Ayurline IJ-RIM
International Journal of Research in Indian Medicine
Vol. 10th | Issue: 5th | September 2026 | e-ISSN: 2456-4435
Open-Access, Peer-reviewed, Double Bind e-Research Journal of Ayurveda
Article Received on: 12/07/2026 | Reviewed on: 28/08/2025 | Accepted on: 05/09/2026

Deciphering the Psychosomatic Framework of Anxiety: A Comprehensive Systematic Review on Chittodvega and Its Holistic Management with Special Reference to Generalized Anxiety Disorder (GAD)

Vinod Dinkar Bijamwar*[1], Vishwas Gogate[2],

[1]P. G. Scholar, [2]Guide and H.O.D. ,
Department of Kayachikitsa, Government Ayurved College,
Nanded, Maharashtra, India
***Corresponding Author:** Mobile No.: +91-9922883978; E-mail: vinodbij99@gmail.com

ABSTRACT

Aims: This systematic review aims to consolidate the classical Ayurvedic framework of Chittodvega and evaluate its multidimensional management strategies. **Objectives:** To establish a clinical and pathophysiological correlation between the classical features of Chittodvega and the contemporary diagnostic criteria of Generalized Anxiety Disorder (GAD). **Observations**: Although Chittodvega is not described as an independent disease entity in the primary Ayurvedic classics, it is extensively documented as an important Poorvarupa (prodromal symptom) of Unmada and as a significant Manasika Vikara (mental disorder). Pathophysiologically, it develops due to the vitiation of Raja and Tama, the Manasika Doshas, acting in conjunction with Vata and Pitta Doshas, resulting in the disturbance of Manovaha Srotas. The clinical manifestations of Chittodvega demonstrate a close resemblance to the DSM-5 diagnostic criteria of Generalized Anxiety Disorder, including Shirahshoonyata (blankness of mind), Udvega (agitation and apprehension), Dhyana (persistent worrying), Hridgraha (tightness in the cardiac region), Ayasa (fatigue), and Unmattchittatvam (difficulty in concentration).

Conclusions: Ayurveda offers a comprehensive psychosomatic approach for the management of Chittodvega. Preventive measures such as Sadvritta and Achara Rasayana, along with therapeutic interventions including Sattvavajaya Chikitsa, Medhya Rasayana, Ghrita preparations, Nasya, and Shirodhara, provide a holistic and potentially safer complementary approach for the management of chronic anxiety and the promotion of mental well-being.

Keywords: *Chittodvega*, Generalized Anxiety Disorder, *Poorvarupa*, *Unmada*, *Lakshana*, *Sattvavajaya*, *Yuktivyapashraya*.

INTRODUCTION

With the rapid advancement in modern science, human life has become highly accelerated, speedy, and increasingly stressful. Consequently, psychiatric disorders are expanding their sphere globally today, out of which anxiety disorders have emerged as the most common mental health challenges. In the classical paradigm of Ayurveda, *Manas* (*mind*) holds vital importance as it represents an essential component of *Ayu* (*life*), *Tridanda* (*the tripod of life*), the cognitive process of knowledge, the site for disease development, the maintenance of good health, and ultimate salvation. The primary anatomical and functional seat of *Manas* is the *Hridaya* (*heart*), and it performs its functions by moving throughout the entire body through specialized channels called *Manovaha Srotas* along with *Vata*, *Pitta*, and *Kapha*.

Raja and *Tama* are the two specific *Manasika Doshas* (*mental attributes*) which, when aggravated by unwholesome factors, vitiate the *Hridaya* (the seat of *Buddhi* or intellect), obstruct the *Manovaha Srotas*, and produce various types of psychological disorders like *Chittodvega*. A group of psychiatric disorders is described in Ayurvedic texts under the heading of *Unmada*, which strikingly resembles modern psychosis. *Chittodvega*, as it is not heavily elaborated as a separate major disease entity in classics, is widely described as a critical prodromal symptom (*Poorvarupa*) of *Unmada*. Various classical texts have also detailed multiple terms related to altered mental status, such as *Chittavibhramsha* (*mental decadence*), *Chittavibhrama* (*mental perturbation*), *Anavasthita Chitta* (*unstable mind*), *Chittaviparyaya* (*misapprehension of mind*), and *Unmattachitta* (*furoreous mind*).

Etymologically, *Chittodvega* is defined as a combination of *Chitta* (*mind*) and *Udvega* (*anxiety/agitation*), literally translating to an "*Anxious status of a mind*". It includes psychological and physical symptoms like *Shirahshoonyata*, *Udvega*, *Dhyana*, *Hridgraha*, *Ayasa*, and *Unmattchittatvam*, which closely match the persistent, excessive, and unrealistic worry, restlessness, fatigue, difficulty in concentration, irritability, and sleep disturbances found in Generalized Anxiety Disorder (GAD). Among modern anxiety disorders, GAD is highly prevalent in late life, with community prevalence rates reaching 7% globally. In India, the epidemiological data reveals an overall weighted prevalence of 0.6% for current experience, with significantly higher rates in females (0.8%) compared to males (0.4%), and a higher concentration among urban metro residents (1.3%).

Clinical trials have shown that synthetic modern anxiolytic drugs alone have limited long-term efficacy and present major adverse side effects, including dependency, drowsiness, drug resistance, sedation, impaired cognition, memory deficits, and sexual dysfunction. Therefore, developing an effective Ayurvedic approach for the management of *Chittodvega* is the need of the hour, as it represents a challenging and burning problem in contemporary medical science. Due to the wide spectrum of this disease, its heavy prevalence in modern society, and the lack of completely safe conventional medicines, this systemic review has been undertaken.

MATERIALS AND METHODS

Conceptual Search and Classical Source Selection

This study is a systemic qualitative review analyzing the classical constructs of *Chittodvega* and their contemporary medical relevance. A meticulous literal search was conducted across the *Brihatrayi* (the primary three compendia of Ayurveda): the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with the *Ashtanga Sangraha*. Traditional Sanskrit commentaries, including the *Ayurveda Dipika* by Acharya Chakrapanidatta, the *Nibandhsangraha* by

Acharya Dalhana, and the *Sarvangasundra* by Arunadatta, were systematically searched to extract definitions, etiological factors (*Nidana*), pathogenesis (*Samprapti*), clinical symptoms (*Lakshana*), and therapeutic modalities (*Chikitsa*) related to mental health and *Chittodvega*.

Modern Psychiatric Mapping

The extracted classical symptoms were cross-referenced and mapped against the standardized diagnostic parameters outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) for Generalized Anxiety Disorder.

Etymological Criteria Evaluation

The grammatical components of the term *Chittodvega* were analyzed using authoritative classical reference texts, including the *Sanskrit-English Dictionary* by Sir Monier Monier-Williams and the *Sanskrit-English Dictionary* by P.K. Gode and C.G. Karve, to maintain strict scientific and philological accuracy.

RESULTS

Etymological Decomposition

The clinical term *Chittodvega* is a compound word comprising two distinct Sanskrit words, *Chitta* and *Udvega*:

- ***Chitta*:** Derived from the root *Chit* (meaning *to perceive, fix the mind upon, attend to, intend, to be anxious about, care for, to resolve, to understand, comprehend, know*). With the addition of the *Kta* suffix (*Cit* + *Kta*), it refers to that which is observed, perceived, reflected, or meditated upon.
- ***Udvega*:** Derived from the root *Ud* (signifying *upwards, upon, anxiety, liberation*). With the addition of the *Vin* suffix (*Ud* + *Vin*), it denotes *agitation, trembling, waving, shaking, anxiety, regret, fear, distress, or astonishment*.

Therefore, the combined structural definition of *Chittodvega* is established as *Chitta* + *Udvega*, representing an agitated, perturbed, or anxious state of mind.

Analysis of Classical Nidana (Etiology)

Specific independent etiological factors for *Chittodvega* are not separately isolated in Ayurvedic classical texts. However, because it is fundamentally a *Manasika Vikara*, the factors causing the absolute vitiation of *Rajas* and *Tamas* are recognized as the primary *Nidana*. In general, the primary causative factors for all psychosomatic diseases apply directly to *Chittodvega*:

1. **Asatmyendriyarthasamyoga:** Unwholesome, deficient (*Ayoga*), excessive (*Atiyoga*), or perverted (*Mithyayoga*) contact of the sense organs with their environmental objects. In modern times, living in a state of ever-increasing stressful situations induces an imbalance of physical and mental *Doshas*.
2. **Pragyaparadha:** Volitional transgression resulting from the functional impairment of intellect (*Dhi*), will (*Dhriti*), and memory (*Smriti*). Performing unwholesome actions with non-justifiable understanding serves as a major driver for mental diseases.
3. **Parinama:** Chronobiological changes or perverted incidence of seasons and time (*Kala*), which Acharya Charaka identifies as a core causative factor for mental disorders.
4. **Alpasattva and Supporting Factors:** Acharya Charaka notes that individuals with an inadequate or weak personality (*Alpasattva*) are highly vulnerable. Furthermore, physical chronic illness can trigger mental disorders (*Manasroga*), and unfulfilled emotional states like passion (*Kama*), grief (*Shoka*), and fear (*Bhaya*) directly vitiate *Vata*, while anger (*Krodha*) vitiates *Pitta*. The initiation of controllable urges (*Dharaniyavegas*) and suppression of non-controllable bodily urges (*Adharaniyavegas*) further exacerbate the pathology.

Samprapti (Pathophysiology via Shadvidha Kriyakala)

The pathogenesis of *Chittodvega* progresses through the six clinical treatment stages (*Shadvidha Kriyakala*):

1. **Sanchayavastha:** Genetic or constitutional vulnerabilities (such as *Vatika* or *Paittika* body type, *Rajasika* mental type, or *Avara Satva*) cause an exaggerated response to stressors, leading to the initial accumulation of the mental *Dosha Rajas*.
2. **Prakopavastha:** Continued exposure to etiological factors aggravates *Rajas*, which drives mental emotions, resulting in the manifestation of chronic worry (*Chinta*), fear (*Bhaya*), and anger (*Krodha*).
3. **Prasaravastha:** Aggravated psychic symptoms overflow to affect the *Sharirika Doshas*. *Vata* gets heavily vitiated as it is the primary controller of the mind, *Sadhaka Pitta* declines due to the depletion of *Sattva* (causing confusion and fear), and *Tarpaka Kapha* gets deranged, leading to the undernourishment of the sense organs.
4. **Sthanasamshrayavastha:** The combined vitiated mental and physical *Doshas* localize within the heart (*Hridaya*), which impairs the mind through their close relationship (*Ashraya-Ashrayi Bhava*), leading to tissue depletion (*Ojokshaya*). Simultaneously, the vitiation alters the metabolic fire (*Jatharagni*), causing gastrointestinal and channel disturbances (*Srotas*), which marks the psychosomatic presentation of the condition.
5. **Vyaktavastha:** The disease manifests fully with clear psychosomatic signs, including racing thoughts, severe sleep disturbances, abdominal discomfort, and major concentration difficulties.
6. **Bhedavastha:** If left untreated, the condition becomes deeply chronic (*Krichrasadhya*), advancing toward major psychiatric illnesses like *Unmada*.

Symptomatological Comparative Matrix

The clinical manifestations documented under the *Poorvarupa* of *Unmada* in classical texts present a clear phenomenological correlation with the modern DSM-5 diagnostic criteria for GAD:

Ayurvedic Classical Lakshana (Sign/Symptom) DOCX	Clinical Description / Meaning DOCX	DSM-5 Diagnostic Criteria for GAD Correlation DOCX+ 1
Shirahshoonyata	Generalized emptiness or blankness in the head	Mind going blank / Difficulty concentrating
Udvega	Internal agitation, persistent uneasiness	Restlessness or feeling keyed up or "on edge"
Dhyana	Constant excessive, unproductive brooding	Persistent, unrealistic, and excessive worry
Hridgraha	Tightness, discomfort, or gripping sensation in the heart region	Somatic muscle tension / Autonomic arousal

Ayurvedic Classical Lakshana (Sign/Symptom) DOCX	Clinical Description / Meaning DOCX	DSM-5 Diagnostic Criteria for GAD Correlation DOCX+ 1
Ayasa	Exhaustion or fatigue without excessive physical exertion	Being easily fatigued
Unmattchittatvam	Inability to steady thoughts or stabilize focus	Impaired concentration / Irritability
Chakshushorakulta	Visual instability or pupillary changes from distress	Autonomic hyperarousal features
Ucchawasasyadhikyam	Marked hyperventilation or increased respiration	Autonomic arousal / Respiratory acceleration
Anannabhilasa / Avipaka	Suppressed appetite and impaired metabolic digestion	Gastrointestinal distress / Somatic manifestations
Swanokarnayo	Subjective auditory ringing or tinnitus	Somatic sensory hypersensitivity

DISCUSSION

Clinical Mapping and Phenomenological Evaluation

The clinical symptoms extracted from the prodromal phase (*Poorvarupa*) of *Unmada* provide a definitive clinical presentation for *Chittodvega*, matching the contemporary DSM-5 diagnostic criteria for Generalized Anxiety Disorder (GAD). GAD is characterized by excessive, persistent, and unrealistic worry that occurs for at least 6 months, which the individual finds difficult to control. This state maps directly onto the classical Ayurvedic symptom matrix, demonstrating a clear psychosomatic correlation:

- ***Shirahshoonyata***: Represents a sensation of total blankness or emptiness in the head, matching the DSM-5 description of the *mind going blank*.
- ***Udvega***: Signifies intense internal agitation and persistent unease, correlating directly with *restlessness or feeling keyed up or on edge*.
- ***Dhyana***: Denotes continuous, unproductive, and apprehensive brooding, which is identical to *excessive anxiety and worry*.
- ***Hridgraha***: Describes a gripping sensation or tightness in the cardiac and chest region, representing the somatic expression of *muscle tension and autonomic arousal* found in GAD.
- ***Ayasa***: Signifies sudden exhaustion or severe fatigue without physical exertion, correlating with *being easily fatigued*.
- ***Unmattchittatvam***: Reflects the total instability of thoughts, matching *difficulty concentrating and irritability*.

- ***Anannabhilasa* and *Avipaka*:** Reflect anorexia and severe impaired digestion, mirroring the gastrointestinal somatic distress criteria of GAD.
- ***Ucchawasasyadhikyam* and *Chakshushorakulta*:** Represent hyperventilation and pupillary dilation from fear, reflecting severe autonomic nervous system hyperarousal.

Review of Comprehensive Therapeutic Management

Because *Chittodvega* lacks an independent therapeutic chapter, its management is guided by the established protocols of *Manasika Roga Chikitsa* (*mental health treatment*), utilizing a highly effective tripartite approach:

1. Preventive Modalities

- **Sadvritta:** Following codes of excellent conduct helps *Sattva Guna* prevail over *Rajas* and *Tamas*, preserving sound mental health. This includes respecting elders, doing things at the correct time, and dedicating oneself to knowledge, charity, compassion, and calmness.
- **Achara Rasayana:** Behavioral rejuvenation that builds psychological resilience. Key practices include being truthful (*Satya Vadinam*), free from anger (*Akrodha*), avoiding alcohol and excess strain (*Nivrutam Madhya, Anayasa*), and remaining peaceful and pleasing in speech (*Prasantam Priya Vadinam*).
- **Dharaniya Vega Vidharana:** Controlling destructive psychological urges—such as greed (*Lobha*), grief (*Shoka*), fear (*Bhaya*), anger (*Krodha*), and envy (*Irshya*)—to prevent severe internal emotional conflicts.

2. Curative Modalities

- **Daivavyapashraya Chikitsa:** Spiritual and divine therapies (including *Mantra*, *Mani*, *Mangala*, *Bali*, and *Upahara*) that eliminate negative emotional tendencies, reduce fear, and restore psychological confidence.
- **Yuktivyapashraya Chikitsa:** Rational treatments using proper diet (*Ahara*), lifestyle (*Vihara*), and medicines (*Aushadha*):
  - *Ahara & Vihara:* Consuming a *Satvic* diet (wheat, green gram, cow milk, *Kushmanda*, *Brahmi* leaves) to calm the mind, while strictly avoiding *Rajasic* and *Tamasic* foods (oily, spicy, pungent, stale items, and alcohol) that excite or dull the psyche. Lifestyle modifications focus on fixed sleeping patterns and avoiding excessive structural strains.
  - *Antah Parimarjana Chikitsa (Internal Therapy):* Uses purificatory methods (*Shodhana*) like *Virechana* (*therapeutic purgation*), *Brihmana Basti* (*nutritive enemas*), and *Nasya* (*nasal therapy*) to cleanse vitiated *Doshas*. This is followed by palliative treatments (*Shamana*) using single herbs (*Ekal Dravya*) like *Shankhapushpi*, *Brahmi*, *Jatamansi*, *Ashwagandha*, and *Yashtimadhu*. Medicated fats (*Ghrita Prayoga*) such as *Brahmi Ghrita*, *Maha Kalyanaka Ghrita*, and *Kushmanda Ghrita* are essential due to their ability to nourish the brain cells. Formulations like *Smritisagara Rasa*, *Ashwagandharishta*, and *Sarasvatarishta* further support recovery.
  - *Bahirparimarjana Chikitsa (External Therapy):* Includes *Shiroabhyanga* (*head massage*) and *Shirodhara* (*continuous oil pouring on the forehead*) using *Brahmi Taila* or *Ksheerabala Taila*. Clinical studies show these treatments calm autonomic hyperarousal and stabilize stress responses.
- **Sattvavajaya Chikitsa:** A specialized mind-control therapy focused on restraining the mind from unwholesome objects of the senses (*Arthas*), utilizing spiritual knowledge, patience, memory, and

deep meditation to normalize the mental *Doshas*.

CONCLUSION

Ayurveda approaches health through an integrated psychosomatic framework where the balance of physical and mental components determines overall well-being. *Chittodvega* represents a multi-faceted mental affliction that closely mirrors the clinical and structural presentation of Generalized Anxiety Disorder (GAD). While conventional synthetic anxiolytics are often restricted by risks of drug dependence, tolerance, and cognitive sedation, the comprehensive Ayurvedic treatment model offers a highly effective and safe alternative. By combining preventive behavioral modifications (*Sadvritta*, *Achara Rasayana*) with rational internal pharmacotherapy (*Medhya Rasayana*, *Ghrita*) and targeted external interventions (*Shirodhara*, *Nasya*), Ayurveda systematically treats the root causes of anxiety. This integrated approach works across preventive, curative, and rehabilitative dimensions, providing long-term emotional resilience and mental stability with minimal side effects.

REFERENCES

1. **Vaidya Yadavji Trikamji Acharya**, editor. Sutra Sthana; Ch. 20, Ver. 11. In: *Charak Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta*, Reprint edition. Varanasi: Chaukhambha Prakashan; 2011. p. 113.
2. **Vaidya Yadavji Trikamji Acharya**, editor. Nidana Sthana; Ch. 07, Ver. 04. In: *Charak Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta*, Reprint edition. Varanasi: Chaukhambha Prakashan; 2011.
3. **Vaidya Yadavji Trikamji Acharya**, editor. Vimana Sthana; Ch. 06, Ver. 06. In: *Charak Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta*, Reprint edition. Varanasi: Chaukhambha Prakashan; 2011. p. 258.
4. **Vaidya Yadavji Trikamji Acharya**, editor. Sharira Sthana; Ch. 01, Ver. 102. In: *Charak Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta*, Reprint edition. Varanasi: Chaukhambha Prakashan; 2011. p. 297.
5. **Vaidya Yadavji Trikamji Acharya**, editor. Chikitsa Sthana; Ch. 03, Ver. 115. In: *Charak Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta*, Reprint edition. Varanasi: Chaukhambha Prakashan; 2011. p. 407.
6. **Vaidya Yadavji Trikamji Acharya**, editor. Chikitsa Sthana; Ch. 01/4, Ver. 30-35. In: *Charak Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta*, Reprint edition. Varanasi: Chaukhambha Prakashan; 2011. p. 58.
7. **Vaidya Yadavji Trikamji Acharya**, editor. Sutra Sthana; Ch. 08, Ver. 17. In: *Charak Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta*, Reprint edition. Varanasi: Chaukhambha Prakashan; 2011. p. 58.
8. **Vaidya Yadavji Trikamji Acharya**, editor. Sutra Sthana; Ch. 07, Ver. 26. In: *Charak Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta*, Reprint edition. Varanasi: Chaukhambha Prakashan; 2011. p. 50.
9. **Vaidya Yadavji Trikamji Acharya, N M Acharya**, editors. Sutrasthana; Ch. 21, Ver. 37. In: *Sushruta Samhita of Sushruta with Nibandhsangraha Commentary of Dalhana Acharya*, 3rd ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014. p. 106.
10. **Vaidya Yadavji Trikamji Acharya, N M Acharya**, editors. Uttaratantra; Ch. 57, Ver. 03. In: *Sushruta Samhita*

of Sushruta with Nibandhsangraha Commentary of Dalhana Acharya, 3rd ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014. p. 764.
11. **Paradkar HS**, editor. Nidana Sthana; Ch. 05, Ver. 49. In: *Astanga Hridaya of Vagbhatta with Sarvangasundra commentary of Arunadatta & Ayurvedarasayana of Hemadri*, 6th ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014. p. 483.
12. **Shivprasad Sharma**, editor. Nidana Sthana; Ch. 06, Ver. 15. In: *Astanga Samgraha of Vriddha Vagbhatta with Sasilekha Sanskrit commentary of Indu*, 3rd ed. Varanasi: Chaukhambha Krushnadasa Academy; 2012. p. 380.
13. **Shivprasad Sharma**, editor. Sutrasthana; Ch. 04, Ver. 21. In: *Astanga Samgraha of Vriddha Vagbhatta with Sasilekha Sanskrit commentary of Indu*, 3rd ed. Varanasi: Chaukhambha Krushnadasa Academy; 2012. p. 56.
14. **Sir Monier Monier-Williams**. *A Sanskrit-English Dictionary*, 3rd ed. Oxford: The University Press; 1956. p. 395.
15. **P.K. Gode & CG Karve**. *Sanskrit English Dictionary*, Part I & II. Poona: Prasad Prakashan; 1957-1958.
16. **Beekman AT, Bremmer MA, Deeg DJ**, et al. Anxiety disorders in later life: a report from the Longitudinal Aging Study Amsterdam. *International Journal of Geriatric Psychiatry*. 1998;13:717–726.
17. **National Institute of Mental Health and Neuro Sciences**. Generalized Anxiety Disorder, National Mental Health Survey of India, 2015-2016. Bengaluru: NIMHANS; 2016.
18. **American Psychiatric Association**. *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5). Arlington, VA: American Psychiatric Association; 2022. p. 222.

Conflict of Interest: *Non* Source of funding: *Nil*

Cite this Article:

Vinod Dinkar Bijamwar. Vishwas Gogate. "Deciphering the Psychosomatic Framework of Anxiety: A Comprehensive Systematic Review on Chittodvega and Its Holistic Management with Special Reference to Generalized Anxiety Disorder (GAD)". Ayurline: International Journal of Research In Indian Medicine: 2026;10(5)

Crossref DOI: https://doi.org/10.52482/ayurline.v10i5.1110