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A CONTEMPORARY APPROACH TO PSYCHIATRIC DISORDER IN AYURVEDA WITH SPECIAL REFRENCE TO ANXIETY DIORDERS

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ABSTRACT

Chittodvega, as described in Ayurvedic literature, particularly by Acharya Charaka, is one of the *Manasavikaras* (psychic disorders) and is considered an apt term to represent the clinical condition of Generalized Anxiety Disorder (GAD). *Chittodvega* may manifest either as an independent disease or act as an etiological factor contributing to other psychic and psychosomatic disorders. GAD is characterized by excessive, persistent, and irrational worry that interferes with daily functioning. The anxiety is often pervasive, involving multiple domains such as finances, health, family, and future concerns. Physical symptoms including restlessness, fatigue, muscle tension, disturbed sleep, and concentration difficulties are commonly associated. It is frequently comorbid with other psychological conditions like panic disorder, social anxiety, major depression, and specific phobias. The condition affects both adults and children and represents a growing mental health concern globally. Conventional pharmacological management includes various synthetic anxiolytics. However, clinical evidence suggests that these medications often provide limited long-term efficacy and are associated with adverse effects such as sedation, dependence, and drug resistance. Ayurveda, with its psychosomatic approach, offers a holistic framework for understanding and managing such conditions. Acharya Charaka delineates three primary modalities of treatment for physical and mental disorders: Daivavyapasraya Chikitsa – Spiritual or divine therapies, Yuktivyapasraya Chikitsa – Rational and logical treatment (including herbs, diet, lifestyle), Satvavajaya Chikitsa – Psychotherapy aimed at mental discipline and control. This study aims to present a systematic review of *Chittodvega* as described in classical Ayurvedic texts, its correlation with GAD, and potential treatment

strategies, exploring the efficacy and relevance of Ayurvedic interventions in the modern context of anxiety disorders.

KEYWORD: *Chittodvega*, generalised anxiety disorder, *Manasavikara* (mental disorder).

INTRODUCTION

Chittodvega is manas roga and develops due to vitiation of raja and tama along with vata and pitta.[1] It can be defined as a chitta (mind) + udvega (anxiety) i.e. „Anxious status of a mind". It can be correlated with generalized anxiety disorder on the basis of etymology of chittodvega, type of psychological disorder and symptomology. Generalized anxiety disorder (GAD) is a chronic anxiety disorder and characterized by persistent, excessive, and/or unrealistic worry associated with muscle tension, impaired concentration, autonomic arousal, feeling "on edge" or restless, and insomnia.[2] As any separate description of chittodvega is not clearly mentioned in Ayurvedic classics so common etiological factors i.e. asatmyendriyarthasamyoga, pragyaparadha and parinama can be considered as nidana of chittodvega. Poorvarupa of unmada can be considered as the lakshana of chittodvega which are shirah shoonyata, udvega, dhyana, hridgraha, ayasa, unmattchittatvam, which is similar to excessive anxiety and worry, restlessness, being easily fatigued, difficulty in concentration, irritability, sleep disturbance etc found in GAD. The advancement of modern science, human life has become increasingly fast- paced and stressful. As a result, psychiatric disorders are expanding in scope, with anxiety disorders being among the most common. In this context, the ancient science of Ayurveda offers valuable perspectives on mental health through its unique conceptual framework. In Ayurveda, Manas (mind) is considered a vital component of Ayu (life), forming one of the three essential pillars (Tridanda) of life, alongside the body (Sharira) and the soul (Atma). Manas plays a central role in the processes of knowledge acquisition, health maintenance, disease development, and ultimately, the attainment of salvation (Moksha). The primary seat of Manas is the Hridaya (heart), from where it exerts its functions throughout the body via Srotas (channels), in coordination with the three bodily humors—Vata, Pitta, and Kapha. Two subtle mental doshas, Rajas and Tamas, when aggravated, can vitiate the Hridaya, impairing the intellect (Buddhi) and obstructing the Manovaha Srotas (channels of the mind). This pathological process leads to the manifestation of various psychological disorders. Among the mental disturbances discussed in Ayurveda, Unmada is a significant group of disorders that bears a close resemblance to modern psychotic conditions. While the term Chittodvega (literally, agitation of the mind) is not

explicitly found in classical Ayurvedic texts, it is often interpreted in contemporary Ayurvedic literature as a condition reflecting anxiety and restlessness—a state increasingly prevalent in today's fast-paced society.

Chittodvega is described in classical Ayurvedic texts as a prodromal symptom of **Unmada** (psychosis). Several ancient treatises also mention various terms related to mental disturbances, including:. Chittavibhramsha[3] (mental decadence), Chittavibhrama[4] (mental perturbation), Anavasthita Chitta[5] (unstable mind), Chittaviparyaya[6] (misapprehension of the mind), Unmattachitta[7] (furious or disoriented mental state).

The term **Chittodvega** can be etymologically broken down into Chitta (mind) and Udvega (anxiety or agitation), thus referring to an "anxious state of mind." It is classified under **Manas Roga** (mental disorders) and arises due to the vitiation of Rajas and Tamas (psychic doshas), along with Vata and Pitta (bodily doshas).

The clinical features of Chittodvega include: Shirah Shoonyata (sense of emptiness in the head), Udvega (anxiety/agitation), Dhyana (excessive rumination), Hridgraha (cardiac discomfort or emotional constriction), Ayasa (fatigue), Unmattachittatvam (mental derangement or irrational behavior).

These symptoms show a strong resemblance to those found in Generalized Anxiety Disorder[8] **(GAD)**, including excessive and uncontrollable worry, restlessness, easy fatigability, difficulty concentrating, irritability, sleep disturbances, and somatic symptoms such as muscle tension.

GAD is recognized as a chronic anxiety disorder characterized by persistent, excessive, and often unrealistic worry, accompanied by autonomic hyperactivity and functional impairment. Among the anxiety disorders, it is particularly prevalent in late-life populations. From the standpoint of etymology, pathophysiology, and symptomatology, Chittodvega appears to be the most comparable Ayurvedic correlate to Generalized Anxiety Disorder, as described by Acharya Charaka and other classical authors.

ETYMOLOGY

1. Chitta (□ □ □ □ □[9])

Derived from the root "Chit" (□ □ □ □), which has a wide range of meanings:-To perceive. To fix the mind upon, attend to, To intend, be anxious about, care for. To resolve, understand, comprehend, know, To remind of, make attentive,

By adding the "kta" pratyaya (a grammatical suffix used to form past participles or abstract nouns), we get:- Chit + kta → Chitta (□ □ □ □.)[10] This results in meanings like: Observed, perceived, Considered, reflected upon, meditated, Resolved, intended, desired, Visible, perceptible So, Chitta refers to the mindstuff — the consciousness or mental field in which thoughts, emotions, and impressions arise.

2. Udvega (□ □ □ □ □ □[9]) - Derived from the root "Ud" (□ □ □), which signifies Upwards, upon, Related concepts such as anxiety, liberation With the addition of the "Vin" pratyaya11 (although this is likely a phonetic interpretation; traditionally, the form "vega" comes from "vigam" or "vega" itself meaning motion or disturbance), we arrive at:Ud + vega → Udvega (□ □ □ □ □ □) Meaning- Agitation, anxiety, distress, regret, Fear, astonishment,(Contrarily, in some contexts: composure, but this is rare and likely a misattribution) So, Udvega generally denotes a state of mental disturbance or emotional upheaval. Chittodvega (□ □ □ □ □ □ □ □ □ □ -Combining the two:- Chitta (mind/consciousness) + Udvega (disturbance/agitation) The term Chittodvega refers to a state of mental agitation, emotional turmoil, or anxious disturbance in the mind. It implies a condition where the natural clarity and composure of the chitta is disturbed due to anxiety, fear, or emotional stress.

- **Chitta** = Mind, consciousness, mental field
- **Udvega** = Anxiety, disturbance, mental agitation
- **Chittodvega** = Mental agitation; the disturbed or turbulent state of the mind

DEFINITION

Chittodvega is a manas roga and develops due to vitiation of raja and tama along with vata and pitta. It can be defined as – chitta (mind) + udvega (anxiety) i.e. chittodvega (anxious state of mind).

NIDAN

Chittodvega is classified under Manas Roga (mental diseases) in Ayurveda. The term is derived from:- Chitta – mind or consciousness, Udvega – agitation, anxiety, or mental

disturbance Thus, Chittodvega can be characterized as a state of mental unrest, anxiety, or emotional instability. Although Chittodvega is not explicitly described as a standalone disease in classical Ayurvedic texts, its understanding is derived through references to its Nidana (causative factors) and its relation to other Manasika Vikaras[12] (mental disorders). Chittodvega results from the vitiation of Doshas: Pitta and Vata, Gunas (psychic qualities): Rajas and Tamas. The vitiation of Rajas and Tamas Gunas is considered the core pathogenic factor in all mental illnesses (Manas Roga). Ayurveda identifies the following as the common etiological factors for both Sharirika (physical) and Manasika (mental) disorders :-(Ca. su. 1/54 & 11/37).

1. **Asatmyendriyartha Samyoga:–** In Ayurveda, Indriyartha Samyoga refers to the process by which an individual becomes aware of both external and internal environments through the interaction between the sense organs (indriyas) and their respective objects (arthas). This interaction is crucial for normal sensory and cognitive functions. However, when this contact becomes unwholesome (asatmyendriyartha samyoga), it can negatively impact both mental and physical health. Unwholesome contact is categorized into three forms:

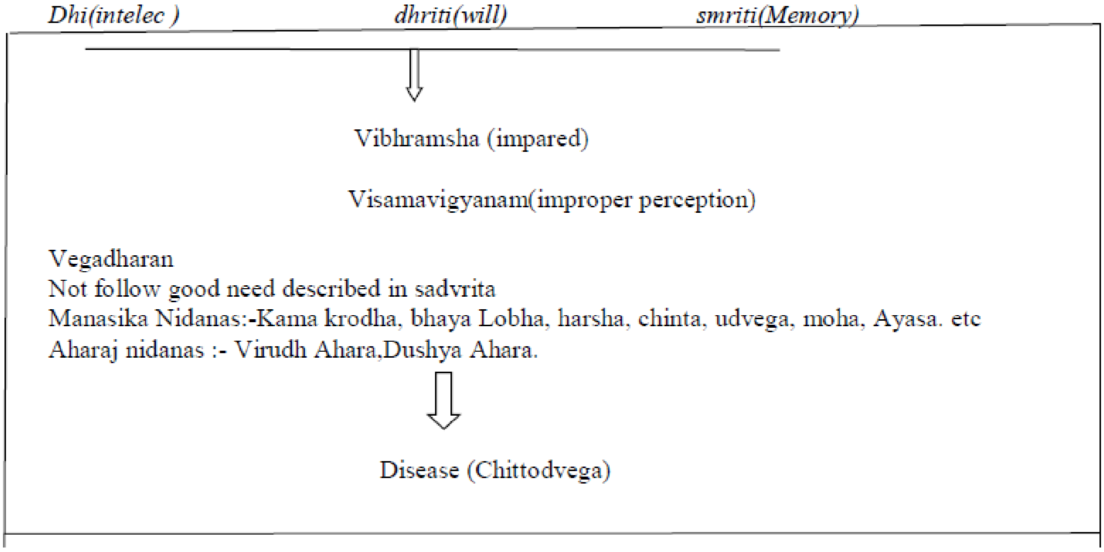
1. Ati-yoga (Overutilization):- Excessive stimulation or use of sense organs
2. Ayoga (Non-utilization): Lack of stimulation or use (e.g., sensory deprivation, social isolation)
3. Mithya-yoga (Wrong utilization): Misuse or improper use of senses (e.g., consuming disturbing or inappropriate content). In modern life, individuals are frequently exposed to chronic stressful stimuli, leading to persistent Asatmendriyartha Samyoga. This, in turn, disturbs the Sharirika (bodily) and Manasika (mental) doshas, particularly Vata dosha and Rajas-Tamas gunas, which are closely associated with psychological imbalances.

2. **Pragyaparadha**

Pragyaparadha is considered one of the primary causes of disease in Ayurveda. It refers to a failure or misuse of one's intellect, memory, and willpower, leading a person to make choices that go against natural laws and wisdom.

Pragya (□ □ □ □ □ □ ≡)Intelligence, discernment, or wisdom Aparadha (□ □ □ □ □=) Offense, mistake, or transgression Thus, Pragyaparadha[13] means a violation or error of intelligence.
Dhi Vibramsa (□ □□ □ □ □ □ □ □ □– Impairment of Dhi (intellect)
Dhriti Vibramsa (□ □ □ □ □ □ □ □ □)□– Impairment of Dhriti (willpower)

Smriti Vibramsa (□□□□□□□□□□□□) – Impairment of Smriti (memory)



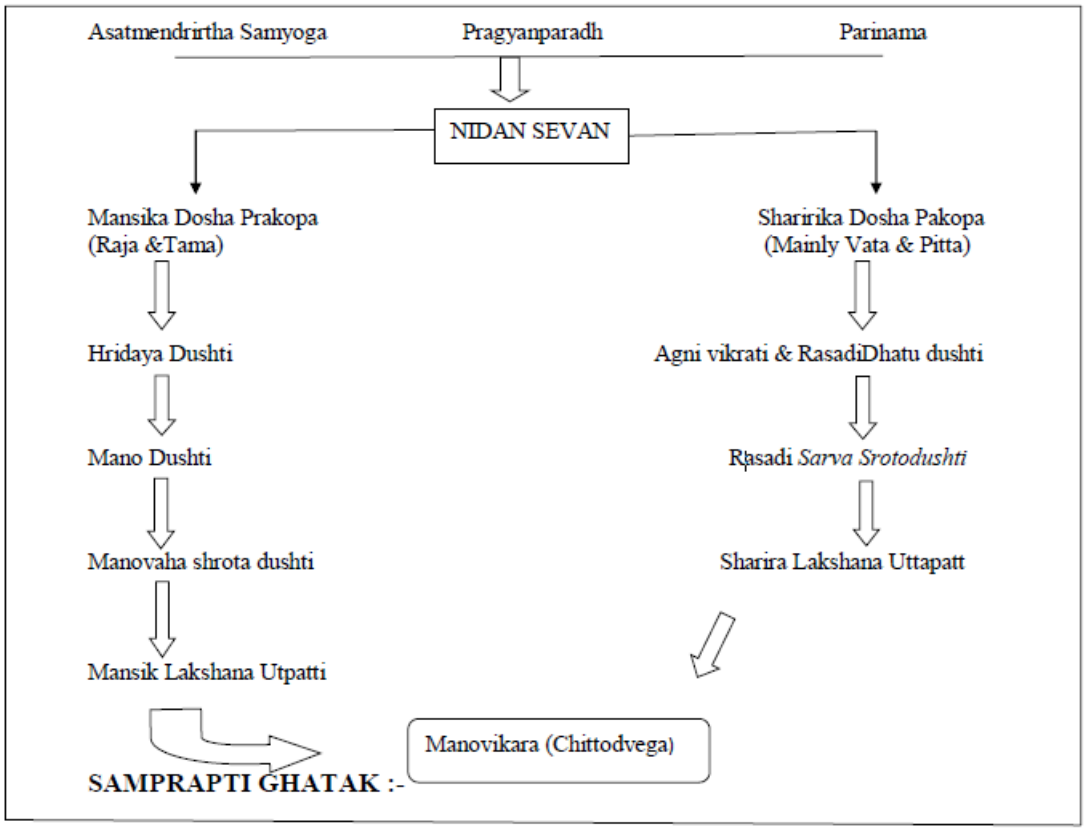
3. **Parinama:–** Adverse seasonal or time-related changes (climatic misalignment).

These factors lead to the vitiation of Manovaha Srotas (channels of the mind) and imbalance in mental Doshas (Rajas and Tamas). Acharya Caraka has explained advent of maturity of the time (kala)[14] and it is considered as the causative factor for mental disorders. Acharya Chakrapani states that the presence of chronic physical illness may also cause manas roga and even one manasroga may cause another manasroga in its bhedavastha or chronicity. Relation of various manas bhava like kama (passion), shoka(grief), bhaya (fear) etc. have their effect on vata, krodha has its effect on pitta.[15]

SAMPRAPTI

Chittodvega can be defined as a Chitta (mind) + Udvega (anxiety)=Chittodvega –'Anxious status of a mind". In Charakavimana ch.6 (Rogaanikvimaanaadhyaya) Chittodvega is considered as raja tama vikara.

रजस्तमश्चमानसौदोषौ। तयोर्विकाराः कामक्रोधलोभमोहेर्ष्यामानमदशोकचित्तो द्वेगभयहर्षादय :।;Ch.Vi.06)



Dosha	Manas – Raja &Tama.
	Sharira-Vata & pitta
Dusha	Manas Sarvadhatu
Srotas	Manovaha srota,sarvasrotodudhti
Agni	Jatharagni,dhatvagni
Udbhavasthaana	Manas (Hridya)
Adhisthana	Hridaya (shiro-hridaya)
Vyaktishtana	Mana,sarvasharira
Rupa	Udvega bhaya,kampa,atisweda
Rupamarga	Madhyama
Sadhyasadhyata	Kriccha sadhya
Upadrava	Unmadadi manovikara,sarva sharirvikara

Mansik Pariksha Bhava[16]

NEGATIVE EMOTIONS

1.Krodha – Abhidrohena i.e. "Parapidartha Pravrittih

No violent tendencies -	0	
Violent thoughts very rarely -	1	
Violent, Sadistic functions oftenly -	2	
Frequent thoughts and functions of violence and sadistic	3	

2.Bhayam – Vishadena

No depressed mood -	0	
Depressed mood only in reasonable cause -	1	
Depressed mood even in reasonable cause	2	
Always in depressed and fearful emotions –	3	

3. Shoka Dainyena i.e. "Rodanadi"

No feeling of Sorrowness -	0	
Feels inferiority and sorrow at occasion -	1	
Inferiority complexes and greedy oftenly -	2	
Weeps and feels inferior very frequently –	3	

4. Dvesha – Pratishedhena

No revenging tendency at all	0	
Thoughts of revenge only at few events	1	
Thoughts and acts of revenge oftenly	2	
Always thoughts and acts of revenge	3	

5. Rajah-Sangena

Normal affection	0	
Gradual decreased affection -	1	
Loss of affection occasionally	2	
Frequently and totally loss of affection	3	

6. Moha – Avignanena :

Normal functioning capacity -	0	
Gradual affliction towards objects -	1	
Increased affliction, oftenly towards objects	2	
Totally involvement and affliction with objects	3	

POSITIVE EMOTIONS

1.Dhairyam-Avishadena i.e. Manaso Adeinyam"

No fear or sorrow at any cause	0	
Fearful only at reasonable at any cause	1	
Fearful occasionally	2	
Always in fearful and depressed emotions	3	

2) Harsha – Amodena i.e. "Nrityagitavaditradutsavakaranama"

No feeling of cheerfulness	0	
Cheerful and active in that, only at occasion	1	
Cheerful and initiative with good circumstances	2	
Totally cheerful on all occasion	3	

3) Priti – Tosena i.e. Mukhanayanprasadadih"

No feeling of happiness at all	0	
Express happy mood oftenly	1	
Happy and pleased occasionally	2	
Always happy and pleased	3	

4) Viryam – Utthanena i.e. "Kriyarambhena"

Not able to start any work -	0	
Delayed and decreased in working capacity -	1	
Works with less interest -	2	
Starts and works very quickly -	3	

5) Shraddha – Abhivravena i.e. "Abhvarthanena"

Totally loss of attitude and interest	0	
Impaired attitude and interest -	1	
Occasionally good in attitude and interest	2	
Always very good in attitude and interest	3	

6)Medha – Grahanena i.e. "Granthadidharanena"

Unable to grasp or understand –	0	
Delayed in grasping the events with confusion -	1	
Grasps the event but confused -	2	
Always grasps the events at an instance -	3	

PSYCHIATRIC DISORDER[17]

Psychiatric disorders have traditionally been considered as 'mental' rather than as 'physical' illnesses. This is because they manifest with disordered functioning in the areas of emotion, perception, thinking and memory, and/or have had no clearly established biological basis.

However, as research identifies abnormalities of the brain in an increasing number of psychiatric disorders and an important role for psychological and behavioural factors in many medical illnesses, a clear distinction between mental and physical illness has become increas-ingly questionable. We therefore refer to psychiatric dis-orders simply to mean those conditions traditionally regarded as the province of psychiatry.

CLASSIFICATION OF PSYCHIATRIC DISORDERS[18]

World health Organizations International Classification of Disease know as ICD 10

1.Stress-related disorders :-
Acute stress disorder
Adjustment disorder
Post-traumatic stress disorder

2.Anxiety disorders
Generalized anxiety
Phobic anxiety
Panic disorder
Obsessive-compulsive disorder

3.Affective (mood) disorders
Depressive disorder
Mania and bipolar disorder

4. Schizophrenia and delusional disorders
Substance misuse disorders :- Alcohol, Drugs

5. Organic disorders:- Acute, e.g. delirium,, Chronic, e.g. dementia

6. Disorders of adult personality and behavior
Personality disorder , Factitious disorder

7.Somatoform disorders :-
Somatisation disorder Dissociative (conversion)disorder Pain disorder Hypochondriasis Somatoform

1. Stress-related disorders

Acute stress disorder

Acute stress disorder (ASD) was first outlined in 1994 at the diagnostic and statistical manual of mental disorders, fourth edition (DSM-IV) as a new diagnosis.[19] The reasoning for adding this diagnosis was to provide healthcare services to patients with acute traumas but who were not covered by insurance due to the condition being in its early stage. Second, it was hoped to predict post-traumatic stress disorder (PTSD) development in acute trauma patients to initiate early interventions.[20] ASD explains acute stress reactions (ASRs) that occur in no less than three days and no more than four weeks. In contrast, ASRs that continue for a more extended period than four weeks can meet the criteria for post-traumatic stress disorder (PTSD).[21] ASD was defined in an attempt to describe ASRs that were missed or treated as adjustment

disorders.[22] DSM-5 no longer requires dissociative symptoms to diagnose ASD while still including it as a diagnostic criteria.

Adjustment disorder

Adjustment disorder describes a maladaptive emotional and/or behavioral response to an identifiable psychosocial stressor, capturing those who experience difficulties adjusting after a stressful event at a level disproportionate to the severity or intensity of the stressor.[23] The symptoms are characterized by stress responses that are out of step with socially or culturally expected reactions to the stressor and/or which cause marked distress and impairment in daily functioning.

Post-traumatic stress disorder

Posttraumatic stress disorder (PTSD) is a common psychiatric disorder that can result after an individual experiences a traumatic event. PTSD has a broad clinical presentation but is characterized by symptoms impairing cognition, mood, somatic experience, and behavior. PTSD can cause chronic impairments, lead to comorbid psychiatric illness, and lead to an increased risk of suicide.[24] The inclusion of PTSD in the DSM reflects the acknowledgment of the significant impact that exposure to traumatic events can have on an individual's mental health. The DSM criteria for PTSD involve experiencing a traumatic event, the presence of specific symptoms such as intrusive memories or nightmares, avoidance behaviors, negative changes in mood and cognition, and heightened arousal. The inclusion of PTSD in the DSM has contributed to better understanding, diagnosis, and treatment of individuals who have experienced trauma.[25]

2. Anxiety disorders

Generalized anxiety:- This is typically a recurrent or a chronic anxiety state associated with uncontrollable worry. The associated muscle tension often leads to a variety of medical presentations.

Characterized by persistent, chronic anxiety;

CLINICAL FEATURES

Pts experience persistent, excessive, and/or unrealistic worry associated with muscle tension, impaired concentration, autonomic arousal, feeling “on edge” or restless, and insomnia. Pts worry excessively over minor matters, with life-disrupting effects; unlike panic disorder,

complaints of shortness of breath, palpitations, and tachycardia are relatively rare. Secondary depression is common, as is social phobia and comorbid substance abuse.

Phobic anxiety

A phobia is an abnormal or excessive fear of a specifc object or situation, which leads to avoidance of it (such as excessive fear of dying in an air crash, leading to avoidance of flying). A general phobia of going out alone or being in crowded places is called 'agoraphobia'. Phobic responses can develop to medical procedures such as venepuncture.

Panic anxiety

Panic disorder describes repeated attacks of severe anxiety, which are not restricted to any particular situation or circumstances. Somatic symptoms, such as chest pain, palpitations and paraesthesia in lips and Angers, are common. The symptoms are in part due to involuntary over- breathing (hyperventilation). Patients with panic attacks often fear that they are suffering from a serious illness, such as a heart attack or stroke, and seek emergency medical attention. Panic disorder may coexist with agoraphobia.

Obsessive–compulsive disorder

Obsessive compulsive disorder (OCD) is characterised by 'obsessions' – thoughts, images or impulses that are recurrent, unwanted and usually anxiety-provoking, but recognised as one's own. In many cases, the obsessions give rise to 'compulsions', which are repeated acts performed to relieve the anxiety.

Unlike the anxiety disorders discussed above, which are more common in women, OCD is equally common in men and women.

3. Affective (mood) disorders

Mood disorders are characterized by a disturbance in the regulation of mood, behavior, and affect; subdivided into(1) depressive disorders, (2) bipolar disorders (depression plus manic or hypomanic episodes), and (3) depression in association with medical illness.

Depressive disorder

Major depressive disorder has a prevalence of 5% in the general population and approximately 10%–20% in chronically ill medical outpatients, including older adults. It is a major cause of disability and suicide. If comorbid with a medical condition, depression

magnifes disability, diminishes adherence to medical treatment and rehabilitation, and may even shorten life expectancy.

Bipolar disorders

Bipolar disorder is an episodic disturbance with interspersed periods of depressed and elevated mood; the latter is known as hypomania when mild or short-lived, or mania when severe or chronic. The lifetime risk of developing bipolar disorder is approximately 1%–2%. Onset is usually in the twenties, and men and women are equally affected**.**

4. Schizophrenia

It is characterised by delusions, hallucinations and lack of insight. Acute schizophrenia may also present with disturbed behaviour, disordered thinking, or with insidious social withdrawal and other so-called negative symptoms and less obvious delusions and hallucinations. Schizophrenia occurs worldwide in all ethnic groups.

7. Somatoform disorders

Somatisation disorder

This is defned as the occurrence of multiple medically unexplained physical symptoms affecting several bodily systems. It is also known as Briquet syndrome after the physician who described the presentation. Symptoms often start in early adult life but somatisation disorder can arise later, usually following an episode of physical illness. The disorder is much more common in women. Patients may undergo a multitude of negative investigations and unhelpful operations, particularly hysterectomy and cholecystectomy. There is no proven treatment except to try to ensure that unnecessary investigations and surgical procedures are avoided to minimise iatrogenic harm.

Dissociative (conversion)disorder

Dissociative conversion disorders are characterised by a loss or distortion of neurological functioning that is not fully explained by organic disease (‘functional neurological disorder’). These may be psychological functions such as memory (‘dissociative amnesia’), sensory functions such as vision (‘dissociative blindness’), or motor functions (‘functional gait disorder’) (Box 31.30). The cause is unknown but there is an association with recent stress and with adverse childhood experiences, including physical and sexual abuse. Organic disease may precipitate dissociation and provide a model for symptoms. For example, non-epileptic seizures often occur in those with epilepsy. Treatment with CBT may be of benefit.

Hypochondriasis

Patients with this condition have a strong fear or belief that they have a serious, often fatal, disease (such as cancer), and that fear persists despite appropriate medical reassurance. They are typically highly anxious and seek many medical opinions and investigations in futile but repeated attempts to relieve their fears.

Somatoform pain disorder

This describes severe, persistent pain that cannot be adequately explained by a medical condition. Antidepressant drugs (especially tricyclics and dual action drugs such as duloxetine) are helpful, as are some of the anticonvulsant drugs, particularly carbamazepine, gabapentin and pregabalin. CBT and multidisciplinary pain management teams are also useful.

Criteria for diagnosis

HAMILTON ANXIETY RATING SCALE[26]

01. **Anxious mood:** Worries, anticipation of the worst, fearful anticipation, Irritability.
02. **Tension:** Feeling of tension, fatigability, startles response, moved to tear easily, trembling, restlessness, inability to relax.
03. **Fears:** Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.
04. **Insomnia:** Difficulty in falling asleep, broken sleep, unsatisfying sleep, fatigue on waking, dreams, nightmares, night terrors.
05. **Intellectual (Cognitive):** Difficulty in concentration, poor memory.
06. **Depressed mood:** Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.
07. **Somatic (Muscular):** Pain and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.
08. **Somatic (Sensory):** Tinnitus, blurring of vision, hot and cold flushes, feeling of weakness, picking sensation.
09. **Cardiovascular Symptoms:** Tachycardia, palpitation, pain in chest, throbbing of vessels, fainting feelings, missing beat.
10. **Respiratory Symptoms:** Pressure or constriction in chest, choking feeling, sighing, dyspnea
11. **Gastrointestinal Symptoms:** Difficulty in swallowing, wind, abdominal pain, burning sensation, abdominal fullness, nausea, vomiting, looseness of bowels, loss of weight,

constipation.

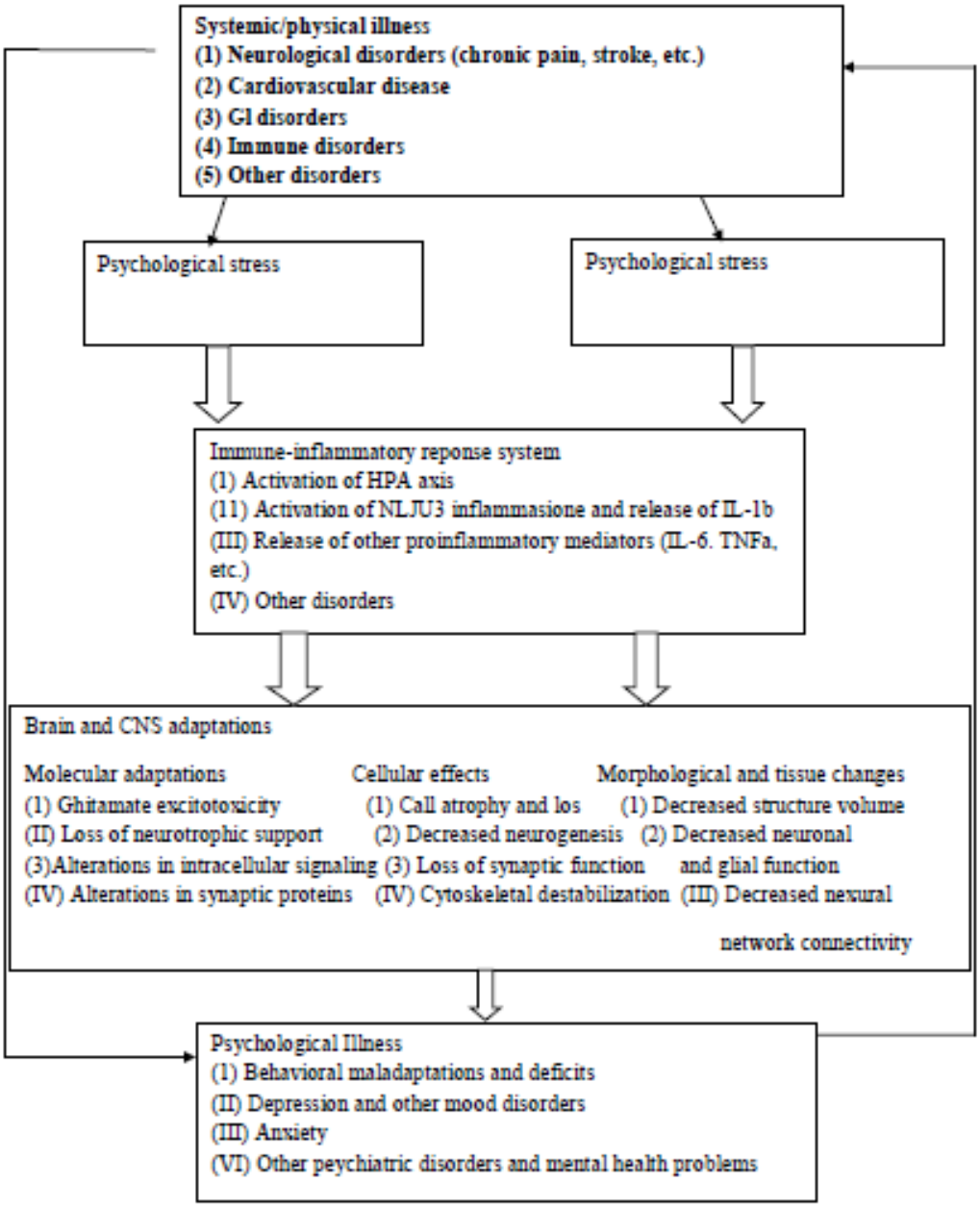
12. **Genitourinary Symptoms:** Frequency of maturation, Urgency of micturation, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.
13. **Autonomic Symptoms:** Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair
14. **Behaviour at interview:** Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, belching, brisk tendon jerks, dilated pupils, exophthalmos.

Signs and symptoms mentioned in Hamilton scale were assessed by adopting the following scoring system.

Degree of anxiety and Pathological condition Scoring

None	0
Mild	1
Moderate	2
Severe	3
Severe, grossly disabling	4

Pathogenesis of disease



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