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RESEARCH ARTICLE

A COMPARATIVE CLINICAL STUDY OF TAKRADHARA AND SHIRO-ABHYANG WITH YASHTIMADHUADYA TAIL IN THE MANAGEMENT OF CHITTODVEGA (GENERALIZED ANXIETY DISORDER)

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Abstract

In this study the term 'Chittodvega' is compared to **Generalized Anxiety Disorder DSM-IV**, Can exist as a separate disease or can be etiological factor for other psychic and psychosomatic disorders. The first line of treatment according to *Ayurveda* is 'Nidana-Parivarjana', i.e., avoidance of aetiological factors. Also, *Charakacharya* has described three types of treatments, namely – *Daivavyapashraya*, *Yuktivyapashraya* and *Sattvavajaya*. *Shiro-abhyang* and *takradhara* (*shirodhara*) are classified under *Murdha tail* and are taken for study in *chittodvega* (GAD). Acharyas have prescribed *MedhyaRasayana* treatment (mental health promoting) for the management of mental illnesses. *Yashtimadhu* (*Glycyrrhiza glabra*) has been included among the four main *MedhyaRasayana* drug by *Acharya Charaka* and used as routine remedy for the management of the mental illness. *Acharya Shrushutsays*, In Blocking of channels (*stroto-avrodh*) and *vayudushti* diseases *takra* is very useful. Anxiety is a state of 'heensatva' and use of *takradhara* in anxiety will help to improve the *satva* of patient. Therefore, *Shiro-abhyang with Yashtimadhu* oil and *takradhara* are used for Study.

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Introduction:-

An extensive variety of psychiatric conditions were described in *Ayurveda*. A of psychiatric situations were defined in *Ayurveda*. Primary mental situations are caused only through *Manasa Doshas*, i.e., *Rajas and Tamas*^[1], includes *Kama*, *Krodha*, *Moha*, *Shoka*, *Bhaya*, *Irshya*, *Vishaada*, etc. Moreover, different psychiatric situations also are defined within the classical literature due to combined *Samprapti* which includes both the *Sharirika* and *manasa doshas*.

Charak acharya and different *Acharyas* have stated about *Chittodvega* or *Manodvega* and its impact on a body while describing other illnesses^[2]. Anxiety is a normal reaction to threat, uncertainty and lack of control. The Anxiety is taken into consideration as 'Chittodvega' in *Ayurveda*. Mental problems are results of the quick mechanical and materialistic age, wherein human beings come more and more under the impact of pressure and strain. The occurrence of anxiety is growing day by day. Generalized anxiety disorder (GAD) is one of the most common anxiety disorders.

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It is the most common anxiety disorder in primary care, being present in 22% of primary care patients who complain of anxiety problem^[3]. Neurotic disorders are basically related to stress, reaction to stress (usually maladaptive) and individual proneness to anxiety. Interestingly, both stress and coping have a close association with socio-cultural factors. Culture can effect symptom presentation, explanation of the illness and help seeking.

Anxiety is defined as a subjective feeling of apprehension or dread about the present or the past accompanied by a number of autonomic and somatic signs and symptoms. It is the feeling of fear with no adequate cause Anxiety is the commonest psychiatric symptom in clinical practice and anxiety disorders are one of the commonest psychiatric disorders in general population^[4].

Aims And Objective:-

1. To evaluate the efficacy of *takradhara* in the management of *Chittodvega* (GAD).
2. To evaluate the efficacy of *shiro-abhyang* in the management of *Chittodvega* (GAD).
3. To compare the results of both methods.
4. Literary review of *Ayurvedic* and Modern medical science for *Chittodvega* (GAD)

Material & Method:-

No. of groups – 2

A total of 60 patients will be selected fulfilling the criteria of *chittodvega* (GAD), irrespective of their religion, occupation, education, socioeconomic status and sex from OPD and IPD of Shubhdeep Ayurved Medical College and Hospital (P.G. Institute), Indore (M.P.). A detailed history will be taken and a thorough physical and mental examination will be done. A proforma according to disease will be prepared and the patients will be randomly divided into two groups of 30 each.

Inclusion criteria-

1. Patients between the age group of 20-70 years.
2. Anxiety from the last 6 months.
3. Diagnostic & Statistical Manual [DSM-IV] (excessive worry, restlessness, trouble, feeling tired, irritability, sweating, sleep disturbance, etc.)
4. Patients without any severe systemic complication will be taken for study.

Exclusion criteria-

1. Patients below 20 and above 70 years of age.
2. Patients with any systemic or major illness.

Sample size:-

30 patients in each group will be selected for study.

Procedure planned:

The procedure is planned to compare the *takradhara* with *amalaki*, *musta* processed *takra* and *shiro-abhyang* with *Yashtimadhuadya tail*. To compare the results, clinically patients with *chittodvega* (GAD) will be selected.

Purvakarma-

Patients will be given *sthanikabhyang* over forehead.
Vitals of patients will be examined and recorded.

Pradhankarma-

Group A:-
Takradhara for 45 minutes with takra 1 lit for 7 days.

Group B:

- Shiro-abhyang with Yashtimadhuadya tail for 20 minutes for 7 days.

Pashchatkarma-

1. Sponging of hot water towel.
2. Patient will be allowed take hot water bath after 2 hours.

Criteria for diagnosis:

DSM IV (Diagnostic and Statistical Manual of Mental Disorders) diagnostic criteria for various anxiety disorders were primarily adapted^[5]

DSM-IV Diagnostic Criteria for Generalized Anxiety Disorder:

Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

The person finds it difficult to control the worry.

The anxiety and worries are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months)

1. Restlessness or feeling keyed up or on edge,
2. Being easily fatigued,
3. Difficulty concentrating or mind going blank,
4. Irritability,
5. Muscle tension,
6. Sleep disturbance (difficulty falling or staying a sleep, or restless unsatisfying sleep).

The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g. the anxiety or worry is not about having a panic attack (as in panic disorder), being embarrassed in public (as in social phobia), being contaminated (as in obsessive – compulsive disorder), being away from home or close relatives (as in separation anxiety disorder), gaining weight (as in anorexia nervosa), having multiple physical complaints (as in somatization disorder), or having a serious illness (as in hypochondriasis), and the anxiety and worry do not occur exclusively during posttraumatic stress disorder.

The anxiety, worry or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The disturbance is not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition (e.g. hypothyroidism), and does not occur exclusively during a mood disorder, psychotic disorder, or pervasive development disorder.

Hamilton Anxiety Rating Scale:

1. Anxious mood: Worries, anticipation of the worst, fearful anticipation, Irritability.
2. Tension: Feeling of tension, fatigability, startles response, moved to tear easily, trembling, restlessness, inability to relax.
3. Fears: Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.
4. Insomnia: Difficulty in falling asleep, broken sleep, unsatisfying sleep, fatigue on waking, dreams, nightmares, night terrors.
5. Intellectual (Cognitive): Difficulty in concentration, poor memory.
6. Depressed mood: Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.
7. Somatic (Muscular): Pain and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.
8. Somatic (Sensory): Tinnitus, blurring of vision, hot and cold flushes, feeling of weakness, picking sensation.
9. Cardiovascular Symptoms: Tachycardia, palpitation, pain in chest, throbbing of vessels, fainting feelings, missing beat.
10. Respiratory Symptoms: Pressure or constriction in chest, choking feeling, sighing, dyspnoea
11. Gastrointestinal Symptoms: Difficulty in swallowing, wind, abdominal pain, burning sensation, abdominal fullness, nausea, vomiting, looseness of bowels, loss of weight, constipation.
12. Genitourinary Symptoms: Frequency of micturition, Urgency of micturition, amenorrhoea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.
13. Autonomic Symptoms: Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.
14. Behaviour at interview: Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, belching, brisk tendon jerks, dilated pupils, exophthalmos.

In *Charaka Samhita*, *Manasika Bhavas* and their methods of examination^[6] is mentioned.

1. Krodha
2. Bhayam
3. ShokaDainyena
4. Dvesha
5. Rajah
6. Moha

Result:-

The overall effect of therapy on 30 patients in group A:

The overall effect of therapy showed that, maximum number of patients 93.33 %, had moderately improvement, 3.33 % had mild. 3.33 % had marked improvement .None of the patients showed complete remission or had worsened.

The overall effect of therapy on 30 patients in group B:

The overall effect of therapy showed that, maximum number of patients (86.66%) had moderately improved, 13.33 %, had mild improvement. None of the patients showed complete remission unchanged or had worsened.

Showing comparative effect on Hamilton's scale for anxiety:

Sr. no.	Symptoms	Group	No. of Pts	T test						
				Mean Bt	Mean At	S.D.	S.E.	% of Relief	T	P-Value
	Anxious Mood	A	30	3.00	1.00	0.6948	0.1269	66.66%	15.766	<0.001
		B	30	2.733	1.00	0.7841	0.1435	63.41%	12.895	<0.001
	Tension	A	30	2.667	1.00	0.7581	0.1384	62.5%	12.042	<0.001
		B	30	2.733	1.233	0.6823	0.1246	54.87%	11.06	<0.001
	Fear	A	30	1.867	0.6667	0.6103	0.1114	64.28%	10.770	<0.001
		B	30	1.700	0.700	0.6433	0.1174	58.82%	8.515	<0.001
	Insomnia	A	30	2.867	0.7667	0.6074	0.1109	73.25%	18.936	<0.001
		B	30	2.833	0.7667	0.6915	0.1262	72.94%	16.370	<0.001
	Intellectual	A	30	1.433	0.4333	0.6423	0.1174	69.76%	8.515	<0.001
		B	30	1.400	0.466	0.5833	0.1065	66.66%	8.764	<0.001
	Depressed Mood	A	30	2.9	0.90	0.6433	0.1174	68.96%	17.029	<0.001
		B	30	2.667	1.233	0.6261	0.1143	53.75%	12.540	<0.001
	Somatic (Muscular)	A	30	1.533	0.667	0.4342	0.07927	56.52%	10.933	<0.001
		B	30	1.400	0.667	0.6397	0.1168	52.38%	12.540	<0.001

	Somatic (Sensory)	A	30	0.333	0.033	0.4661	0.08510	90%	3.525	<0.001
		B	30	0.433	0.066	0.4901	0.8949	84.61%	4.097	<0.001
	Cardiovascular Symptoms	A	30	0.4667	0.233	0.4302	0.07854	50%	2.971	<0.001
		B	30	0.333	0.1333	0.4068	0.07428	60%	2.693	<0.001
	Respiratory Symptoms	A	30	0.700	0.1667	0.5713	0.1043	76.9%	5.113	<0.001
		B	30	0.6333	0.1667	0.5074	0.09264	75%	5.037	<0.001
	Gastrointestinal Symptoms	A	30	0.433	0.0373	0.4983	0.090	92.30%	4.397	<0.001
		B	30	0.400	0.100	0.4661	0.0810	75%	3.525	<0.001
	Gestourinary Symptoms	A	30	0.373	0.0323	0.4795	0.1826	90%	3.525	<0.001
		B	30	0.200	0.0667	0.3457	0.06312	66.66%	2.112	<0.001
	Autonomic Syntoms	A	30	0.900	0.200	0.5350	0.9767	77.77%	4.397	<0.001
		B	30	0.3667	0.0667	0.4661	0.08510	64.06%	3.525	<0.001
	Behaviour At interview	A	30	1.767	0.633	0.5074	0.09264	65.15%	12.234	<0.001
		B	30	2.133	0.7667	0.6149	0.1123	64.06%	12.173	<0.001

Showing comparative effect on Manas Pariksha Bhavas:

Sr. no.	Symptoms	Group	No. of Pts	T test						
				Mean Bt	Mean At	S.D.	S.E.	% of Relief	T	P-Value
	Krodha	A	30	2.400	1.200	0.6644	0.1213	50%	9.893	<0.001
		B	30	2.733	1.233	0.6823	0.1246	58.82%	12.02	<0.001
	Bhayam	A	30	1.500	0.667	0.5307	0.0968	55.55%	8.601	<0.001
		B	30	1.467	1.00	0.5713	0.1043	31.81%	4.474	<0.001
	ShokaDainey na	A	30	2.667	1.133	0.5074	0.0926	57.5%	16.551	<0.001
		B	30	2.467	1.100	0.4901	0.0894	55.40	15.272	<0.001
	Dvesha	A	30	1.267	0.50	0.4302	0.0785	60.52%	9.761	<0.001
		B	30	1.667	0.500	0.4795	0.08754	66.66	3.808	<0.001
	Rajah	A	30	0.667	0.033	0.4901	0.6849	95%	7.077	<0.001
		B	30	0.500	0.1667	0.4795	0.0874	66.66%	3.808	<0.001
	Moha	A	30	1.533	1.00	0.5074	0.09264	34.78%	5.757	<0.001
		B	30	1.233	0.766	0.5074	0.0926	37.81%	5.037	<0.001

Overall effect of therapy in both the groups:

Effect	Group A		Group B	
	No. of patients	%	No. of patients	%
Complete remission 100%	0	0%	00	0%
Markedly improved 75%-99%	01	3.33%	00	0%
Moderately improved 50%-74%	28	93.33%	26	86.66%
Mild Improved 25%-49%	01	3.33%	04	13.33%
Unchanged 0%-24%	00	0%	0	0%

Discussion:-

Chittodvega exists either as a separate disease or as a etiological factor for other psychic and psychosomatic diseases. The term *Chittodvega* consist of two words *Chitta* means psyche and *Udvega* refers to agitation. Deliberation on *Chittodvega* can be defined as anxious state of mind. By considering etiopathogenesis and symptomatology mentioned in modern Psychiatry, Generalized Anxiety Disorder - DSM - IV (GAD) can be correlated with *Chittodvega*.

Acharya Charaka mentioned '*MedhyaRasayana*' for the management of mental disorders (Ch. Ci. 1/3 – 31). Keeping all these views in a mind an attempt has been made to evaluate the role of a *Shiro Abhyang* with *yashtimadhu* oil and *Takradhara* in the management of *Chittodvega*, as the above procedures are included under *murdh tail*.

Conclusion:-

On analysis of data from present study, following conclusions can be drawn:

1. References of *Chittodvega* are scattered in *ayurvedic* texts. But it can be conclude that *chittodvega* is a *mansikvikar* and can be compared with Generalized Anxiety disorder (GAD).
2. *Chittodvega* can be correlated with generalized anxiety disorder, as *Charakasamhita* mentions *chittodvega* under '*manasikvikar*'. In *Charaka Samhita*, *Manasika Bhavas* are mentioned and the same can be observed in generalized anxiety disorder in modern science. As shown below:
3. '*Ayurvedic view*' '*Modern view*'
4. *Krodha* defines anger/ anxious mood
5. *Bhayam* defines fear
6. *ShokaDainyena* defines depressed mood
7. *Moha* defines intellectual/difficulty in concentration
8. *Manasa Bhava* like *Krodha*, *Shoka*, *Bhayam*, *Moha*, *Dvesha* are significantly affected by *Chittodvega* (GAD).
9. *Takradhara* showed significant positive effect on treating *chittodvega*.
10. *Yashtimadhu* is one of the *medhyarasayana* and using the oil of *yashtimadhu* showed good positive result.
11. It can be conclude that these two procedures, *Takradhara* and *shiro-abhyanga* with *yashtimadhu* oil can be used in treating *Chittodvega* (GAD)

References:-

1. Charak Samhita with the Ayurveda Dipika commentary of Cakrapanidatta, ChaukhambhaSurbharatiPrakashana, Varanasi., Sharir 1/18
2. Charak Samhita with the Ayurveda Dipika commentary of Cakrapanidatta, ChaukhambhaSurbharatiPrakashana, Varanasi., Sharir 3/13
3. Charak Samhita with the Ayurveda Dipika commentary of Cakrapanidatta, ChaukhambhaSurbharatiPrakashana, Varanasi., Sharir 3/21
4. V.M.D Namboothiri :A concise text book of psychiatry second edition pg-147
5. https://en.wikipedia.org/wiki/Hamilton_Anxiety_Rating_Scale (Date:20Nov2019 Time 19:46)
6. *Agnivesh*; *Charak Samhita*; edited by *Acharya Vidhyadhar Shukla & Prof. Ravi DuttTripathi*; Ch. Vi. 4/8, Reprint edition 2011 Page no.-584.