

REVIEWING THE AYURVEDIC CONCEPT OF CHITTODVEGA IN THE LIGHT OF
GENERALIZED ANXIETY DISORDERRitika Sharma¹, Sanjeev Sood²

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ABSTRACT

Mental health is increasingly becoming a serious global concern due to the high levels of stress in modern life. While feelings of anxiety are part of normal human experience, the fast-paced and unstable nature of today's lifestyle has led to a sharp rise in mental health disorders. Despite advances in modern medicine, current treatments for anxiety often fall short in offering lasting relief and may cause adverse effects like sedation, dependency, or drug resistance. *Ayurveda*, known for its holistic and psychosomatic approach, provides a deeper understanding of mental health. The condition termed *Chittodvega* in *Ayurvedic* texts, particularly by *Acharya Charaka*, closely resembles what modern psychiatry defines as Generalized Anxiety Disorder (GAD). It may arise independently or contribute to other psychosomatic disorders. This study aims to review the concept of *Chittodvega* as found in classical *Ayurvedic* texts and evaluate its effective management through *Ayurvedic* interventions, offering a safer and more sustainable alternative to conventional therapy.

Keywords: *Chittodvega*, Generalized Anxiety Disorder, *Manasika Doshas*, *Chitta*

INTRODUCTION

The rapid advancements in contemporary science have accelerated human life, making it increasingly hectic and stressful. Consequently, the prevalence and diversity of mental health disorders have expanded significantly, with anxiety disorders emerging as some of the most widespread conditions. In the *Ayurvedic* perspective, *Manas* holds a central role, as it is considered an integral component of *Ayu*, a pillar of *Tridanda*¹ (the triad of body, mind, and soul), and essential to perception, health maintenance, disease manifestation, and recovery.

Ayurveda identifies the *Hridaya*² as the principal seat of *Manas*. The mind functions through the network of *Srotas*, working in coordination with the three *Sharirikā Doshas*³ *Vata*, *Pitta* and *Kapha*. When *Rajas* and *Tamas*, the two *Manasika Doshas*³, become vitiated, they affect the functioning of *Buddhi* and disturb the *Manovaha Srotas*⁴, and ultimately lead to various psychological disorders, including *Chittodvega*.

Furthermore, the *Tridoshas* play a vital role in the development of this condition. *Vata Dosha*, due to its influence over the nervous system and cognitive processes, is closely associated with mental instability. Imbalance of *Prana Vayu*, a *Vata* subtype, may cause mental agitation, including anxiety, excessive thoughts, fear, and poor sleep quality. *Sadhaka Pitta*, which is responsible for regulating emotions and intellect, becomes imbalanced when it can intensify emotional reactivity and reduce coping capacity. Likewise, a disturbance in *Tarpaka Kapha*, which provides stability and nourishment to the brain, can impair emotional strength and cause mental lethargy. The disruption of these specific components of the *Tridosha* collectively contributes to the pathogenesis of *Chittodvega*.

Ayurveda firmly believes that physical and mental health are deeply interconnected, and that mental disturbances often contribute to the origin or progression of physical illnesses. *Manas* is recognized as a causative factor in disease, having its inherent imbalances in the form of *Rajas* and *Tamas* Doshas. These psychic imbalances can give rise to a range of emotional disturbances such as *Irshya* (jealousy), *Mana* (pride),

Mada (egoism), *Kama* (desire), *Krodha* (anger), *Lobha* (greed), *Moha* (delusion), *Chittodvega* (anxiety), *Bhaya* (fear), and *Harsha* (excessive joy), among others.

*Chittodvega*⁵, one of the *Mano Dosha Vikaras* described in *Vimana Sthana* by *Acharya Charaka*, closely parallels the modern diagnosis of Generalized Anxiety Disorder (GAD),

GAD is characterised by excessive fear, persistent worry, and a constant sense of being overwhelmed. These psychological symptoms are often accompanied by physical signs, such as restlessness, fatigue, difficulty focusing, muscle tension, and disturbed sleep. Due to its intensity and far-reaching effects, Generalized Anxiety Disorder (GAD) requires consistent and effective management.

Anxiety is commonly defined as a feeling of tension or unease that stems from the anticipation of a potential threat or uncertainty. It becomes pathological when the fear is irrational, excessive, persistent, and results in significant psychological and physical distress. With the growing global population and increasing socio-economic pressures, the incidence of anxiety disorders has been steadily rising.

In the post-COVID era, there has been a noticeable increase in cases of anxiety and depression, particularly in primary healthcare settings. According to *The Lancet*, the global prevalence of anxiety disorders has seen a surge ranging from 13.8% to 25.6%, a trend echoed by the World Health Organization (WHO), which reports a 25% rise⁶. Similar patterns are observed in India, where studies have shown an increase in prevalence ranging from 23.7% to 35%, reflecting the broader global trend.⁷

In *Ayurveda*, while discussing *Nanatmaja Vyadhi*, *Acharya Charaka* refers to *Anavasthitta Chitta*, a condition characterised by mental instability or lack of emotional steadiness. However, the classical texts do not provide a detailed explanation or elaboration of this condition. By synthesizing these various descriptions, it becomes evident that *Chittodvega* is a type of *Manas Vikara*. Moreover, it is considered to play a significant role in the etiopathogenesis of *Unmada Roga*⁹.

indicating its deeper involvement in the progression of severe mental conditions. This mental state closely parallels the concept of anxiety disorders in contemporary psychiatry.

This article aims to explore and draw attention to certain overlooked practical aspects of Chittodvega, which often remain hidden due to the dominant reliance on a conventional biomedical framework when addressing anxiety. *Ayurvedic* texts contain extensive references and terminology describing various mental states, reflecting a deep and enduring understanding of psychological well-being. The *Acharyas* have employed diverse terms and explanations in classical literature to illustrate the different aspects of *Chittodvega*.

REVIEW OF LITERATURE

Review of the Disease in *Brihat Trayi*

Charaka Samhita:

- In *Vimana Sthana* (*Rogaanika Vimana Adhyaya*), *Chittodvega*⁵ is classified as a *Raja-Tama Vikara*. *Acharya Charaka* includes *Chittodvega* under *Manodosha Vikara*, alongside other emotional disturbances such as *Kama*, *Krodha*, *Lobha*, *Moha*, *Irshya*, *Mana*, and *Shokha*.
- In *Sutra Sthana* (*Maha Roga Adhyaya*), *Anavasthita Chitta*⁸ is described as one of the 80 types of *Nanatmaja Vata Vikara*.
- In *Nidana Sthana* (*Unmada Nidana Adhyaya*), *Unmatchittatwam*⁹ is mentioned as a prodromal symptom of *Unmada*.
- In *Nidana Sthana* (*Apasmara Nidana Adhyaya*), *Acharaya Charaka* describes *Uphat Chetas*¹⁰ while explaining the *Samprapti* of *Apasmara*.
- In *Chikitsa Sthana* (*Unmada Chikitsa Adhyaya*), the term *Manoabhigata* is mentioned as one of the etiological factors for causing *Unmada*.
- In *Chikitsa Sthana* (*Unmada Chikitsa Adhyaya*), the term *Aswastha Chitta* is mentioned while explaining the *Pishacha Unmada*.
- In *Chikitsa Sthana* (*Hikka Shwasa Chikitsa Adhyaya*), the term *Pranashta Chetasa* was used in the context of *Hikka*, while explaining about one of the types of *Hikka*, i.e. *Gambhira Hikka*.

- In *Chikitsa Sthana* (*Madatyaya Chikitsa Adhyaya*), the term *Bharanta Chitta* was used in the context of *Madatyaya*, while explaining the *Samanya Lakshanas* of *Madatyaya*.

Sushruta Samhita:

- *Dalhana*, the commentator, equates *Chittodvega* with *Shokha* (grief). In *Uttara Tantra* (*Arochaka Pratishedam Adhyaya*), *Chittaviparya*¹⁵ is noted as a causative factor for *Arochaka*.
- In *Uttara Tantra* (*Apasmara Pratishedam Adhyaya*), *Udevga* is identified as a causative factor for *Apasmara*.
- In *Uttara Tantra*, the 62nd chapter (*Unmada Pratishedam Adhyaya*), *Udvega* is described as a prodromal symptom of *Unmada*.

Ashtanga Hridaya:

- Commentators *Arunadatta* and *Hemadri*, while explaining *Rajayakshmaadi Nidana Adhyaya*, mention *Chittavibhramsha*¹⁸ as a general symptom of *Trishna*.
- In *Uttara Sthana* (*Unmada Pratishedam*), *Chittavibhramsha*¹⁹ is also cited in the context of *Unmada*.
- In *Nidana Sthana* (*Madatyayadi Nidanam*), *Chit-topaplava*²⁰ describes the qualities and effects of *Visha*.
- In *Chikitsa Sthana* (*Madatyayadi Chikitsa*), the term *Chittakshobha* is mentioned while explaining the *Madhyapana Vidhi*.
- In *Chikitsa Sthana* (*Madatyayadi Chikitsa*), the term *Chittavilobhana* is mentioned while explaining the *Madhyapana Vidhi*.
- In *Chikitsa Sthana* (*Madatyayadi Chikitsa*), the term *Manovikshobha* is mentioned while explaining the *Panaka*.

Ashtanga Sangraha:

- *Indu*, the commentator of *Vriddha Vagbhata's Ashtanga Sangraha*, mentions *Chittavibhrama*²⁴ in *Nidana Sthana* as a general symptom of *Trishna*.

Review of the Disease in *Laghu Trayi*

Sharangadhara Samhita:

- In *Purva Khanda (Roga Ganana Adhyaya)*, *Anavasthitta Chitta*²⁵ is mentioned among the 80 types of *Nanatmaja Vata Vikara*.

Madhava Nidana:

- In chapter (*Unmada Nidanam*), the term *Chittam Pramohyan*²⁶ is used in the context of *Kaphaja Unmada* to describe its symptoms.

Bhava Prakash:

- In *Madhyam Khanda (Unmada Adhikara)*, the term *Chittam Vikshipanti*²⁷ is mentioned while explaining *Unmada*.

Review of Disease in Other Samhitas

Bhela Samhita:

- In *Chikitsa Sthana (Unmada Chikitsitam)*, the phrase *Chalite Chitta Manasi*²⁸ is used in the context of *Mada Unmada* while defining the condition.
- In *Chikitsa Sthana (Apasmara Chikitsitam)*, the term *Chittam Vibhram*²⁹ is mentioned relating to the diagnosis of *Apasmara*.

Yoga Ratnakara:

- In *Poorvardha (Unmada Nidanam)*, the term *Chittam Pramohyan*³⁰ is also used in the context of *Kaphaja Unmada*, explaining its symptoms.

Vangasena Samhita:

- In the section on *Unmada roga Adhikara*, *Chittam Pramohyan*³¹ appears in describing the symptoms of *Kaphaja Unmada*.

NIRUKTI & DEFINITION:

Chittodvega is a combination of two words, i.e., *Chitta* and *Udvega*. *Chitt* means *Manas*, *Chetana*. It is derived from the root word ‘*Chit*’, which means to perceive, fix the mind upon, to observe, to know, to understand, to care for, to remind of³². Addition of *Kta* *Pratyaya* to *Chit*, i.e. *Cit* + *Kta*, forms *Chitta*, which means observed, perceived, considered, meditated upon, resolved, intended, desired, visible perceptible³³.

“*Chityate Sanjnayate Anena Iti chittam*” *Chitta* is that through which perception and awareness arise.

“*Chityate Jnayate Anena iti Chittam*” *Chitta* is that through which knowledge and understanding are gained.

Udvega means anxiety, derived from the root word ‘*Ud*’, which means superiority in place, upward movement, separation, upon. Addition of *Vin Pratyaya* to *Ud*, i.e. *Ud* + *Vin*, leads to *Udvega*, which means steady, composed, tranquil, anxiety, fear, astonishment, distress³⁴.

Chittodvega can be defined as “An Anxious status of the mind”. So that *Chittodvega* makes it an appropriate term to represent the condition of anxiety.

NIDANA

Although *Chittodvega* is not explicitly described as a separate entity in the classical *Ayurvedic* texts, its pathogenesis can be inferred from the general principles outlined for *Manasika Rogas*. The disturbance of the *Manasika Doshas*, *Rajas* and *Tamas*, is considered the central pathogenic element contributing to the development of *Chittodvega*. Various causative elements mentioned in different contexts across the *Ayurvedic* classics can be appropriately correlated with the *Nidana* of this condition.

In *Ayurveda*, the common etiological factors for both *Sharirika* and *Manasika* disorders are consistently emphasised and include:

1. *Asatmyendriyarthasamyoga*: improper (*Ayoga*, *Atiyoga*, and *Mithya Yoga*) use of sensory faculties, resulting in disturbed sensory mind integration.
2. *Prajnaparadha*: errors of intellect or moral judgment, such as knowingly engaging in harmful actions
3. *Parinama*: maladaptation to seasonal, temporal, or environmental changes³⁵

These three are collectively understood to provoke imbalances in both bodily and mental doshas, creating a foundation for disease development.

Further elaborating on the causative factors of mental illness, *Acharya Charaka*, in the *Unmada Prakarana*³⁶, outlines additional contributors that are particularly relevant to the vitiation of *Rajas* and *Tamas* and the disturbance of *Manovaha Srotas*. These include:

- *Alpa sattva*: a constitutionally weak or unstable mind, rendering the individual more susceptible to psychological disturbances

- *Hridaya Pradushya*: refers to the dysfunction of the heart, which in *Ayurveda* is regarded as the centre of consciousness and intellect (*Buddhi*).
- *Deva, Guru, and Dwijanam*: Disregard for these reflects a decline in spiritual and moral values that disturbs mental harmony.

SAMPRAPTI

Chittodvega is a psychosomatic disorder rooted in the imbalance of *Rajas* and *Tamas*, the *Manasika Doshas*, and predominantly *Vata* (*Sharirika Dosha*). Individuals with a *Vata-Rajasic* constitution, low *Sattva*, or family history (*Kulaja Vrittanta*) are more susceptible. While mild anxiety is a natural response to stress, those with diminished *Sattva* and repeated *Prajnaparadha* or mental strain are more prone to emotional

dysregulation. The condition progresses through the classical *Samprapti Avasthas*:

1. *Sanchaya Avastha*: Emotional instability arises due to the accumulation of *Dosha*.
2. *Prakopa Avastha*: Symptoms such as *Chinta*, *Bhaya*, and *Shoka* arise; *Prana*, *Udana*, and *Vyana Vayu* are aggravated, while *Sadhaka Pitta* and *Tarpaka Kapha* are disturbed.
3. *Prasara Avastha*: imbalance affects *Ojas*, indicating systemic disturbance.
4. *Sthanasamshraya*: *Doshas* lodge in the *Hridaya* and *Manovaha Srotas*, exhibiting psychosomatic features.
5. *Vyakti Avastha*: disease fully expresses with chronic, disabling mental and physical symptoms.

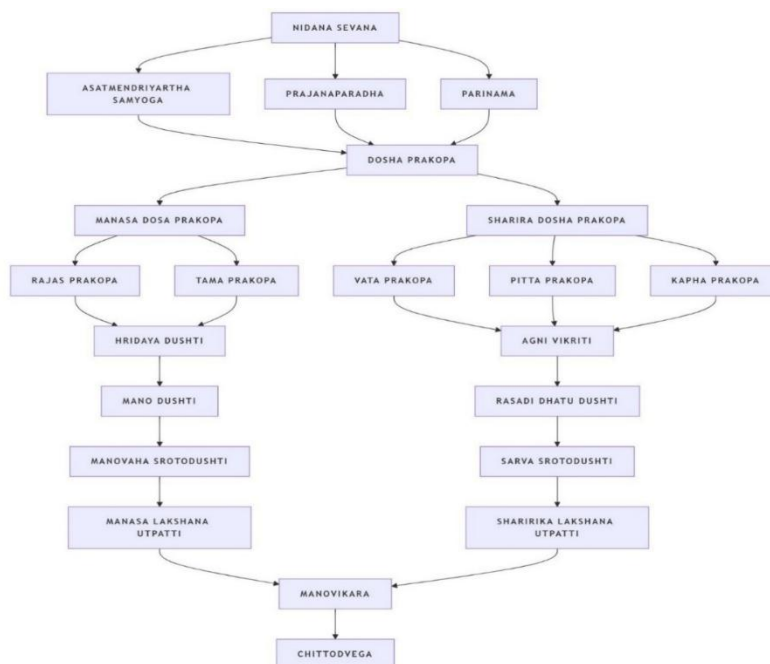


FIGURE 1 Samprapti of Chittodvega

Chittodvega embodies a complex interplay of psychological and physiological factors, with its *Samprapti Ghatakas* formulated from classical descriptions of *Manasika Rogas*.

SAMPRAPTI GHATAKA:

1. Dosha:

- *Manasika*: *Rajas* and *Tamas*

- *Shareerika*: *Vata* (especially *Prana*, *Udana*, and *Vyana*), *Pitta* (*Sadhaka* and *Alochaka*), *Kapha* (*Tarpaka*)
- 2. *Dushya*: *Mana*, *Rasadi Dhatu*
- 3. *Agni*: *Jatharagni*: *Manda*, *Vishama* and *Teekshna*
- 4. *Srotas*: *Manovaha Srotas*, *Sarva Srotodushti*
- 5. *Srotodushti Prakara*: *Atipravritti*
- 6. *Udbhava Sthana*: *Manas*, *Hridaya*

7. *Sanchara Sthana: Manovaha Srotas and Sarva Shareera*

8. *Adhishthana: Shira, Hridaya*

9. *Vyakta Sthana: Manas and Shareera*

10. *Sadhya-Asadhyata: Kricchra Sadhya*

11. *Rogamarga: Madhyam*

12. *Roga Swabhava: Ashukari*

13. *Upadrava: Unmadadi Manovikara and Shareera Vikara*

ROOPA

The classical texts do not provide a direct description of the symptomatology of *Chittodvega*. However, according to the *NAMASTE Portal*³⁷, specific *Ayurvedic* terminologies have been identified that closely correlate with the clinical features of Generalized Anxiety Disorder (GAD).

1. *Ayasa* (Easy fatigability)
2. *Unmattachittatvama* (Fickle-mindedness)
3. *Shirsha Shoonyata* (Feeling of emptiness in the head)
4. *Krodha* (Anger)
5. *Anga Vedana/Angamarda* (Body Pains)
6. *Anidra/ Nidra Nasha* (Inability to sleep)
7. *Anannabhilasha* (Aversion to food)
8. *Udvega* (Agitation)

MODERN REVIEW

DEFINITION

Generalized Anxiety Disorder is characterised by an anxious and apprehensive overconcern, often

extending to panic, and is frequently associated with somatic symptoms³⁸.

Anxiety stems from the Latin term *Anxieta*, meaning restlessness, and is closely related to Freud's concept of *Angst*, denoting fear. In modern psychiatry, anxiety is understood as a psychological and physiological response to uncertain, internal, or ambiguous threats. It presents with both mental symptoms, such as tension, irritability, and insomnia and physical manifestations like headaches, muscle pain, palpitations, and tremors. While anxiety serves as a natural defense mechanism essential for alerting individuals to danger and prompting protective action, it becomes pathological when excessive in intensity or duration, thereby impairing daily functioning and mental well-being. On the other hand, a complete absence of anxiety is also considered abnormal, underscoring the need for a balanced emotional state.

The Yerkes-Dodson Law illustrates this balance, showing that moderate anxiety can enhance performance. Still, beyond an optimal level, increased anxiety leads to a decline in efficiency and the onset of distressing symptoms, often triggering a self-reinforcing cycle of anxiety and underperformance.

In essence, anxiety is a necessary yet delicate emotional response, beneficial in moderation but detrimental when unregulated or chronic.

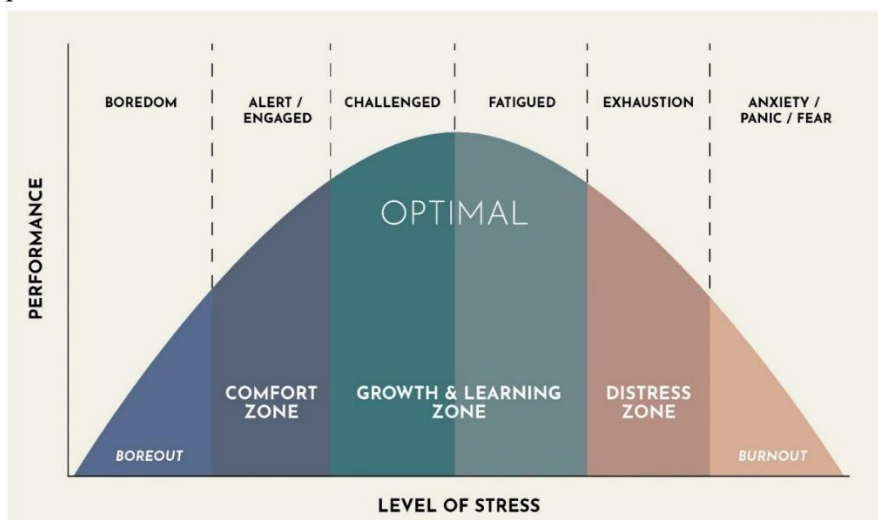


FIGURE 2 Yerkes-Dodson law on the level of stress

ETIOLOGY

1. **Genetic Factors:** The role of heredity in anxiety disorders remains debated. Although a higher occurrence is noted among close relatives of affected individuals, this may be more reflective of shared environmental influences and upbringing rather than direct genetic transmission.
2. **Biochemical and Endocrine Factors:** Individuals with anxiety disorders often exhibit elevated levels of adrenaline and noradrenaline. Additionally, studies show that serum lactate levels post-exercise are higher in those with anxiety compared to healthy individuals. However, such biochemical changes are considered consequences of anxiety rather than primary causes.
3. **Psychological Theories:** From a psychological standpoint, anxiety is believed to arise when an individual fails to repress distressing or unacceptable thoughts, feelings, or memories into the subconscious. It is also viewed as a conditioned fear response to specific internal or external stimuli, shaped through learning and experience.
4. **Age of Onset:** Although anxiety can emerge at any stage of life, it is most frequently observed in younger individuals.
5. **Sex Distribution:** There is no significant difference in prevalence between males and females; both sexes are equally susceptible to developing anxiety disorders.
6. **Personality:** Individuals who exhibit anxious, dependent, or obsessive personality traits are generally more prone to developing anxiety disorders or experiencing persistent anxiety-related symptoms.

CLINICAL MANIFESTATIONS

These are broadly grouped into two:

1. **Physical Symptoms:** These arise primarily due to autonomic nervous system dysregulation and may include:
 - Rapid heartbeat (palpitations)
 - Shortness of breath
 - Trembling or shakiness
 - Sensation of imbalance or instability
 - Dry mouth
 - Headache or a feeling of heaviness in the head

- Dizziness or light-headedness
- Blurred vision
- Frequent urination
- Loose stools or diarrhoea
- Excessive sweating, especially in the palms and soles

On physical examination, typical findings may include increased heart rate (tachycardia), elevated blood pressure, deep and rapid breathing, and exaggerated deep tendon reflexes.

2. **Psychological Symptoms:** Mental and emotional disturbances commonly observed are:

- Persistent worry and nervousness
- Feelings of apprehension or dread
- Increased irritability
- Intense, irrational fears often coupled with a feeling of imminent danger.
- Difficulty concentrating and frequent forgetfulness
- Disturbed sleep patterns, including nightmares
- Decline in work or daily productivity
- Persistent fatigue and a sense of mental and physical exhaustion

DIAGNOSIS

Diagnostic Criteria for Generalized Anxiety Disorder: DSM-5⁴⁰

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about several events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

Note: Only one item is required for children.

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

- D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
- F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

Assessment of anxiety can be done based on the Hamilton Anxiety Rating Scale⁴¹. The HAM-A was among the earliest tools designed to assess the intensity of anxiety symptoms.

PROGNOSIS

The outcome depends upon several factors:

1. Duration of Illness: A shorter duration of symptoms is generally associated with a better prognosis and faster recovery.
2. Personality Traits: Individuals with well-adjusted personalities tend to recover more effectively compared to those with maladaptive or neurotic traits.
3. Environmental Influences: Identifying and reducing stressful environmental triggers plays a crucial role in promoting sustained remission and minimizing relapses.

CHIKITSA

Ayurveda outlines three principal approaches to treatment: *Daivavyapashraya Chikitsa*, *Yuktivyapashraya Chikitsa*, and *Sattvavajaya Chikitsa*⁴².

1. *Daivavyapashraya Chikitsa*:

Aims to instill confidence in the patient by alleviating fear and negativity through spiritual and religious means. It works by enhancing Sattva Guna and pacifying Rajas and Tamas, thereby promoting mental peace and spiritual balance. Specific elements include:

- *Mantra* (chanting of sacred hymns)
- *Aushadhi* (use of sacred herbs or amulets)
- *Mani* (gem therapy)
- *Mangala* (Auspicious rituals)
- *Bali & Upahara* (offerings & sacrifices to deities)
- *Homa* (auspicious rituals, offerings, and fire sacrifices)
- *Niyama* (ethical codes),
- *Prayaschitta* (atonement practices)
- *Upavasa* (fasting)
- *Svastyayana* (recitation of auspicious verses)
- *Pranipata* (Humble submission to divine forces) and
- *Gamana* (pilgrimage to sacred sites)

2. *Sattvavajaya Chikitsa*:

As per *Acharya Charaka*, *Sattvavajaya* refers to the process of withdrawing the mind from harmful influences and guiding it toward positive, virtuous, and healthy thoughts and actions. It is a non-pharmacological (i.e., *Adravayabhuta Chikitsa*) approach, particularly effective in treating *Manasika Vikaras*, such as *Chittodvega*.

Sattvavajaya involves various psychological techniques such as:

- *Bhaya Darshana*: Introducing controlled fear to correct mental tendencies.
- *Vismarana*: Encouraging the deliberate forgetting of distressing thoughts.
- *Harsha*: Promoting feelings of joy and positivity.
- *Vismapana*: Using surprise to shift thought patterns.
- *Bhatsana*: Applying mild reprimands to alter behaviour.
- *Kshobhana*: Stimulating or shocking the mind to disrupt negative mental cycles.

These interventions aim to break unhealthy mental patterns, build emotional strength, and restore psychological balance.

3. Yuktivyapashraya Chikitsa:

1. Ahara and Vihara:

- Diet plays a significant role in shaping mental health and directly influences the mind. A *Sattvic* diet enhances *Sattva Guna*, promoting calmness and mental clarity. In contrast, excessive intake of pungent, spicy, sour, or hot foods elevates *Rajas*, leading to restlessness and agitation. Likewise, consumption of cold, stale, or unpleasant-smelling foods elevates *Tamas*, leading to mental inertia and sluggishness.
- Lifestyle behaviours (*Vihara*), such as *Vishama Cheshta*, abnormal physical activities, erratic routines, and unethical conduct, are considered major contributing factors to *Manas Roga*.

Avoiding such harmful dietary and behavioural patterns is essential in the management of *Chittodvega*.

2. Aushadha Chikitsa:

A. Antahparimarjana Chikitsa:

- *Shodhana*: Includes procedures such as *Virechana*, *Brimhana Basti*, and *Snehana Nasya* to eliminate vitiated *Doshas*.
- *Shamana*:

	Pathya	Apathya
Ahara	Patola, Brahmi, Kushmanda, Haritaki, Ksheera, Ghrita, Dhatri	Excessive meat, alcohol, heavy, spicy, and stale foods
Vihara	Observance of <i>Sadvritta</i> , <i>Acharya Rasayana</i> , <i>Dinacharya</i> , <i>Ritucharya Palana</i> , Meditation, Structured approach to complete work	Suppressing natural urges (sleep, hunger), overexertion, irregular routines, day sleep, Night Awakening,

Table No. 1 Pathya- Apathya to be followed in *Chittodvega*

DISCUSSION

Manas possesses a unique quality known as *Swasya Nigraha*⁴⁴, or self-regulation. It can govern and coordinate its actions. As noted by *Acharya Chakrapani*, this self-control refers to the mind's capacity to focus on one sensory object, *Artha*, while disengaging from others.

However, when the mind becomes agitated or anxious, this ability to withdraw from unhelpful or distracting stimuli diminishes. Although the mind is naturally restless and unstable, its strength and stability can be

- *Ekal Dravya*: For promoting mental well-being, include *Shankhapushpi*, *Brahmi*, *Mandukaparni*, *Jatamansi*, *Ashwagandha*, *Giloy*, *Yashtimadhu*, *Kushmanda*, *Ustukhuddus* and *Vacha*.
- *Aushadha Siddha Ghrita*: *Brahmi Ghrita*, *Maha Kalyanaka Ghrita*, *Kushmanda Ghrita*.
- *Rasayana*: *Brahmi Rasayana*
- *Rasaushadhi*: *Smrtisagara Rasa*, *Krishnachaturbhuj*, *Manas Mitra Vatakam*, *Mukta Pishti*.
- *Arishta*: *Ashwagandharishta*, *Saraswatarishta*

B. Bahirparimarjana Chikitsa:

- *Shiro Abhyanga* / *Shiropichu*: Head massage or application of medicated oil-soaked cotton pads.
- *Shirodhara*: A steady stream of medicated liquids (like *Brahmi Taila*, *Ksheera*, decoctions of *Medhya* herbs, or even plain water) poured over the forehead. Research shows it is highly effective in calming the mind and relieving *Chittodvega*.

3. Pathya-Apathya:

"*Pathyam Patho Anapetam Yadyachoktam Manas Priyam*"⁴³ explains that *Pathya* is food that not only nourishes the body but also pleases the mind. Such a wholesome diet contributes to mental satisfaction (*Tushti*), vitality (*Urja*), and happiness (*Sukha*).

preserved through tools such as intellect (*Buddhi*), wisdom, and memory (*Smriti*).

Ayurveda recognises *Manas* as a critical centre where disease can arise. When the *Manasika Doshas*, *Rajas* and *Tamas*, become imbalanced, various *Manasika Vyadhis* may arise. *Chittodvega* is a *Manovikara* characterised by an agitated mental state, often due to an imbalance of *Manasika Doshas*. *Chittodvega* is described in a scattered manner across *Ayurvedic* texts and lacks an exact equivalent in modern medical terminology. However, based on the similarity of symptoms, it most closely aligns with Generalized Anxiety Disorder. Individuals suffering from GAD often

experience persistent worry and a tendency to anticipate failure due to the condition's chronic nature. Given the increasing prevalence and impact of such symptoms, numerous studies are now exploring effective methods for their management.

In today's context, unhealthy dietary habits and erratic lifestyles have significantly contributed to the rise in anxiety and other mental health issues. *Ayurveda*, despite its ancient origins, provides a highly insightful framework for assessing health at every stage of life. Early recognition of conditions like anxiety is crucial, as delayed diagnosis often leads to worsening outcomes.

Modern food habits, especially those high in *Rajasika* and incompatible elements, are adversely affecting mental stability. Such diets not only disrupt digestion but also weaken the *Sattva Guna*, diminishing psychological resilience and increasing vulnerability to negative emotions, such as greed, fear, anger, and overthinking, which, over time, may lead to *Chittodvega*.

CONCLUSION

Ayurveda has consistently promoted a holistic and ethical approach to health encompassing the mental, physical, social, and spiritual dimensions of well-being. Its definition of health extends beyond the mere absence of disease to include a contented soul, balanced senses, and a peaceful mind. *Ayurveda* also acknowledges the subtle, indirect factors that can influence mental health, particularly those contributing to disorders like anxiety.

Anxiety often begins with mild fear, which, if left unaddressed, can intensify over time. However, by adhering to *Ayurvedic* principles, such as observing a righteous code of conduct and following *Dincharya* and *Ritucharya* regimens, comprehensive health and mental stability can be preserved. Incorporating physical practices like *Yoga* and meditation further strengthens the mind, enhances *Sattva Guna*, and promotes inner harmony, creating the foundation for a peaceful and fulfilling life. This article aims to explore and review the concept of *Chittodvega* as presented in various classical *Ayurvedic* texts, to enhance clinical

understanding and provide more effective treatment strategies for patients experiencing such mental disturbances. It also highlights the need for greater clinical attention and early intervention, which are often overlooked despite their rising prevalence.

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