

Role of Dinacharya, Shamana Aushadhi in Managing Psychosomatic Disorder Chittodavega: A Clinical Case Report

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Abstract

Anxiety disorder associated with disturbed sleep and circadian disruption is increasingly prevalent among healthcare professionals exposed to continuous night duty and irregular lifestyle patterns. From an Ayurvedic perspective, such anxiety can be correlated with the *Manasa Roga Chittodvega*, primarily caused by *Vata Dosha* vitiation with predominance of *Rajo Guna*, leading to dysfunction of *Manovaha Srotas* and manifestations such as excessive worry, insomnia, palpitations, and mental restlessness. This case report presents a 28-year-old female staff nurse with moderate to severe anxiety (Hamilton Anxiety Rating Scale score 27) following prolonged night shifts and sleep deprivation, who sought non-pharmacological, holistic management after incomplete and temporary relief with allopathic medication. An integrative Ayurvedic protocol was implemented for two months, comprising correction of *Dinacharya* with emphasis on sleep hygiene and early awakening, *Yogasana* and *Pranayama* (*Shavasana*, *Surya Namaskar*, *Bhramari Pranayama*), and *Shamana Chikitsa* with *Brahmi Ghrita* at bedtime and *Ashwagandha Arishta* after meals, followed by one month of lifestyle-based follow-up without internal medication. Progressive reductions in HAM-A scores were observed: 22 on Day 30, 17 on Day 60, and 15 on Day 90, indicating substantial and sustained improvement in both psychological and somatic symptoms, including anxious mood, fearfulness, autonomic symptoms, and cognitive distress, along with better sleep quality and daytime functioning. The findings suggest that this holistic regimen effectively pacified Vata, restored circadian alignment, enhanced mental resilience, and maintained therapeutic gains without dependency on pharmacotherapy. This case highlights the potential of an integrative Ayurvedic approach combining *Dinacharya*, *Yogic* practices, and targeted *Shamana Aushadhi* as a safe, sustainable option for managing anxiety disorders related to occupational stress and sleep disruption, while underscoring the need for larger controlled studies to standardize such protocols.

Keywords: *Chittodvega*, anxiety disorder, *Dinacharya*, *Brahmi Ghrita*, *Ashwagandha Arishta*.

INTRODUCTION

Anxiety is a prevalent mental health disorder characterized by persistent apprehension, restlessness, and somatic tension, often associated with autonomic and neuroendocrine dysregulation [1]. Globally, approximately 4.4% of the population is affected by anxiety disorders [2]. In 2021, an estimated 359 million individuals worldwide were living with an anxiety disorder, making it the most common of all

mental health conditions [2]. Despite the availability of effective therapeutic interventions, only about one in four individuals requiring care (27.6%) receive any form of treatment [3]. Irregular lifestyle practices, occupational stress, and disturbed sleep–wake cycles are recognized as major contributing factors in the onset and progression of anxiety disorders.

From an Ayurvedic perspective, anxiety can be correlated with *Manasa Roga*, particularly *Chittodvega*, which arises due to vitiation of *Vata Dosha* along with the predominance of *Rajo Guna*. This pathological state leads to dysfunction of the *Manovaha Srotas*, manifesting clinically as *Chinta* (excessive worry), *Udvega* (anxiety), *Anidra* (insomnia), palpitations, and mental restlessness.

Nidra (sleep) is described as one of the *Trayopasthambha* (three pillars of life) in classical Ayurvedic texts and plays a crucial role in maintaining physiological balance, cognitive clarity, emotional stability, and autonomic regulation [4]. Disturbance of *Nidra* results in *Vata Prakopa*, depletion of *Ojas*, and instability of mental functions, thereby predisposing individuals to anxiety and sleep-related disorders. Continuous night duty and shift work disrupt circadian rhythm, further aggravating *Vata Dosha* and impairing mental homeostasis.

Ayurveda emphasizes the importance of *Dinacharya* (daily regimen) and *Shamana Chikitsa* in restoring doshic equilibrium, enhancing mental resilience, and improving sleep quality. The present case highlights the effectiveness of an integrative Ayurvedic approach in the management of anxiety associated with disturbed sleep due to continuous night duty.

CASE PRESENTATION

A 28 year old female staff nurse working in a hospital was assigned to continuous night duty, resulting in inadequate sleep and significant disruption of her circadian rhythm. Gradually, she developed persistent restlessness, difficulty in maintaining sleep, excessive worry, reduced concentration, and daytime fatigue. She had taken allopathic medication for 3 months and experienced only temporary relief; symptoms recurred upon discontinuation, leading to reluctance toward further pharmacotherapy due to fear of dependency and side effects. Therefore, she visited our Ayurvedic hospital seeking a holistic and sustainable solution. Based on Ayurvedic assessment, she was diagnosed with *Chittodvega*. On *Ashtavidha Pariksha*, *Nadi* was *Vata-Pitta* predominant and increased in rate; *Mala* was irregular with occasional constipation indicating *Vata* vitiation; *Mutra* was normal with stress-related urgency; *Jihva* was slightly dry with a thin white coating suggestive of disturbed *Agni*; *Shabda* was fast and anxious; *Sparsha* revealed dryness of skin with intermittent warmth in extremities; *Drik* showed mild congestion, dark circles, and strain due to sleep disturbance; and *Akruti* was of medium build with visible fatigue. The Hamilton Anxiety Rating Scale assessment [21] revealed a baseline score of 27 on Day 0, indicating moderate to severe anxiety.

In the management of anxiety, a structured Ayurvedic intervention was implemented, which included lifestyle modifications along with *Shamana Chikitsa* for a duration of two months. Lifestyle management emphasized proper sleep hygiene, regular *Yoga* practices, including *Shavasana*, *Bhramari Pranayama*, *Suryanamaskar*. A follow-up with continued lifestyle management was maintained for an additional one months to sustain the therapeutic benefits.

Table No.1 management of Anxiety .

Sr No.	Management Plan	Advise/Medication	Duration
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1	Life style modification	<p><i>Dinacharya</i> [22] wake up at <i>Bramhamuhurta</i> [5] by 5:30 Am (Previously she was slipping till 11:00 am)</p> <p><i>Vyayama</i> [6]</p> <ol style="list-style-type: none"> 1. Shavasana 2. Surya namaskar 3. Bhramari pranayama[9] 	From day 0 to day 90
2	<i>Shamana Chikitsa</i>	<ol style="list-style-type: none"> 1. <i>Bramhi Ghrita</i>[7]- 5gm with luke warm milk before sleep 2. <i>Ashwagandha Arishta</i>[8]- 15ml with equal Quantity of water BD after meal 	For 2 months

Observation and Results

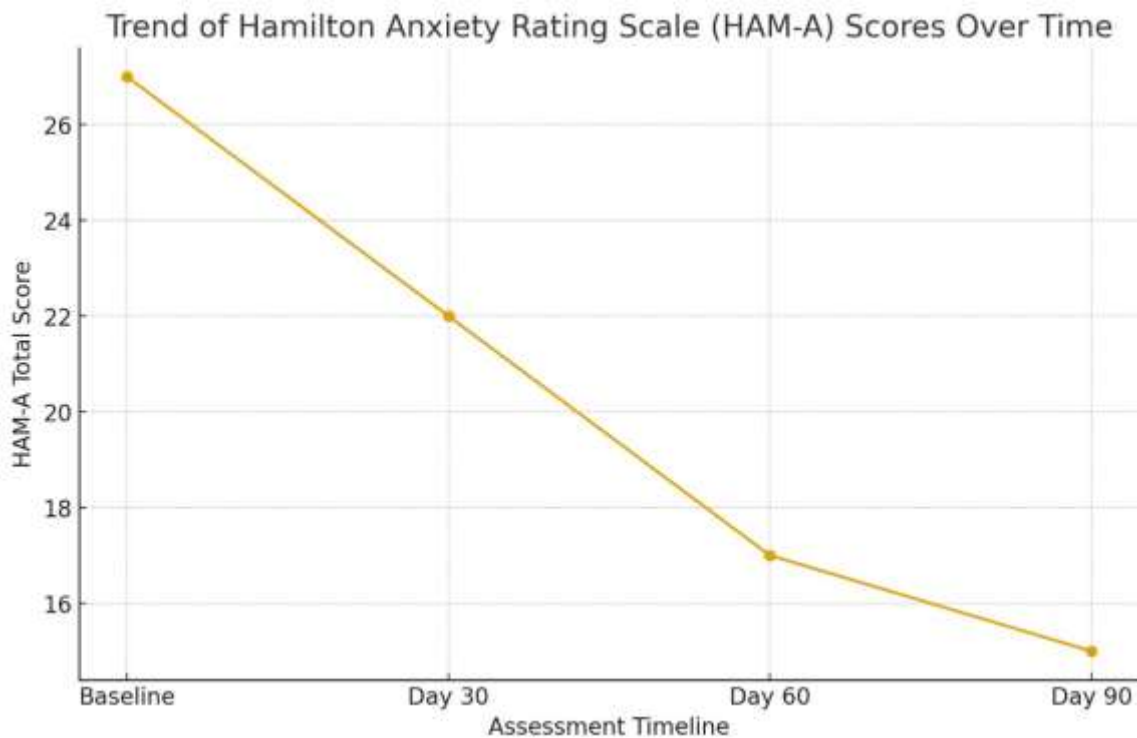
After application of intervention pateint was assessed on Day 30 and Day60 and patient is followed up on Day 90. The comparison of Hamilton scale score is mentioned below in table no 2.

Table No: 2 Comparison of Hamilton scores.

<u>sr.no</u>	<u>Item</u>	<u>Score at Baseline</u>	<u>Score at Day 30</u>	<u>Score at Day 60</u>	<u>Score at Day 90</u>
1	Anxious Mood	3	2	1	1
2	Tension	3	2	2	1
3	Fear	2	2	1	1
4	Insomnia	3	2	2	2
5	Cognitive Function	2	2	1	1
6	Depressed Mood	2	2	1	1
7	Somatic Muscular	3	3	3	3
8	Somatic Sensory	2	2	2	1
9	Cardiovascular Symptoms	2	1	1	0
10	Respiratory Symptoms	1	1	0	0
11	Gastrointestinal Symptoms	1	1	1	1
12	Genito-Urinary Symptoms	0	0	0	0
13	Autonomic Symptoms	1	1	1	1

14	Behavior During Interview	2	1	1	1p
	Total	27	22	17	15

After two months of Ayurvedic intervention, including lifestyle modifications, regular *Asanas*, *Yogic* practices, and internal medication, the patient demonstrated significant clinical improvement in anxiety-related symptoms. At baseline, the Hamilton Anxiety Rating Scale (HAM-A) score was 27, indicating moderate to severe anxiety. By Day 30, the score reduced to 22, reflecting improvement in anxious mood and physical tension. Continued therapy further reduced the score to 17 by Day 60, showing a marked decline in symptoms such as fearfulness, insomnia, cognitive distress, relaxation, reducing restlessness, and enhancing concentration. Alongside, *Shamana Chikitsa* helped in strengthening mental resilience and improving cognitive functioning. The patient reported improved sleep quality, reduced irritability, stabilized emotional responses, and better daily performance. Internal medication was discontinued after Day 60, while lifestyle modifications and *Yogic* practices were maintained. At the follow-up on Day 90, the HAM-A score further reduced to 15, indicating sustained improvement even without pharmacological support. Overall, the holistic Ayurvedic approach effectively balanced *Vata*, stabilized the mind, and promoted long-term mental and physical well-being without symptom recurrence.



DISCUSSION

Chittodvega is described in Ayurvedic literature as a *Manasa Roga* resulting primarily from *Vata Dosha* vitiation in association with *Rajo Guna* predominance, leading to instability of mind, excessive worry, fear, insomnia, and autonomic disturbances. Classical texts such as *Charaka Samhita* emphasize that impairment of *Nidra*, one of the *Trayopasthambha*, directly affects *Manas*, *Ojas*, and *Prana Vata*, thereby precipitating mental disorders including anxiety-like states [16]. In the present case, continuous night duty disrupted the natural sleep-wake cycle, aggravating *Vata Dosha* and disturbing the *Manovaha Srotas*, which aligns with both *Ayurvedic* and modern pathophysiological understandings of anxiety disorders.

Modern neuroscience literature establishes that circadian rhythm disruption and sleep deprivation activate the hypothalamic–pituitary–adrenal (HPA) axis, increase cortisol secretion, heighten sympathetic nervous system activity, and reduce emotional regulation capacity [9,10,11]. These findings correlate with the Ayurvedic concept of *Vata Prakopa* caused by *Ratrijagarana* (night awakening) and *Vishama Dinacharya*, resulting in mental restlessness and reduced psychological resilience.

The significant reduction in the Hamilton Anxiety Rating Scale score from 27 at baseline to 15 by Day 90 indicates the effectiveness of the integrative Ayurvedic protocol. *Shamana Chikitsa* played a pivotal role in stabilizing mental functions and correcting neurochemical imbalance. *Brahmi Ghrita*, described as in Ayurvedic texts, is known to nourish the central nervous system, enhance cognitive clarity, and calm excessive *Vata* and *Rajas*. Experimental and clinical studies have demonstrated that *Bacopa monnieri* exhibits anxiolytic, neuroprotective, antioxidant, and adaptogenic properties, mediated through modulation of neurotransmitters such as serotonin, dopamine, and gamma-aminobutyric acid (GABA), as well as increased Brain-Derived Neurotrophic Factor (BDNF) expression [12,17].

Ashwagandha Arishta, containing *Withania somnifera*, has been widely studied for its anti-stress and anxiolytic effects. Contemporary research suggests that *Ashwagandha* reduces serum cortisol levels, improves sleep quality, and enhances stress tolerance by modulating the HPA axis and reducing oxidative stress [13,18]. Its *Rasayana* effect strengthens *Ojas*, improves mental endurance, and supports long-term emotional stability, which explains the sustained improvement even after discontinuation of internal medication.

Yogasana and *Pranayama*, particularly *Shavasana*, *Bhramari Pranayama*, and *Surya Namaskar*, contributed significantly to symptom reduction by enhancing parasympathetic activity and reducing sympathetic overdrive. Several studies have shown that slow breathing techniques and meditative practices reduce anxiety scores by increasing vagal tone, lowering heart rate, and improving emotional regulation [14,15,19]. From an Ayurvedic perspective, these practices pacify *Vata*, reduce *Rajas*, and promote *Sattva Guna* dominance, thereby stabilizing *Manas* and improving *Nidra*.

Restoration of *Dinacharya*, especially normalization of sleep timing, proved crucial in maintaining therapeutic gains. Chronobiological studies emphasize that consistent sleep wake patterns restore circadian rhythm synchronization, improve melatonin secretion, and reduce anxiety symptoms [20]. Ayurveda similarly advocates early awakening and regular routines to maintain mental and physiological equilibrium. The continued decline in anxiety scores at Day 90, despite cessation of medication, indicates improved neuroadaptation and strengthening of endogenous regulatory mechanisms.

Overall, this case illustrates that an integrative Ayurvedic approach targeting *Vata imbalance*, *Manovaha Srotas* dysfunction, circadian disruption, and neurohormonal dysregulation can offer a safe, sustainable, and non-dependent strategy for the management of anxiety disorders such as *Chittodvega*. The findings support existing literature advocating *Ayurveda* as an effective complementary system for mental health management, particularly in occupational stress–related anxiety. However, further randomized controlled trials with larger sample sizes are required to validate these observations and establish standardized treatment guidelines.

CONCLUSION

The present case study demonstrates the effectiveness of a holistic Ayurvedic approach in the management of anxiety (*Chittodvega*) associated with disturbed sleep and circadian rhythm disruption due to continuous night-duty. Anxiety in this patient was primarily rooted in *Vata* vitiation, *Rajo Guna*

predominance, and dysfunction of *Manovaha Srotas* precipitated by irregular Nidra and lifestyle imbalance. The integrative treatment protocol comprising *Dinacharya* correction, *Yogic* practices, and *Shamana Chikitsa* resulted in significant and sustained improvement in both psychological and somatic symptoms of anxiety.

A marked reduction in the Hamilton Anxiety Rating Scale score from 27 at baseline to 15 by Day 90 reflects substantial clinical improvement, with enhancement in sleep quality, emotional stability, cognitive function, and overall daily performance. Notably, the continuation of symptom relief even after discontinuation of internal medication highlights the long term benefits and non-dependent nature of Ayurvedic management. The intervention effectively restored *Vata* balance, strengthened mental resilience, and promoted *Sattva Guna* dominance.

This case underscores the potential role of *Ayurveda* as a safe, sustainable, and integrative therapeutic option for anxiety disorders, particularly in individuals exposed to occupational stress and circadian disruption. However, further large scale clinical studies are warranted to validate these findings and establish standardized Ayurvedic protocols for the management of anxiety and sleep related disorders.

Limitation of study:

This is a single-case observation; hence, wider generalization is limited. Absence of a control group and objective sleep measures restricts definitive attribution of outcomes solely to the intervention. As *Dinacharya* and *Shamana Aushadhi* were administered in combination, the individual effect of each component cannot be isolated. Longer follow-up and larger controlled studies are required to further validate the findings.

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