

Anxiety-A Treatment by Herbal Approach: A Review

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Abstract

Anxiety is a state of excessive fear and apprehension regarding the occurrence of even normal things in life. It is characterized by motor tension, sympathetic hyperactivity, and apprehension and vigilance syndromes. Anxiety may interfere with intelligence, psychomotor function and memory. Anxiety disorder may develop from a complex set of risk factors including genetic predisposition, brain chemistry, stress and sudden life changes. The principle brain region implicated in the processing of fearful material is the amygdala (fear centre), which coordinates the automatic threat response; integrating information from sensory pathways via cortical and sub-cortical inputs. The pathophysiology of anxiety disorders is not well fully understood. Animal studies have demonstrated the existence of a "fear network" involving the amygdala and its interactions with the hippocampus and the medial prefrontal cortex, thought to be important in generating conditioned fear responses.

Keywords: Anxiety, Models, Essential oils, Plants.

Introduction

The word anxiety is derived from the Latin, *angere*, which means to choke and strangle. The anxiety response is often not attributable to a real threat. Nevertheless it can still paralyze the individual into inaction or withdrawal. Anxiety is a state of fear or a subjective feeling of apprehension, dread or foreboding. This psychological state is often accompanied by signs of autonomic activation or other physical symptoms.

Anxiety is a cardinal symptom of many psychiatric disorders and an almost inevitable component of many medical and surgical conditions. Indeed, it is a universal human emotion, closely allied with appropriate fear and presumably serving psychobiologically adaptive purposes.

Symptoms of anxiety commonly are associated with depression and especially with dysthymic disorder (chronic depression of moderate severity), panic disorder, agoraphobia and other specific phobias, obsessive-compulsive disorder, eating disorders, and many personality disorders.^{1,2} Sometimes, despite a

thoughtful evaluation of a patient, no treatable primary illness is found, or if one is found and treated, it may be desirable to deal directly with the anxiety at the same time. In such situations anti-anxiety medications are frequently and appropriately used.³

Anxiety disorders as recognized clinically include

- Generalized anxiety disorder (an ongoing state of excessive anxiety lacking any clear reason or focus)
- Panic disorder (sudden attacks of overwhelming fear occur in association with marked somatic symptoms, such as sweating, tachycardia, chest pains, trembling and choking). Such attacks can be induced even in normal individuals by infusion of sodium lactate, and the condition appears to have a genetic component)
- Phobias (strong fears of specific objects or situations, e.g. snakes, open spaces, flying, social interactions)
- Post-traumatic stress disorder (anxiety triggered by recall of past stressful experiences)

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