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Review Article

COVID ANXIETY AND IMMUNE SYSTEM

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ABSTRACT

In the era of global transmission, when all the luxurious concept stands meaningless people are forced to believe the concept of 'individualistic approach in disease management'. This pandemic COVID 19 has been an eye opener which showed the world that there doesn't exists any magic pill. The one and only protector we have is our immune system. Many people are prone to ill health due to their irregular dietary habit ($\bar{A}haraja$), activities (Vihāraja) change in climate, on the other hand, some people remain healthy in spite of violating healthy rules and do not get affected by any disease. This is because of the variation in their immune power. Ayurveda described *Vyādhikṣhamatva* in more detail and magnificent way which can be considered equivalent to modern concepts of immunity. The term Vyādhikshamatva is made up of two words; Vyādhi (disease) and kshamatva (suppress or overcome). Ayurveda describes numerous health practices as Dinacarya, Ritucarya, Rasāyana, Sadyritta, Acāra rasāyana, Yoga and meditation to help mind and body to thrive. Homeostasis of Ojas, Agni, Srotas, Dosa and Dusya along with and associated is the pleasant state of sensory organs and mind, soul essential for good health. The government interventions during COVID-19 like *Punarjani*, *Sukhayushyam*, Swasthyam, Niramaya, Ayur raksha clinics which aims at strengthening the preventive mechanism gives Ayurveda a new ray of hope to globalize its importance.

INTRODUCTION

In this COVID era many were concerned about health and health care facilities of their family members working abroad, others were concerned about self-getting afflicted with COVID 19 and the treatment expenses, and another set of people i.e., health care worker-who were very anxious regarding less number of Personal Protective Equipment, virus exposure, patients perishing despite heroic efforts to save them and difficult medical decision regarding which patient should receive limited resources. In a nut shell, every single person had gone through or still going through such thoughts and worries and these has got much impact our immune system.

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12,000 years of human history, pandemics have killed an estimated 300 million to 500 million people, with the bubonic plague decimating an estimated 60% of the European population during the middle Ages. COVID 19 has caused more than 2 million reported deaths in less than a year. Aside from the death toll, the pandemic has triggered significant emotional, physical, and economic problems around the world. This pandemic has halted 93% of mental health service across the world resulting in relapse or Increasing of reported cases. Many countries adopted telemedicine or teletherapy to overcome the disruptions in-person healthcare services. Of all the mental health queries recorded in India, 60 % were aged in btw 21-30, 25% belongs to the age group 31-40, 5% from 41-60 and 10% from those aged 60 and above[1].

Stressors associated with this pandemic can be grouped as traumatic stressors and general stressors. Traumatic stressors include severe illness, hospitalisation, witnessing death of loved one, extreme exposure to COVID 19 details and general stressors include quarantine, social isolation, employment/income loss, making difficult medical decisions etc^[2].

Along with this stressors bereavement, isolation, loss of income, fear are triggering mental health conditions or exacerbating existing ones and many people may be facing increased levels of alcohol and drug use, insomnia, and anxiety. Major mental health issues associated with the COVID 19 pandemic are stress, anxiety, depressive symptoms, insomnia, PTSD, panic attacks, anger, alterations in sleep, energy level, concentration and self-esteem^[3].

According to center for disease control and prevention survey, the prevalence of mental health issues, substance use and suicidal ideation during the COVID 19 pandemic were as follows^[4].

• Anxiety or Depression: 30.9 %

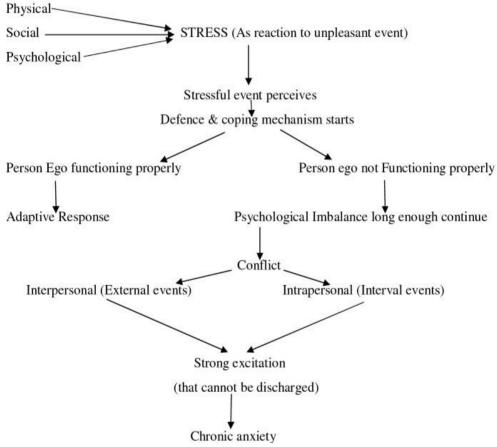
Aetiopathogenesis of Anxiety

Trauma and stress related disorders: 26.3%

Substance use: 13.3 %Suicidal ideation: 10.7 %

Anxietv

Anxiety is the commonest psychiatric symptom in clinical practice and anxiety disorders are one of the commonest psychiatric disorders in general population and is a 'normal' phenomenon, which is characterized by a state of apprehension or unease arising out of anticipation of danger^[5]. Anxiety accounts 30% of all psychiatric disorders and it is the 6th leading cause of DALYs ^[6]. During the pandemic the global prevalence rate of anxiety is 31.9%^[7].



Etiology and Psychopathology of Anxiety

This can be explained on the basis of following four factors.

- 1. Genetic factors
- 2. Psychological factors
- 3. Socio-economic factors
- 4. Neurobiological factors

1. Genetic Factors

About 15-20% of first-degree relatives of the patients with anxiety disorder exhibit anxiety disorders themselves. The concordance rate in the monozygotic twins of patients with panic disorders is as high as 80% (4 times more than in dizygotic twins).^[8]

2. Psychological Factors

The two major schools of thought about psychological factors leading to the development of generalized anxiety disorder are the cognitive behavioural school and the psychoanalytical school. According to cognitive behavioural school, anxiety patients respond incorrectly and inaccurately towards the perceived dangers because of their selective attention to negative details in the environment and the psychoanalytical school opines that anxiety raised as a result of unresolved unconscious conflicts^[9].

3. Socio-economic Factors

Economic crisis, low income, job loss, social distancing, lock down etc will increases the anxiety [2].

4. Neurobiological Factors

This includes Noradrenergic nervous system, Hypothalamic pituitary adrenal axis, Amygdala and the bed nucleus of the stria terminalis, Septo-hippocampal system, and other neurotransmitter System, Nor adrenergic pathways have long been associated with fear and arousal and play an important role in the body's response to threat[10]. HPA Axis and its end product cortisol involved in reaction to stress. Circulating cortisol exert inhibitory feedback on pituitary gland and on hippocampus. Reduction in the normal regulatory control of cortisol secretion can lead to persistent anxiety[11]. Amygdala is thought to be responsible for detection of potential threat and Mobilization of a range of defensive responses^[12]. Septo-hippocampal system Responsible for mediating the emotion of anxiety as well as the major effect of anxiolytic drugs^[13]. Neurotransmitters plays important role in anxiety pathology. Serotonin is linked to both anxiety and depression^[14]. Hyper secretion of thyroid hormone causes severe anxiety and panic attacks^[15]. Higher levels of GABA possess mood boosting qualities and low levels of GABA has excitatory properties, that put one on edge[16]. Epinephrine results many of the symptoms of anxiety^[17]. Improving dopamine level, will reduces social anxiety and other anxiety disorders[18].

Excess thought and worries will cause excess stress which triggers the fight or flight response, which stimulates sympathetic nervous system, and results in hyper secretion of cortisol. Cortisol normally boosts blood sugar levels and triglycerides, so if it is not used for physical activities there will be serious physical consequences. If excessive worrying and high anxiety go untreated, patient may end up in depression and even suicidal thoughts. Since stress is the major cause of anxiety, role of different kind of stressors on immune system enumerated as follows;

Consistent stressors like death of loved one, divorce, chronic illness etc results in the decreasing of functioning of Suppressor, Helper and Cytotoxic T cells[19]. Naturalistic stressors like academic examination, natural disaster etc results in the reduction in number and percentages of cytotoxic T cells, natural killer cell and helper T cells^[20]. Chronic stressors reduces natural killer cell cytotoxicity, results in suppression of lymphocyte proliferative responses and humoral immunity. Diminished immune responses in chronically stressed individual results in the heightened incidence of infectious and neoplastic diseases^[21]. So in order to correct this, psychological support should be routinely implemented not only to

consider psychological resilience but also to enhance psychoneuroimmunity against COVID-19.

Ayurvedic Perspective

Avurveda states that both health and ill health arises first in mind which is considered as the controller of the senses and the body. Avurveda with its holistic approach takes mind as an integral part of life. Definition of Svastha emphasizes equal importance to the mental state along with physical state. While explaining the definition of $\bar{A}yu$, Acarya Caraka gave due importance to Satva and Ātma along with other components *Śarīra* and *Indriva*. So it is understood that both the *Śārīrika* and *Mānsika vyādhi* are given equal importance^[22] i.e., some of the $\hat{Saririka}$ dosa causes Mānasika roga like Unmāda and Mānasika bhāva causes Śārīrika roga eg, Śoka causes Hridroga, i.e., Sokaja hridroga. Anxiety has both physiological tremors, head ache, Tachycardia etc and psychological symptoms (poor concentration, hyper arousal. derealization, depersonalisation etc).[23] If the anxiety is left untreated in its first stage, mild symptoms like head ache, palpitation, stomach upset will turn into major symptoms like panic attacks, depersonalization, derealisation etc, i.e., a milder form of Vāta-pitta dusţi with the involvement of Raja and Tama causes Manobuddhyādi vibhrama in later stage. If the patient is not taking the medication even in this stage, he or she will be end up in serious mental health diseases like phobic anxiety disorder, obsessive compulsive disorder, post traumatic stress disorder i.e., Unmadādi manovikāra. So to cure as well as to prevent these kind of *Vvādhi* we have to boost our immune system. Vyādhikshamatva, bala, and Ojas are the terms coined for the concept immunity in Ayurveda.

- *Vyādhikṣhamatva*: *Vyadhikshamatva* is illustrated as the power of resistance capable enough to check the progress occurrence or recurrence of disease. It is the union of two words *Vyādhi balavirodhitva* (biological defensive power of the body to fight against the ongoing afflicted diseases) and *Vyādhi utpādaka pratibandhakatva*^[24] (the prevention of further development of diseases).
- *Bala*: *Bala* imparts firm integrity to the muscles, improves the voice and complexion, and helps the person to perform his natural functions^[25]. Three types of *bala* are described in Ayurveda classics as *Sahaja bala*, *Kālaja bala* and *Yuktikrta bala*^[26]. *Sahaja bala* is the physical and mental strength present naturally by birth. So in this scenario *Sahaja bala* possess an important role, because not every person is afflicted with COVID 19, even though they have same circumstances. Similarly those with high immunity though they may have COVID, symptoms seems to be mild. *Kālaja bala* is the strength based on the division of seasons and age of the person. According to age, the person has naturally less

strength in childhood and old age. So additional measures should be taken for boosting their immunity. *Yuktikrta bala* is based on lifestyle management. AYUSH ministry advised a set of medications, dietary regimen, and *Vyāyama* for enhancing immunity during this period.

- *Ojas: Ojas* is the essence of *Saptadhātu* and it is the seat for strength^[27]. Psychological factors which are responsible for *Ojakṣhaya* are *Kopa, Dhyāna, Cinta, Soka, Bhaya* etc and results in *Bhaya* (fretful), *Durbala* (debilitated), *abhīkṣHna Dhyāna* (worries much again), *Vyathitendriya* (feels discomfort in the sense organs), *Durmana* (bad mention) etc^[28]. All these mental health issues are predominantly seen with COVID 19.
- Satva: Satva has genetic endowment as it is inherited at the time of conception and this part of the individual gets nurtured in the womb especially by the influence of 'Satvavaiśeśyakara bhāva' and also by the influence of 'one's own experiences' during infancy, childhood and adolescence and based on their characteristics they are classified into about 16 types (Kāyabheda or Personality Though these classifications help traits). understand the mental disposition better, Acarya Caraka has utilized the concept of Satva bala in determining the predisposition to develop mental illness. Satva bala (mental strength) is graded into three^[28], *Pravara* (superior), *Madhyama* (medium) and Avara (inferior). An emotion like Udvega is a common response in part of life but persons having superior mental strength Pravara satva (superior mental strength) can resist the ill effect of such emotional disturbances very easily. On the other hand, when the person having Alpa satva (inferior mental strength) and when he is under stress, it initiates the disease process by resulting in imbalance of Manodoşa. At this stage the person exhibits an exaggerated response to emotional disturbance, leading to clinical manifestation. Those with Madhyama satva (medium strength) can afford to take hardships, if consoled to do so.

Cittodvega

The aetiology and symptoms of anxiety is mostly similar to the Mānasika bhāva or Vikāra 'Cittodvega'. The term Cittodvega comprises of two words- Citta and Udvega. Citta means mind and Udvega means agitation/distressed. Thus, a state of distressed or agitated mind is known as Cittodyega. A reference to Chittodvega is found in Caraka Samhita Vimāna sthāna where Ācārya Caraka explains about physical and psychic Doshas. Chittodvega has been used by Caraka more classically under Manodoşa vikāra along with emotional disturbances like Kāma (lust), Krodha (anger), Lobha (greed), Moha (infatuation), Īrśya (envy), Māna (arrogance), Śoka (grief) and Cinta (worry)[29]. Even though the word Cittodvega is not explained by Ācārya Śuśruta, Dalhana. commentator of Susruta Samhita has mentioned Cittodwega as synonymous with the term Śoka (Grief)[30]. He has explained similar words like Cittaviparya, Cittavibhrama in which anxiety is found. Ācārya *Vāgbata* has referred the term *Cittopaplava* to denote anxiety[31]. Lakshana of Vāta-pitta vriddhi, Kapha kshaya, Dhātu dushti, ojaks Haya are seen in Cittodevga. Even though Cittodvega is not a major psychiatric illness, this can hamper the social, occupational, personal functioning of an afflicted individual.

Management

Management of anxiety is based on its presentations, severity and presence of other associated diseases, i.e., *Doşa* which are involved in this pathogenesis and extent of their *Duşti*. If anxiety is mild to moderate, one can adopt *Śamana cikitsa*, i.e., different formulations like *kaṣaya*, *Cūrṇa*, *Gulika* can be given. In moderate to severe anxiety, along with internal medication, external treatment modalities can also undertake like *Dhāra*, *Picu* etc. In very severe anxiety, *Śodhana* therapy is advised. Most of the drugs which are taken for the management, possess not only anxiolytic effect but also neuroprotective and immunomodulatory action e.g., *- Aśvagandha*, *Gulūci*, *Śankhupuṣpi*, *Bala* etc.

Table 1: Management of anxiety disorders

Kaṣāya	Ghrita	Single drugs or in combination	Vataka/Arișta
 Brahmi drākşādi kaşāya [³²] Drākşadi kaşāya [³³] 	 Kalyānaka ghrita^[34] Mahā kalyānaka ghrita ^[35] Panchagavya ghritha ^[36] 	 Aśvagandha^[37] Gulūci^[38] Śankhupuşpi^[39] Jadāmānsi^[40] Somalata^[41] Bala ^[42] Yaṣṭi ^[43] Brahmi ^[44] 	 Mānasamitra vataka^[45] Aśvagandha arişta ^[46]

Śiroabhyanga	Śirolepa	Tala	Śirodhāra
 Candanādi taila [⁴⁷] Śankhupuşpi taila [⁴⁸] 	 Samjna sthāpana gana [49] Pancagandha cūrņa [50] Daśamūla cūrņa [51] Musta[52] + Āmalaki[53] cūrna 	 Panchagandha cūrņa ^[50] Kachūrādi cūrņa ^[54] 	 Kşīradhāra [55] Tailadhāra [56] Takradhāra [57] Jaladhāra [58]

As Śodhana therapy, Nasya and Virecana are commonly advised in the mitigation of anxiety symptoms. Nasya with Panchagavya grita^[59] and Kṣīrabala taila ^[60] are some examples. Similarly Virecana with Avipatti cūrṇa^[61] is used to a very great extent.

Satvāvajava Cikitsa

Ayurveda is a comprehensive science which gives ultimate importance to health and longevity as well as prevention, rather than treatment and cure of any diseases. These measures are to be strictly followed to bring the things under control, in the crisis of COVID pandemic. Such a pandemic as COVID 19 is having an inevitable impact in the mind of people throughout the world in various levels and various age groups also, rather than affecting the body. In any individual, if the quality of life is affected during this pandemic, needs a psychological assessment as well as right intervention. This requires the help of psycho supportive therapy which is denoted as Satvājaya *cikitsa* in Avurveda^[62]. According to Ācārva Caraka. Satvāvajaya cikitsa is nothing but withdrawal of mind from unwholesome objects^[63] and for the balance of Mānasika doşa, Satvāvajya cikitsa can be administered. Satvāvajaya cikitsa is to be performed psychologically affected subjects in a stepwise manner.[64]

Step I - *Ināna*

- Knowledge of self is provided, i.e., creating awareness, of, how one has to perform or react in such an unfamiliar situation of pandemic.
- For this, if they suspecting any features of the COVID 19, inform the authorities at the earliest.
- Maintain a daily routine comprising of regular physical activities, healthy food habits, and healthy sleep pattern to maintain one's own health.
- Involve in stress relieving activities such as reading, breathing exercises or any other hobbies according to one's interest.

Step II - Vijnāna

- Awareness is created about the disease condition in a proper manner.
- So, one should Have proper theoretical knowledge about the occurrence of disease and its possible prevention
- Avoid believing myths and fake news

 Depend Government bulletins, scientific journals or WHO publications for actual data related to COVID
 19

Step III - Dhairya

- One has to develop patience to stick on to the rules for a better future.
- For this, one must possess the determination to obey rules such as lock down, social distancing and hygienic measures for the possible prevention
- Reinforce the coping skills

Step IV - Smriti

- One has to recollect the previous victories over such pandemics
- Give attention to those who had similar experiences with a positive ending
- Find opportunities to amplify hopeful stories and positive images of local people who have experienced COVID 19

Step V - Samādhi

- Step to have a stable state of mind, which is to be done as per the advice from the experts in this regard.
- For this, follow some simple stretching exercises and *Yogāsana*, regular *Prānāyāma* and other breathing exercises which calms the body as well as mind
- Chanting of *Mantra* may also be tried to improve concentration

These are the usual steps of *Satvāvajaya* to be adopted which are applicable in any psychological issues, including that of resulting from COVID as well. Psychotherapy and counseling are somewhat similar to *Satvavajaya cikitsa*. The anxiety disorder is treated with some form of counseling or psychotherapy, either singly or in combination. The range of available techniques for psychotherapy is wide and includes the

- 1. Cognitive- behavioural therapy
- 2. Supportive therapy

following [65]:

- 3. Insight oriented therapy
- 4. Directive counseling
- 5. Non-directive counseling

Under these techniques counseling therapy has a significant role. During this pandemic situation people hesitate to have direct consultation with doctors, so that patients prefer for non-directive counseling which may enable social distancing also. In this scenario tele- counseling methods have their significant role. Tele-Counseling is an ideal option in modes situations which allows all communication that provide information technology platforms, which includes voice message, text message and digital data exchange which helps for diagnosing, prescription writing and evaluation. Tele-counseling comes under non-directive counseling category and it is the technology assisted distance counseling which enables counselors and client to communicate at a distance when circumstances make this approach necessary or convenient^[66]. Recent meta-analysis of Research into tele mental health provided to children, young people and adults are found to be feasible, acceptable, and as effective as in-person services.

In this scenario, Ayurveda also developed a programme for moral and psychological support i.e. 'KOODE', an Initiative to curb psychological concerns among the public. KOODE was the first and foremost tele counseling programme from the field of Ayurveda. Main agenda of KOODE was

- To Assess the compliance with quarantine
- To provide mental health support
- To distribute emergency physical aids
- To arrange services of Ayurvedic specialties.
- · To conduct orientation classes.

Because of the group effort taken by the team KOODE, District Medical Officer of Malappuram (district in Kerala) invited team members of KOODE into COVID 19 Surveillance team. KOODE was an Inspiration to formation of state Ayurveda COVID response cell in Kerala.

Pranavama and Meditation

Along with *Satvāvajaya cikitsa*, some forms of *Pranayama* and meditation also plays an important role in reduction of anxiety symptoms and their probable mode of action can be explained as, these techniques conditions the lung and respiratory tract, stimulates lymphatic system, thus removing toxins from the body and ensures the optimal functioning of organs. *Pranayama* and meditation practice on a regular basis can increase endorphins, dopamine, serotonin, and melatonin they are the feel-good chemicals within the body and decrease cortisol levels which cause stress. These provide natural support to immune system [67].

- · Hands in and out breathing
- Hands up and down breathing
- Sectional breathing
- Full yogic breathing
- Tiger breathing
- Dog breathing, these are some breathing techniques which can be advise for anxiety patients.

 Repeated Om chanting results in physiological alertness, and increased sensitivity to sensory transmission^[68]

Though all these treatments are mainly for the attainment of normalcy of Śārīrika and *Mānasika doṣa*, the best treatment to a disease is the avoidance of causative factors i.e., *Nidāna parivarjana*^[69]. For this purpose, one can adopt measures for psycho-immune enhancement.

Psycho-Immune Enhancement

Being *Trayopasthambha*, $\bar{A}h\bar{a}ra$ and $Nidr\bar{a}$ plays a vital role in balance of $S\bar{a}r\bar{i}rika$ as well as $M\bar{a}nasika$ dosa. Relation between $\bar{A}h\bar{a}ra$ and Mana is beautifully explained in $C\bar{a}ndokyopanisat$ ' $\bar{A}h\bar{a}ra$ Suddhau Sudhhau S

CONCLUSION

COVID 19, the global pandemic have severe impact on human beings, physical and mental stress being a major one. Stress is a common trigger for anxiety which weakens the immune system, leading to vulnerable infections and frequent illnesses. It is important to detect anxiety symptoms early to prevent occurrence of anxiety disorders. The term Cittodyega goes hand in hand with anxiety and is mainly caused by vitiation of Mānasika doşa as well as Śārīrika doşa and has a greater impact on our immune system. Therefore, treatment is mainly aimed to bring back these into normalcy. Yuktivyapāśraya cikitsa is recommended for correcting the vitiated Dosa, attainment of *Dhātu sāmyata* and finally for *Ojovriddhi*. Satvāvajava cikitsa helps mind and body to thrive along with proper *Āhāra* and *Nidrā*, and practices such as Yoga and Āchāra Rasāyana.

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REFERENCES

- 1. COVID-19 disrupting mental health services in 130 countries, WHO survey, 5 October 2020.
- 2. Phebe Tucker.MD et al., Post- COVID Stress Disorder: Another Emerging Consequence of the Global Pandemic January 9, 2021, Psychiatric Times, Vol 38, Issue 1, Volume 38, Issue 01.

- 3. Dalal P K et al., Emerging mental health issues during the COVID-19 pandemic: An Indian perspective. Indian J Psychiatry 2020; 62, Suppl S3: 354-64.
- 4. Czeisler MÉ et al., Mental Health, Substance Use, and Suicidal Ideation during the COVID-19 Pandemic United States, June 24–30, 2020.
- 5. Niraj Ahuja. A short text book of psychiatry. 7thEd.New Delhi: Jaypee brothers medical publishers (P) Ltd; 2011.11: p 89.
- Baxter AJ., The global burden of anxiety disorders in 2010. Psychol Med. 2014 Aug; 44(11): 2363-74. doi: 10.1017/S0033291713003243. Epub 2014 Jan 22. PMID: 24451993.
- 7. Salari Net al., Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. Globalization and health. 2020 Dec; 16(1): 1-1.
- 8. Niraj Ahuja. A short text book of psychiatry. 7th Ed. New Delhi: Jaypee brothers medical publishers (P) Ltd; 2011.11: p 91.
- 9. Saxon L et al. Coping strategies and mental health outcomes of conflict-affected persons in the Republic of Georgia. Epidemiol Psychiatr Sci. 2017 Jun; 26(3): 276-286
- 10. Kalk NJ et al. The role of central noradrenergic dysregulation in anxiety disorders: evidence from clinical studies. J Psychopharmacol. 2011 Jan; 25(1): 3-16.
- 11. Smith S M et al., The role of the hypothalamic-pituitary-adrenal axis in neuroendocrine responses to stress. Dialogues in clinical neuroscience, 8(4), 383–395.
- 12. Walker DL et al., Role of the bed nucleus of the stria terminalis versus the amygdala in fear, stress, and anxiety. Eur J Pharmacol. 2003 Feb 28; 463 (1-3): 199-216.
- 13. The neurophysiology of Anxiety: An enquiry into the function of the septo-hippocampal system.
- 14. Marcinkiewcz, C. A., Mazzone, et al. Serotonin engages an anxiety and fear promoting circuit in the extended amygdala. Nature 2016; 537 (7618): 97–101.
- 15. Demet MM et al., Depression and anxiety in hyperthyroidism. Arch Med Res. 2010 Nov-Dec; 33(6): 552-6.
- 16. Kalueff A V et al. Role of GABA in anxiety and depression. Depression and Anxiety: 2007; p. 335–47.
- 17. Provenzano G et al., Anxiety disorders: neurobiological mechanisms and pharmaco therapeutic approch. Acta Medica Mediterranea 2008; 24(2); 105–108.

- 18. Remy P et al., Depression in Parkinson's disease: Loss of dopamine and noradrenaline innervation in the limbic system. Brain. 2005; 128(6): 1314–22.
- 19. Herbert TB et al., Stress and immunity in humans: a meta-analytic review. Psychosom. Med. 55 (4): 364–379.
- 20. Zorrilla E. Pet al., The relationship of depression and stressors to immunological assays: a meta-analytic review. Brain, Behavior, and Immunity. 15 (3): 199–226.
- 21. Segerstrom, S.C., & Miller, G.E. (2004). Psychological stress and the human immune system: a meta-analytic study of 30 years of inquiry. Psychological bulletin, 130 (4), 601–630. https://doi.org/10.1037/0033-2909.130.4.601.
- 22. K Sharma, Bhagwan Dash editor. (2014): Caraka Samhita Vimānasthāna (trans English). (p.187. 6/8). Varanasi: Chowkhambha Sanskrit Series Office.
- 23. Niraj Ahuja. A short text book of psychiatry. 7th Ed. New Delhi: Jaypee brothers medical publishers (P) Ltd; 2011.11: p 90.
- 24. K Sharma, Bhagwan Dash editor. (2014): Caraka Samhita Sūtrasthāna (trans English). (p.573. 28/7). Varanasi: Chowkhambha Sanskrit Series Office.
- 25. Srikantha murthy K R editor. (2007): Suśruta samhita Sūtrasthāna (trans English). (vol 1.,p. 104.15/20.) Varanasi: Chowkhambha Orientalia.
- 26. K Sharma, Bhagwan Dash editor. (2014): Caraka Samhita Sūtrasthāna (trans English). (p.220. 11/36). Varanasi: Chowkhambha Sanskrit Series Office.
- 27. Srikanthamurthy K R editor. (2012): Vāgbhata's Aşṭāngahṛdayam Sūtrasthāna (trans English). (6th ed., p.163.11/37.) Varanasi: Chowkhambha Krishnadas Academy.
- 28. Srikanthamurthy K R editor. (2012): Vāgbhata's Aṣṭāngahṛdayam Sūtrasthāna (trans English). (6th ed., p.164.11/39-40.) Varanasi: Chowkhambha Krishnadas Academy.
- 29. K Sharma, Bhagwan Dash editor. (2014): Caraka Samhita Vimānasthāna (trans English). (p.185. 6/5). Varanasi: Chowkhambha Sanskrit Series Office.
- 30. Srikantha murthy K R editor. (2007): Suśruta samhita Sūtrasthāna (trans English). (vol 1. p. 8.1/25.) Varanasi: Chowkhambha Orientalia.
- 31. Vagbata A, Chikitsastana, Choukamaba Krishnadas academy (English translation). Choukamba Orientalia, Varanasi, Ch 1/55
- 32. Ruksana AK. Efficacy of Brahmi drakshadi kwata in MCI [PG Dissertation].
- 33. Ayushlal. Efficacy of Drakshadi phantam in GAD-An uncontrolled clinical trial[PG Dissertation]

- 34. R K Sharma, Bhagwan Dash editor. (2014): Caraka Samhita Cikitsāsthāna (trans English). (p. 424.9/35-41). Varanasi: Chowkhambha Sanskrit Series Office.
- 35. Rekha NS. Efficacy of Mahakalyanaka ghritha in the Management of Adhijonmada [PG Dissertation]
- 36. R K Sharma, Bhagwan Dash editor. (2017): Caraka Samhita Cikitsā sthāna (trans English) Volume 3. (p. 445.10/17). Varanasi: Chowkhambha Sanskrit Series Office.
- 37. Sham Diwanayet al., Immunoprotection by botanical drugs in cancer chemotherapy. J Ethanopharmacol 2004; 90: 49-55.
- 38. Dhuley JN. Effect of some Indian herbs on macrophage functions in ochratoxin A treated mice. J Ethanopharmacol 1997; 58: 15-20.
- 39. The role of Sankhupushpi and clinical yoga techniques in the management of GAD
- 40. Toolika E et al., A comparative clinical study on the effect of Tagara and Jatamansi in the management of Anidra. Ayu 36(1): 46
- 41. Ittiyavirah SP, Rahees T. Evaluation of psychopharmacological activity of ethyl acetate extract of Sarcostemma acidum (Roxb). Voigt. The Journal of Phytopharmacology. 2013; 2(5): 1-7.
- 42. Acharya Priyavrat Sharma. (2006): Dravyaguna vijnan Volume 2. (p 734-736) Varanasi: Chaukhambha Bharti Academy.
- 43. Murck H, Lehr L, Hahn J, Braunisch MC, Jezova D, Zavorotnyy M. Adjunct Therapy With Glycyrrhiza Glabra Rapidly Improves Outcome in Depression-A Pilot Study to Support 11-Beta-Hydroxysteroid Dehydrogenase Type 2 Inhibition as a New Target. Frontiers in psychiatry. 2020 Dec 10; 11: 1379.
- 44. Lopresti AL, Smith SJ, Ali S, Metse AP, Kalns J, Drummond PD. Effects of a Bacopa monnieri extract (Bacognize®) on stress, fatigue, quality of life and sleep in adults with self-reported poor sleep: A randomised, double-blind, placebocontrolled study. Journal of Functional Foods. 2021 Oct 1; 85: 104671.
- 45. Tubaki BR et al., Clinical efficacy of Manasamitra Vataka (an Ayurveda medication) on generalized anxiety disorder with comorbid generalized social phobia: a randomized controlled study. J Altern Complement Med. 2012 Jun; 18(6): 612-21.
- 46. Kaviraj Sastri Ambikadatta, Bhaishajyaratnavali Govind Das Sen. Murccharoga prakarana: Chapter 21, Verse 15-21. Chaukhamba Sanskrita Samsthan, Varanasi, (Revised ed.). 2005.
- 47. Sahasrayogam, Vaidyapriyavyakhyanam. Taila yogangal, Kodungallur: Devi Book Stall, p.193.
- 48. Kaviraj Sastri Ambikadatta, Bhaishajyaratnavali Govind Das Sen. Balaroga cikitsaprakarana:

- Chapter 71, Verse 155-159. Chaukhamba Sanskrita Samsthan, Varanasi, (Revised ed.) 2005.
- 49. H R K Sharma, Bhagwan Dash editor. (2014): Caraka Samhita Sūtrasthāna (trans English). (p.43.2/34. Varanasi: Chowkhambha Sanskrit Series Office.
- 50. The Arya Vaidya Sala Pharmacopoeia (1983): Yoga grantha - Vaidyaratnam P.S Varier's Arya Vaidya Sala, Kottakkal
- 51. Srikanthamurthy K R editor. (2012): Vāgbhata's Aşţāngahṛdayam Sūtrasthāna (trans English). (6th ed., p. 193.6/169-170.) Varanasi: Chowkhambha Krishnadas Academy.
- 52. Acharya Priyavrat Sharma. (2006): Dravyagunavijnan Volume 2. (p 370-372) Varanasi: Chaukhambha Bharti Academy.
- 53. Pemminati S, Gopalakrishna HN, Swati B, Shreyasi C, Pai MR, Nair V. Anti-anxiety effect of aqueous extract of fruits of Emblica officinalis (EO) on acute and chronic administration in rats. Journal of Pharmacy Research. 2010; 3(2): 219-33.
- 54. Sahasrayogam Vaidyapriyavyakhyanam. Curna yogangal, Kodungallur: Devi Book Stall, p.315.
- 55. Moharana, H., Mahapatra, A. K., Maharana, L., & kumar Singh, S. (2017). Therapeutic efficacy and mechanism of action of ayurvedic shirodhara: an evidence based review.
- 56. Pathrikar AA. Clinical assessment of mind relaxation effect of jatamansi oil shirodhara on chittodvega psychological distress in tnbc triple negative breast cancer patients (Doctoral dissertation, Tilak Maharashtra Vidyapeeth.
- 57. Hegde, D., Bhargav, P. H., Bhargav, H., Babu, H., Varsha, K. A., & Raghuram, N. (2020). Feasibility and Pilot Efficacy Testing of Integrated Yoga and Shirodhara (Ayurvedic Oil-Dripping) Intervention on Clinical Symptoms, Cognitive Functions and Sleep Quality of Adults with Anxiety Disorder. International journal of yoga, 13(1), 32–41. https://doi.org/10.4103/ijoy.IJOY_44_19
- 58. Dass RK. A Clinical study to compare the role of Jaladhara And Sankhapuspi Rasayan in the management of Chittodvega (Anxiety Disorders). International Journal of Research in Ayurveda & Pharmacy. 2012 Nov 1;3(5).
- 59. Zala DS et al. Review of research works done on generalized anxiety disorder at institute for postgraduate teaching and research in Ayurveda, Jamnagar. Indian Journal of Health Sciences and Biomedical Research (KLEU). 2017 Sep 1; 10(3): 231
- 60. Srikanthamurthy K R editor. (2012): Vāgbhata's Aşţāngahṛdayam Cikitsāsthāna (trans English). (6th ed., p.521.22/45-46.) Varanasi: Chowkhambha Krishnadas Academy.

- 61. Srikanthamurthy K R editor. (2012): Vāgbhata's Aşţāngahṛdayam Kalpasiddhisthāna (trans English). (6th ed., p. 542-543.2/21-23.) Varanasi: Chowkhambha Krishnadas Academy.
- 62. Charakasamihita S (2011) Vaidya Bagavan das (English translation), vol 1. Choukamba Orientalia, Varanasi, Ch11/54.
- 63. K Sharma, Bhagwan Dash editor. (2014): Caraka Samhita Sūtrasthāna (trans English). (p. 230. 11/54). Varanasi: Chowkhambha Sanskrit Series Office.
- 64. Vidhya M Sanker, Madhvan J, Psychological Issues In Covid 19 Outbreak Ayurvedic Approach, Asian Journal of Pharmaceutical Research and Development. 2020; 8(3): 114-116. DOI: http://dx.doi.org/10.22270/ajprd.v8i3.713
- 65. Bell C A et al., Research in counseling and psychotherapy Post-COVID-19. Counseling and psychotherapy research, 10.1002/capr.12334.)
- 66. Hilty DM, Ferrer DC, Parish MB, Johnston B, Callahan EJ, Yellowlees PM. The effectiveness of telemental health: a 2013 review. Telemedicine and e-Health. 2013 Jun 1;19(6):444-54.

- 67. Nagarathna, R et al. A Perspective on Yoga as a Preventive Strategy for Coronavirus Disease 2019. International journal of yoga, 13(2), 89–98.
- 68. Kalyani BG, Venkatasubramanian G, Arasappa R, Rao NP, Kalmady SV, Behere RV, Rao H, Vasudev MK, Gangadhar BN. Neurohaemodynamic correlates of 'OM' chanting: A pilot functional magnetic resonance imaging study. International journal of yoga. 2011 Jan; 4(1): 3.
- 69. K Sharma, Bhagwan Dash editor. (2014): Caraka Samhita Vimānasthāna (trans English). (p.203. 7/14). Varanasi: Chowkhambha Sanskrit Series Office.
- 70. Sharma R, Adiga M. Role of Diet in Mental Disorder. Journal of Ayurveda and Integrated Medical Sciences. 2020 Dec 31; 5(06): 297-300.
- 71. De Mello MT, Silva A, de Carvalho Guerreiro R, Da-Silva FR, Esteves AM, Poyares D, Piovezan R, Treptow E, Starling M, Rosa DS, Pires GN. Sleep and COVID-19: considerations about immunity, pathophysiology, and treatment. Sleep Science. 2020 Jul; 13(3): 199.
- 72. Bhushan Raghuwanshi et al., A Review Study on Mental Health The Role of Different Perspectives of Ayurveda during Covid-19 Pandemic. August 2020.

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