaxant, nootropic, nerve tonic, adaptogenic, anti-stress, anxiolytic, and anti-depressant effects. Other drugs of *Brahmi Ghrita* are *Vacha*, *Kushtha*, and *Shankhapushpi* – these are also effective in stress, anxiety, and depression. *Ghrita* has *Vata Shamak*, *Medhya*, and *Rasayan* properties. *Ghrita* promotes all three aspects of mental functioning – learning, memory, and recall. *Nasya* is a *Panchakarma* procedure because *Acharaya Charka* in *Sidhisthan* says that *Nasa* is the entrance gate of the *Shira*, “*Nasa He Shirosa Dwaram.*” *Brahmi Ghrita Brimhana Nasya* is indicated in *Mansika Vikar Apasmara Chikitsa*. Therefore, in the present study, we choose it to treat mental disorders such as stress, anxiety, and depression.<sup>[17]</sup>

## 5. CONCLUSION

The treatment protocol in this case was based on the *Dusti* of *Vata* and *Pitta* along with *Raja* and *Tama* as seen in *Chittodvega*. The treatment increased the *Manobala*, thus showing a notable effect.

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## 7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in design and execution of the article.

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## 9. ETHICAL APPROVALS

The study not required ethical clearance as it is a case study.

## 10. CONFLICTS OF INTEREST

Nil.

## 11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

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**Table 1:** Time line

Date	Particulars and interventions
April 04, 2024	The patient visited <i>Kayachikitsa</i> OPD in CBPACS for the first time. Took detailed history along with clinical examinations and the patient was advised for following medications <i>Mansyadi Kwath</i> 15 mL twice a day, a combination of <i>Shatavari Churana</i> and <i>Praval Pishti</i> twice a day with lukewarm milk, and <i>Nasya</i> with <i>Brahmi Ghrita</i> .
April 14, 2024	Continuation of previous medication along with <i>Swarna Sut Shekhar Ras</i> 1 tab BD after meal and <i>Avipattikar Churna</i> 5 g at bedtime with lukewarm water
May 05, 2024	Continuation of the same treatment along with <i>Panchguna Tail</i> for local application.
May 19, 2024	On follow-up continued the same treatment
May 26, 2024	Discontinue all medicine except for <i>Nasya</i> with <i>Brahmi Ghrit</i> and advise diet and lifestyle modification.

OPD: Outpatient department

**Table 2:** Therapeutic intervention during the study

S. no.	Medicine	Dose	Anupan	Duration
1.	<i>Mansyadi Kwath</i>	15 mL	Lukewarm water	30 days
2.	<i>Swarna Sut Shekhar Ras</i>	1 BD	Lukewarm water	20 days
3.	<i>Shatavari Churana</i> <i>Praval Pishti</i>	50 g 10 g	Lukewarm milk	30 days
4.	<i>Brahmi Ghrita</i>	2-2 drops in each nostril for <i>Nasya</i>		
5.	<i>Avipattikar Churna</i>	5 g HS	Lukewarm milk	20 days
6.	<i>Panchguna Tail</i>		For local application	

**Table 3:** Assessment of *Ashtavibhrama*

Ashtavibhrama	Before treatment	After treatment
1. <i>Mana</i> (thoughts/mental) <i>vibrama</i>	3	1
2. <i>Buddhi</i> (intellect) <i>vibrama</i>	-	-
3. <i>Samjnajnanan vibrama</i> (awareness/orientation)	-	-
4. <i>Smriti</i> (memory) <i>vibrama</i>	-	-
5. <i>Bhakti</i> (desire) <i>vibrama</i>	2	1
6. <i>Sheela</i> (habits and temperament) <i>vibrama</i>	3	1
7. <i>Cheshta vibrama</i> (psychomotor)	2	1
8. <i>Achara vibrama</i> (routine activities of daily living)	2	1

0: Not present, 1: Mild, 2: Moderate, 3: Severe, 4: Very severe

**Table 4:** Assessment of Hamilton Anxiety Scale (HAM-A)

Criteria	Before treatment	After treatment
1. Anxious mood	3	1
2. Tension	3	1
3. Fear	2	1
4. Insomnia	3	1
5. Intellectual	2	0
6. Depressed mood	2	1
7. Somatic muscular	2	1
8. Somatic sensory	1	0
9. Cardiovascular symptoms	2	1
10. Respiratory symptoms	2	0
11. Gastrointestinal symptoms	1	0
12. Genitourinary symptoms	2	1
13. Autonomic symptoms	2	1
14. Behavior at interview	2	0

HAM-A score is obtained by adding a score for each question before and after treatment  
 Interpretations: level of anxiety

0–17: Mild anxiety, 18–24: Moderate anxiety, 25–30: Severe anxiety

0: Not present, 1: Mild, 2: Moderate, 3: Severe, 4: Very severe

**Table 5:** Assessment of the GAD-7 Scale

Assessment criteria	Before treatment	After treatment	Follow-up
1. Feeling nervous, anxious, or on edge	3	1	0
2. Not being able to stop or control worrying	3	1	1
3. Worrying too much about different things	2	0	1
4. Trouble relaxing	1	0	0
5. Being so restless that it is hard to sit still	0	0	0
6. Becoming easily annoyed or irritable	3	1	1
7. Feeling afraid as if something awful might happen	3	1	1

0: Not at all sure, 1: Several days, 2: Over half the days, 3: Nearly every day.

0–4: Minimal anxiety, 5–9: Mild anxiety, 10–14: Moderate anxiety, 15–21: Severe anxiety