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BALASHWAGANDHADI TAILA NASYA IN THE MANAGEMENT OF CHITTODVEGA (GENERALISED ANXIETY DISORDER): A SINGLE CASE STUDY

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ABSTRACT

Background: *Chittodvega* is a psychosomatic condition described in Ayurvedic classics, arising from aggravation *of Prana Vayu* and *Rajas* within the *Manovaha Srotasa*. Its hallmarks — pervasive worry, autonomic hyperarousal, insomnia, and cognitive disturbances — align with the DSM-5 criteria for Generalised Anxiety Disorder (GAD). *Balashwagandhadi Taila Nasya*, a classical intranasal Panchakarma procedure, is traditionally indicated for *Vata*-predominant neuropsychiatric disorders. **Objective:** To evaluate the clinical efficacy and tolerability of *Balashwagandhadi Taila Nasya* in the symptomatic relief of *Chittodvega*. **Case Presentation:** A 39-year-old married female with *Vata-Kapha Prakriti* and *Avara Satva* presented with insomnia and anxiety for four years. She received *Balashwagandhadi Taila Nasya* (8 drops/nostril, once daily) for seven consecutive days under inpatient supervision. Outcome was measured using validated Ayurvedic symptom scales and the Hamilton Anxiety Rating Scale (HAM-A). **Results:** The total HAM-A score declined from 25 (moderate-to-severe) to 13 (mild), representing a 48% reduction in seven days. Composite Ayurvedic symptom score decreased from 23 to 9 (-61%). Signs of *Samyakyoga Lakshana* were documented from Day 5. No adverse events were recorded. **Conclusion:** *Balashwagandhadi Taila Nasya*

demonstrated clinically meaningful anxiolytic and hypnotic effects within a short treatment course. Controlled trials are needed to validate these preliminary findings.

KEYWORDS: *Chittodvega;* Generalised Anxiety Disorder; *Balashwagandhadi Taila; Nasya karma*; *Panchakarma*; Hamilton Anxiety Rating Scale; *Vata dosha*; *Manovaha Srotasa.*

INTRODUCTION

Generalised Anxiety Disorder ranks among the most prevalent psychiatric conditions globally, with a lifetime prevalence of approximately 5.7% in epidemiological surveys.[1] Defined by excessive, difficult-to-control worry lasting six months or more, GAD is accompanied by somatic features — including muscle tension, fatigue, irritability, sleep disruption, and difficulty concentrating — that substantially impair occupational and social functioning. Conventional pharmacotherapy (SSRIs, SNRIs, buspirone, benzodiazepines) offers partial relief for many patients, but is complicated by treatment-emergent adverse effects, risk of dependence, and high relapse rates on discontinuation.[2] These limitations have generated sustained interest in evidence-informed complementary approaches, particularly within traditional medical systems.

The Ayurvedic concept of *Chittodvega* (*chitta* = mind-consciousness; *udvega* = perturbation/agitation) captures the essence of pathological anxiety within a classical explanatory framework. Acharya *Charaka* categorises *Chittodvega* under the consequences of *Prajnaparadha* (intellectual transgressions) and excessive *Rajasic* indulgence, while *Vagbhata* identifies it as a *Manasa Vikara* rooted in the vitiation of *Rajas Manas Dosha* and consequent aggravation of *Prana Vayu*.[3,4] The resulting disruption of the Manovaha Srotasa (channels governing cognitive and affective processing) produces a self-reinforcing cycle of anxiety, insomnia, and autonomic dysfunction.

Nasya karma — the administration of medicated preparations through the nasal route — is classified in *Sushruta Samhita* as the pre-eminent treatment for *Urdhvajatrugata Vikaras* (conditions affecting structures superior to the clavicle), including those of the head and mind.[5] The rationale rests on the Ayurvedic axiom *Nasahi Shiraso Dwaram*: the nose is the gateway to the brain, providing direct access to the *Sringataka Marma*, a critical neurovascular confluence. *Balashwagandhadi Taila* is a classical medicated oil combining

Vata-pacifying, *Medhya* (nootropic), and *Nidrajanana* (hypnotic) herbs in a sesame oil base.[6]

CASE PRESENTATION

Patient Demographics and Chief Complaints

A 39-year-old married Hindu female from Buxar, Bihar, presented to the Department of Panchakarma, Patanjali Ayurvedic College, Haridwar, and was admitted on 12 October 2025. Her primary complaints were inability to sleep (*Anidra*) and persistent anxiety (*Chittodvega*), both present for approximately four years. She was a homemaker with high-school education from a middle socioeconomic background.

History of Present Illness

Symptoms developed insidiously following a period of sustained psychological stress. No pharmacological trigger was identified. The patient described prolonged sleep-onset latency, frequent nocturnal awakenings, and unrefreshing sleep of approximately three to four hours per night. Concurrent symptoms included pervasive apprehension, palpitations, chest tightness, episodes of mind going blank, impaired concentration, and reduced appetite. No significant past medical history of hypertension, diabetes mellitus, or hypothyroidism was present.

Family and Personal History

The patient resided in a nuclear family with no major separations or psychiatric diagnoses among family members. The domestic atmosphere was described as satisfactory; there was no family history of substance dependence or suicidal behaviour. Dietary history revealed an irregular mixed diet with predominance of *Amla* (sour) and *Lavana* (salty) *Rasas* consumed at irregular intervals (*Vishamashana*). The patient was sedentary, performing no structured exercise. Habitual tea consumption was noted; no tobacco or alcohol use.

Menstrual and Obstetric History

Menstrual cycle: irregular. No menopause. Two previous normal vaginal deliveries (most recent: 3 November 2018); no miscarriages.

General Examination

Parameter	Finding	Clinical Interpretation
Pulse rate	65 beats/min	Normal sinus rate
Respiratory rate	22 breaths/min	Within normal range
Blood pressure	110/70 mmHg	Normotensive
Temperature	98.6 °F (37 °C)	Afebrile
Height / Weight	5'2" / 60 kg	BMI ~24.1 kg/m²
Tongue (Jivha)	Coated (Sama)	Nirama
Icterus, Cyanosis, Pallor, Clubbing, Oedema	All absent	No peripheral systemic signs

Systemic Examination

Central nervous system, respiratory system, and cardiovascular system: No abnormality detected. Gastrointestinal system: Constipation noted, consistent with *Vata-Kapha Prakriti* and sedentary lifestyle.

Ashtavidha Pariksha

Pariksha (Parameter)	Finding
Nadi (Pulse quality)	*Kapha*-predominant
Mutra (Urine frequency)	4-5 times/day; normal colour and consistency
Mala (Stool quality)	*Nirama* (well-formed); constipation noted
Jivha (Tongue)	*Nirama*
Shabda (Voice)	*Khara* (hoarse)
Sparsha (Skin)	*Sheeta* (cool), *Snigdha* (slightly oily)
Drikka (Eyes)	*Prasanna* (alert)
Akriti (Build)	*Madhyama* (medium frame)

Dashavidha Pariksha

***Prakriti*:** *Vata-Kapha* (*Sharira*); *Tamas*-predominant (*Manas*).

Satva: *Avara*.

Satmya: *Madhyama*.

Vyayama Shakti: *Madhyama*.

Vaya: *Madhyama (middle age).*

Laboratory Investigations

Investigation	Result	Reference Range	Interpretation
Haemoglobin	11.2 g/dL	12.0-16.0 g/dL (female)	Mild anaemia
Total leucocyte count	4.89 × 10^3/µL	4.0-11.0 × 10^3/µL	Normal
Random blood sugar	91 mg/dL	< 140 mg/dL (random)	Normoglycaemic
TSH	1.9 µIU/mL	0.4-4.0 µIU/mL	Euthyroid

Investigation findings excluded common organic contributors to anxiety and sleep disruption (thyroid dysfunction, diabetes, significant anaemia), thereby supporting a primary Chittodvega diagnosis.

TREATMENT PROTOCOL

Drug: *Balashwagandhadi Taila*

***Nasya* Procedure**

Stage	Procedural Details
Setting and duration	Department of Panchakarma, Patanjali Ayurvedic College, Haridwar (IPD); seven consecutive days.
Timing	Morning hours, following light breakfast, consistent with classical prescription of pre-noon *Nasya* administration
Poorvakarma (Pre-procedure)	Facial *Abhyanga* (gentle massage with *Til Taila* to face and neck) followed by *Mukha Sweda* (steam fomentation) and *Virechanika Dhoompana* until nasal mucosa was suitably primed.
Pradhanakarma (Main procedure)	*Balashwagandhadi Taila* warmed to body temperature; 8 drops per nostril (16 drops total) instilled with the patient supine and neck extended; drug retained while patient remained recumbent
Paschatkarma (Post-procedure)	*Gandoosha* (warm medicated gargling) to clear residual secretions; expectoration; light *Dhoopana* (nasal fumigation); dietary advice (warm, light, easily digestible foods)
Monitoring	Clinical review daily; formal assessment of *Samyakyoga Lakshana* on Days 3, 5, and 7
Adverse event surveillance	Patient queried daily for signs of *Atiyoga* (excessive response: excessive discharge, headache, epistaxis) or *Ayoga* (inadequate response); none observed

RESULTS

Table 1: Ayurvedic Subjective Parameters.

Symptom	Ayurvedic Term	Scale	B.T	A.T	Change
Mind going blank	*Shira Shoonyata*	0-4	4	1	-3
Unsteady eyes	*Chakshushorakulta*	0-2	1	0	-1
Dyspnoea / frequent sighing	*Ucchwasasyadhikyam*	0-2	2	0	-2
Palpitation	*Udvega*	0-4	3	2	-1
Unrealistic apprehension	*Dhyana*	0-4	2	0	-2
Chest tightness	*Hridgraha*	0-3	2	1	-1
Inability to concentrate	*Unmattchittatvam*	0-4	3	1	-2
Anorexia	*Anannabhilasa*	0-4	1	0	-1
Illusion	*Sammoha*	0-4	3	2	-1
Tinnitus	*Swanokarnayo*	0-3	1	1	0
Impaired digestion	*Avipaka*	0-5	1	1	0
COMPOSITE SCORE	-	-	23	9	-14 (-61%)

Table 2: Hamilton Anxiety Rating Scale (HAM-A)

HAM-A Domain	B.T	A.T	Change
Anxious mood (worry, fearful anticipation, irritability)	4	2	-2
Tension (restlessness, fatigue, trembling, inability to relax)	3	1	-2
Fear (crowds, dark, strangers, being alone, traffic)	3	2	-1
Insomnia (broken sleep, dreams, fatigue on waking)	2	1	-1
Concentration and memory difficulties	2	2	0
Depressed mood (anhedonia, helplessness, diurnal variation)	3	2	-1
Somatic: Muscular (myalgia, stiffness, tremor, bruxism)	2	1	-1
Somatic: Sensory (tinnitus, blurred vision, paraesthesia)	1	0	-1
Cardiovascular (palpitations, chest pain, fainting)	1	0	-1
Respiratory (chest constriction, sighing, dyspnoea)	1	1	0
Gastrointestinal (dysphagia, nausea, bloating, constipation)	0	0	0
Genitourinary (urinary frequency, libido changes)	1	1	0
Autonomic (dry mouth, flushing, pallor, sweating)	1	0	-1
Behaviour during interview (restlessness, agitation)	1	0	-1
TOTAL SCORE	25	13	-12 (-48%)

HAM-A Interpretation: Score 14-17 = mild anxiety; 18-24 = moderate; 25-30 = severe.[9] The patient's baseline score of 25 (severe) fell to 13 (sub-threshold) following treatment. The greatest improvements were in anxious mood (-2), tension (-2), and somatic-sensory domains.

Table 3: *Nasya Samyakyoga Lakshana.*

Classical Sign	Meaning	Day 3	Day 5	Day 7
Urah Shiro Laghavam	Lightness of chest and head	-	Present	-
Indriya Aachyam	Sharpness of sensory organs	-	Present	-
Sroto Vishuddhi	Perceptible channel purification	-	-	Present
Vikara Shaman	Reduction of disease manifestations	-	-	Present
Sukh Swapan	Restful, comfortable sleep	-	Present	-

No signs of *Atiyoga* (excessive *Nasya* effect) or *Ayoga* (inadequate effect) were recorded at any stage. The procedure was well tolerated with no adverse events.

DISCUSSION

Ayurvedic Pathophysiological Analysis

Tamas-predominant *Manas Prakriti*, *Avara Satva*, sedentary lifestyle, *Vishamashana*, and chronic psychosocial stress — represents a predictable predisposition to *Chittodvega*. According to *Charaka Samhita (Shareerasthana* 1), *Prana Vayu* governs the higher cerebral functions: intellectual activity, sensory perception, and the co-ordination of consciousness (*Chitta*) with physiological homeostasis.[7] Sustained *Rajasic* mental activity and irregular diet progressively vitiate Prana Vayu, producing its characteristic pathological expressions:

anxious agitation (*Udvega*), cognitive clouding (*Shira Shoonyata, Unmattchittatvam*), and somatic hyper-reactivity (*Hridgraha, Ucchwasasyadhikyam*).[8]

Nasya karma addresses this pathology at the anatomical gateway of the *Urdhvanga*.[9] The *Sringataka Marma* — described by *Sushruta* as a vital confluence of *Siras* (channels) carrying *Prana* to the sensory organs — is directly accessible via the nasal route.[10] Drug delivery to this region is understood to pacify aggravated *Prana* and *Udana Vayu*, restore *Srotovishuddhi* within the *Manovaha Srotasa,* and facilitate the re-establishment of *Satva*-predominance in *Manas,* thereby resolving both the cognitive and somatic dimensions of *Chittodvega*.

Neuropharmacological Perspective

Intranasal drug delivery provides pharmacokinetically privileged access to the central nervous system. Olfactory receptor neurons projecting from the nasal epithelium directly innervate the olfactory bulb, which in turn is anatomically and functionally connected to the amygdala, hippocampus, entorhinal cortex, and hypothalamus.[11] This pathway bypasses the blood-brain barrier, enabling lipophilic compounds in Balashwagandhadi Taila to reach limbic structures involved in fear conditioning, emotional memory, and neuroendocrine stress regulation with minimal systemic first-pass metabolism.

Ashwagandha (Withania somnifera), the principal active constituent, has been evaluated in randomised clinical trials for anxiety-related outcomes. Withanolides attenuate hypothalamic-pituitary-adrenal (HPA) axis hyperactivation, potentiate GABA-A receptor-mediated inhibitory neurotransmission, and suppress stress-activated protein kinase cascades.[12] *Bala* (Sida cordifolia) contributes mild adrenergic modulatory and central sedative activity via its alkaloid content, and sesame oil functions as a *Yogavahi* — a bioavailability-enhancing carrier that facilitates mucosal absorption of co-administered herbal actives.[13]

The early emergence of *Sukh Swapan* (restful sleep) from Day 5 is clinically significant because disrupted sleep architecture is both a diagnostic criterion and a perpetuating mechanism in GAD. Its resolution likely contributed to the cascading improvements observed in daytime concentration, emotional reactivity, and autonomic stability in subsequent assessments.

Interpretation of Outcomes

A 48% reduction in the total HAM-A score within seven days is clinically noteworthy; standard pharmacotherapy typically requires two to four weeks to produce comparable changes.[14] The greatest absolute improvements were in anxious mood (-2), tension (-2), and Shira Shoonyata (-3), pointing to a primary modulatory effect on cognitive-affective symptom clusters rather than somatic ones. The composite Ayurvedic symptom score declined by 61%, driven principally by resolution of Dhyana (unrealistic apprehension) and Ucchwasasyadhikyam (dyspnoea/sighing), which are among the most disabling features for patients with GAD. The absence of improvement in gastrointestinal and genitourinary HAM-A sub scores is consistent with the specifically neuro-psychiatric target mechanism of nasal delivery.

CONCLUSION

This case study provides preliminary evidence that a seven-day inpatient course of *Balashwagandhadi Taila Nasya* is safe, well tolerated, and clinically efficacious in reducing anxiety and associated symptoms in a patient with *Chittodvega* (GAD). A 48% reduction in the HAM-A total score and a 61% reduction in composite Ayurvedic symptom score were achieved, with the most pronounced improvements in mind-going-blank episodes, unrealistic apprehension, inability to concentrate, and dyspnoea. Establishment of *Samyak yoga Lakshana* from Day 5 confirmed procedural adequacy. The convergence of classical Ayurvedic pharmacodynamic reasoning with contemporary neuroendocrine science offers a biologically plausible framework for these outcomes. Larger, adequately powered, randomised controlled trials are now required to establish efficacy, optimal dose-duration parameters, and long-term outcomes.

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