The clinical spectrum of anxiety ranges from a normal experience to a psychopathological state. Anxious patients usually present with symptoms that can be divided into four major groups:

1. Subjective feeling
2. Cognitive disturbances
3. Behavioural changes, and
4. Somatic complaints

Patients with anxiety experience loss of confidence in their daily activities with autonomic hyperactivity and complaint of a panicky state and difficulty in sleeping. How well the patient is able to cope with anxiety will delineate its exact clinical and pathological significance. It is estimated that anywhere from 5-10% of the population is afflicted with pathological anxiety. Maintenance of normal daily activities becomes difficult for such people and they over-react to stressful stimuli (Lapierre, 1984).

A number of drugs are available for use as antianxiety agents. However, the selection of an appropriate agent will depend on the type of anxiety, its triggering event as well as the accompanying conditions. Modern drugs like benzodiazepines and propanediols are useful but must be cautiously prescribed due to their liability to cause drug dependence and side-effects.

Geriforte is an indigenous herbal preparation which has been shown to possess adaptogenic and antistress effects in experimental studies. These findings have also confirmed in some clinical situations. An attempt has been made to critically evaluate the antianxiety effect of Geriforte in anxiety neurosis.

**MATERIAL AND METHODS**

It was an open controlled study of 30 male and female patients (mean age 43.93±1.25 years), suffering from anxiety disorders with varying degrees of severity, for durations of 2 months to 2 years. The diagnostic criteria for diagnosis was ICD-9 for anxiety neurosis and anxiety neurosis with depression (WHO, 1978). They were already receiving other drugs like imipramine, diazepam, chlordiazepoxide, amitryptiline or doxepin. The drugs and their dosages were kept stable for at least six weeks before commencing Geriforte therapy. Only those patients, in whom the symptoms were not controlled inspite of adequate dosage of the other drugs, received Geriforte in the dose of two tablets three times a day for six weeks.

The patients were followed up every week in the OPD to check improvement, if any, by using the Hamilton Anxiety Rating Scale (HARS). They were also asked to relate their own subjective impressions about the treatment. The clinical impressions in the patients’ status were also noted at the follow-up. Side-effects, if any, were noted.

**RESULTS**

There was a mean reduction in the total score on the HARS (Table). Inspite of other drug therapy that these patients were receiving before Geriforte treatment, the initial total score was 29.27. The effect of Geriforte was observed by the third week and there was significant reduction in the total score at the end of the fifth and sixth weeks of therapy (Fig.).

---

*Paper read at 41st Annual Conference of Indian Psychiatric Society, January 2-5, 1989, Cuttack.
1. Calcutta Medical Research Institute, Harmony Nursing Home, Calcutta.
Geriforte in Anxiety Neurosis

**Improvement in Hamilton Anxiety Rating Scale Parameters with Geriforte**

![Graph showing improvement over weeks](image)

**Table. Mean total score in anxiety and anxiety with depression before and after Geriforte**

| Parameters                | 1st week Score | 6th week Score |
|---------------------------|----------------|----------------|
| Anxiety (n=22)            | 29.27* ± 1.27  | 22.19* ± 0.86  |
| Anxiety with Depression (n=8) | 30.29* ± 1.30  | 21.66* ± 1.14  |

*P < 0.001

**n = number of patients**

Patients experienced both subjective and objective improvements. Subjectively, the patients reported a feeling of well-being and a soothing, quietening effect on the mind. They did not have any feeling of being sedated. The capacity to carry out day-to-day activity also improved. Clinically, the patients showed improvement.

Statistical analysis (Signed rank sum test) to check the effect of Geriforte in males and females showed that both groups showed equal improvement. Incidentally, there were more males than females in our study, but the degree of anxiety, to start with, in both the groups was the same.

The data was also analysed to assess the difference, if any, in the two age groups of patients, i.e., one group below 40 years of age and the other above 40. There were more patients suffering from anxiety in the group aged above 40 years. The severity of the condition was slightly more in the younger age group. But the degree of improvement in both the groups was about the same.

There were 22 cases suffering from anxiety, and 8 with anxiety plus depression (Table). Once again, the degree of improvement following Geriforte treatment was the same in both the groups. Geriforte seemed to help in reducing anxiety as well as depression.

The data was analysed separately to check the trend in improvement following Geriforte treatment in 14 parameters of the HARS. It was seen that the initial score was high in 5 parameters, viz., anxious mood, tension, cardiovascular symptoms, fear and insomnia. Improvement was evident in relief from an-
xious mood, tension and cardiovascular symptoms. Marked improvement was noted in behaviour at the interview. As far as the other parameters are concerned, improvement was also noted but it was less marked.

**Side-effects**

No side-effects were reported or observed during the course of Geriforte therapy. On the contrary, a feeling of well-being was reported by almost all the patients.

**DISCUSSION**

Severe anxiety, whether primary or secondary, can be very disabling and the aim of treatment is to alleviate the symptoms and reduce them to a tolerable level. None of the drugs available today meets the requirements of an ideal anti-anxiety agent although the benzodiazepines are very close to it (Rickels, 1978).

Using more than one anxiolytic agent may not be therapeutically very advantageous if the mechanism of action of these agents remains the same (Hollister, 1972).

The beneficial effect of Geriforte, when combined with other agents, is most probably due to the different modes of action resulting in synergy.

It was surprising to observe that more patients above the age group of 40 had the symptoms of anxiety. The number of aged people in the world is rapidly rising and so also the stressful conditions. It would be worthwhile to have the observations from other urban parts of India.

The present study has not only established the beneficial effect of Geriforte in anxiety neurosis but also shown that Geriforte offers promise as a good addition to ongoing therapy in such patients.

**REFERENCES**

Lapierre, Yvon, D. (1984). Prof. of Psychiatry and Pharmacology, Faculty of Health, University of Ottawa and Director of Research and Outpatient Clinics, Royal Ottawa Hospital, Ottawa, Canada, "A Contemporary Approach to the Diagnosis and Treatment of Anxiety" Personal communication.

W. H. O. (1978). The International Classification of Diseases, 9th revision (ICD-9), Geneva: W. H. O.

Rickels, K. (1978). Use of Antianxiety Agents in Anxious Outpatients. Psychopharmacology, 58, 1.

Hollister, L. E. (1972). Clinical Use of Psychotherapeutic Drugs II. Antidepressant and Antianxiety Drugs and Special Problems in the Use of Psychotherapeutic Drugs. Drugs, 4, 361.