Homoeopathy in the management of generalised anxiety disorder: A case report

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Abstract

Introduction: Generalised anxiety disorder (G.A.D.) is characterised by excessive, pervasive and uncontrollable worry. G.A.D. is a chronic and recurrent disorder with a low rate of remission with a considerable impact on quality of life. There is a scarcity of literature published on homoeopathy on G.A.D. This case report illustrates an improvement without recurrence of a G.A.D. case treated exclusively with homoeopathic medicine.

Case Summary: A 36-year-old man presented with anxiety about least trifles, easily irritable, palpitation, gastric disturbances, tension, excessive sweating, sleep disturbances and difficulty in concentration. After thorough case-taking, homoeopathic treatment with Lycopodium 200C and Sulphur 1000C led to a remarkable improvement. He was free of symptoms from the 10th month of treatment. He was functionally and socially improved, as reflected in the Hamilton Anxiety Rating Scale and there was no relapse for 8 months. Individualised homeopathic treatment showed a positive result in the treatment of G.A.D. It brought about considerable improvement in the patient’s social, occupational and familial life without any adverse effects.
Abstract

**Introduction:** Generalised anxiety disorder (G.A.D.) is characterised by excessive, pervasive and uncontrollable worry. G.A.D. is a chronic and recurrent disorder with a low rate of remission with a considerable impact on quality of life. There is a scarcity of literature published on homoeopathy on G.A.D. This case report illustrates an improvement without recurrence of a G.A.D. case treated exclusively with homoeopathic medicine. **Case Summary:** A 36-year-old man presented with anxiety about least trifles, easily irritable, palpitation, gastric disturbances, tension, excessive sweating, sleep disturbances and difficulty in concentration. After thorough case-taking, homoeopathic treatment with Lycopodium 200C and Sulphur 1000C led to a remarkable improvement. He was free of symptoms from the 10th month of treatment. He was functionally and socially improved, as reflected in the Hamilton Anxiety Rating Scale and there was no relapse for 8 months. Individualised homoeopathic treatment showed a positive result in the treatment of G.A.D. It brought about considerable improvement in the patient’s social, occupational and familial life without any adverse effects.

**Keywords:** Anxiety, Hamilton Anxiety Rating Scale, Homoeopathy, Lycopodium, Sulphur

**Introduction**

Anxiety is a normal phenomenon, characterised by apprehension due to anticipation of danger. Fear is an apprehension in response to known external danger, while in anxiety, the danger is largely unknown. Normal anxiety becomes pathological when it causes significant subjective distress and/or impairment in the functioning of an individual. The symptoms of anxiety can be broadly classified into two groups: physical and psychological. The ego is a collective abstraction for the process by which a person perceives, thinks and acts on external events or internal drives. A person whose ego is functioning properly is in adaptive balance with both external and internal worlds. If the ego is not functioning properly and the resulting imbalance continues sufficiently long, the person experiences chronic anxiety. Whether the imbalance is external, between the pressures of the outside world and the person’s ego, or internal, between the person’s impulses and conscience, the imbalance produces a conflict. Whereas externally caused conflicts are usually interpersonal, those that are internally caused are intrapsychic or intrapersonal.

Anxiety disorders are the most common class of psychiatric disorders in the general population. They are the sixth leading cause of disability worldwide with 4% of all years lived with disability. It is seen more commonly in females as compared to males. Globally, 273 million had an anxiety disorder as of 2010. A 2010 overview of Indian research in anxiety disorders yielded an estimated prevalence rate of 5.8% for generalised anxiety disorder (G.A.D.). A 2017 study found that, out of the 197.3 million Indians with mental disorders 44.9 million had anxiety disorders. The most common anxiety disorders are G.A.D., panic disorder, social anxiety disorder and specific phobias.

**Case Report**

**Case Summary:** A 36-year-old man presented with anxiety about least trifles, easily irritable, palpitation, gastric disturbances, tension, excessive sweating, sleep disturbances and difficulty in concentration. After thorough case-taking, homoeopathic treatment with Lycopodium 200C and Sulphur 1000C led to a remarkable improvement. He was free of symptoms from the 10th month of treatment. He was functionally and socially improved, as reflected in the Hamilton Anxiety Rating Scale and there was no relapse for 8 months. Individualised homoeopathic treatment showed a positive result in the treatment of G.A.D. It brought about considerable improvement in the patient’s social, occupational and familial life without any adverse effects.

**Keywords:** Anxiety, Hamilton Anxiety Rating Scale, Homoeopathy, Lycopodium, Sulphur

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is the most impairing.\textsuperscript{[4]} It has the potential to cause serious interference with a person’s daily life. It is often complicated by a high prevalence (45–91\%) of comorbidity with other psychiatric conditions including panic disorders and major depressive disorders. Relapse rates are fairly high for people suffering from G.A.D. with two-thirds of patients suffering a recurrence within 1 year.\textsuperscript{[5]}

An interplay between genetic, biological and stress factors shapes the presentation of this disorder.\textsuperscript{[6]} Anxiety disorders can also occur in the context of medical illness.\textsuperscript{[7]} Studies report that anxiety can coexist with cardiovascular diseases, dermatological diseases and endocrinological diseases.\textsuperscript{[8-11]} In conventional treatment, benzodiazepines, serotonin-selective reuptake inhibitors and serotonin and norepinephrine reuptake inhibitors are the mainstay of treatment.\textsuperscript{[12-14]} The use of complementary and alternative medicine (C.A.M.) therapies is becoming an increasingly popular treatment option for anxiety disorders.

Ayurveda, Homoeopathy, Naturopathy, Acupuncture, Chinese/Oriental medicine, Reiki, etc. have been used in the treatment of G.A.D. with variable results.\textsuperscript{[15,16]} The low stigma and low costs of many forms of C.A.M., especially in comparison to many conventional psychiatric treatments, make them popular options for patients.\textsuperscript{[17]} A 2018 meta-analysis states that evidence about the efficacy/safety of most C.A.M. methods in G.A.D. is limited.\textsuperscript{[18]} A quasi-experimental, pre-test and post-test design suggests that multimodal interventions focusing on self-care behaviours may be feasible for patients seeking adjunct or alternative therapies. The study also suggested that it offers support for expanding the conceptualisation and treatment for G.A.D. by integrating C.A.M. into existing cognitive-behavioural models.\textsuperscript{[19]} Homoeopathy has a history of successful treatment of various psychological disorders and many studies were published with valid evidence regarding the scope of homoeopathy in psychiatry.\textsuperscript{[20-22]} A few studies have been published, so far, regarding the management of anxiety disorders with homoeopathy.\textsuperscript{[23]} A double-blind, randomised, placebo-controlled and pilot trial showed a small but positive direction of anxiolytic effect favouring homoeopathy over placebo.\textsuperscript{[24]}

To add more preliminary evidence to the homoeopathic management of anxiety disorder, a clinical case report is presented here as per HOM-CASE guidelines.\textsuperscript{[25]} The Modified Naranjo criteria for homoeopathy-causal attribution inventory was used for assessing the likelihood of a causal relationship between a homoeopathic intervention and clinical outcome.\textsuperscript{[26]} The Hamilton Anxiety Rating Scale (HAM-A)\textsuperscript{[27]} a widely used clinician-administered rating tool, available in the public domain, was used to measure the severity of anxiety symptoms. The scale consists of 14 items, each defined by a series of symptoms and measures both psychic anxiety and somatic anxiety. Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indicates mild severity, 18–24 mild-to-moderate severity and 25–30 moderate-to-severe.\textsuperscript{[27]} The outcome in relation to impact on daily living (ORIDL) instrument has also been used in this case to measure patient’s views of the outcome of care and by relating the outcome to the effect of the intervention on the impact on daily life.

**Patient Information**

A 36-year-old male patient had come to the psychiatry outpatient department (O.P.D.), of the National Homoeopathy Research Institute in Mental Health, Kottayam, on 31st March 2020 with his wife for the following complaints, which were bothering him for five years. His symptoms were anxiety about least trifles, easily irritable, palpitation, gastric disturbances, tension and excessive sweating, sleep disturbances and difficulty in concentration.

**History of present illness**

The patient had started a business eight years back. His wife had a belief that involvement in business could lead to alcoholism. Yet, occasionally, he had to drink in business meetings; but eventually, he became a social drinker. However, he used to be quiet after drinking alcohol and slept without causing any issues. He reported that frequent lessons from his wife about the effects of alcoholism gradually made him more anxious. Initially, the anxiety was confined to business and health, but it became generalised. He had anxiety before attempting to do anything, even thoughts of events and activities made him anxious. He had difficulty controlling his worrisome thoughts about what would happen.
Along with his anxiety symptoms, he developed palpitations and gastrointestinal symptoms such as distention of the abdomen, constipation and frequent eructation. He also had excessive perspiration whenever he was anxious. His sleep reduced and he had an unrefreshed feeling, especially while waking from bed in the morning. He was irritable which he would express only to his family members and not to others. He also had difficulty concentrating. Hence, he took conventional treatment for 2 years, where he was prescribed sertraline (50 mg). His complaints reappeared whenever he relinquished the medicine. Hence, he discontinued its use at his own wish.

The patient had lower back pain at the age of 30 years and had recovered with ayurvedic treatment. At the age of 34 years, he had cholelithiasis, which was also relieved by ayurvedic treatment.

The patient’s mother had an anxiety disorder, diabetes mellitus and hypertension.

**Life space investigation**
He was the second child of his parents. He was born and brought up in a middle-class family in south India. His father was the sole earner of the family. His childhood was largely happy and he had a good relationship with his parents, siblings and friends. He started schooling at the age of 6 years, though he was not interested in studies. No behavioural problems were reported during his school years. After school, he did a diploma. He was lazy and did everything at his parent’s insistence. He was a timid person and felt anxious about public speaking since childhood. He was afraid of the dark, had stage fright and was averse to quarrels because he could not tolerate rudeness.

**Physical generals**
His appetite and thirst were moderate. The tongue was moist and clean. Urine and stools were regular and satisfactory. Perspiration was moderate. Sleep was disturbed. He had a moderate desire for sweets and meat and had an excessive intolerance to oyster. Thermally, he was an extremely hot patient.

**Diagnostic assessment**
Considering the free-floating anxiety and other autonomic symptoms that had persisted for more than 6 months, the consultant psychiatrist diagnosed the case as G.A.D. as per the DSM-V diagnostic guidelines. The consultant psychiatrist confirmed that anxiety was not due to any neurological, endocrinological, metabolic or medication-related disorders. Common psychiatric disorders such as panic disorder, phobia, obsessive-compulsive disorder and post-traumatic stress disorder were excluded from the study.

**Analysis of symptoms**
The symptoms narrated by the patient and attendant, as well as the symptoms observed by the physician, were considered for the analysis. These were: Anxiety about least trifles, easily irritable, palpitation, gastric disturbances, tension and excessive sweating, sleep disturbances, difficulty in concentration, aversion to quarrelling, stage fright, fear of dark, anticipation, constipation, sweet desire, meat desire and oyster aggravation. Since his anxiety and anticipation was the main cause for all his sufferings, giving importance to this, the rubric for alcoholism was not considered.

The totality of the case was constructed and repertorised to find out the most suitable remedy. The symptoms considered for the totality were: aversion to quarrelling, stage fright, fear of the dark, anticipation, constipation, sweet desire, meat desire and oyster aggravation. The *Synthesis Repertory* was used for repertorisation using RADAR Opus 2.0 software [Figure 1].

### Table 1: Mental Status Examination

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Domains</th>
<th>Baseline</th>
<th>After 6th month</th>
<th>After 12th month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General appearance and behaviour</td>
<td>Conscious and cooperative, neatly dressed, well-combed hair, appeared restless, Rapport less established</td>
<td>Conscious and cooperative, neatly dressed, well-combed hair, fidgety reduced, Rapport established</td>
<td>Conscious and cooperative, neatly dressed, well-combed hair, Appearing without fidgety, Rapport established</td>
</tr>
<tr>
<td>2</td>
<td>Psychomotor activity</td>
<td>Moderate fidgety of hands and legs</td>
<td>Fidgety reduced well</td>
<td>N.A.D.</td>
</tr>
<tr>
<td>3</td>
<td>Eye to eye contact</td>
<td>Maintained</td>
<td>Maintained</td>
<td>Maintained</td>
</tr>
<tr>
<td>4</td>
<td>Speech</td>
<td>Hasty but interruptible</td>
<td>Hastiness reduced</td>
<td>N.A.D.</td>
</tr>
<tr>
<td>5</td>
<td>Affect</td>
<td>Appropriate</td>
<td>Appropriate</td>
<td>Appropriate</td>
</tr>
<tr>
<td>6</td>
<td>Mood</td>
<td>Anxious</td>
<td>Mixed</td>
<td>Stable</td>
</tr>
<tr>
<td>7</td>
<td>Thoughts</td>
<td>NAD</td>
<td>NAD</td>
<td>NAD</td>
</tr>
<tr>
<td>8</td>
<td>Perceptual disorder</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>9</td>
<td>Orientation to time, place, and person</td>
<td>Well-oriented</td>
<td>Well-oriented</td>
<td>Well-oriented</td>
</tr>
<tr>
<td>10</td>
<td>Memory</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>11</td>
<td>General information and intelligence</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>12</td>
<td>Attention and concentration</td>
<td>Difficult to sustain</td>
<td>Improved</td>
<td>Good</td>
</tr>
<tr>
<td>13</td>
<td>Abstract thinking</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>14</td>
<td>Judgement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>15</td>
<td>Insight</td>
<td>Grade 6</td>
<td>Grade 6</td>
<td>Grade 6</td>
</tr>
</tbody>
</table>

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Table 2: Follow-up

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Date</th>
<th>Symptoms</th>
<th>Homoeopathic prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>30 April 2020</td>
<td>Irritability-Persist. Anxiety-Persist Palpitation–Persist. Tension and profuse sweat-same Gastric disturbances reduced. Sleep disturbed and unrefreshed-Persist. Difficulty in concentration-Persist. Constipation-Nil</td>
<td>Lycopodium 30/2D repeated once in 15 days, for a month.</td>
</tr>
<tr>
<td>3.</td>
<td>04 June 2020</td>
<td>Irritability-. Reduced Anxiety-felt better Palpitation-Persist Tension and profuse sweat-Reduced Gastric disturbances were reduced well Sleep-improved Difficulty in concentration same Constipation-Nil</td>
<td>Lycopodium 30/2D, kept as S.O.S. Sac lac was prescribed for a month.</td>
</tr>
<tr>
<td>4.</td>
<td>04 July 2020</td>
<td>Irritability-Reduced Anxiety-Reduced Palpitation-same Tension and profuse sweat-Reduced Gastric disturbances-Reappear Sleep-improved Difficulty in concentration-Improved Constipation-Reappear</td>
<td>Lycopodium 200/2D, repeated once in 15 days for a month.</td>
</tr>
<tr>
<td>5.</td>
<td>03 August 2020</td>
<td>Irritability-. Reduced Anxiety- Reduced Palpitation-Reduced Tension and profuse sweat-reduced well Gastric disturbances-Reduced Sleep-improved Difficulty in concentration-. Improved Constipation-Better</td>
<td>Lycopodium 200/2D, kept as S.O.S. Sac lac was prescribed for a month.</td>
</tr>
<tr>
<td>6.</td>
<td>17 September 2020</td>
<td>Irritability-Reduced Anxiety-Reduced Palpitation-Reduced Tension and profuse sweat-reduced well Gastric disturbances-Reduced Sleep-improved Difficulty in concentration-. Improved Constipation-Better</td>
<td>Lycopodium 200/2D was not taken. Sac lac was prescribed for a month.</td>
</tr>
<tr>
<td>7.</td>
<td>22 October 2020</td>
<td>Irritability-Increased Anxiety-Increased Palpitation-Present Gastric disturbances-Reappear Sleep-Disturbed Difficulty in concentration-Improved Tension and profuse sweat reduced Constipation-Reappear</td>
<td>Sulphur 1M/2D once in 15 days for a month along with sac lac.</td>
</tr>
<tr>
<td>8.</td>
<td>01 December 2020</td>
<td>Irritability-Reduced well Anxiety-Reduced Palpitation-Reduced well Gastric disturbances-Nil Sleep-Sound</td>
<td>Sulphur 1M/2D was kept as S.O.S for a month along with sac lac.</td>
</tr>
</tbody>
</table>

(Contd...)
Therapeutic intervention

Individualised homoeopathic medicines were selected according to the symptom similarity. *Lycopodium* 30 and 200C, *Sulphur* 1000C and *Belladonna* 200C were prescribed in succession.

Follow-up and outcomes

The patient was followed-up and assessed monthly for 18 months. The Mental Status Examination findings during the follow-ups are shown in Table 1. The course of the treatment for 18 months is shown in Table 2. Significant improvements...
in the symptoms were observed, with exclusive homoeopathic medicines.

**Discussion**

It is an immense challenge for the homoeopathic physician to manage G.A.D. patients with regular follow-ups because the patients are unconvincing, easily upset, hasty and do not completely adhere to the instructions of one physician. The only possible way out is by meticulous first prescription and keen observation of the patient as a whole. To bring a favourable result in G.A.D. with homoeopathy, the guidelines advised by our master Dr Samuel Hahnemann in the third aphorism of *Organon of Medicine* were followed. He advised the physician to possess a thorough knowledge of the disease, knowledge of individual medicine, choice of remedy and proper dosage and repetition. In G.A.D., we ought to know that the patient will always be on edge and needs a lot of reassurance; also, this kind of emotional disease eventually affects the physical health as well (Aphorism 225). The most similar homoeopathic medicine in proper doses increases the patient’s tolerance without creating a functional disturbance. All mental diseases are psoric and are one-sided diseases, thus are more difficult to cure.

However, this case had an exact aetiology that is, anticipation and pre-morbid personality trait like anxiety about public speaking. *Lycopodium* proved to be the correct similimum in the case. Other symptoms such as aggravation from oysters, desire for sweets and fear of the dark also indicated this remedy. *Lycopodium* patients feel anxiety from mental stress and lacks confidence; taking on responsibility can cause deep anxiety and fear of failure, although they are capable. It also covered the patient’s physical symptoms, such as digestive upsets with gastric irritability and bloating, poor concentration and craving for sweets, which are often seen in this remedy. This case did not have any co-morbid mental disorder, which is perhaps why the regular follow-ups were possible, which, in turn, made the patient recover quickly.

Most of the symptoms in this case were psoric, like, anxieties for trifles, easily irritable, constipation, frequent eructation, tension, reduced and unrefreshed sleep and difficulty in concentration. Palpitation and constipation fall under pseudo psora. Excessive sweating and craving for alcohol come under sycotic. Hence, overall, the patient can be considered psoric. *Lycopodium* also covers the psoric miasma.

The patient was treated with *Lyco*, an individualised homoeopathic medicine, based on emotional cause, pre-morbid characteristics, presenting symptoms and physical generals. Anticipation and anxiety were the reason for his main complaints. The same has been confirmed from his pre-morbid condition; his wife had triggered anxiety about his health. Hence, rather than considering the disease’s symptoms, investigating the reason behind the development of the symptoms can help to arrive at the right similimum. The remaining symptoms, which had been considered for developing the repertorial chart, are pervasive symptoms from childhood, which is why they were considered valuable points for arriving similimum.

Furthermore, he was a social drinker even during the first visit to our OPD. Once he started homoeopathic treatment, he felt better and could quit alcohol consumption too. Since his anxiety was a significant issue, importance was given to that. However, he recovered from the both anxiety and alcoholism.

*Sulphur* was also prescribed as an intercurrent when there was an apparent blockage of action of the first prescription following an initial relief. *Sulph* covered the symptoms such as irritability and gastric disturbances with constipation. Moreover, *Sulph* follows *Lyco* well. There was remarkable improvement in the case after prescribing the anti-psoric medicine, as suggested by Hahnemann.

### Table 4: Modified Naranjo Criteria

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?</td>
<td>+2</td>
<td>−1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Did the clinical improvement occur within a plausible timeframe relative to the drug intake?</td>
<td>+1</td>
<td>−2</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Was there an aggravation of symptoms?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Did the effect encompass more than the main symptom or condition that is, were other symptoms ultimately improved or changed?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Did overall wellbeing improve? (ORIDL Scale)</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>(A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(B) Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• From organs of more importance to those of less importance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• From deeper to more superficial aspects of the individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• From the top downwards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did ‘old symptoms’ (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
<td>−3</td>
<td>+1</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)</td>
<td>+2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Was the health improvement confirmed by any objective data? (DASS)</td>
<td>+2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**ORIDL**: Outcome in relation to impact on daily living
The clinical outcome of the case was assessed with HAM-A and Modified Naranjo Criteria, which showed a marked reduction in the intensity of symptoms. The initial score of HAM-A was 26 (moderate-to-severe category), which gradually reduced to 0 (remission stage) by the last follow-up [Table 3]. The causal attribution was established with the Modified Naranjo Criteria score of 8 that is, ‘probable’ [Table 4]. With the ORIDL instrument, the patient reported +4 (cured/came back to normal), for his main complaint, overall coping with the problem and overall well-being, showing the beneficial role of homeopathy.

**Conclusion**

The positive outcome of the homoeopathic treatment of the present episode could be a pathway for encouraging patients to opt for homoeopathy to manage such anxiety episodes.

**Acknowledgment**

The authors are thankful to Dr. B S J Raja Kumar, Officer-in-Charge, Dr. K.C. Muraleedharan, Medical Superintendent and Dr. N. D. Mohan, H.O.D, Department of Psychiatry, National Homoeopathy Research Institute in Mental Health, Kerala. They are also obliged to the patient and the caregivers for their valuable inputs.

**Declaration of patient consent**

The author certifies that due written consent was taken from the patient for anonymously using his clinical information in scientific research publications.

**Conflicts of interest**

None declared.

**References**

Moorthi and Radhika: Generalised anxiety disorder: A case report

Introduction: Le trouble anxieux généralisé (TAG) se caractérise par une inquiétude excessive, envahissante et incontrôlable. G.A.D. est une maladie chronique et récurrente à faible taux de rémission avec un impact considérable sur la qualité de vie. Il y a peu de littérature publiée sur l’homéopathie sur G.A.D. Ce cas clinique illustre une amélioration sans rémission d’un G.A.D. cas traité exclusivement par médecine homéopathique.


L’HOMÉOPATHIE DANS LA PRISE EN CHARGE DU TROUBLE D’ANXIÉTÉ GÉNÉRALISÉE : À RAPPORT D’UN CAS

Einleitung: Die generalisierte Angststörung (G.A.D.) ist durch übermäßige, allgegenwärtige und unkontrollierbare Sorgen gekennzeichnet. Es handelt sich um eine chronische und rezidivierende Störung mit einer geringen Remissionsrate, die die Lebensqualität erheblich beeinträchtigt. Es gibt nur wenig Literatur zur Homöopathie bei G.A.D. Dieser Fallbericht zeigt eine Verbesserung ohne Remission bei einem G.A.D.-Fall, der ausschließlich mit homöopathischen Mitteln behandelt wurde.


व्यापक दुश्चिंतया शिकयार के प्रबिंधन में होम्योपैथी : एक क े स ररपोर्ट

पररचय: व्यापक दुश्चिंतया शिकयार (जी.ए.डी.) का मुख्य लक्षण अत्यशिक, व्यापक और अनियंत्रित चिता है। जी.ए.डी. क्रोनिक और बार-बार होने वाला विकार है जिसकी सुधार होने की दर कम होती है एवं यह जीवन की गुणवत्ता की गंभीर रूप से प्रभावित करता है। होम्योपैथी में जी.ए.डी. से संबंधित प्रभावित सही शक्तियों का अभाव है। इस के सिरपोट में केवल होम्योपैथी के उपचार से जी.ए.डी. में सुधार दर्शिया गया है।

के स सयारयािंश: एक 36 वर्ष के व्यक्ति ने छोटी-छोटी बातों के लिए चिता, चिड़चिड़ापन, धड़न के बदने, गैसिक गठबंधन, तनाव, अल्पक वस्तुओं की आवश्यकता, बार-बार नींद बाधा और एकाग्रता में कठिनाई होने की समय से बाद, लाइकोपोडियम 200C और सल्फर 1000C द्वारा होम्योपैथी उपचार करने से उल्लभावी सुधार हुआ। दस महीनों के उपचार के उपरांत लक्षण दिखाने बंद हो गए थे। उसमें कायम्यक और समस्याजिक सुधार आया, जैसा कि हॉमिल्टन एंजाप्टि रेटिंग स्केल (HAM-A) से पता चला और आठ महीनों के के बाद भी लक्षण देखना नहीं आये। व्यक्तिगत रूप से संबंधित होम्योपैथी उपचार द्वारा जी.ए.डी. के उपचार में सकारात्मक परिणाम प्रदर्शित किये गये। इससे बिना किसी प्रतिकृत प्रभाव के रोगी के समाजिक, व्यवसायिक और पारिवारिक जीवन में काफी सुधार आया।
HOMEOPATÍA EN EL TRATAMIENTO DEL TRASTORNO DE ANSIEDAD GENERALIZADA: UN INFORME DE CASO

Introducción: El trastorno de ansiedad generalizada (G.A.D) se caracteriza por una preocupación excesiva, generalizada e incontrolable. El G.A.D. es un trastorno crónico y recurrente con una baja tasa de remisión con un impacto considerable en la calidad de vida. Hay una escasez de literatura publicada sobre Homeopatía en G.A.D. Este informe de caso ilustra una mejoria sin remisión de un caso de G.A.D. tratado exclusivamente con medicina homeopática.

Resumen del caso: Un hombre de 36 años presentó ansiedad por las pequeñeces más pequeñas, fácilmente irritable, palpitaciones, trastornos gástricos, tensión, sudoración excesiva, trastornos del sueño y dificultad para concentrarse. Después de una minuciosa toma de casos, el tratamiento homeopático con Lycopodium 200C y Sulphur 1000C condujo a una mejoria notable. Estaba libre de síntomas desde el décimo mes de tratamiento. Mejoró funcional y socialmente, como se refleja en la Escala de Calificación de Ansiedad de Hamilton (HAM-A) y no hubo remisión durante ocho meses. Los homeopáticos individualizados mostraron un resultado positivo en el tratamiento de G.A.D. Produjo una mejoria considerable en la vida social, ocupacional y familiar del paciente sin ningún efecto adverso.

顺势疗法治疗广泛性焦虑症1例

病例摘要：一名36岁男子表现为琐事焦虑、易烦躁、心悸、胃功能紊乱、紧张、出汗过多、睡眠障碍和注意力难以集中。经过彻底的病例分析，Lycopodium 200C和Sulfur 1000C的顺势疗法治疗效果显著改善。从治疗的第十个月起，他就没有任何症状。汉密尔顿焦虑量表（HAM-A）显示，他在功能和社交方面都有所改善，八个月内没有缓解。个体化顺势疗法在G.A.D治疗中显示出积极的结果。 它在患者的社会、职业和家庭生活中带来了显著的改善，没有任何不良影响。