

# Marsha Nasya with Kalyanaka Ghrita in Generalized Anxiety Disorder - A Case Report

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**Abstract:** *Generalized anxiety disorder (GAD) is the commonest mental health disorder that produces uncontrollable, persistent worry about everyday events. Conventional medical management includes anxiolytics, antidepressants, and benzodiazepines. etc., have reported adverse effects on long-term use. In Ayurveda, the condition resembles cittodvega, characterised by udvega avastha of manas. This case report examines the effect of Marsha nasya with Kalyanaka ghrita in a patient diagnosed with generalized anxiety disorder based on DSM-5 criteria. A 51-year-old female presented with chronic anxiety symptoms including persistent worry, somatic pain, headaches, and autonomic disturbances for 12 years. The intervention included administration of Drakshadi phanta followed by Marsha nasya using Kalyanaka ghrita. Clinical outcomes were assessed using the Hamilton Anxiety Rating Scale. The score reduced from 29 at baseline to 13 post intervention and remained at 14 after 60 days, indicating sustained improvement. The findings suggest that intranasal administration of Kalyanaka ghrita may contribute to both psychological and somatic symptom relief in GAD. Further controlled studies are required to validate these observations.*

**Keywords:** GAD, Cittodvega, HAM-A, Kalyanaka ghrita, Marsha nasya

## 1. Introduction

Anxiety disorders are one of the most common mental health conditions globally, with persistent fear, excessive worry, and a chronic sense of being overwhelmed that impair daily functioning.<sup>1</sup> GAD represents a widespread form of such disorders, contributing to significant distress and reduced quality of life.<sup>1</sup> In India, mental disorders affect a large segment of the population.<sup>2</sup> The national prevalence of GAD is 0.57%, with a treatment gap of 75.7%.<sup>2</sup> An estimated 4.4% of the global population currently experiences an anxiety disorder, making it the most common mental health condition worldwide.<sup>3</sup>

Conventional management for GAD relies on a combination of pharmacotherapy and psychotherapy.<sup>4</sup> About half of individuals with GAD do not achieve a satisfactory response to first-line treatments.<sup>5</sup> The short-term pharmacologic interventions may offer limited long-term benefit, and are associated with adverse effects, dependency, or incomplete symptomatic relief.<sup>5</sup> This creates a treatment gap, especially for individuals unwilling to commit to prolonged pharmacotherapy or therapy sessions.<sup>5</sup>

Traditional Ayurvedic literature correlates anxiety-like conditions with *cittodvega*, arising from the imbalance of *Sareerika doshas* such as *Vata* and *Pitta*, and *Manasika doshas* like *Rajas* and *Tamas*. Ayurvedic management typically includes individualised treatment methods, *Samana aushadhas* and *Rasayana* remedies, and procedures such as *Nasya*, *Sirodhara* or *Abhyanga* aimed at restoring *dosha* balance and enhancing resilience.

Previous clinical observations have shown that *Nasya* can produce noticeable reductions in anxiety by acting on neurophysiological mechanisms that influence higher centres of the brain.<sup>6</sup>

*Kalyanaka ghrita* is a time-tested Ayurvedic herbal ghee formulation described under *Unmada prakarana*, which is widely used in anxiety disorders.<sup>7</sup> It helps to harmonise mental functions by supporting metabolic equilibrium in the body.<sup>7</sup>

## History of Presenting Complaints

51-year-old female from a middle-class joint family, who has been struggling with persistent negative thoughts, increased worries about daily activities, pain over low back region, recurrent tension headache, and occasional chest pain for the past 12 years.

She was married at 16, and within a month, her husband left to work abroad. Soon after, she found that she was pregnant, and when her son was born, she realised that the child had physical and mental challenges. She managed the household and child alone with little support from her husband's family.

Over time, the burden increased. Day-to-day concerns about family, tasks, and her child became constant sources of anxiety. She developed persistent pain in her lower back eventually diagnosed as an intervertebral-disc prolapse. Although she got temporary relief through medicines, the pain always returned once medication stopped, turning into a chronic and disabling problem.

She began to have frequent headaches triggered by even small stresses. She grew easily irritable. Occasionally, she felt chest pain, though repeated medical investigations couldn't find a significant cause. Throughout this, psychological and somatic symptoms have significantly impaired her quality of life.

**Table 1: Mental Status Examination**

General description	
General appearance and behaviour	Moderate built
Grooming and dressing	Well- maintained
Touch with surrounding	Maintained
Eye contact	Maintained
Attitude towards examiner	Co-operative
Comprehension	Intact
Gait and posture	Normal
Motor activity	Reduced
Rapport	Established
Voice and speech	
Intensity and pitch	Normal
Reaction time	Normal
Speed	Normal
Relevance and coherence	Relevant and coherent
Disorder of volition	
Mood	Anxious
Affect	Anxious
Perceptions	
Thought	
Form/ process	Continuous, goal oriented
Content	Preoccupation of thoughts
	Anxious thoughts
Cognitive functions	
Consciousness	Alert
Attention	Intact
Concentration	Intact
Orientation	Intact
Memory	Intact
Abstract thinking	Intact
Intelligence	Good
Insight	Grade 5
Judgment	Intact
Impulsivity	Absent

**Physical Examination**

Pulse rate- 80/min regular, Blood Pressure- 130/80 mmHg, Temperature- 97.6°F, Respiratory rate- 24/min  
 BMI- 19.4 with a height of 156cm and a weight of 60kg  
 Respiratory system- Normal vesicular breathing, no added sounds. No abnormality detected  
 Cardio vascular system- No murmurs, S1 and S2 heard.  
 Nervous system – Alert and aroused, oriented to time, place, and person.  
 Locomotor system – Focal tenderness to deep palpation over the L4, L5 and S1 spinous processes / paraspinal area.  
 Lumbar flexion and extension were limited by pain. Straight-leg raise (right side) positive

**Table 2: Ayurvedic Mental Examination (Ashta Vibrama)**

Faculty	Vibrama	Features
1. <i>Mana</i> (thoughts/ mental faculties)	Present	Persistent negative thoughts, Fearful anticipations
2. <i>Budhi</i> (intellect)	Absent	
3. <i>Samjajnana</i> (awareness/orientation)	Absent	
4. <i>Smriti</i> (memory)	Absent	
5. <i>Bakti</i> (desire)	Present	Disinterested in previous hobbies, food etc
6. <i>Seela</i> (habits and temperament)	Present	Increased anger, irritability
7. <i>Cheshta</i> (psychomotor activities)	Absent	
8. <i>Achara</i> (routine activities of daily living)	Absent	

**Table 3: Dasavidha Pareeksha**

<i>Dooshya</i>	
<i>Dosha</i>	<i>Vata, pitta</i>
<i>Dhathu</i>	<i>Rasa</i>
<i>Desa</i>	
<i>Bhoomi desa</i>	<i>Sadharana</i>
<i>Deha desa</i>	<i>Sarvasareeram, Manas</i>
<i>Bala</i>	
<i>Roga</i>	<i>Madhyama</i>
<i>Rogi</i>	<i>Madhyama</i>
<i>Kala</i>	
<i>Kshanadi</i>	<i>Varsha</i>
<i>Vyadyavastha</i>	<i>Purana</i>
<i>Anala</i>	<i>Vishamagni</i>
<i>Prakriti</i>	
<i>Deha Prakriti</i>	<i>Pitta Vata</i>
<i>Manasa Prakriti</i>	<i>Tamasa Rajasa</i>
<i>Vaya</i>	<i>Madhyama</i>
<i>Satwa</i>	<i>Avara</i>
<i>Satmaya</i>	<i>Sarva rasasatmya</i>
<i>Ahara</i>	
<i>Abhyavaharana Sakti</i>	<i>Madhyama</i>
<i>Jarana Sakthi</i>	<i>Madhyama</i>

**Diagnostic Assessment**

The patient’s dosha analysis indicates Vata predominance with associated Pitta features. The *Vata dosha* is manifested through *lakshanas* such as *anavasthita chittatwam* (mental instability), *visada* (low mood), *atichinta* (excessive thinking), *paarushyam* (roughness), *hridrava* (palpitations), *srama* (fatigue), *siroruk* (headache), and *bhaya* (fear), indicating significant disturbance in mental stability and heightened anxiety. In addition, the presence of *Pitta lakshanas* such as *krodha* (anger) and *daha* (burning sensation) suggests involvement of *Pitta dosha*.

**Diagnosis**

The Ayurvedic diagnosis of the patient is *cittodvega* with *Vata–Pitta* predominance, while the modern diagnosis, according to DSM-5, is Generalized Anxiety Disorder (F41.1), a condition characterized by persistent and excessive anxiety and worry.

Table 4: Therapeutic Interventions

Treatment	Medicines	Duration	Dose and medium	Remarks
<i>Samana drug</i>	<i>Drakshadi phanta</i>	21 days	100 ml twice daily	Relief from nausea, abdominal fullness, borborygmi, weakness, dryness of mouth
<i>Marsha Nasya</i>	<i>Kalyanaka Ghrita</i>	7 days	1ml - 2ml, at evening	Relief from- backache, episodes of headache, Irritability, inability to relax chest pain

## 2. Results

The Hamilton Anxiety Rating Scale scores showed a marked reduction from baseline to post-treatment, followed by maintenance at follow-up. The baseline (BT) score was 29, indicating severe anxiety, which reduced significantly to 13 after treatment (AT), falling into the mild range. At 2-month follow-up, the score was 14, indicating sustained improvement with mild residual symptoms.

## 3. Discussion

When the imbalanced dosha affects Hridaya, which is considered the common substratum for mind, *rasavahasrotas*, *ojas*, *sadaka-pitta* and *vyana-vata*, disturbances may reflect as depletion of *rasa dhatu* and *ojas*, contributing to symptoms - persistent fear, weakness, irritability, sensory impairments and somatic distress.<sup>8</sup> This can be corrected by adopting measures that pacify both *Vata* and *Pitta*, enhance *Agni*, and promote proper nourishment of the *Dhatus*.

Here, formulations such as *Drakshadi Phanta*, noted for its *vatapitta-hara* properties, which is considered most *laghu* among the *Kashaya kalpanas*, may help normalise *vishamagni* and support *rasa* production.<sup>9</sup> The patient experienced improvement in fatigue, dryness of mouth, and gastrointestinal symptoms such as abdominal fullness and borborygmi, suggesting that *Drakshadi* effectively helped in correcting the *vishamagni*.

With the addition of *Marsha Nasya* with *Kalyanaka ghrita*, the patient experienced relief from persistent anxious thoughts and reported alleviation of backache, headache, and chest pain, indicating a reduction in the somatization of anxiety.

*Kalyanaka ghrita* has *tridosahara*, especially *vatapittahara* property.<sup>10</sup> As it is described in *Unmada prakarana*, it is also indicated in conditions like *jwara*, *prameha*, *shosha*, and *alparajas*, suggesting action on metabolic and hormonal pathways. It also has an indication of *alpagni*, which is often seen in anxiety, hence also recognised for its *rasayana* and *ojovardhaka* property.<sup>10</sup> A study by Aparna et al. on *Kalyanaka ghrita* on stress in infertile couples concluded it acts as a *Vāta-Pitta* predominant *tridoṣahara*.<sup>11</sup> Administration of *Kalyanaka ghrita* via *nasya* pacifies aggravated *doshas*, and produces faster therapeutic effects.<sup>12</sup> Those medications with lipid-rich bases can be absorbed efficiently across the nasal mucosa and may reach the central nervous system by crossing the blood-brain barrier.<sup>13</sup>

After 2 months of follow-up, the HAMA score remained stable with minimal change and no reported side effects, demonstrating both the effectiveness and safety of the Ayurveda therapy.

## 4. Conclusion

This case report suggests that *Marsha nasya* with *Kalyanaka ghrita* may offer clinically meaningful improvement in both psychological and somatic symptoms of Generalized Anxiety Disorder. The observed reduction in HAM-A scores and sustained benefit at follow-up indicate potential therapeutic value. These findings support further investigation through controlled clinical studies to establish efficacy, mechanism, and generalizability of this intervention.

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