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## 1. Introduction-

- Anxiety defined as a subjective sense of unease, dread or foreboding can indicate a primary psychiatric condition.
- Anxiety can be described as an uncomfortable feeling of vague fear or apprehension accompanied by characteristic physical sensations.
- Anxiety can produce uncomfortable and potentially debilitating psychological (e.g., worry or feeling of threat) and physiological arousal (e.g., tachycardia or shortness of breath).
- Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances.
- Individuals with anxiety disorders usually overestimate -the danger in the situation.
- Many of the anxiety disorders develop during childhood and tend to persist if not treated.

### HOW MUCH IS TOO MUCH??

Anxiety is usually considered a normal reaction to a realistic threat or danger that dissipates when danger is no longer present.

Anxiety can be considered abnormal or pathological if:

- It is excessive or persisting beyond developmentally appropriate period.
- It is out of proportion to the situation creating it.
- It interferes with social, occupational or other important areas of functioning.

## 2. Epidemiology

In general, anxiety disorders are a group of heterogeneous illnesses that develop before age 30 and are more common in women, individuals with social issues, and those with a family history of anxiety and depression.

Anxiety disorders are common in India, affecting 44.9 million people in 2017. The prevalence of anxiety disorders varies by age, location, and other factors.

- *Prevalence by age*

In one study, the prevalence of anxiety disorders in adolescents was 16.6%

In another study, the highest prevalence was in the 18–29 age group (28.1%)

- *Prevalence by location*

In one study, the prevalence was higher in urban communities (35.7%) than in rural communities (13.9%)

In another study, the prevalence was higher in school-based studies than community-based studies

- *Prevalence by gender*

In one study, the prevalence was higher in females than in males

### **3. Classification of anxiety disorders (dsm-5)**

- Separation anxiety disorder
- Selective mutism
- Specific phobias
- Social anxiety disorder
- Agoraphobia
- Panic disorder
- Generalized anxiety disorder
- Post traumatic stress disorder
- Substance/medication induced anxiety disorder
- Obsession compulsive disorder



#### 4. Etiological theories for anxiety disorders

##### ❖ *Biological theories*

- Genetics:
  - First degree relatives
  - Monozygotic twins
  - Family history
- Neuroanatomical:
  - Increased sympathetic activity
  - Sympathetic nervous system adapts slowly to the repeated stimuli and response excessively to moderate stimuli

##### ❖ *Psychoanalytic Theory:*

- According to the Freud's psychoanalytic theory anxiety is the result of inability of the ego defence mechanism to resolve the conflict between ID and superego.
- Repression helps in dealing the anxiety producing situations without symptom formation.
- If repression is unsuccessful as a defence mechanism other defence mechanisms (conversion, displacement, regression) are used. These defence mechanisms may cause symptoms that produce a picture of neurotic disorder.

❖ ***Cognitive Behavior Theory:***

- According to cognitive behaviour theory Anxiety is the result of faulty cognitions of an individual.
- Response to any anxiety producing situation depends on the cognitive appraisal of the situation by an individual.
- Patients suffering from anxiety disorder tend to overestimate the degree of danger in a given situation and underestimate their capacity to cope with that situation.

❖ ***Behaviour Theory:***

- This theory explains that anxiety is a conditioned or learned response to a specific environmental stimulus. e.g. A person not having food allergies, may get sick after eating contaminated food at restaurant. Through generalization the person can distrust all food prepared by others.
- The individual may also learn to have an internal response of anxiety, intimating the anxiety response of his parents or significant others (social learning)

❖ *Psychosocial factors:*

- Disturbed mother child relationship
- Object loss theory
- Stressful life events
- Certain temperament or personality traits
- Childhood maltreatment (abuse or neglect)
- Overprotective parents
- Family environment

## **5. Pathophysiology**

❖ *GABA system:*

- The role of GABA-benzodiazepine receptor complex in anxiety disorders has not been fully characterized  
However a potential role has been implicating in panic disorders, GAD and PTSD.
- In GAD reduced temporal lobe benzodiazepine receptor are observed.
- In PTSD, cortical benzodiazepine receptor are reduced.
- In PANIC decreased GABA binding is noted.

- Angiogenic agents – having the property of altering the binding of benzodiazepines to the gamma amino butyric acid receptor

↓ leads to

Nerve cell excitability

↓

Anxiety

❖ ***Serotonin system :***

- 5-HT is involved in the pathophysiology of anxiety disorders.
- As abnormal regulations of serotonin release and reuptake or abnormal responsiveness to 5-HT signals.

❖ ***Non-adrenergic system:***

Locus coeruleus which is located in the brainstem

↓

Locus coeruleus is the neither primary nor epinephrine containing area of the brain

↓

According to the noradrenergic theory of anxiety, in the presence of perceived threat, the locus coeruleus serves as an alarm centre release nor epinephrine

↓

Leads to anxiety

## **6. Symptoms of anxiety**

❖ **Physical Symptoms**

- Dry mouth
- Difficulty in swallowing
- Palpitations
- Restlessness, tremor
- Gastrointestinal discomfort
- Headache

- Choking sensation
  - Breathlessness
  - Dilated pupils
  - Muscle tension
  - Tightness of Chest
  - Excessive thirst
- ❖ Psychological symptoms
- Withdrawal
  - Irritability
  - Insomnia
  - Lack of interest or apathy
  - Feeling of worthlessness, apprehension or helplessness.
  - Inability to concentrate
  - Fear of losing control

## **7. Anxiety disorders**

### **1) Separation anxiety disorder**

Separation anxiety disorder is a childhood onset disorder in which the child is having unusual fear and anxiety about separation from parents or attachment figures to a degree that is that is developmentally inappropriate.

The fear or separation cause great distress to the child and may interfere with the normal activities such as, going to school or playing with others.

- ***Clinical features of Separation anxiety disorder***
  - Fear of losing or being separated from attachment figures.
  - Nightmares.
  - Physical symptoms of distress.
  - Refusal to leave the attachment figures
  - Repeated temper tantrums
  - Unusual distress at the discussion of separation from attachment figures.
  - Persistent worry of an unexpected event that could lead to separation.



## 2) Selective mutism

Selective mutism is a childhood disorder characterized by an inability or failure to speak in certain social situations where there is an expectation to speak (e.g. school) even though the individual speaks in other situations.

- ***Clinical features of selective mutism***

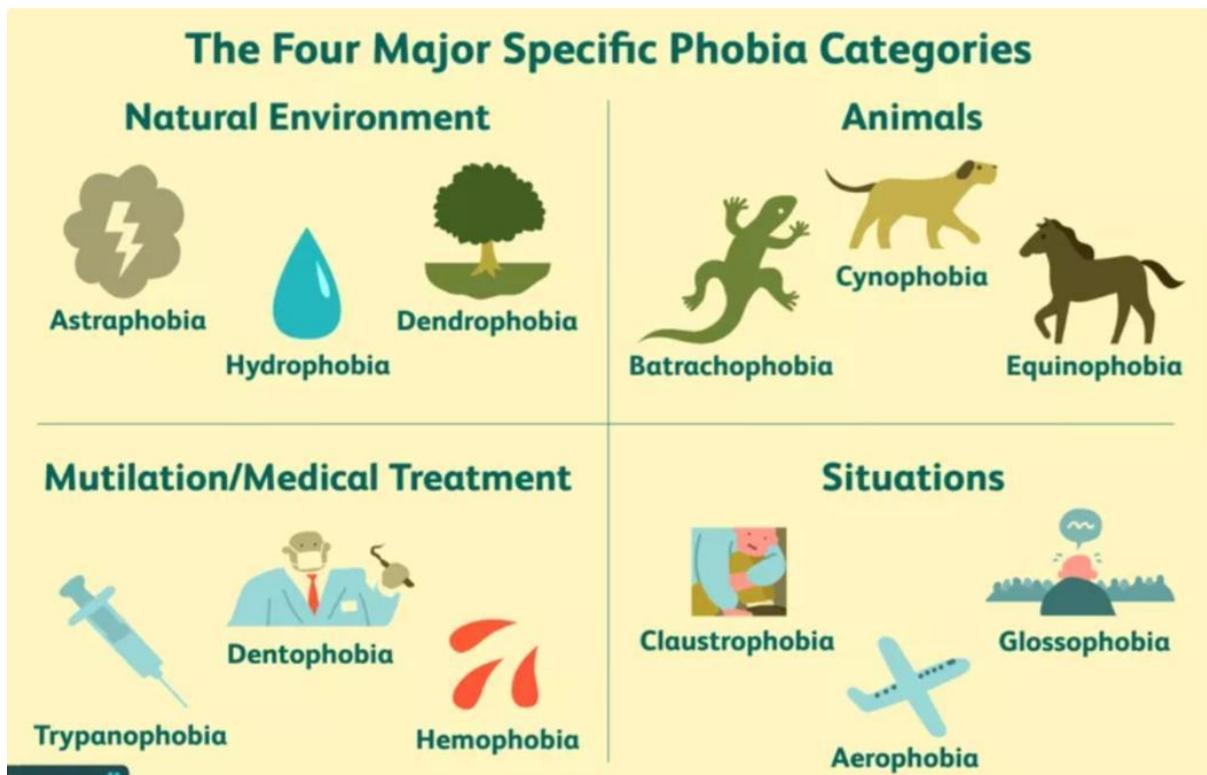
- Excessive shyness
- Social isolation
- Fear of embarrassment
- Clinging to caregivers
- Temper tantrums
- Lack of social communication.
- Interference in academic performance



### 3) Specific phobias

- *Phobia*
- It is defined as a persistent (long lasting) fear of specific object, activity or situation that produces continuous avoidance of the feared object, activity or situation.

- The fear is out of proportion to the situation and cannot be explained.
- It is beyond voluntary control of the individual and leads to significant distress or disturbances in personal, occupational and social functioning.
- **Specific Phobias**
  - Specific Phobias are characterised by unrealistic and unreasonable fear related to a specific object or situation.
  - Exposure to phobic stimulus provokes an immediate anxiety response which may take form of a panic attack.
  - Examples of Specific phobias are Acrophobia, Hematophobia, Claustrophobia, Zoophobia etc



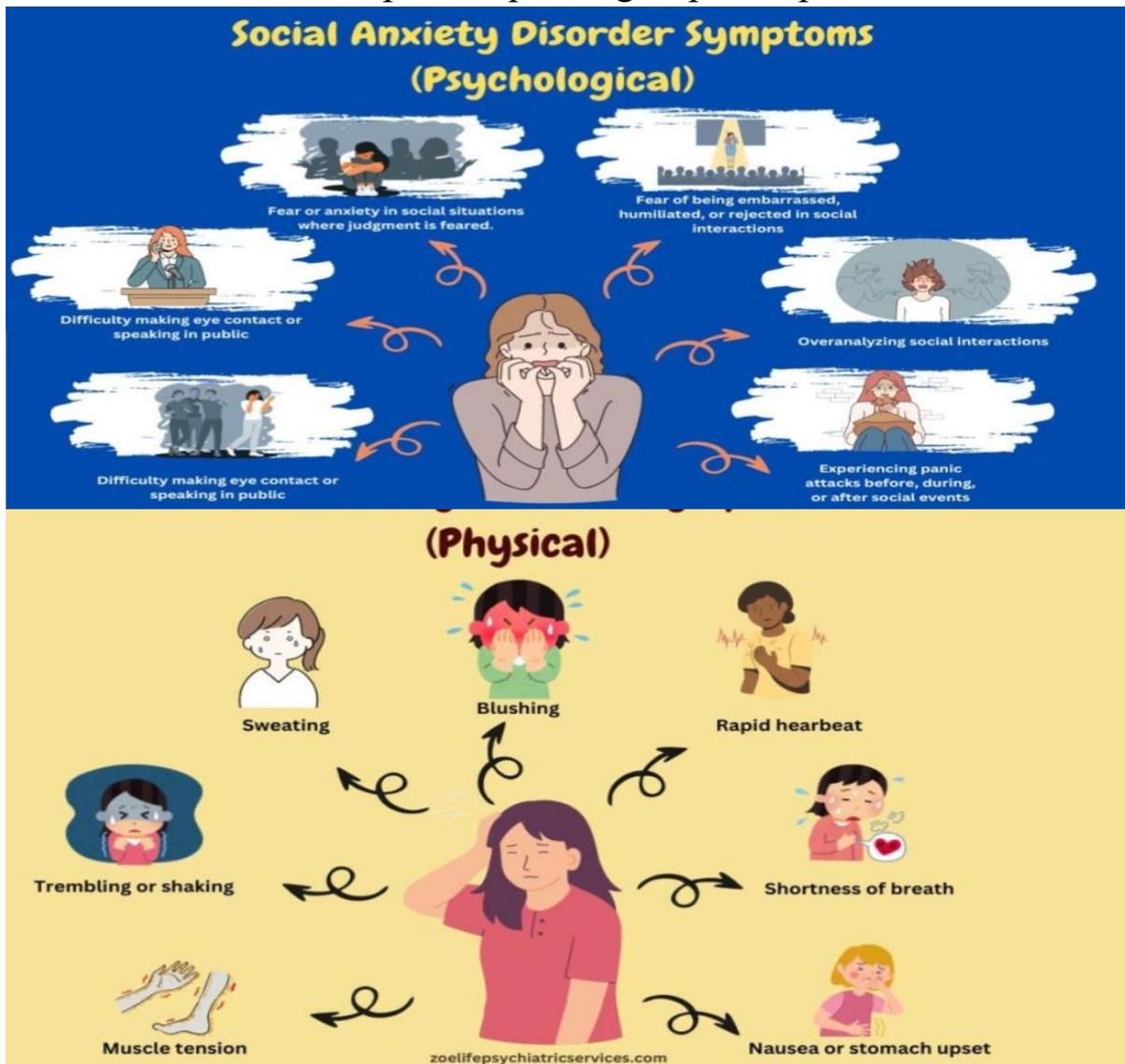
#### 4) Social anxiety disorder ( social phobia)

Social phobia is fear of social situations where the person may be examined closely, embarrassed or judged.

The person is having negative ideation of being negatively evaluated by others, embarrassed, humiliated, rejected or insulted by others.

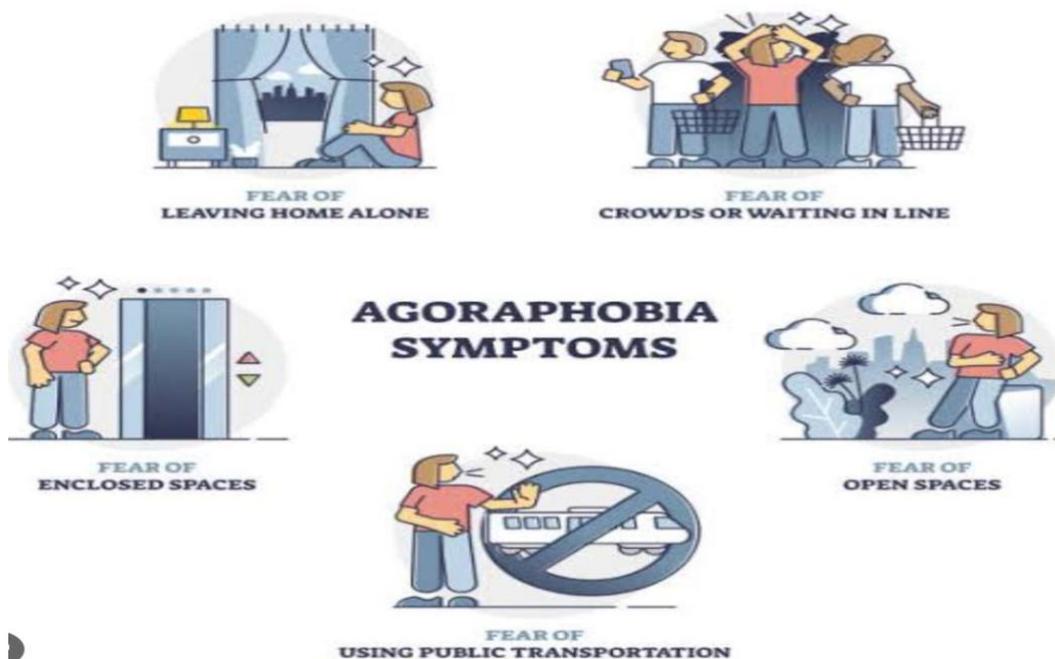
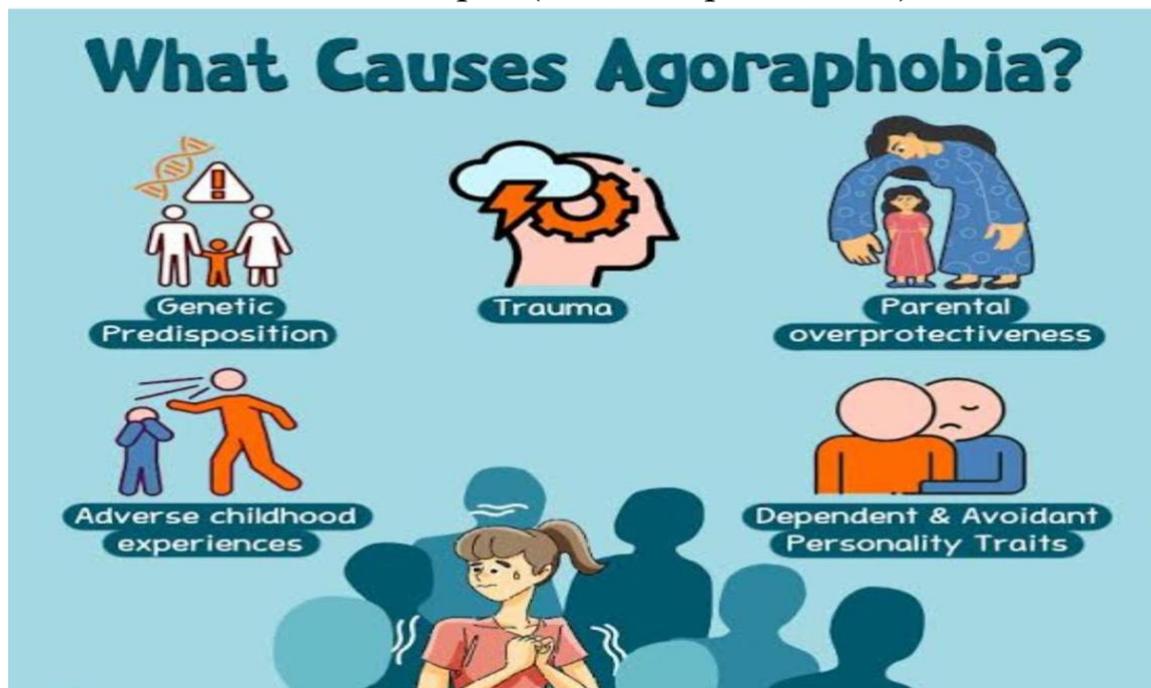
- **Clinical features of social anxiety disorder**

- Strong persistent fear of an interpersonal situation.
- Fear of meeting unfamiliar peoples.
- Fear or avoidance of situations in which the person can be observed eating or drinking.
- Fear of being criticized.
- Fear of public speaking or public performance.



**5) Agoraphobia :** Agoraphobia can be defined as a fear of being at places or situations where rapid exit is not possible or it is difficult to obtain help.

- The person has a fear of being trapped and helpless.
- These may include:
  - Enclosed spaces (movie theaters, elevators, stores)
  - Open spaces (parking lots, bridges)
  - Public transport( bus, aeroplane, train)



## 6) Panic disorder

### ➤ *Panic*

A sudden uncontrolled fear or anxiety related to a perceived threat or danger usually accompanied by behavioral, cognitive and physiological signs.

- *Panic anxiety disorder* is characterised by recurring, unexpected, intense fear that brings on a panic attack.
- Panic attacks begin abruptly, and reach a peak within about 10 minutes
- These panic attacks are accompanied by somatic symptoms and are usually short lived (<1 hour)

### • *Clinical features of panic anxiety disorders*

- Sweating
- Shortness of breath
- Chest pain
- Palpitations
- Trembling
- Sensation of choking or having a heart attack.
- Fear of dying
- Altered reality



## 7) **Generalized anxiety disorder**

Generalised anxiety disorder can be defined as a chronic, persistent, unrealistic and excessive worry or anxiety that interferes with daily activities.

People with GAD have persistent, excessive, unrealistic worry associated with muscle tension, impaired concentration and insomnia.

GAD is more common among women (widowed, divorced, unemployed or homemakers)

- ***Clinical features of generalized anxiety disorder (gad)***

- Muscle tension
- Restlessness and fatigue
- Insomnia
- Anxiety related to personal safety
- Trembling, sweating, palpitations
- Difficulty controlling worry
- Avoid activity and events that can bring negative outcomes
- Poor personal, social and occupational functioning

- ***Risk Factors***

Factors that may increase the risk of GAD include:

- Family members with an anxiety disorder
- Increase in stress
- Exposure to physical or emotional trauma
- Unemployment, poverty
- Drug abuse

- ***Diagnosis/clinical presentation***

- GAD is diagnosed when an individual experiences unrealistic or excessive anxiety and worry for a period of at least 6 months.
- Additionally, the individual must have difficulty in controlling that anxiety or worry.
- Accompanying the anxiety or worry for 6 months with 3 or more of following symptoms: feeling tense or restless, easily fatigued, difficulty concentrating, irritability, and difficulty with sleep.



## 8) Post traumatic stress disorder

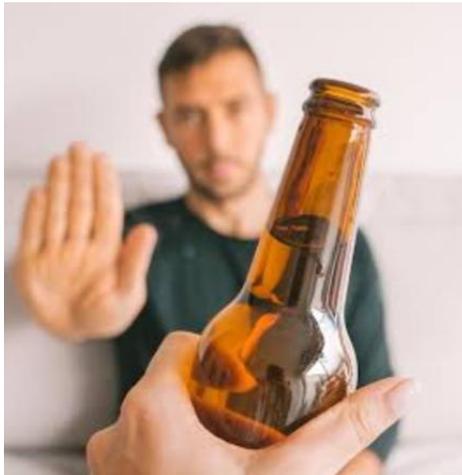
Post traumatic stress disorder is a severe anxiety disorder that can develop after exposure to any event which results in psychological trauma, Such as earthquake, floods, war, rape, tsunami, or serious physical assault.

- ***Sign and symptoms***
  - Anxiety
  - Emotional numbness
  - Self-Mutilation
  - Major Depression.
  - Distressing dreams
  - Hypervigilant
  - Irritability
  - Suicidal Thoughts.
  - Impaired social function
  - Nightmares
  - Hallucinations
  - Extreme Rage
  - Loss of interest
  - Substance Abuse
  - Insomnia
  - Flashback
  - Paranoia
  - Fear
  - Dissociation
  - Social Isolation
  - Suicidal Behaviour

## **9) Substance/medication induced anxiety disorder**

Substance/medication-induced anxiety disorder is a mental health condition characterized by nervousness, restlessness, or panic that is directly caused by the use, abuse, or withdrawal of a substance or medication. This disorder can result from various substances, including alcohol, drugs, prescription medications, or exposure to toxins.

- A wide range of medical conditions can cause symptoms similar to those of anxiety disorders (Table 16.7-1). Hyperthyroidism, hypothyroidism, hyperparathyroidism, and vitamin B12 deficiency are frequently associated with anxiety symptoms
- A pheochromocytoma produces epinephrine, which can cause paroxysmal episodes of anxiety symptoms etc.



## SYMPTOMS OF SUBSTANCE INDUCED ANXIETY DISORDER

Symptoms of SIAD can vary greatly depending on the substance used and the individual's response to it. Common symptoms include:

- Intense feelings of worry or fear
- Restlessness
- Fatigue
- Difficulty concentrating
- Irritability
- Sleep disturbances



### 10) Obsessive compulsive disorder

*Obsessive-Compulsive Disorder (OCD)* is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over.

An obsession is defined as an idea, impulse, or image which intrude into the conscious aware repeatedly.

#### **Obsessions:**

Obsessions are recurrent and persistent thoughts, impulses, or images that cause distressing emotions such as anxiety or disgust.

These intrusive thoughts cannot be settled by logic or reasoning.

Typical obsessions include excessive concerns about contamination or harm, the need for symmetry or exactness, or forbidden sexual or religious thoughts.

### **Compulsions:**

Compulsions are repetitive behaviors or mental acts that a person feels driven to perform in response to an obsession. The behaviors are aimed at preventing or reducing distress or a feared situation.

Although the compulsion may bring some relief to the worry, the obsession returns and the cycle repeats over and over.

Some of the common compulsions include cleaning, repeating, checking, ordering and arranging compulsions etc.

- Diagnosis of OCD
  - Suggested by demonstration of realistic behaviour that is irrational or excessive.
  - MRI and CT shows enlarged Basal Ganglia in some patients.
  - PET(Positron emission Tomography) shows increased glucose metabolism in part of the basal ganglia.
  - ICD-10 criteria



## 8. Diagnosis of anxiety disorders

A doctor or mental health professional may perform a physical examination, ask questions, and use questionnaires to diagnose an anxiety disorder.

- **Physical exam**

- Look for signs that anxiety is linked to medications or an underlying medical condition
- Assess appearance, behaviour, and ability to cooperate

- Look for physical signs like sweaty palms, restlessness, and distractibility
- **Questions**
  - Ask about symptoms, including how intense they are and how long they last
  - Ask about medical history and medications
  - Ask about family history of anxiety disorders
  - Ask about how symptoms interfere with daily life
- **Questionnaires**
  - Use psychological questionnaires to help determine a diagnosis
  - Use screening tools like the GAD-7 or Anxiety Screening Questionnaire-15 (ASQ-15)
- **Tests**
  - Order blood or urine tests or other tests to rule out physical conditions
  - Order tests like electroencephalography, brain computed tomography (CT) scan, electrocardiography, chest radiography, and thyroid function tests etc

## **9. Management**

Some of the management options for anxiety disorders include:

- Learning about anxiety
- Mindfulness
- Relaxation techniques
- Correct breathing techniques

- Cognitive therapy
- Behaviour therapy
- Counselling
- Dietary adjustments
- Exercise
- Learning to be assertive
- Building self-esteem
- Structured problem solving
- Medication
- Support groups

#### ❖ *Learning about anxiety*

The old adage ‘knowledge is power’ applies here learning all about anxiety is central to recovery. For example, education includes examining the physiology of the ‘flight-or-fight’ response, which is the body’s way to deal with impending danger. For people with anxiety disorders, this response is inappropriately triggered by situations that are generally harmless. Education is an important way to promote control over symptoms.

#### ❖ *Mindfulness*

When feeling anxious, a person can spend a significant amount of time caught up in anxiety-provoking thoughts. Mindfulness guides us to bring our attention back to the present moment and unhook from thoughts that may be unhelpful.

Mindfulness is becoming more and more popular as people start to realise how beneficial it is for a number of issues. There are many resources available to support you to develop a mindfulness practice.

### ❖ *Relaxation techniques*

A person who feels anxious most of the time has trouble relaxing, but knowing how to release muscle tension can be a helpful strategy. Relaxation techniques include:

- Progressive muscle relaxation
- Abdominal breathing
- Isometric relaxation exercises.
- 

### ❖ *Correct breathing techniques*

The physical symptoms of anxiety may be triggered by hyperventilation, which raises oxygen levels and reduces the amount of carbon dioxide in the blood. Carbon dioxide assists in the regulation of the body's reaction to anxiety and panic.

It can be helpful for a person who suffers from anxiety to learn how to breathe from their diaphragm, rather than their chest, to safeguard against hyperventilation. The key is allowing your belly to expand as you breathe in.

You can make sure you are breathing correctly by placing one hand on your lower abdomen and the other on your chest. Correct breathing means your abdomen moves, rather than your chest. It also helps to slow your breathing while feeling anxious.

### ❖ *Cognitive therapy*

Cognitive therapy focuses on changing patterns of thinking and beliefs that are associated with, and trigger, anxiety. For example, a person with a social phobia may make their anxiety

worse by negative thoughts such as, ‘Everyone thinks I’m boring!.

The basis of cognitive therapy is that beliefs trigger thoughts, which then trigger feelings and produce behaviours. For example, let’s say you believe (perhaps unconsciously) that you must be liked by everyone in order to feel worthwhile. If someone turns away from you in mid-conversation, you may think, ‘This person hates me’, which makes you feel anxious.

Cognitive therapy strategies include rational ‘self-talk, reality testing, attention training, cognitive challenging and cognitive restructuring. This includes monitoring your self-talk, challenging unhelpful fears and beliefs, and testing out the reality of negative thoughts.

### ❖ *Behaviour therapy*

A major component of behaviour therapy is exposure. Exposure therapy involves deliberately confronting your fears in order to desensitise yourself. Exposure allows you to train yourself to redefine the danger or fear aspect of the situation or trigger.

The steps of exposure therapy may include:

- Rank your fears in order, from most to least threatening.
- Choose to work first on one of your least threatening fears.
- Think about the feared situation. Imagine yourself experiencing the situation. Analyse your fears – what are you afraid of?
- Work out a plan that includes a number of small steps-for example, gradually decrease the distance between yourself and the feared situation or object, or gradually increase the amount of time spent in the feared situation.
- Resist the urge to leave. Use relaxation, breathing techniques and coping statements to help manage your anxiety.
- Afterwards, appreciate that nothing bad happened.
- Repeat the exposure as often as you can to build confidence that you can cope.
- When you are ready, tackle another feared situation in the same step-by-step manner.

### ❖ *Dietary adjustments*

The mineral magnesium helps muscle tissue to relax, and a magnesium deficiency can contribute to anxiety, depression and insomnia. Inadequate intake of vitamin B and calcium can also exacerbate anxiety symptoms. Make sure your daily diet includes foods such as wholegrain cereals, leafy green vegetables and low-fat dairy products.

Nicotine, caffeine and stimulant drugs (such as those that contain caffeine) trigger your adrenal glands to release adrenaline, which is one of the main stress chemicals. These are best avoided. Other foods to avoid include salt and artificial additives, such as preservatives. Choose fresh, unprocessed foods whenever possible.

### ❖ *Exercise*

The physical symptoms of anxiety are caused by the ‘flight-or-fight’ response, which floods the body with adrenaline and other stress chemicals. Exercise burns up stress chemicals and promotes relaxation. Physical activity is another helpful way to manage anxiety. Aim to do some physical activity at least three to four times every week, and vary your activities to avoid boredom.

### ❖ *Learning to be assertive*

Being assertive means communicating your needs, wants, feelings, beliefs and opinions to others in a direct and honest manner without intentionally hurting anyone’s feelings. A person with an anxiety disorder may have trouble being assertive because they are afraid of conflict or believe they have no right to speak up. However, relating passively to others lowers self-confidence and reinforces anxiety. Learning to

behave assertively is central to developing a stronger self-esteem.

### ❖ ***Building self-esteem***

People with anxiety disorder often have low self-esteem, Feeling worthless can make the anxiety worse in many ways. It can trigger a passive style of interacting with others and foster a fear of being judged harshly. Low self-esteem may also be related to the impact of the anxiety disorder on your life. These problems may Include:

- Isolation
- Feelings of shame and guilt
- Depressed mood
- Difficulties in functioning at school, work or in social situations.

The good news is you can take steps to learn about and improve your self-esteem Community support organisations and counselling may help you to cope with these problems.

### ❖ ***Structured problem solving***

Some people with anxiety disorders are ‘worriers’, who fret about a problem rather than actively solve it. Learning how to break down a problem into its various components and then decide on a course of action is a valuable skill that can help manage generalised anxiety and depression. This is known as structured problem solving.

## ❖ **Medication**

It is important that medications are seen as a short-term measure, rather than the solution to anxiety disorders.

Research studies have shown that psychological therapies, such as cognitive behaviour therapy, are much more effective than medications in managing anxiety disorders in the long term. Your doctor may prescribe a brief course of tranquillisers or antidepressants to help you deal with your symptoms while other treatment options are given a chance to take effect.

### • ***Serotonin reuptake inhibitors (SSRIs)***

Although SSRIs are a type of antidepressant, doctors can prescribe them to people with anxiety and obsessive-compulsive disorder (OCD).

Doctors consider SSRIs to be the first-line drug treatment for general anxiety disorder.

SSRIs work by stopping nerve cells in the brain from reabsorbing serotonin, which is a chemical that plays a vital role in mood regulation.

Examples of SSRIs for anxiety include:

- *Citalopram (Celexa) → 20-60 mg per day*
- *Escitalopram (Lexapro) → 10-20 mg per day*
- *Fluoxetine (Prozac) → 20-60 mg per day*
- *Fluvoxamine (Luvox) → 50-300 mg per day*
- *Paroxetine (Paxil, Pexeva) → 10-40 mg per day*
- *Sertraline (Zoloft) → 50-200 mg per day*

These medications typically begin to take effect within 2–6 weeks, but they may not work for everyone. People usually take

SSRIs for 6–12 months to treat anxiety and then gradually reduce the dosage.

These drugs are not habit-forming, meaning that they do not usually lead to dependence.

### **Side effect of serotonin reuptake inhibitors**

- Nausea
  - Diarrhoea
  - Constipation
  - Loss of appetite
  - Blurry vision
  - Dizziness
  - Drowsiness or fatigue
  - Dry mouth
  - Feeling agitated or restless
  - Headaches
  - Sexual difficulties or erectile dysfunction
  - Sleep problems
- ***Serotonin-norepinephrine reuptake inhibitors (SNRIs)***  
SNRIs are another class of antidepressants that can treat depression and anxiety. Doctors may also prescribe them to treat some chronic pain conditions.  
These medications work by reducing the brain's reabsorption of the chemicals serotonin and norepinephrine.  
Examples of SNRIs for anxiety are:
    - *Duloxetine (Cymbalta)* → 60- 120 mg per day
    - *Venlafaxine (Effexor XR)* → 75- 225 mg per day

### **Side effect of SNRIs**

- Constipation
- Dizziness

- Drowsiness or fatigue
- Dry mouth
- Headaches
- Increased blood pressure
- Loss of appetite
- Nausea Etc

- ***Tricyclic antidepressants (TCAs)***

TCAs are an older class of antidepressant. Although they may be effective for the treatment of depression and anxiety, doctors often prescribe SSRIs instead as they cause fewer adverse side effects.

However, TCAs may be useful for some people, especially if other medications do not provide relief.

These medications work by blocking the reabsorption of serotonin and norepinephrine. This increases the levels of these neurotransmitters in the brain.

Examples of TCAs for anxiety include:

- *Amitriptyline (Elavil) → 75-200 mg per day*
- *Imipramine (Tofranil) → 100-200 mg per day*
- *Nortriptyline (Pamelor) → 25-75 mg per day*

### **Side effect of TCAs**

- Blurry vision
- Constipation
- Difficulty urinating
- Dry mouth
- Drowsiness
- Increase in appetite
- Light-headedness
- Low blood pressure after standing up
- Sexual problems or erectile dysfunction
- Sweating more than usual

- Tremors
- Weight gain

- ***Benzodiazepines***

Benzodiazepines are a type of sedative that reduces the physical symptoms of anxiety, such as tense muscles. These drugs also encourage relaxation, and their effects take place quickly.

Peak levels in the blood occur 1–2 hours after a person takes their dose. People may feel the effects sooner than this.

Benzodiazepines include:

- *Alprazolam (Xanax)* → 0.75-4 mg per day
- *Chlordiazepoxide (Librium)* → 15-100 mg per day
- *Diazepam (Valium)* → 4-40 mg per day
- *Lorazepam (Ativan)* → 1-10 mg per day

Although they can be highly effective for short-term issues, doctors rarely prescribe benzodiazepines because they become less effective over time and can be addictive.

Due to these risks, experts suggest that doctors do not prescribe the continuous use of benzodiazepines for more than 6 months.

### **Side effect of Benzodiazepines**

- Blurry vision
- Confusion
- Dizziness
- Drowsiness or fatigue
- Headaches
- Loss of memory or concentration

- Issues with balance, coordination, or speech
- An upset stomach

- ***Beta-blockers***

Beta-blockers are a common medication for people with high blood pressure and heart conditions. However, doctors may prescribe them off-label for anxiety in certain situations.

Beta-blockers reduce the effects of norepinephrine, meaning that they can relieve some of the physical symptoms of anxiety.

Examples of beta-blockers include

- *Atenolol (Tenormin)*
- *Propranolol (Inderal)*
- *Labetalol( Trandate)*

### **Side effects of beta - blockers**

- Cold hands and feet
- Depression
- Tiredness
- Low blood pressure
- Shortness of breath
- Sleep issues
- Sexual problems
- People with asthma should avoid beta-blockers.

- ***Buspirone***

This anti-anxiety medication may treat short- or long-term anxiety symptoms.

Buspirone (BuSpar) works much more slowly than benzodiazepines and may not treat all types of anxiety disorders, but it causes fewer side effects and has a lower risk of dependency.

*Dose → 7.5 - 60 mg per day*

**Side effects of buspirone**

- Blurry vision
- Diarrhoea
- Dizziness
- Drowsiness
- Dry mouth
- Fatigue
- Headaches
- Muscle pains
- Nausea
- Confusion
- Restlessness or nervousness
- Sleep problems

- Sweating
- Weakness

- ***Monoamine oxidase inhibitors (MAOIs)***

MAOIs are one of the earliest types of antidepressant. Doctors may prescribe them off-label to treat some types of anxiety, though they can potentially cause serious side effects, so doctors rarely prescribe them.

Types of MAOI include:

- *Isocarboxazid (Marplan)* → 10-60 mg per day
- *Phenelzine (Nardil)* → 15-60 mg per day
- *Tranylcypromine (Parnate)* → 30-60 mg per day

### **Side effect of MAOIs**

- Nausea
- Diarrhoea
- Constipation
- Dry mouth
- Dizziness
- Drowsiness
- Light-headedness
- Insomnia

## ❖ Support groups and education

Support groups allow people with anxiety to meet in comfort and safety, and give and receive support. They also provide the opportunity to learn more about anxiety and to develop social networks.

## 10. चित्तोद्वेग

### 1. परिचय

आधुनिक विज्ञान में प्रगति के साथ, मानव जीवन बहुत तेज़ और अधिक तनावपूर्ण हो गया है। इसलिए आज मानसिक विकार अपने क्षेत्र को व्यापक बना रहे हैं, जिनमें से चिंता विकार सबसे आम हैं।

आयुर्वेद में उन्माद शीर्षक के अंतर्गत वर्णित मानसिक विकारों का एक समूह, मनोविकृति से आश्चर्यजनक रूप से मिलता जुलता है। “चित्तोद्वेग” का शास्त्रीय ग्रंथों में उल्लेख नहीं है, लेकिन इसे एक मानसिक विकार के रूप में वर्णित किया गया है।

मानसिक विकारों और उनके उपचार के बारे में चार वेदों और चरक, सुश्रुत और वाग्भट्ट संहिता में बहुत सारे विवरण उपलब्ध हैं। लेकिन आयुर्वेदिक शास्त्रीय ग्रंथों में चित्तोद्वेग का कोई अलग से वर्णन नहीं है। हालाँकि इसे उन्माद के पूर्वरूप के रूप में वर्णित किया गया है।

अतः मन की चिन्ताग्रस्त अवस्था या चित्तोद्वेग को एक अलग विकार या अन्य चिकित्सीय और मनोवैज्ञानिक विकारों का लक्षण माना जा सकता है।

### 2. व्युत्पत्ति

चित्तोद्वेग शब्द दो शब्दों से मिलकर बना है, चित्त और उद्वेग। चित्त शब्द “चित्” धातु से बना है, जिसका अर्थ है: देखना, मन को स्थिर करना, ध्यान देना, इरादा करना, चिंतित होना, देखभाल करना, हल करना, समझना, समझना, जानना, ध्यान दिलाना, याद दिलाना। चित्त में “क्त” प्रत्यय जोड़ने पर यानी चित् + क्त से चित्त बनता है, जिसका अर्थ है देखा हुआ, माना हुआ, विचार किया हुआ, प्रतिबिंबित या ध्यान किया हुआ, संकल्पित, इरादा, कामना, वांछित, दृश्यमान, बोधगम्य।“

इसी तरह उद्वेग मूल धातु “उद” से बना है जिसका अर्थ है: ऊपर की ओर, ऊपर, चिंता, मुक्ति। “उद” प्रत्यय में “विन” प्रत्यय जोड़ने से उद्वेग बनता है, जिसका अर्थ है: स्थिर, शांत, शांत उत्तेजना, चिंता, खेद, भय, संकट, विस्मय।

### 3. परिभाषा

चित्तोद्वेग एक मानस रोग है और यह वात और पित्त के साथ-साथ रज और तम के खराब होने के कारण विकसित होता है। इसे चित्त (मन) उद्वेग (चिंता) के रूप में परिभाषित किया जा सकता है, अर्थात् चित्तोद्वेग (मन की चिंताग्रस्त अवस्था)।

### 4. निदान

निदान सबसे महत्वपूर्ण है क्योंकि निदानपरिवर्जन उपचार की पहली और सबसे महत्वपूर्ण पंक्ति है। आयुर्वेदिक संहिताओं में चित्तोद्वेग का कोई अलग वर्णन नहीं है, इसलिए इसका निदान सामान्य रूप से सभी मानसिक विकारों के लिए मूल रोगजनक कारक रजस और तमस हैं। इन दोनों को खराब करने वाले कारकों को चित्तोद्वेग का निदान माना जा सकता है। सामान्य रूप से, सभी शारीरिक और मानसिक रोगों के सामान्य निदान इस प्रकार बताए गए हैं-

❖ “ इत्यसात्म्येन्द्रियार्थसंयोगः, प्रजापराधः , परिणामश्चेति  
त्रयस्त्रिविधविकल्पा हेतवो विकाराणां” ॥ (च.सू.११/४३)

a) असात्म्येन्द्रियार्थसम्ययोग

इन्द्रियार्थ संयोग वे संज्ञानात्मक प्रक्रियाएँ हैं जिनके माध्यम से व्यक्ति बाहरी और आंतरिक दोनों ही वातावरण के प्रति जागरूक होता है। इन्द्रियग्राह्य अनुभूतियाँ जो इन्द्रियों के अनुकूल नहीं होती हैं उन्हें असात्म्येन्द्रियार्थ संयोग कहते हैं, अर्थात् वस्तुओं के साथ अस्वास्थ्यकर संपर्क अतियोग (अत्यधिक या अधिक उपयोग), अयोग (अल्प उपयोग या गैर-उपयोग) और मिथ्यायोग (गैर-न्यायिक गलत) के रूप में हो सकता है।

b) प्रज्ञापराध

मनुष्य की विवेकशीलता और निर्णय क्षमता बुद्धि, विवेक अथवा समझ से संबंधित है जिसे प्रज्ञा कहते हैं। धिविभ्रम (बुद्धि का हास), धृतिविभ्रम (इच्छाशक्ति का हास) और स्मृतिविभ्रम (स्मृति का हास) के कारण अनुचित समझ के साथ किया गया कार्य प्रज्ञापराध कहलाता है।

c) परिणाम

मौसमी परिवर्तन के प्रभाव से होने वाले प्रभाव को परिणाम कहते हैं।

❖ “पूर्वजन्म कृते पापे व्याधिरूपेण बाधयेत् ।” ( आ. योगरत्नाकर)

→ पूर्व जन्म में किए गए पाप के स्वरूप व्याधि का उत्पन्न होना ।

❖ गुरु - वृद्ध - सिद्धि - ऋषि - पुरुष शाप । ( च.स.चि)

→ गुरु, वृद्ध, सिद्ध पुरुष , ऋषि पुरुष आदि के श्राप के कारण।

❖ शिरोमर्माभिघात

→ शिर प्रदेश में अभिघात लगने से।

## 5. संप्राप्ति

“ तैरल्पसत्वस्य मलाः प्रदुष्टा बुद्धेर्निवासं हृदयं प्रदूष्य।  
स्रोतांस्यधिष्ठाय मनोवहानि प्रमोहयन्त्याशु नरस्य चेतः ॥” (च.चि. १/५)

निदान सेवन हीन मनोबलवाले व्यक्ति के दूषित हुए वातादि दोष बुद्धि के निवास स्थान (मस्तिष्क) हृदय को दूषित कर, मनोवाही स्रोतों में अधिष्ठित होकर, शीघ्र ही मनुष्य के मन को क्षुब्ध कर देते हैं और यह व्यक्ति रोगी हो जाता है।

## 6. लक्षण

चित्तोद्वेग का कोई अलग से वर्णन नहीं है। इसलिए उन्माद के पूर्वरूप को चित्तोद्वेग का लक्षण माना जा सकता है जो इस प्रकार है-

- शिरःशून्यता
- उच्छवास आधिक्यम्
- उद्वेग
- ध्यान
- हृद्ग्रह - हृदय क्षेत्र में जकड़न की अनुभूति
- उनमत्तचित्तत्वम्- ध्यान केंद्रित करने में असमर्थता
- अनन्नाभिलासा
- भ्रम
- अविपाक आदि

## 7. Prevention

निवारक उपाय: आयुर्वेद का मानना है कि रोगों की रोकथाम इलाज से बेहतर है, इसलिए शास्त्रों में वर्णित उपायों का पालन करें:

### 1. सद्दृत्त (अच्छा आचरण) ( च.सू. ८/१८)

प्राचीन ग्रंथों के अनुसार, सद्दृत्त का अभ्यास करने पर, सर्वगुण रजस और तम पर हावी हो जाता है, जिससे मानसिक स्वास्थ्य अच्छा रहता है। आचार्य चरक ने अच्छे आचरण की एक लंबी सूची निर्धारित की है, जैसे अधीर या अति उत्साहित नहीं होना चाहिए, सही समय पर काम करना चाहिए और ज्ञान, दान, मित्रता, करुणा, प्रसन्नता, उदासीनता और शांति आदि के प्रति समर्पित होना चाहिए।

### 2. आचार रसायन (च.चि १/४/३०-३५)

आचार्य चरक ने दीर्घायु, रोग प्रतिरोधक क्षमता और मानसिक स्वास्थ्य को बढ़ावा देने के लिए मनुष्य द्वारा पालन किए जाने वाले अच्छे आचरण की एक अनुसूची बताई है जिसे आचार रसायन कहा जाता है, जैसे सत्य वादिनम (सत्य), अक्रोध (क्रोध से मुक्त), अहिंसा (हिंसा में लिप्त न होना) आदि। यह दावा किया जाता है कि आचार रसायन का अभ्यास करने से व्यक्ति को रसायन के सभी लाभ मिलते हैं, चाहे वह जैविक हो या मनोवैज्ञानिक।

### 3. धारणीय वेग धारण ( च.सू ७/२६)

धारणीय वेग जैसे लोभ, शोक, भय आदि पर नियंत्रण रखना चाहिए क्योंकि ये व्यक्ति के मानस में अनेक प्रकार के मानसिक संघर्ष उत्पन्न करते हैं, जिससे व्यक्ति का मानसिक स्वास्थ्य खराब होता है।

## 8. चिकित्सा

### 1) निदान परिवर्जन

“ संक्षेपतः क्रियायोगो निदानपरिवर्जन ।”

### 2) त्रिविध औषध

“त्रिविधमौषधम् - दैवव्यपाश्रयं, युक्तिव्यपाश्रयं, सत्त्वावजयश्च ।”

(च. सू. ११/५४)

### १. दैवव्यपाश्रय चिकित्सा

“तत्र दैवव्यपाश्रयं- मन्त्रौषधिमणिमङ्गलबत्युपहारहोमनियमप्रायश्चित्तोपवास-  
स्वस्त्ययनप्रणिपातगमनादि ।” ( च.सू. ११/५४)

मन्त्र, औषधि धारण करना, मणि धारण करना, मंगलसूत्र पहनना, बलि, उपहार आदि देना, देवताओं के निमित्त सुगन्ध द्रव्यों का हवन करना, नियमों ( शौच-सन्तोष-तप-स्वाध्याय-ईश्वर का ध्यान) का पालन करना, प्रायश्चित्त (चान्द्रायण आदि व्रत) करना, विशिष्ट (एकादशी आदि) तिथियों में उपवास करना, मङ्गलवाचक वेदमन्त्रों का पाठ करना; देवता, गुरु, ब्राह्मण आदि के सामने झुककर प्रणाम करना और तीर्थस्थानों की यात्रा करना इन उपायों से रोग दूर करना ‘दैवव्यपाश्रय’ चिकित्सा कही जाती है।

## २. युक्तिव्यपाश्रय चिकित्सा

“ युक्तिव्यपाश्रयं-पुनराहारौषधद्रव्याणां योजना।”( च.सू. ११/५४)

दोष, देश, काल, वय आदि का विचार कर आहार तथा औषधि की उचित योजना ‘युक्तिव्यपाश्रय’ है।

- आहार - दुग्ध, घृत, द्राक्षा, कपिथ, कूर्ममांस,
- औषध - शोधन और शमन

“ युक्तिव्यपाश्रय संशोधनोपशमने चेष्टाश्च दृष्टफलाः। ( च.वि.८/८७)

“ शरीरदोषप्रकोपे खलु शरीरमेवाश्रित्य प्रायशस्त्रिविधनमौषधमिच्छन्ति -  
अन्तः परिमार्जनं बहिः परिमार्जनं शस्त्रप्रणिधानं चेति ॥ (च.सू. ११/५५)

a. अन्तः परिमार्जन-

- शोधन- दोषों की दुष्टि अनुसार पंचकर्म
  - ❖ वातज दोष - बस्ति
  - ❖ पित्तज दोष - विरेचन
  - ❖ कफज दोष - वमन
- शमन -

- ❖ रसायन – ब्रम्ह रसायन , कुष्मांड अवलेह
- ❖ मेध्य रसायन -गुडुची, मंडूकपर्णी, शंखपुष्पी ,  
यष्टिमधु, ज्योतिषमति, ब्राह्मी ,अश्वगंधा, वचा,  
तुलसी
- ❖ रस औषधि-बृहद कस्तूरी भैरव रस , रसराज रस  
स्मृति सागर रस, चिंतामणि चतुर्मुख रस, उन्माद  
गजांकुश, उन्माद गजकेसरी रस ।
- ❖ घृत – पंचगव्य घृत ,महापैशाचिक घृत, कल्याणक  
घृत , महाकल्याणक घृत,
- ❖ अरिष्ट – अश्वगंधारिष्ट, सारस्वतारिष्ट श्रीकंदासव,  
दशमूलारिष्ट

b. बहिः परिमार्जन

- ❖ नस्य
- ❖ अभ्यंग , स्वेदन
- ❖ प्रदेह, परिषेक, अवगाह
- ❖ उन्मर्दन ,उद्वर्तन
- ❖ मुर्धनी तेल- शिरो अभ्यंग, शिरोधारा, शिरोपिचु,  
शिरो बस्ती
- ❖ अद्रव्यभूत चिकित्सा – हर्षण, विस्मापन, विस्मरण,

### ३. सत्त्वावजय चिकित्सा

“सत्त्वावजयः पुनरहितेभ्योऽर्थेभ्यो मनोनिग्रहः ॥ ( च.सू.११/५४)

सत्त्वावजय चिकित्सा का उद्देश्य मन को नियंत्रित रखना और उसे हानिकारक विचारों या तनावों से दूर रखना है जिससे मानसिक और शारीरिक स्वास्थ्य में सुधार होता है ।

“ मानसो ज्ञानविज्ञानधैर्यस्मृतिसमाधिभिः ॥ ( च.सू.१/५८)

ज्ञान, विज्ञान ,धैर्य ,स्मृति, समाधि आदि का उपयोग करके मन को शांत एवं तनाव रहित किया जाता है।

### References