



Case Report

Integrated Ayurvedic Approach to Managing Generalized Anxiety Disorder through *Yukti Vyapashraya* and *Sattvavajaya Chikitsa*: A Case Report

[1*Rajimunnisa Begam Shaik](#), [2R. Sunil Kumar](#), [3Devaraju Padmaja Sree Pranavi](#), [4Jainam Gosalia](#), [5Nivedita Arora](#), [6Magar Jayesh Vasudev](#), [7Nidhi Pandit](#), [8Bhushan Mhaiskar](#)

ABSTRACT:

Background: Generalized Anxiety Disorder is a common mental health condition characterized by persistent and excessive worry, restlessness, irritability, fatigue, difficulty concentrating, muscle tension, disturbed sleep, and impaired daily functioning. In *Ayurveda*, these symptoms resemble *Chittodvega*, caused by imbalances of the *Vata* and *Pitta* Doshas and an excess of *Rajo Guna*, which disrupts the *Manovaha Srotas*. Psychosocial stressors such as emotional neglect and interpersonal conflicts act as important *nidanans* in the development of the condition. **Clinical findings:** A 57-year-old married homemaker presented with a two-year history of persistent and excessive worry, apprehension, grief, irritability with occasional anger outbursts, emotional suppression, lethargy, disturbed sleep, and symptoms as mentioned above. Her psychosocial history included emotional dependence on her children, marital conflicts, perceived criticism, and long-term emotional suppression, which had a more impact. The Mental Status Examination revealed an anxious mood, restricted affect, psychomotor agitation, and ruminative thoughts, with preserved insight. According to the DSM-5, she was diagnosed with GAD. **Intervention:** The patient received a combined Ayurvedic treatment integrating *Yukti Vyapashraya Chikitsa* and *Sattvavajaya Chikitsa*. *Shamana* therapies included *Manasmitra Vati*, *Vishamushti Vati*, and *Maha Rasnadi Kashaya*, along with *Panchakarma* procedures such as *Sarvanga Abhyanga*, *Swedana*, *Shirodhara*, *Shiropichu*, and *Basti*. *Sattvavajaya* strategies involved *Yoga Nidra*, art therapy, music therapy, positive affirmations, and structured counseling for herself and her spouse. **Outcomes:** Marked improvements were observed in HAM-A, HAM-D, and ISI scores, decreasing from 25 to 4, 18 to 1, and 19 to 0, respectively, indicating a substantial reduction in anxiety, depression, and insomnia. Patient experienced improvement in sleep quality, emotional stability, confidence level, and QOL. **Conclusion:** This case illustrates that an integrated *Ayurvedic* approach combining *Yukti Vyapashraya* and *Sattvavajaya Chikitsa* can effectively treat *Chittodvega* (GAD) by balancing the *tridoshas* and addressing maladaptive thoughts, thereby improving psychological resilience and overall well-being.

KEYWORDS: *Ayurveda*, case report, *Chittodvega*, generalized anxiety disorder, *Sattvavajaya chikitsa*, *Yuktivyapashraya chikitsa*.

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Corresponding Author Email:

dr.razia.sk@gmail.com

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1. INTRODUCTION

Anxiety is one of the most common neurotic disorders and includes both psychological and physical symptoms occurring without any immediate external danger. Generalized Anxiety Disorder (GAD) is characterized by persistent and excessive worry about multiple events or activities that is difficult to control and is associated with restlessness, fatigue, irritability, difficulty concentrating, muscle tension, and disturbed sleep. [1] According to DSM-5 criteria, these symptoms must be present for at least six months and should cause notable distress or impairment in social, occupational, or other important areas of functioning. [2] The lifetime prevalence of GAD is estimated to be around 5–6%, and the disorder is reported approximately twice as commonly in women as in men. [3] Chronic psychosocial stressors, interpersonal conflicts, and emotional disturbances are recognized as important contributing factors. [4] In *Ayurveda*, these enduring symptoms resemble *Chittodvega*, involving a *Vata-pradhana tridosha* imbalance that leads to *Rajo Guna vridhhi*. It ultimately takes lodgment in *Hridaya*, producing *vishada*. [5] This case report underscores the importance of addressing the underlying *Vata-Pitta* imbalance and vitiated *Rajo Guna* quality in managing generalized anxiety-like symptoms caused by temperamental risk factors.

This case is unique because it demonstrates successful management of chronic Generalized Anxiety Disorder with mild depressive features using a comprehensive, integrative *Ayurvedic* approach that combines *Panchakarma*, *Shamana Chikitsa*, and *Sattvavajaya Chikitsa*. Unlike conventional symptom-based management, the treatment addressed both somatic and psychological components by targeting *Vata Pitta Dushti*, *Rajo Guna* predominance, and psychosocial stressors simultaneously.

2. CASE REPORT

Clinical findings: A 57-year-old married woman with no prior psychiatric or major medical illness, a homemaker from an

upper-middle-class family living with her spouse, presented to the Manasollasa OPD at KLE *Ayurveda* Hospital and MRC (MR No. KLE40897) on December 18, 2025. She reported a two-year history of persistent, excessive worry (*Chinta*), apprehension (*Bhaya*), irritability, emotional distress, lethargy (*Alasya*), easy fatigability, disturbed sleep (*Nidranasha*), reduced concentration, and restlessness. These symptoms were associated with chronic psychosocial stressors, including marital conflicts, emotional neglect, loneliness, emotional dependence on family members, and prolonged emotional suppression. The symptoms had an insidious onset and gradually progressed, becoming difficult to control and notably affecting her emotional well-being, interpersonal relationships, and quality of life. The timeline of events is presented in [Table 1](#).

On Mental Status Examination, the patient appeared anxious, emotionally distressed, and mildly restless. Speech was clear, coherent, and relevant, though reduced in spontaneity. Mood was anxious with mild depressive features, and affect was constricted. Thought content revealed excessive worry, rumination, apprehension regarding family-related issues, and emotional preoccupation. No delusions, hallucinations, or suicidal ideation were elicited. Attention and concentration were mildly impaired, while memory and higher cognitive functions were preserved. Insight was fair, and judgment remained intact.

Assessment of *Manasika Bhavas* was performed using a structured grading scale (ranging from 0 to 3, mild, moderate, severe, respectively), which revealed predominance of *Chinta* (3), *Shoka* (2), *Bhaya* (2), *Alasya* (2), and *Nidranasha* (3), with a total score suggestive of moderate *Manasika Dushti*. Evaluation of *Satva Bala* indicated *Madhyama Satva* (scored 2 out of 3), characterized by moderate coping ability, emotional dependence on family support, and a requirement of reassurance during stressful situations.

Ashtavidha Pariksha findings were as follows: *Nadi -Vata-Pitta* dominant; stool- regular; urine- normal; tongue-mildly coated; sound- clear; touch- normal; Drik (look)-was anxious; and Akrti was *Madhyama*. Baseline assessment scales

showed HAM-A score of 25, HAM-D score of 18, and ISI score of 19, indicating moderate to severe anxiety, mild depressive symptoms, and clinically notable insomnia.

Table 1: Timeline of events that occurred and current information

Timeline	Event / Observation
2019	Initial onset of excessive worry, emotional distress, and sleep disturbance following chronic interpersonal and family-related stress
2019–2023	Gradual progression of persistent and uncontrollable worry, restlessness, irritability, fatigue, lethargy, overthinking, disturbed sleep, reduced concentration, and psychosocial dysfunction
Past History	No notable psychiatric or major medical illness reported
Psychosocial Factors	Marital conflict, emotional neglect, loneliness, emotional dependence on children, prolonged emotional suppression, and daytime isolation
December 2025	Presentation to Manasollasa OPD with worsening anxiety symptoms, disturbed sleep, emotional instability, and impaired daily functioning
December 2025	Admission for inpatient <i>Ayurvedic</i> management because of severe anxiety, psychomotor agitation, and ongoing psychosocial stressors
Inpatient Period (8 days)	Administration of <i>Panchakarma</i> procedures, <i>Shamana</i> therapy, and <i>Sattvavajaya Chikitsa</i> aimed at reducing anxiety, improving sleep, and enhancing coping abilities
Post treatment	Notable reduction in excessive worry, anxiety, restlessness, and sleep disturbance, along with improvement in emotional stability, daily functioning, and interpersonal interactions

Diagnosis

Based on a comprehensive clinical evaluation, including history, physical, mental status examination, and standardized psychological scales, the patient was diagnosed with Generalized Anxiety Disorder according to the DSM-5 criteria. The diagnosis was supported by persistent excessive worry, restlessness, sleep disturbance, fatigue, irritability, and impaired daily functioning for two years. The absence of psychotic symptoms and panic attacks helped exclude other psychiatric disorders. From an *Ayurvedic* viewpoint, the condition was identified as *Chittodwega*, [6] characterized by an imbalance in mental health due to the vitiation of the *Vata* and *Pitta* Doshas, with *Rajo Guna* dominance. [7] [8] Symptoms such as *Chinta* (excessive worry), *Bhaya* (fear), *Shoka* (grief), *Alasya* (lethargy), and *Nidranasha* (sleep

disturbances) indicate involvement of *Manovaha Srotodushti*. [9] Chronic psychosocial stressors, including emotional neglect, interpersonal conflicts, and emotional suppression, serve as precipitating factors (*Nidana*), leading to decreased *Satva Bala* and maladaptive stress coping strategies. Ultimately, the diagnosis was finalized as *Chittodwega* (general anxiety disorder) with an imbalance of *Vata Pitta*, including *Rajasika* dominance, and *Manovaha Srotodushti*.

Diagnostic Challenges

Diagnosing the condition was challenging because of overlapping symptoms with mild depressive disorder, as the patient presented with excessive worry, fatigue, lethargy, disturbed sleep, and emotional distress. However, the persistent and uncontrollable nature of anxiety associated with chronic psychosocial stressors supported Generalized

Anxiety Disorder as the primary diagnosis. Psychosocial factors, including emotional neglect and interpersonal conflict, add further complexity. From an Ayurvedic viewpoint, distinguishing *Chittodwega* involves careful assessment of *Vata Pitta* imbalance, *Rajasika* dominance, and *Manovaha Srotodushti*; similar signs are observed in other *Manasika Vikaras*. Standardized tools, including the HAM-A, HAM-D, and ISI, were useful in confirming the diagnosis and evaluating its severity.

Criteria for Diagnosis

The diagnosis was established using the DSM-5 criteria for Generalized Anxiety Disorder, including persistent and

excessive worry, difficulty controlling anxiety, restlessness, fatigue, irritability, disturbed sleep, and notable impairment in daily functioning for more than six months. The diagnosis was further supported by clinical assessment and standardized scales, including HAM-A, HAM-D, and ISI. From an Ayurvedic perspective, the condition was diagnosed as *Chittodwega* based on the presence of Chinta (excessive worry), *Bhaya* (fear), *Alasya* (lethargy), and *Nidranasha* (disturbed sleep), along with vitiation of *Vata-Pitta*, *Rajasika* predominance, and involvement of *Manovaha Srotas*.

Differential Diagnosis (Table 2)

Table 2: Differential Diagnosis

Condition	Key Clinical Features	Similarities with the Present Case	Reason for Exclusion
Generalized Anxiety Disorder	Persistent and excessive worry about multiple events	Worry, sleep disturbance, restlessness	Lacks a specific fear of social situations and avoidance behavior
Major Depressive Disorder	Low mood, anhedonia, fatigue, sleep disturbance	Lethargy, reduced interest, sleep issues	Absence of persistent depressive mood and core depressive symptoms
Social Anxiety Disorder	Fear of social scrutiny, avoidance of social situations	Fear of judgment, social withdrawal, anxiety	Final diagnosis (fulfills DSM-5 criteria)
Panic Disorder	Recurrent panic attacks with sudden onset	Anxiety symptoms present	No history of acute panic attacks
Adjustment Disorder	Emotional or behavioral symptoms following stress	Psychosocial stress present	Symptoms are chronic (>6 months) and more severe

Prognosis: The prognosis was positive owing to the chronic but non-psychotic nature of the condition, the patient's preserved insight, and their willingness to engage in therapy. An early response to integrated Ayurvedic treatment, including *Yukti Vyapashraya* and *Sattvavajaya Chikitsa*, indicated good prospects for recovery in this case. Notable improvements in clinical symptoms and decreases in the HAM-A, HAM-D, and ISI scores indicated a favorable outlook.

Intervention: The patient was managed by using a comprehensive, integrative Ayurvedic approach, combining *Yukti Vyapashraya Chikitsa*, which includes *shamana* and *Sattvavajaya Chikitsa* (counseling therapy) to address both

the somatic and psychological components of the disorder, which include *Manasamitra Vati*, *Vishamushti Vati*, and *Maha Rasnadi Kashaya*, aimed at pacifying the *Vata Pitta* Doshas and stabilizing neuropsychological functions. In addition, Panchakarma procedures were administered, including *Sarvanga Abhyanga* followed by *Swedana*, *Shirodhara*, *Shiropichu*, and *Basti* therapies (*Anuvasana* and *Niruha*), as shown in [Table 3](#), which helped reduce *Vata* aggravation, promote relaxation, and improve overall mental well-being. *Sattvavajaya Chikitsa* aims to strengthen *Satva Bala* and correct harmful cognitive and emotional patterns. It uses structured approaches, such as *Yoga Nidra*, art therapy,

positive affirmations, and both individual and spousal counseling, to resolve interpersonal conflicts and enhance coping skills.

The entire treatment protocol was administered stepwise and systematically during the inpatient period. A detailed timeline of the interventions is presented in [Table 3](#).

Table 3: Timeline of Comprehensive Treatment Plan at Different Time-Points (IP – Inpatient-based and Home-based)

Therapy Type	Intervention	Drugs / Materials	Dose / Duration	IP based (Day 1-8)	Home-based (Week 1-2)	Home-based (Week 3-4)	Home-based (1-2 months)
External Therapy	<i>Sarvanga Abhyanga</i> & <i>Bashpa Sweda</i>	<i>Ksheerabala Taila</i> (KLE Ayurveda Pharmacy Batch no.242)	Daily, 8 days	✓	–	–	–
	<i>Shirodhara</i> [10] [11]	<i>Ksheerabala Taila</i> (KLE Ayurveda Pharmacy Batch no.242) & <i>Himasagara Taila</i> (KLE Ayurveda Pharmacy Batch no.242)	Daily, 8 days	✓	–	–	–
	<i>Shiro Aabyanga</i> & <i>Shiropichu</i>	<i>Ksheerabala Taila</i> (KLE Ayurveda Pharmacy Batch no.242)	Daily after IP	–	✓	✓	✓
<i>Basti</i> Therapy	<i>Anuvasana Basti</i>	<i>Sahacharadi Taila</i> (KLE Ayurveda Pharmacy Batch no.242)	On even days (Day 2, 4, 6, 8)	✓	–	–	–
	<i>Niruha Basti</i>	<i>Guda, Chinchā, Gomutra Arka,</i> (KLE Ayurveda Pharmacy Batch no.242) <i>Murcchita Tila Taila</i> (KLE Ayurveda Pharmacy Batch no.242) <i>Erandamula Kashaya</i> (KLE Ayurveda Pharmacy Batch no.252)	On odd days (Day 3, 5, 7)	✓	–	–	–
<i>Shamana</i> Medicines	<i>Manasamitra Vati</i> [12] (AVP Pharmacy Batch. no.255)	–	As per prescription	✓	✓	✓	✓
	<i>Vishamushti Vati</i> (KLE Ayurveda Pharmacy Batch no.242)	–	As per prescription	✓	✓	✓	✓
	<i>Maha Rasnadi Kashaya</i> (KLE Ayurveda Pharmacy Batch no.242)	–	As per prescription	✓	✓	✓	✓
<i>Sattvavajaya Chikitsa</i> [13]	Counseling (Individual & Spousal)	Positive affirmations	Daily	✓	✓	✓	✓
	<i>Yoga Nidra</i> [14]	Guided sessions	Daily	✓	✓	✓	✓
	Mandala Art Therapy	Expressive sessions	Regular	✓	✓	✓	✓
	Music Therapy	Listening to Raaga Durga and Hamsapadhi	Regular	✓	✓	✓	✓
	<i>Marma</i> Therapy [15] [16]	Applying pressure to vital points	Regular	✓	✓	✓	✓

3. RESULTS

Follow-up and Outcome: Following the start of integrative Ayurvedic treatment, regular evaluations at discharge, as well as on the 15th, 30th, 60th, and 90th days, revealed continuous improvements in anxiety, depression, sleep quality, emotional stability, interpersonal relationships, and daily activities, demonstrating ongoing psychological and functional recovery ([Table 4](#)).

Follow-up:

Table 4: Follow ups and Outcomes at different points in time

Follow-up point	Time since baseline	Clinician-assessed outcomes	Patient-assessed outcomes
Baseline	18/12/25	HAM-A 25, HAM-D 18, ISI 19	Severe anxiety, persistent excessive worry, fear of social interaction, disturbed sleep, lethargy, emotional distress
Follow-up (Discharge)	1 26/12/25	HAM-A 8, HAM-D 6, ISI 5	Reduction in anxiety and restlessness, improved sleep, better emotional expression, reduced fearfulness
Follow-up (15th Day)	2 10/01/26	HAM-A 5, HAM-D 3, ISI 2	Mild anxiety, improved confidence during social interaction, better sleep continuity, reduced overthinking
Follow-up (30th Day)	3 25/01/26	HAM-A 4, HAM-D 1, ISI 0	Marked improvement in mood and emotional stability, minimal anxiety, resumed routine activities, improved interpersonal interaction
Follow-up (60th Day)	4 24/02/26	HAM-A 4, HAM-D 1, ISI 0	Stable emotional state, no sleep disturbance, improved coping ability, increased participation in family and social activities
Follow-up (90th Day)	5 25/03/26	HAM-A 4, HAM-D 1, ISI 0	Sustained improvement, normal social functioning, regained interest in singing, improved quality of life, and overall well-being

4. DISCUSSION

The present case highlights the effectiveness of an integrative Ayurvedic approach in managing *Chittodwega*, which closely resembles Generalized Anxiety Disorder with mild depressive features. The treatment aimed to correct *Vata-Pitta* vitiation, *Rajasika* predominance, and *Manovaha Srotodushti* through *Panchakarma*, *Shamana Chikitsa*, and *Sattvavajaya Chikitsa*.

Therapies such as *Sarvanga Abhyanga*, *Shirodhara*, *Shiropichu*, and *Basti* helped reduce anxiety, psychomotor agitation, and sleep disturbances by pacifying aggravated *Vata Dosha*. *Shamana* medicines ([Table 3](#)), including *Manasamitra Vati*, *Vishamushti Vati*, and *Maha Rasnadi*

Adherence: The participant was asked to keep a daily log to record when, how often, and whether the prescribed intervention was completed.

Tolerance: The patient was monitored for any discomfort, intolerance, or difficulties during treatment through regular clinical assessments and follow-up visits.

Adverse effects: No adverse reactions or treatment-related complications were observed during treatment or follow-up.

Kashaya, provided *Medhya*, *Balya*, and *Rasayana* effects, improving emotional stability and cognitive functioning. The observed clinical improvements in HAM-A, HAM-D, and ISI scores ([Table 4](#)) support the therapeutic efficacy of the intervention.

Sattvavajaya Chikitsa, including counseling, Yoga Nidra, [17] positive affirmations, and art therapy, enhanced coping abilities, emotional expression, and psychological resilience. Spousal counseling addressed interpersonal stressors, while art therapy helped restore the patient's interest in singing.

The probable mode of action may involve autonomic nervous system regulation, reduction of stress-induced *Vata*

aggravation, improved neurotransmitter balance, and enhancement of psychological resilience through mind body interventions. Panchakarma therapies possibly promoted relaxation and parasympathetic activation, while Medhya formulations may have contributed to anxiolytic and neuroprotective effects.

Previous studies have also reported beneficial effects of Ayurvedic interventions in anxiety disorders. A clinical study on *Shirodhara* demonstrated a notable reduction in anxiety and stress scores. [18] Another case report on *Sattvavajaya Chikitsa* in anxiety neurosis showed improvement in sleep and emotional control. [19] Integrative Yoga and Ayurvedic therapies have similarly been reported to improve quality of life and psychological well-being in chronic anxiety conditions. [20]

Notable improvement was observed in anxiety, depression, insomnia, emotional stability, interpersonal interactions, and daily functioning. No adverse effects were reported during treatment or follow-up.

Limitation: As this is a single case report without a control group, the generalizability of the findings is limited. Long term multicentric studies with larger sample sizes are required to validate the effectiveness of integrative Ayurvedic management in anxiety disorders.

5. CONCLUSION

This case demonstrates the effectiveness of an integrative Ayurvedic approach in managing chronic *Chittodwega* comparable to Generalized Anxiety Disorder with mild depressive features since 2years. The intervention included *Shodhana*, *Shamana Chikitsa*, *Pathya-Apathya*, counseling, and *Yoga*-based relaxation practices. Treatment was administered for the planned therapeutic duration with a 90-day follow-up. Notable improvements were observed in anxiety, depression, and insomnia scores (HAM-A 25 to 4, HAM-D 18 to 1, ISI 19 to 0), along with improved emotional stability, sleep, coping ability, and daily functioning. No

adverse effects were reported. Incidental improvement in confidence, social interaction, and stress tolerance was also noted. The key finding suggests that integrative *Ayurvedic* management may provide safe and effective long-term support for chronic anxiety and mild depressive symptoms.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: The patient and her family were initially not confident about Ayurvedic treatment for her condition. After undergoing integrated Ayurvedic treatment, the participant became more relaxed, emotionally stable, and better able to cope with stress and anxiety. There was a noticeable improvement in her sleep, a reduction in excessive worry, and an increase in participation in daily activities. The patient also reported feeling more confident in social situations and expressed emotional relief following counseling and supportive therapies. She gradually regained interest in singing, which was considered a positive indicator of her recovery and improved quality of life.

Authors Details:

¹PhD Scholar, Mahatma Gandhi Ayurveda Medical College, Datta Meghe Institute of Higher Education and Research, Deemed to be a university, Wardha, Maharashtra

²Associate Professor, Department of Kayachikitsa, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India- 590003

^{3, 4, 5, 6, 7}1st PG Scholar, Department of Manasaroga evam Manovigyana, KLE Shri BM Kankanawadi Ayurveda Mahavidyalaya, KLE Academy of Higher Education and Research (Deemed-to-be University), Belagavi, Karnataka, India

⁸Associate professor, Dept. of Samhitha Sidhantha, Mahatma Gandhi Ayurveda Medical College, Datta Meghe Institute of Higher Education and Research, Deemed to be a university, Wardha, Maharashtra

Authors Contribution:

Conceptualization and clinical management: PD, RBS, R.SD

Data collection and literature search: PD, RBS, JN, JM

Writing – original draft: PD, R.SD, NA

Reviewing & Editing: RBS, PD, RBS, JN, JM, R.SD

Approval of final manuscript: All authors

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