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A Case Report on Generalized Anxiety Disorder through Medical Cannabis

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Abstract

Generalized Anxiety Disorder is a specifically an anxiety disorder characterized by excessive/uncontrollable and often irrational worry worrying, anxiety symptoms and tension about a variety of everyday problems, events or activities for a period of at least 6 months. Individuals with GAD often have other disorders including other psychiatric disorders (e.g., major depressive disorder), substance use disorder, obesity, and may have a history of trauma or family with GAD. As per Aacharya Charaka Generalized Anxiety Disorder can be correlated with the Chittodwega (Excited state of mind) which is type of Manovikara (disease of mind). The contemporary management of this disease employs anxiolytics to be used in long run which is not conducive to health. As per this view cannabis stands as 'Holy Grail' in the treatment of anxiety or mood disorders without eliciting any anxiogenic effects even in higher dose. This is a case of 57 year old women who presented with persistent anxiety and inability to relax. Based on signs and symptoms he was diagnosed as a case of GAD according to the ICD 10 F41.1 criteria. Treatment planned was low dose of oral medical cannabis tincture. Assessment of the condition of the patient before and after the treatment was done using Hamilton's Anxiety Rating Scale to evaluate efficacy of treatment. After the completion of schedule of 3 month of treatment, a significant reduction in score from 20 to 12 on Hamilton's Anxiety Rating Scale and improvement in symptoms was observed.

Keywords: Gad, Anxity Depression Manoroga

Introduction

Anxiety is an adaptive, emotional response that naturally occurs as a result of a perceived threat. Anxiety becomes maladaptive when it occurs excessively or inappropriately in the absence of relevant threatening stimuli. Within Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), generalized anxiety disorder (GAD), panic disorder (PD), social anxiety disorder (SAD), specific phobia (SP), and separation anxiety are classified as anxiety disorders [4]. The pathophysiology of GAD implicates several regions of the brain that mediate the processing of stimuli associated with fear, anxiety, memory, and emotion (i.e., the amygdala, insula and the frontal cortex). It has been suggested that individuals with GAD have greater amygdala and medial prefrontal cortex (mPFC) activity in response to stimuli than individuals who do not have GAD [5]. However, the relationship between GAD and activity levels in other parts of the frontal cortex is the subject of ongoing research with some literature suggesting greater activation in specific regions for individuals who have GAD but where other research suggests decreased activation levels in individuals who have GAD as compared to individuals who do not have GAD [6]. As per Ayurveda GAD shows resemblance to Chittodvega which is one among the Manovikara explained by Acharva Charaka [7]. Modern treatment includes psychotherapy, e.g. cognitive behavioral therapy (CBT) or metacognitive therapy, and pharmacological intervention (e.g., citalogram, escitalopram, sertraline, duloxetine, and venlafaxine). CBT and selective serotonin reuptake inhibitors (SSRIs) are first line psychological and pharmacological treatments; other options include selective norepinephrine reuptake inhibitors (SNRIs). In some countries, pregabalin is also used [8]. As per Ayurveda treatment for this condition include short to long term administration of anxiolytics which on continuous use may cause other health issues and dependence [19].

Case Report

A 28 years old married female patient contacted on 27-NOV-2021 with complaints of inability to relax, persistent worry, lack of sleep, occasional muscle tension, palpitation and increased sweating since 2 years.

Corresponding Author: Dr. Chitranshu Saxena Ph. D. Scholar, Parul University, Gujrat, India Also have irregular menstrual cycle and problem concentration in any work.

General examination

Nadi-80/min, Regular Mutra-3-4 times per day Mala-Not satisfactory bowel habits Jihwa-Sama Shabda-Prakrita Sparsha-Ruksha Prakriti- Vata Kapha Prakriti Aakruti- Isthul Aakruti Pallor-present (++) Nail-pale, no clubbing Skin-dry in nature Hair-brittle in nature Agni- Mandagni Koshtha-Krura; BP- 130/80 RR-17/min Weight- 64 kgs Height- 163 cms.

Patient had a no other co-morbidity but have irregular menstrual cycle for which modern medication is continued alongside. This is a single case study and consent was taken from the patient and study was in accordance with ICH-GCP guidelines

Diagnosis

Based on signs, symptoms and examination, she was diagnosed as a case of Generalized Anxiety Disorder as per ICD 10 F41.1 criteria [10] and treatments were started. Assessment of the patient before and after the intervention was done using Hamilton's Anxiety Rating scale [11].

The symptoms of GAD including excess thinking, irritability, palpitations etc which can be compared to vata prakopa lakshanas [12] and altered bowel habits, fear, anger etc to pitta asamanyata [13]. Athi chinta or excess thinking is a causative factor for rasa dhatu dusti [14] which again manifest both bodily and mental symptoms. Hridaya [15] is considered as a place of mind as per Aacharya Charaka. Also twak (skin) and mind have Samavayi sambandha and hence where ever skin is present, mind is also present [16]. Hence the vata kopa occurring due to rasa kshaya along with pita will take its abode in shiras and hridya where there exist a khavaigunya (vitiated body channels) and manifest symptoms throughout the body. This khavaigynya is generated due to the repeated thoughts and worry for long time accentuated with the perpetuating factors like stress and difficult situations of life leading to the disease "Chittodvega".

Timeline

The written consent for the treatment was obtained from the patient. The patient was given Ayurvedic treatment with a holistic approach, i.e., Cannabis tincture along with other Ayurveda medicines followed by *Pathya-Apathya* as per classical Ayurvedic text.

Therapeutic intervention

Based on the Ayurvedic principals' medical cannabis tincture was started as adjuvant symptomatic therapy for this patient [17]. Patient was given cannabis tincture in the

doses mentioned in table below.

S. No.	Date	Medication	Mode of Administration
1.	27-NOV-2021 till 06-DEC-2021	Cannabis tincture	1 drop at night
2.	07-DEC-2021 till 28-FEB-2022	Cannabis tincture	1 drop BD

Observations

After the treatment schedule of 10 days, patient had considerable relive in sleeping difficulty and anxiety. She also reported that he is feeling relaxed. After 3 months of internal medication, on follow up, patient was able to sleep for 7 hours without discomfort and she felt much relived about tensions. Also, she reported to have reduction in muscle cramps she used to feel often and increased clarity in sense of smell and vision. The assessment is given in below table.

S. No.	Parameters	Before Treatment	After Treatment
1.	Anxious mood	3	2
2.	Tension	2	1
3.	Fear	3	1
4.	Insomnia	2	0
5.	Intellectual	1	1
6.	Depressed mood	3	2
7.	Somatic (muscular)	0	0
8.	Somatic (sensory)	0	0
9.	Cardiovascular symptoms	1	1
10.	Respiratory symptoms	1	1
11.	Gastrointestinal symptoms	2	1
12.	Genitourinary symptoms	0	0
13.	Autonomic symptoms	2	2
14.	Behavior at interview	0	0
15	Total Score	20	12

Discussion

Generalized anxiety disorder (GAD) is a disorder characterized by persistent worrying and anxiety producing many bodily symptoms in addiction to affecting mind. Chittodvega is a manovikara characterized by Udvega avastha of mansa which denotes increased Rajas and the increased state of Vata dosha. As Vata is vitiated and main symptoms is athi chintha and bhaya, we adopt cannabis tincture which is Vata Kapha Shamana (pacify Vata and Kapha). Cannabis has madkari effect which helps in the treatment of manorogas, so this madkari effects lowers down the vitiated vata and kapha also regulates the pitta guna of the body. Also cannabis is a proven anxiolytic effects. The Grahi affects helps in reliving the gastrointestinal effects, Ruchya guna of cannabis improves anorexia, Pachni guna relives Aama component within the body by digestion of it [18]. GAD is a disease with symptoms of both mind and body. Both these aspects have been covered through this cannabis regime.

Conclusion

Cannabis has consistently demonstrated acute reduction in anxiety-related symptoms in patients, specifically within GAD. Additionally, the use of Cannabis for this disorders has shown increasingly minimal adverse effects compared with existing pharmacotherapy.

Declaration of patient consent

Authors certify that they have obtained patient consent

form, where the patient/caregiver has given her consent for reporting the case along with the images and other clinical information in the journal. The patient/caregiver understands that his/her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Conflict of interest

There are no conflicts of interest

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