

**A CLINICAL STUDY TO EVALUATE THE EFFICACY OF  
SARASWATA GHRUTA & BRAHMI GHRUTA IN CHITTODVEGA  
W.S.R ANXIETY NEUROSIS**

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**ABSTRACT**

Now a days, stress and strains of modern life styles, feeling of uncertainty and insecurity, fast running life, competition in every fields, poor hygiene are the main factors for malfunctioning of mind & body. So mind gets affected easily by the small stroke stress circumstances. Due to this, many Manas Roga like Chittodvega, Vishada, Aswapna, Unmada, Atipralapa, Tama, Bhrama, Anvasthanichittatwa, Tandra etc. develop. Manas Roga is a big problem in all over the world, hence W.H.O. declared year 2001 for Mind health. In Ayurved, many drugs, Medhya Rasayana, Aachara Rasayana, Yoga & Panchakarma therapies were explained for wellness of mind. Aachara Rasayana is useful to improve the strength of mind. Chittodvega is one of the challenges of Manas Roga which is a dominant symptom in mental disorders. Sometimes referred as hetu for mental disorders for example- Unmada (Insanity), Apasmara (epilepsy)

etc. Chittodvega is an emotional state, unpleasant in nature, associated with uneasiness, discomfort & concerned or fear about defined or undefined future threat. According to

National Mental Health Programme – about 2-3% of the population suffer from seriously incapacitating mental disorder or epilepsy. A large number of adult patients (10.4-53%) coming to the general O.P.D. are diagnosed mentally ill. However, these patients are usually missed because not asked detailed mental health history. Mental disorder is a big problem in all over the world, hence World Health Organisation declared year 2001 for Mind health. In Ayurveda, many drugs & therapies are available for wellness of mind. In ancient text, Mana is described in detailed & given potent therapies likewise Panchakarma & conservative drugs. Chittodvega is one of the challenges of mental disorders, which is an emotional state, unpleasant in nature, associated with uneasiness, discomfort & concerned or fear about defined or undefined future threat. There are evidences about Chittodvega, as a dominant symptom in Manas Roga and sometimes it act as hetu for other diseases for example- Unmada, Apasmara etc. The efficacy of Saraswata Ghruta for Manovaha Srotas Vyadhi is mentioned in Ashtang Hrudaya Uttartantra 1/46 Balopacharaniyamadhyaya for the treatment of Vaani, Smruti and Medha.

**KEYWORDS:** Chittodvega, Sarashwata Ghruta, Brahmi Ghruta.

### Aims and Objectives

- 1) To study the disease Chittodvega in related to Manovahashrotas.
- 2) To assess the efficacy of Saraswata Ghruta in the management of Chittodvega.
- 3) To assess the efficacy of Brahmi Ghruta in the management of Chittodvega.
- 4) To compare and ascertain the efficacy of the Saraswata Ghruta and Brahmi Ghruta in the management of Chittodvega.

### INTRODUCTION

The term Chittodvega has been considered to represent the Anxiety state for the present study. This term comprises of two components - Chitta and Udvega.

**Chitta:** It is derived from root “Cit” which denotes the following meanings To perceive, fix the mind upon, attend to, be attentive, to observe, take notice of, to aim at, intend, to be anxious about, care for, to resolve, to understand, comprehend, know, make attentive, remind of. The Vyutpatti of the word is formed by the addition of “Kta” Pratyaya to Cit i.e. Cit + Kta leads to Chitta, which has following meanings according to the Sanskrit - English dictionaries i.e. Thinking, reflecting, imagining, thought, intention, aim, wish, memory.

**Udvega:** It is derived from root “Ud” which has following meanings –Addition of “Vin” Pratyaya to “Ud” i.e. Ud + Vin leads to Udvega, which has the several meanings like, Trembling, waving, shaking, agitation, anxiety, regret, fear, distress. Chittodvega can be defined as a Anxious status of mind. In Ayurvedic literatures Chittakshobha, Anavasthita Chitta etc. were used to represent different forms of mental status.

## **MATERIALS AND METHOD**

Total number of 40 patients of Chittodvega will be selected in IPD/OPD of S.S.R.Ayurvedic Medical College, Inchal on the basis of their gender by Simple random sampling method and divided into two groups.

- 1) Group A- Treated with Saraswata Ghruta.
- 2) Group B- Treated with Brahmi Ghruta.

### **A) Inclusion criteria**

1. Age limit from 18 to 70 yrs.
2. Patient will be selected complaining of psychological type symptoms particularly Chittodvega.

### **B) Exclusion criteria**

1. Chittodvega as post effect of somatic problem.
2. Any organic brain disorder i.e. tumour, Carcinoma of brain, seizures etc.
3. Depression

### **C) Parameters of study**

1. Atichintana / Satatchinta (Continuous thinking)
2. Chittodvega (Loss of concentration)
3. Anavasthit Chittatva (Unstable mind)
4. Bhaya (Fear)
5. Rodan (Crying)
6. Dhairya (Daring)
7. Ekantapriyata (Prefer loneliness)
8. Atmavishvas (Self-confidence)
9. Shoka (Grief)
10. Anutsaha (Disinterest)
11. Daurbalya/ Klam (General Weakness)

12. Nidralpata/Nidranash (Insomnia)
13. Hritspandan (Palpitation)
14. Negative Thinking
15. Unable to take decision
16. Shirashool (Headache)
17. Aharakanksha (Will to have food)
18. Abhyavaharana (Quantity of feed)
19. Regular Activities

**D) Study design:** Total number of 40 patients of Chittodvega will be selected and randomly assigned into following two group (Group A & Group B) each comprising of 20 patients.

**E) Diagnostic criteria:** Diagnosis will be made on the basis of classical sign and symptoms mentioned in Ayurvedic text.

**F) Treatment Period & Plan**

- 1) Total number of 40 patients of Chittodvega will be selected in IPD/OPD basis irrespective of their gender by Simple random sampling method and divided into two groups.
- 2) Informed written and valid consent of the patient taken prior to commencement of clinical trials.
- 3) Drug will be dispensed to the patient on 1<sup>st</sup> day and container will be checked for drug accountability on 15<sup>th</sup> and 30<sup>th</sup> day.
- 4) Drugs will be authenticated from laboratory before starting the clinical trials.
- 5) Observations will be carried out before and after completion of treatment and during each follow up. After observation data will be collected and presented in the form of graphs, charts and tables.

**Group A-** Treated with SaraswataGhruta orally 10 ml twice a day with Koshna jala for 30 days.

**Group B-** Treated with Brahmi Ghruta orally 10 ml twice a day with Koshna jala for 30 days.

**G) Kala-** Vyana-Udana Kala

**H) Anupana-** Koshnajala

**I) Duration-** 30 days

**J) Follow up:** After every 15 days. i. e on 0<sup>th</sup>, 15<sup>th</sup> and 30<sup>th</sup> day

**K) Assessment criteria**

1. Atichintana / Satatchinta (Continuous thinking)
2. Chittodwega (Loss of concentration)
3. AnavasthitChittatva (Unstable mind)
4. Bhaya (Fear)
5. Rodan (Crying)
6. Dhairya (Daring)
7. Ekantapriyata (Prefer loneliness)
8. Atmavishvas (Self-confidence)
9. Shoka (Grief)
10. Anutsaha (Disinterest)
11. Daurbalya/ Klam (General Weakness)
12. Nidralpata/Nidranash (Insomnia)
13. Hritspandan (Palpitation)
14. Negative Thinking
15. Unable to take decision
16. Shirashool (Headache)
17. Aharakanksha (Will to have food)
18. Abhyavaharana (Quantity of feed)
19. Regular Activities

All of these will be assessed by adopting the following scoring system.

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

**OBSERVATION AND RESULT**

Out of 40 patient registered for the present study 38 patient had completed their treatments. Among these Group A-19 are treated with Saraswata Ghruta and Group B-19 are treated with Brahmi Ghruta. Total effects of treatments was assessed on the basis of score given to each symptoms or Subjective parameters.

Sr. No.	Symptoms	Group	Symptoms Mean Score			% of Relief
			BT	AT	Difference	
1	Atichintan	Group A	2.70	0.30	2.40	88.88
		Group B	2.65	1.15	1.47	55.47
2	Chittodvega	Group A	2.30	0.20	2.10	91.30
		Group B	2.20	0.70	1.50	68.18
3	Anvasthan Chittatva	Group A	2.60	0.25	2.38	90.49
		Group B	2.65	0.50	2.17	81.27
4	Bhaya	Group A	2.35	0.20	2.25	95.74
		Group B	2.35	0.70	1.55	68.80
5	Rodana	Group A	2.20	0.10	2.10	95.45
		Group B	2.10	0.50	1.60	76.19
6	Dhairya	Group A	2.30	0.3	2.00	86.95
		Group B	3.00	0.50	2.50	83.30
7	Ekantpriyata	Group A	2.30	0.20	2.10	91.30
		Group B	2.65	0.50	2.17	81.27
8	Atmavishvas	Group A	2.35	0.20	2.25	95.74
		Group B	2.10	0.50	1.60	76.19
9	Shoka	Group A	2.3	0.3	2.00	89.95
		Group B	2.65	1.00	1.67	62.54
10	Anutsaha	Group A	2.70	0.10	2.60	95.23
		Group B	2.60	0.60	2.00	76.04
11	Daurbalya	Group A	2.60	0.25	2.38	90.49
		Group B	2.25	0.70	1.50	68.80
12	Nidraalpata	Group A	2.2	0.10	2.10	95.45
		Group B	3	0.50	2.50	83.30
13	Hritspandan	Group A	2.20	0.20	2.00	90.90
		Group B	2.55	0.40	2.12	82.81
14	Negative Thinking	Group A	2.80	0.30	2.50	88.33
		Group B	2.65	1.00	1.67	62.54
15	Unable to take decision	Group A	2.70	0.10	2.60	95.23
		Group B	2.50	0.80	1.70	68.00
16	Shirashoola	Group A	2.30	0.20	2.10	91.30
		Group B	2.60	0.60	2.00	76.04
17	Aharakanksha	Group A	2.25	0.20	2.05	91.11
		Group B	2.70	0.60	2.06	76.29
18	Abhyavaharana	Group A	2.25	0.15	2.10	93.30
		Group B	2.25	0.60	1.65	72.05
19	Regular Activity	Group A	2.35	0.10	2.25	95.74
		Group B	2.75	0.50	2.25	81.81

## DISCUSSION

Discussion will done from the data available, Samhitas and Texts. The patients will be assessed on different parameters to obtain the effect of therapy. All the signs and symptoms will be assessed on 0<sup>th</sup>, 15<sup>th</sup> and 30<sup>th</sup> day. The result and observation during follow up and after completion of study are mentioned earlier and will be discussed as follows.

### 1. General discussion

2. Clinical parameters
3. Effect of therapy
4. Probable mode of action
5. Further scope of study

**Table no. 2: Overall effect in Percentage and Significance.**

Symptoms	Group a (sarashwata ghruta)	Group b (brahmi ghruta)	Result
Atichintan	88.88%	55.47%	Significant
Chittodwega	91.30%	68.18%	Significant
Anavasthit chittatva	90.49%	81.27%	Significant
Bhaya	95.74%	68.8%	Significant
Rodan	95.75%	76.19%	Significant
Dhairya	86.95%	83.30%	Significant
Ekantapriyata	91.30%	81.27%	Significant
Atmavishvas	95.74%	76.19%	Significant
Shoka	86.95%	62.54%	Significant
Anutsaha	95.23%	76.04%	Significant
Daurbalya	90.49%	68.8%	Significant
Nidralpata	95.45%	83.30%	Significant
Hritspandan	90.90%	82.81%	Significant
Negative thinking	88.33%	62.54%	Significant
Unable to take decision	95.23%	68%	Significant
Shirashool	91.30%	76.04%	Significant
Aharakanksha	91.11%	76.29%	Significant
Abhyavaharana	93.30%	72.05%	Significant
Regular activity	95.74%	81.81%	Significant
Overall effect in %	92.09 %	73.73 %	

**CONCLUSION**

1. Chittodwega is unstable state of mind which change the lifestyle of human beings.
2. Conclusion drawn from the various aspect of clinical trials on patients.
3. In the present study of clinical trials of Sarashwata Ghruta and Brahmi Ghruta on Chittodwega, Sarashwata Ghruta is better than Brahmi Ghruta.

**REFERENCES**

1. Charaka Samhita-edited by Vd. Yadavaji Trikamaji Acharya, Munshiram Mohanlal Publishers, Pvt. Ltd, 4.
2. Cakradatta of Sri Cakrapanidatta with the Vaidyaprabhall, Hindi commentary, Chaukhambha Sanskrit Sansthana, Varanasi.



3. Sushruta Samhita with Nibandhasangraha commentary of Shri. Dalhanacharya, edited by Vd. Yadavaji Trikamaji Acharya, Chaukhamba Bharati Prakashan, Varanasi & Ambikadatta Shastri, 12.
4. Ashtang Sangraha (Sutrasthana) of Acharya Vagbhata; Kaviraj Atrideva Gupta, Nirnaya Sagar Mudranalaya, Mumbai, 1951; 1.
5. Sarth Vagbhat-By Dr. G.K. Gadre, 7.
6. Sharangadhara Samhita- By Shri Priyagadatta Sharma, Chaukhambha Sanskrit series, Varanasi, 1976; 5.
7. Yogaratnakara with Vidyotini Hindi commentary- By Vd. Lakshmipati Shastri, edited by Bhishagacharya Brahmasankar Shastri, Edition reprinted ChaukhambhaPrakashan, Varanasi, 2008.
8. Bhaishyajya Ratnavali of KavirajGovindadas Sen edited with 'Siddhi Prada' Hindi commentary; Prof. Siddhi Nandan Mishra, Chaukhambha Surbharati Prakashan, Varanasi, 2007.
9. Madhavanidana of Shri Madhavakara with the 'Madhukosha' Sanskrit commentary by Sri Vijayarakshita and Srikanthadatta with the 'Vidyotini' Hindi commentary and notes, part I & II - By Prof. Yadunandana Upadhyaya (Revised, edited by) Sri Sudarshana Shastri, Chaukhambha Sanskrit Sansthana, Varanasi, 1999. 29.
10. Bhavaprakasha, Shri Bramhashankar Mishra Shastri, Vidyotini commentary; ChaukhambhaPrakashan, Varanasi, 1961.
11. Rajnighantu of Pandit Narahari, Krishnadas Academy, Varanasi.
12. Database on Medicinal Plants Used in Ayurveda, Vol. 1-5, By Central Council for Research in Ayurveda and Siddha, New Delhi.
13. Ayurvedic Pharmacology and Therapeutic uses of medicinal plants- By Vd. V.M. Gogate, BharatiyaVaidyabhavan SPARC, Mumbai, 2000; 1.
14. Hamilton M.-The assessment of anxiety state by rating—British journal of medical psychology.
15. Kayachikitsa- By Prof. Vd. Y.G. Joshi, 2001, Pune Sahitya Vivaran.
16. Clinical medicine-Dr. E. C. Warner Pharmacology by K.D. Tripathi.
17. Anxiety & depression in clinical practice – by Dr. Mohan Isaac &Dr. Nilesh Shah, 2003.
18. Broughton J. Development of Concepts of Self, Mind, Reality and Knowledge, 1978; I.
19. Davidson Principles and Practice of Medicine, 1991; 16.
20. Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by American Psychiatric Association.



21. Dorland: Pocket Medical Dictionary, Oxford and IBH Publishing Co. Pvt. Ltd., 25.
22. Harrison: Principals of Internal Medicine, (International edition), 18.
23. Indian Medicine in the Classical age by Dr. P. V. Sharma Chaukhambha Sanskrit Series Office, Varanasi.
24. Sanskrit – English Dictionary, Etymologically and Philologically Arranged by Sir Monier Williams, Oxford University Press – London.