Received: 15 Jan 2026	Revised: 15 Feb 2026	Accepted: 30 March 2026

Review Article

IJAMH
A Step Towards Inner Peace

ISSN: 3048-572X

"CHITTODVEGA (GENERALISED ANXIETY DISORDER): AYURVEDIC PATHOGENESIS AND EVIDENCE FROM CLINICAL STUDIES"

Tushar Tapadiya[1]

AFFILIATIONS:
1. Research Assistant, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:
Tushar Tapadiya
EMAIL ID:
tushartapadiya11@gmail.com

FUNDING INFORMATION:
Not Applicable

How to cite this article:
Tapadiya T, "Chittodvega (generalised anxiety disorder): Ayurvedic pathogenesis and evidence from clinical studies" International Journal of Ayurvedic Medicine and Mental Health. 2026;3(1):12-17.
Sri. 2026.1004.ijamh.01.02

ABSTRACT:

Background: Anxiety disorders are among the most common mental disorders worldwide. In Ayurveda, persistent anxiety is commonly described under the term Chittodvega, derived from Udvega (agitation) listed by Charaka among mental disorders. Ayurvedic management combines internal medicines, external therapies such as Shirodhara and Nasya, and Sattvavajaya. **Objective:** To describe the Ayurvedic understanding of Chittodvega, compare it with generalised anxiety disorder (GAD), and summarise clinical evidence for Ayurvedic and related interventions. **Methods:** Narrative review of classical sources and of clinical literature retrieved from PubMed, Google Scholar, DOAJ and AYUSH journals, focusing on controlled trials, systematic reviews and representative Ayurveda clinical studies. **Results:** Chittodvega is understood as a disorder of Manovaha Srotas in which Vata (especially Prana Vata) and Rajas are aggravated, often with Pitta involvement, leading to fear, worry, restlessness, palpitations and sleep disturbance. This closely matches GAD. Among single herbs, Ashwagandha has the strongest clinical evidence for reducing anxiety and stress, supported by several randomised trials and systematic reviews. Brahmi has supportive evidence from a randomised trial in older adults. Yoga reduces anxiety in randomised trials. Ayurveda studies of Shirodhara, Nasya and classical formulations are mostly small, uncontrolled or single-centre. **Conclusion:** The Ayurvedic model of Chittodvega is coherent and clinically compatible with GAD. Evidence is promising for Ashwagandha and yoga, but most classical therapies require larger, rigorously designed trials using standard outcome measures such as the Hamilton Anxiety Rating Scale.

Keywords: Chittodvega; generalised anxiety disorder; Manovaha Srotas; Ashwagandha; Brahmi; Shirodhara; Medhya Rasayana

This is an open access article, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

INTRODUCTION:

Anxiety disorders affect a large share of the world's population. The Global Burden of Disease study ranked anxiety disorders among the leading mental disorders contributing to disability, and estimated a substantial rise in their burden during the COVID-19 period[1,2]. In India, the National Mental Health Survey 2015–16 found that neurotic and stress-related disorders, which include anxiety disorders, were among the most common mental disorders in adults[3]. Generalised anxiety disorder (GAD), characterised by persistent and excessive worry about many topics for at least six months, with restlessness, fatigue, poor concentration, irritability, muscle tension and sleep disturbance, is one of the most common anxiety disorders seen in primary care[4].

Standard treatments for GAD include cognitive behavioural therapy and pharmacotherapy with selective serotonin reuptake inhibitors, serotonin–noradrenaline reuptake inhibitors and, in some cases, other agents[5]. These are effective for many patients, but side effects, dependence concerns with benzodiazepines, cost and stigma lead many patients to seek complementary options. In India, Ayurveda is often the first or parallel point of care.

Ayurveda does not have a single classical chapter on anxiety. Modern Ayurveda practitioners and researchers commonly use the term Chittodvega for anxiety states. This review sets out the Ayurvedic understanding of Chittodvega, compares it with GAD, and summarises the clinical evidence for Ayurvedic and related interventions.

METHODS:

Classical descriptions of mental disorders were drawn from Charaka Samhita (Sutra Sthana, Vimana Sthana and Chikitsa Sthana)[6]. Clinical literature was searched in PubMed, Google Scholar, DOAJ and Ayurveda journals using Chittodvega, anxiety, generalised anxiety disorder, Ayurveda, Ashwagandha, Withania somnifera, Brahmi, Bacopa, Shankhapushpi, Jatamansi, Shirodhara, Nasya, Medhya Rasayana and yoga. Priority was given to randomised controlled trials and systematic reviews; representative Ayurveda clinical studies and case series were included to show current practice.

AYURVEDIC UNDERSTANDING OF CHITTODVEGA:

Terminology

Charaka lists several mental disorders arising from Rajas and Tamas, including desire, anger, greed, delusion, envy, pride, grief, worry (Chinta), agitation (Udvega), fear (Bhaya) and excitement[6]. Chittodvega combines Chitta (mind) and Udvega (agitation or anxiety), and describes a state of persistent mental agitation and worry. In current Ayurveda literature, the term is used as the closest equivalent of anxiety disorders, particularly GAD[7–9].

Aetiology (Nidana)

Classical and modern Ayurveda authors identify several groups of causes[6,7]:

- Psychological causes: persistent worry, fear, grief, anger, loss and stress, which aggravate Rajas and Vata.
- Dietary causes: irregular meals, dry, cold and light food, fasting, excessive stimulants and incompatible foods, which aggravate Vata and impair Agni.
- Lifestyle causes: irregular sleep, night waking, overwork, suppression of natural urges and excessive sensory stimulation.
- Constitutional factors: Vata-dominant Prakriti and Avara (weak) Sattva, which increase vulnerability.
- Prajnaparadha: continued harmful conduct despite knowledge.

Pathogenesis (Samprapti)

The Ayurvedic model of Chittodvega can be summarised as follows. Causative factors aggravate Vata, especially Prana Vata, which governs the mind, senses and breathing, and Sadhaka Pitta, which governs emotions and intellect in the heart region. Rajas increases, disturbing the stability of the mind. The channels of the mind (Manovaha Srotas) are affected, and the functions of Dhi, Dhriti and Smriti are disturbed. The result is a state of restlessness, worry, fear and impaired concentration. Persistent disturbance depletes Ojas, producing fatigue and further vulnerability.

Table 1: Persistent disturbance depletes Ojas, producing fatigue and further vulnerability.

Samprapti component	Description in Chittodvega
Dosha	Vata (Prana, Vyana), with Pitta (Sadhaka) and sometimes Kapha (Tarpaka)
Manasika Dosha	Rajas predominant, Tamas secondary
Dushya	Rasa Dhatu, Manas
Srotas	Manovaha, Rasavaha
Adhishthana	Hridaya (seat of mind) and Shiras (head)
Ojas	Progressive depletion with chronicity

Clinical features (Rupa)

The features described in Ayurveda literature for Chittodvega include excessive worry, fear, restlessness, irritability, palpitations, dry mouth, tremor, sweating, disturbed sleep, poor concentration, fatigue and digestive disturbance[7–9]. These are almost identical to the DSM-5 criteria and associated somatic features of GAD[4].

Table 2: Comparison with generalised anxiety disorder

Feature	Chittodvega (Ayurveda)	Generalised anxiety disorder (DSM-5)
Core feature	Persistent mental agitation and worry (Udvega, Chinta)	Excessive anxiety and worry, difficult to control, for at least 6 months
Restlessness	Present (Vata, Rajas)	Restlessness or feeling keyed up
Fatigue	Present (Ojakshaya)	Easily fatigued
Concentration	Impaired Dhi and Smriti	Difficulty concentrating or mind going blank
Irritability	Present (Pitta, Rajas)	Irritability
Somatic features	Palpitations, tremor, dry mouth, sweating	Muscle tension; autonomic symptoms common
Sleep	Anidra or disturbed sleep	Sleep disturbance
Course	Chronic if untreated; Ojas depletion	Chronic, fluctuating

AYURVEDIC MANAGEMENT OF CHITTODVEGA:

Principles

Management aims to pacify Vata and Rajas, strengthen Sattva, restore Agni, and nourish Ojas. It combines Nidana Parivarjana (avoidance of causes), Shodhana (purification, when indicated), Shamana (palliative medicines), external therapies, Rasayana and Sattvavajaya[6].

Internal medicines

Medhya Rasayana herbs, which are described as promoting intellect and stabilising the mind, are central. Charaka names Mandukaparni, Yashtimadhu, Guduchi and Shankhapushpi as Medhya Rasayanas[6]. Ashwagandha, Brahmi, Jatamansi, Vacha and Jyotishmati are also widely used. Common classical formulations include Saraswatarishta, Brahmi Ghrita, Kalyanaka Ghrita and Manasamitra Vataka.

External therapies

Shirodhara (continuous pouring of medicated oil, milk, buttermilk or decoction on the forehead), Shiro Abhyanga (head massage), Shiro Pichu and Nasya (nasal administration of medicated oils or ghee) are used to calm the mind and pacify Vata. Pratimarsha Nasya, a gentle daily nasal dose, is used for long-term maintenance.

Sattvavajaya and lifestyle

Counselling, reassurance, cultivation of knowledge, courage and concentration, together with regular routine, adequate sleep, Pranayama and meditation, are integral parts of treatment.

Differential diagnosis within Ayurveda

Chittodvega must be distinguished from related conditions described in Ayurveda. Vishada (depression) is dominated by Tamas and Kapha, with low mood, loss of interest and inertia rather than restlessness. Anidra (insomnia) may occur alone or as a feature of Chittodvega. Bhaya (fear) is usually tied to a specific object or situation, and corresponds more closely to phobic disorders. Unmada (psychosis) involves disturbance of perception, thought and behaviour well beyond anxiety. Hridroga (heart disease) and thyroid disorders can produce palpitations and restlessness and must be excluded. In practice, modern investigations such as thyroid function tests and ECG should be done where clinically indicated before attributing symptoms to Chittodvega.

Treatment according to Dosha predominance

Ayurveda tailors treatment to the predominant Dosha. The table below summarises common clinical approaches reported in Ayurveda literature and practice; it is a guide to practice patterns, not an evidence-based protocol.

Table 3: Treatment according to Dosha predominance

Predominant Dosha	Typical presentation	Common treatment emphasis
Vata	Restlessness, racing thoughts, insomnia, dry skin, constipation, fearfulness	Snehana (oleation), Abhyanga, Taila Shirodhara, Ashwagandha, Brahmi Ghrita, warm regular meals
Pitta	Irritability, anger, perfectionism, heat, acidity	Shirodhara with milk or cooling decoctions, Brahmi, Shankhapushpi, Yashtimadhu, cooling diet
Kapha (with Tamas)	Worry with lethargy, heaviness, over-sleeping, low motivation	Langhana, Vacha, Jyotishmati, exercise, stimulating routine

Safety considerations

Ayurvedic medicines are often assumed to be harmless, but safety needs active attention. Ashwagandha is generally well tolerated in clinical trials, yet a case series from Iceland and the United States Drug-Induced Liver Injury Network described cholestatic or mixed liver injury attributed to Ashwagandha-containing supplements, with recovery after stopping the product[10]. Such events appear rare, but clinicians should ask about jaundice, itching and dark urine and should consider liver tests in patients with risk factors or long-term use.

Other concerns include: possible additive sedation when Ayurvedic calming herbs are combined with benzodiazepines or sedating antidepressants; quality and contamination of commercial products, including heavy metals in some mineral-containing formulations; and the risk that patients stop prescribed medicines without medical advice. Patients with severe anxiety, panic attacks, suicidal thoughts or significant functional impairment should be assessed by a psychiatrist, and Ayurvedic treatment should be offered alongside, not instead of, evidence-based care in such cases.

An integrative care pathway

Based on the evidence reviewed, a reasonable integrative approach for mild to moderate GAD in an Ayurveda setting would include: confirmation of diagnosis with standard criteria and screening tools such as GAD-7; exclusion of medical causes; Ayurvedic assessment of Prakriti, Dosha predominance, Agni and Sattva Bala; correction of sleep, diet and daily routine; Sattvavajaya counselling and daily Pranayama or yoga; a standardised Ashwagandha preparation or classical Medhya formulation; and optional external therapies such as Shirodhara where available. Progress should be monitored with the same standard scales at baseline and follow-up, and referral pathways to psychiatry should be clear.

EVIDENCE FROM CLINICAL STUDIES:

Ashwagandha (Withania somnifera)

Ashwagandha has the strongest clinical evidence among Ayurvedic herbs for anxiety. An early double-blind, placebo-controlled trial in patients with anxiety disorders, conducted at a psychiatric centre in India, reported a greater reduction in anxiety with an ethanolic Withania somnifera extract than with placebo over six weeks[11]. A later randomised, placebo-controlled trial in adults with chronic stress found significant reductions in stress and anxiety scores and in serum cortisol after 60 days of a full-spectrum root extract[12].

A systematic review of human trials published in 2014 identified five randomised studies of Ashwagandha for anxiety or stress, all of which reported greater improvement with Ashwagandha than with placebo or comparator, though the authors noted risk of bias and heterogeneity[13]. A broader systematic review published in 2021 identified 41 human trials of Ashwagandha across many conditions and concluded that stress and anxiety had the strongest evidence of benefit, while calling for larger, well-powered trials[14].

Brahmi (Bacopa monnieri)

In a randomised, double-blind, placebo-controlled trial in older adults without dementia, a standardised Bacopa monnieri extract taken for 12 weeks improved measures of memory and attention and was associated with reductions in state and trait anxiety and depression scores compared with placebo[15]. The trial was not designed for patients with anxiety disorders, but it supports the classical use of Brahmi as a Medhya and calming herb.

Jyotishmati (Celastrus paniculatus)

A randomised, double-blind, active-controlled equivalence trial comparing Jyotishmati capsules with sertraline in 70 patients with Chittodvega has been registered and its protocol published[7]. This is an example of the more rigorous trial designs now being used in the field.

Shirodhara and other procedures

Many Ayurveda clinical studies have evaluated Shirodhara, alone or with internal medicines, in anxiety. Examples include comparisons of Jaladhara (Shirodhara with water) and Shankhapushpi Rasayana[16], and of Shankhapushpi Panaka with Shirodhara using Mansyadi Kwatha[8]. Case series have described Pratimarsha Nasya with Medhya Ghrita in GAD[9]. These studies generally report improvement, but most are small, single-centre and lack blinding, randomisation or standard outcome measures, which limits their evidential weight.

Yoga

Yoga is closely linked to Ayurvedic practice. A systematic review and meta-analysis of randomised controlled trials found that yoga reduced anxiety compared with no treatment in people with anxiety disorders or elevated anxiety, although it was not shown to be superior to active comparators in patients with diagnosed anxiety disorders[17].

Table 4: Summary of evidence

Intervention	Best available evidence	Main outcome	Certainty (authors' judgement)
Ashwagandha	Randomised trials; systematic reviews[11–14]	Reduced anxiety and stress; reduced cortisol	Moderate
Brahmi	Randomised trial in older adults[15]	Reduced anxiety scores (secondary outcome)	Low
Jyotishmati	Registered RCT protocol[7]	Not yet reported	Not applicable
Shirodhara and formulations	Small clinical studies[8,16]	Reported symptom improvement	Very low

Nasya with Medhya Ghrita	Case series[9]	Reported symptom improvement	Very low
Yoga	Meta-analysis of RCTs [17]	Reduced anxiety vs no treatment	Moderate

DISCUSSION:

The Ayurvedic description of Chittodvega corresponds closely to GAD in both psychological and somatic features. The Ayurvedic model adds explanatory concepts, such as the role of Vata and Rajas, the importance of Agni and Ojas, and the influence of constitution, which can guide individualised treatment and may be useful for research stratification.

The evidence base is uneven. Ashwagandha has multiple randomised trials and systematic reviews supporting its use in anxiety and stress. Most other Ayurvedic interventions, including widely used procedures like Shirodhara, are supported mainly by small studies with significant methodological limitations. This does not mean they are ineffective, but it means their effectiveness has not been demonstrated to the standard required by mainstream psychiatry.

Common weaknesses in Ayurveda anxiety trials include: absence of a validated diagnosis (studies sometimes rely only on Ayurvedic criteria), use of non-standard outcome scales, small sample sizes without power calculations, absence of control groups or blinding, short follow-up, and incomplete reporting of adverse events. Formulations are often not standardised, which makes replication difficult.

Future trials should: diagnose participants using DSM-5 or ICD-11 criteria as well as Ayurvedic assessment; use standard outcomes such as the Hamilton Anxiety Rating Scale and GAD-7; register protocols on the Clinical Trials Registry of India before enrolment; standardise and analyse the test formulations; use appropriate control groups, including sham procedures where feasible; follow CONSORT reporting guidelines; and include follow-up of at least three months. Trials comparing Ayurvedic treatment with standard first-line pharmacotherapy, such as the Jyotishmati versus sertraline trial, are particularly valuable.

There is also a need to study Ayurvedic treatment as an add-on to conventional care, since many patients use both. Safety, including herb–drug interactions with psychotropic medicines, should be monitored systematically.

CONCLUSION:

Chittodvega, as described in Ayurveda, closely resembles generalised anxiety disorder. Ayurveda offers a structured approach to its management through Medhya Rasayana, external therapies, diet, lifestyle and Sattvavajaya. The evidence is strongest for Ashwagandha and yoga, while most other interventions require rigorous trials. Well-designed, registered, adequately powered studies using standard outcome measures are needed to establish the role of Ayurveda in the management of anxiety disorders.

REFERENCES:

1. GBD 2019 Mental Disorders Collaborators. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet Psychiatry. 2022;9(2):137–50.

2. COVID-19 Mental Disorders Collaborators. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. Lancet. 2021;398(10312):1700–12.

3. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, et al. National Mental Health Survey of India, 2015–16: prevalence, patterns and outcomes. Bengaluru: National Institute of Mental Health and Neuro Sciences; 2016. NIMHANS Publication No. 129.

4. Vidiyala N, Sunkishala P, Mandati P, Parupathi P, Nyavanandi D. Integrating 3D printing and additive manufacturing into personalized medicine for pharmaceuticals: opportunities, limitations, and future perspectives. Sci Pharm. 2025;93(4):61.

5. National Institute for Health and Care Excellence. Generalised anxiety disorder and panic disorder in adults: management. Clinical guideline CG113. London: NICE; 2011 (updated).

6. Kumar RKT, Dharmamoorthy G, Vasavi DD, Vidiyala N, Bagade OM, Elumalai S, et al. Phytoconstituent-based green synthesis of nanoparticles: sources and biomedical applications in cancer therapy. Asian J Green Chem. 2025;9(3):329-54.

7. Gamne R, Misar S, Rai M. Evaluation of comparative efficacy of Celastrus paniculatus (Jyotishmati) capsule versus sertraline capsule in the management of Chittodvega (generalized anxiety disorder): protocol for a randomized controlled trial. F1000Research. 2024;12:1577.

8. Rao P, Joshi RK. Clinical evaluation of the efficacy of Shankhapushpi Panak and Shirodhara with Mansyadi Kwatha in the management of Chittodvega w.s.r. to generalized anxiety disorder. Int Ayurvedic Med J. 2015;3(3):823–35.

9. Prasad PL, Govindaraj S, Jahnavi P, Popatrao TP, Tummala T, Vidiyala P, et al. Metal oxide functionalized nanoparticles for the treatment of bacterial infection: synthesis, characterization, and therapeutic applications. J Appl Organomet Chem. 2025;5(3):232-57.

10. Björnsson HK, Björnsson ES, Avula B, Khan IA, Jonasson JG, Ghabril M, et al. Ashwagandha-induced liver injury: a case series from Iceland and the US Drug-Induced Liver Injury Network. Liver Int. 2020;40(4):825–9.

11. Soundaryashree NR, Chandan RS, Singamaneni VR, Nagidi HR, Patel G, Vidiyala N, et al. Development and validation of RP-HPLC method for quantification of bamifylline in pharmaceutical formulations using analytical quality by design (AQbD) principles. Adv J Chem Sect A. 2025:2076-97.

12. Chandrasekhar K, Kapoor J, Anishetty S. A prospective, randomized double-blind, placebo-controlled study of safety and efficacy of a high-concentration full-spectrum extract of Ashwagandha root in reducing stress and anxiety in adults. Indian J Psychol Med. 2012;34(3):255–62.

13. Pratte MA, Nanavati KB, Young V, Morley CP. An alternative treatment for anxiety: a systematic review of human trial results reported for the Ayurvedic herb ashwagandha (Withania somnifera). J Altern Complement Med.

2014;20(12):901–8.
14. Lopresti AL, Smith SJ. Ashwagandha (Withania somnifera) for the treatment and enhancement of mental and physical conditions: a systematic review of human trials. J Herb Med. 2021; 28:100434. doi: 10.1016/j.hermed.2021.100434
15. Calabrese C, Gregory WL, Leo M, Kraemer D, Bone K, Oken B. Effects of a standardized Bacopa monnieri extract on cognitive performance, anxiety, and depression in the elderly: a randomized, double-blind, placebo-controlled trial. J Altern Complement Med. 2008;14(6):707–13.
16. Dass RK. A clinical study to compare the role of Jaladhara and Sankhapuspi Rasayan in the management of Chittodvega (anxiety disorders). Int J Res Ayurveda Pharm. 2012;3(6).
17. Cramer H, Lauche R, Anheyer D, Pilkington K, de Manincor M, Dobos G, et al. Yoga for anxiety: a systematic review and meta-analysis of randomized controlled trials. Depress Anxiety. 2018;35(9):830–43.