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## MANAGEMENT OF GENERALIZED ANXIETY DISORDER WITH LM POTENCIES: A CASE REPORT

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### Abstract

Background: Generalized Anxiety Disorder (GAD) is a common mental health condition characterized by persistent and excessive worry or anxiety about various aspects of life, such as work, relationships, and daily activities. Anxiety disorders can result in work and school absences, posing a greater financial burden compared to other psychiatric disorders, given their higher global prevalence of approximately 642 million individuals affected. Although effective psychological treatments like Cognitive-Behavioral Therapy and mindfulness-based therapies exist for GAD, accessibility remains an issue for many. Common medications, including Selective Serotonin Reuptake Inhibitors and Benzodiazepines, carry potential side effects. While there has been some exploration of Homoeopathy's effectiveness in GAD, comprehensive discussions on the approach and posology are lacking. Case summary: A 52-year-old female patient, exhibiting symptoms of generalized anxiety coupled with severe autonomic symptoms, was diagnosed with GAD based on DSM-5 criteria. The cases were systematically analyzed and treated with individualized homeopathic medicines in fifty millesimal potencies. The approach involved initial blood tests and thyroid function assessments to rule out systemic illnesses. Thorough case assessments were conducted using standardized record forms and the Kentian method to compile a comprehensive symptom profile. Following symptom analysis, RADAR Opus software was used for repertorization, leading to the prescription of *Pulsatilla* in 0/1 potency, determined by repertorial totality and final consultation with materia medica. Baseline severity and progress were assessed monthly using the Hamilton Anxiety Scale (HAM-A), while the World Health Organization Quality of Life brief version (WHO QOL BREF) was administered every six months. HAM-A scores, starting at 45, decreased to 3 at the end of the one-year observation period. The Modified Naranjo Criteria for Homeopathy—Causal Attribution Inventory was utilized to establish a causal relationship between Homoeopathic intervention and outcomes. Conclusion: These findings provide preliminary evidence supporting the potential utility of fifty millesimal potencies of individualized homeopathic medicines in managing GAD. They underscore the need for further research in this area.

**Keywords:** Generalized Anxiety Disorder; Hamilton Anxiety Scale; HAM-A; Individualized Homoeopathy; LM potency; WHO QOL BREF.

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### Introduction

Anxiety is a universal experience, commonly characterized by a diffuse and unpleasant sense of apprehension, often accompanied by autonomic symptoms such as headaches, perspiration, palpitations, chest tightness, mild stomach discomfort, and restlessness, leading to an inability to sit or stand still for extended periods [1].

Generalized Anxiety Disorder (GAD) is distinguished by excessive anxiety and worry concerning various events or activities, persisting for at least six months. Those with

GAD struggle to manage their worry, which can lead to impairment in social, occupational, or other areas of functioning [2,3]. Physical symptoms like headaches, stomachaches, trembling, sweating, and fatigue may manifest, affecting concentration and performance at school or work. GAD may also prompt heightened concerns about physical health, sometimes resulting in unnecessary medical visits. Overall, GAD is a chronic condition requiring proper diagnosis and treatment for improved mental and emotional well-being [1].

Anxiety disorders, including GAD, OCD, panic disorder, PTSD, and social phobia, are prevalent in adolescence due to physiological and psychological changes and substance use. The DSM-5 criteria define anxiety disorders as persisting for an extended duration and affecting normal daily life [4]. Anxiety disorders rank among the most frequently diagnosed psychiatric conditions, with a current weighted prevalence of 2.57% in the adult general population. Agoraphobia tops the list at 1.6%, with GAD following closely at 0.575% [5]. In the United States, lifetime prevalence is approximately 32%, and globally, the World Health Organization reports a 15% increase in anxiety disorder cases since 2005, totaling around 264 million individuals. These statistics underscore the extensive impact of anxiety disorders on mental health worldwide [6]. GAD affects 6.8 million adults in the U.S. (3.1% of the population), yet only 43.2% receive treatment. Women are twice as likely to be affected as men, and GAD frequently co-occurs with major depression [7, 8].

The precise mechanism underlying GAD remains elusive, but anxiety is considered a normal occurrence in children. Stranger anxiety typically emerges between seven to nine months of age. The body's response to stress involves various neurotransmitter systems, with noradrenergic, serotonergic, and others playing roles. Common pathways implicated in anxiety include the serotonin and noradrenergic systems. It is often theorized that the development of anxiety is linked to low serotonin system activity and heightened noradrenergic system activity. Consequently, selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are recognized as the primary contemporary pharmacological agents for its treatment [9].

GAD is classified in ICD-10 under "Neurotic, stress-related, and somatoform disorders," requiring six months of excessive worry, difficulty controlling it, and at least three associated symptoms. ICD-11, under "Mental, behavioural, or neurodevelopmental disorders," specifies core symptoms of uncontrollable worry and at least three associated symptoms. DSM-5, widely used in the U.S., mandates six months of excessive anxiety, difficulty controlling worry, and at least three symptoms, with the exclusion of other mental disorders. As updates may occur, it is crucial to consult current guidelines, and a qualified mental health professional's assessment is essential for an accurate diagnosis [2, 3, 10].

Psychological treatment for GAD encompasses various evidence-based approaches. Cognitive-Behavioral Therapy (CBT) is a leading method, focusing on identifying and challenging excessive worry, modifying distorted thought patterns, and teaching effective coping strategies. Exposure therapy is used when specific fears or phobias accompany GAD, systematically desensitizing individuals to anxiety triggers. Mindfulness-based therapies, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), encourage present-moment awareness and meditation to reduce anxiety [11, 12].

Common medications for GAD include Selective Serotonin Reuptake Inhibitors (SSRIs) like sertraline and escitalopram and fluoxetine which may lead to side effects such as nausea, headaches, sexual dysfunction, or changes in weight. Benzodiazepines like lorazepam and alprazolam provide rapid anxiety relief but come with the risk of habituation, withdrawal symptoms, and sedation. Venlafaxine, a serotonin-norepinephrine reuptake inhibitor (SNRI), is occasionally used and may result in side effects like increased blood pressure, nausea, and sexual issues. Careful monitoring and consultation with a healthcare provider are essential to effectively manage these medications and address potential adverse effects [13]. The purpose of this case report is to explore the scope of individualized Homoeopathic medicine in LM potencies in the comprehensive management of GAD.

## Materials and Methods

A patient, presenting at the psychiatry Outpatient Department (OPD) of the NHRIMH, received a diagnosis of GAD from the institute's consultant Psychiatrist, adhering to the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). To rule out potential systemic illnesses, baseline assessments included routine blood investigations and thyroid function tests. The treatment protocol involved a systematic approach, initiating with a comprehensive case-taking process using a standardized case record Performa. The complete symptom picture was derived using the Kentian method [14]. Subsequently, symptoms were analyzed, and repertorization was carried out with the assistance of RADAR Opus software [15]. The final selection of medicine was made based on the totality of symptoms, potential differential field, and reference to *Materia medica*, guided by the principle of individualization [16, 17].

Patient assessments occurred on a monthly basis using the Hamilton Anxiety Scale (HAM-A) and every six months using the World Health Organization Quality of Life brief version (WHO QOL BREF) to gauge the severity of GAD symptoms [18,19]. Periodic analyses and evaluations were conducted at four-week intervals, with patients encouraged to promptly report any symptom aggravations between visits. The prescribed medicine, Pulsatilla, was initially administered in 0/1 potency during the first visit and subsequently adjusted to higher potencies based on

monthly improvements. Changes in symptom intensity and frequency were diligently noted during each visit, and repetitions were carried out as necessary, depending on the observed improvement, or a placebo was given. The Modified Naranjo Criteria for Homeopathy-Causal Attribution Inventory played a pivotal role in eliciting a causal relationship between the Homoeopathic intervention and the observed outcomes [20].

### Case Summary

A 52-year-old female patient, residing in a rural area, reported in the psychiatry outpatient department (O.P.D.), of the National Homoeopathy Research Institute in Mental Health, Kottayam, on 2<sup>nd</sup> February 2022, with complaints of anxiety over trivial matters aggravated since 1 month. Associated with palpitations, increased perspiration, disturbed sleep, chest heaviness, dry mouth, tremors in the extremities and restlessness persisting for the past 2 years. Notably, during the second month of gestation with her second child, she experienced vaginal bleeding, leading to a fear of abortion and subsequent worries about her ability to overcome the situation. Post-delivery, she developed persistent fearfulness, an aversion to being alone, a constant need for someone's presence, sleep disturbances, and talking during sleep. The patient initially sought allopathic treatment, experienced improvement after a 5-day course, and subsequently discontinued medication. However, she continued to experience occasional episodes of fearfulness and sleep disturbances thereafter.

4 years ago, the patient underwent a hysterectomy due to uterine fibroids. She has hemorrhoids since her 28th years of age. Her mother had history of schizophrenia, and her maternal aunt had throat cancer. The patient's childhood was marked by her father's alcoholism, leading to property destruction and strained relations with him. Occasionally these challenging experiences from the past, leaves her feeling deeply saddened. Her pre-morbid personality is fastidiousness, perfectionist and extroverted and she is getting relief from consolation. Sleep was disturbed, desire for sour food. On Mental status examination, increased thought flow, mood was anxious subjectively and objectively and reduced concentration. *Pulsatilla* 0/1 was given in aqua as daily doses for first week.

Table: 1-Follow up

SL NO	DATE	SYMPTOMS	PRESCRIPTION
1	9/2/2022	Anxiety over trivial matters. Palpitations and chest heaviness during anxiety, Increased perspiration. Disturbed sleep. Dry mouth and tremors in the extremities. Restlessness	<i>Pulsatilla</i> 0/2 (15D/daily once) for 2 weeks
2	23/2/2022	Anxiety reduced slightly Palpitations reduced. Increased perspiration during anxiety reduced. Sleep improved. Chest heaviness felt better. Restlessness reduced	<i>Pulsatilla</i> 0/3 (15D/alternate days) for 1 month
3	30 /3/2022	Anxiety with palpitation reduced. Increased perspiration and chest heaviness reduced. Restlessness reduced. Sleep better	<i>Pulsatilla</i> 0/4 (7D/once in 4 days) for 1 month
4	27/4/2022	General improvement of patient Anxiety -reduced Palpitations- Nil Increased perspiration during anxiety-Nil Sleep-Good. Chest heaviness -Nil. Restlessness-Nil	SL for 1 month
5	1/6/2022	Complaints better in general Anxiety symptoms reduced. Doing household activities properly. Sleep- Good Other generals- Good	SL for 1 month
6	29/6/ 2022	General improvement of symptoms Anxiety over trifles reduced No other complaints Doing her works without any trouble	SL for 1 month

7	27/7/2022	General relief of complaints Anxiety occasionally present No somatic symptoms Sleep- Good	<i>Pulsatilla</i> 0/5 (7D/once in 4 days) for 1 month
8	31/8/ 2022	General improvement present Anxiety reduced well Generals- Good	SL for 1 month
9	28/9/ 2022	Complaints better No anxiety over trivial matters Generals-Good	SL for 1 month
10	26/10/2022	General improvement of patient Anxiety -Nil Generals-Good	SL for 1 month
11	23/11/ 2022	General relief No anxiety Generals-Good	SL for 1 month
12	21/12/ 2022	General improvement of patient Anxiety -Nil Generals-Good	SL for 1 month
13	25/1/23	General improvement of patient Anxiety -Nil Generals-Good	SL for 1 month
14	22/2/23	General improvement of patient Anxiety -Nil Generals-Good	SL for 1 month

**Results**

The rubrics considered for prescription and the repertorization charts are illustrated in Figure. 2. The final selection of medicine was grounded in the totality of symptoms, potential differential field, and reference to Materia Medica, following the principle of individualization. Chosen medicines were administered in LM potencies, adjusting according to the severity and progress of the symptoms.

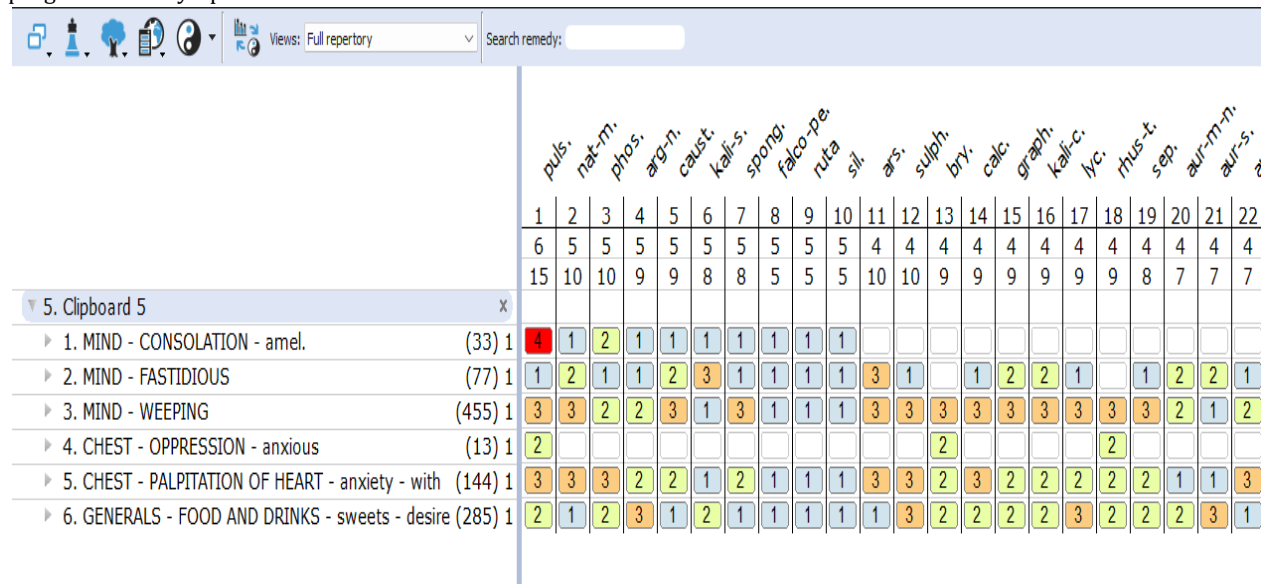


Figure: 1 Repertory chart

At the baseline, the HAM-A score was 45, indicating a classification in the "very severe" category. Remarkably, this score was significantly reduced to 3 at the end of the one-year observation period. The improvement demonstrated a steady continuation into the subsequent year. The alterations in the HAM-A score and its graphical representation throughout the course of treatment are provided in Table. 2 and Figure No. 2, respectively. Somatic symptoms exhibited a consistent improvement over

the one-year duration. Notably, there was a substantial positive impact on physical health, psychological well-being, social relationships, and the perception of the environment in the assessment of Quality of Life.

Table: 2-Change in HAM A score up to 12 month

MONTH	HAM A SCORE
MONTH 1	45
MONTH 2	51
MONTH3	39
MONTH 4	35
MONTH 5	34
MONTH 6	25
MONTH 7	19
MONTH8	15
MONTH 9	12
MONTH 10	7
MONTH11	5
MONTH12	3

### Discussion

This case report employed an individualized Homoeopathic treatment approach utilizing LM potencies. The selected remedy, Pulsatilla, was initially administered in 0/1 potency and was subsequently increased to higher potencies based on the severity of the symptoms and the patient's response. The selection of Homoeopathic medicine for each patient was meticulously carried out through a systematic process of case-taking, involving the maintenance of standardized case records and considering the patient's overall health, encompassing physical, emotional, and mental well-being.

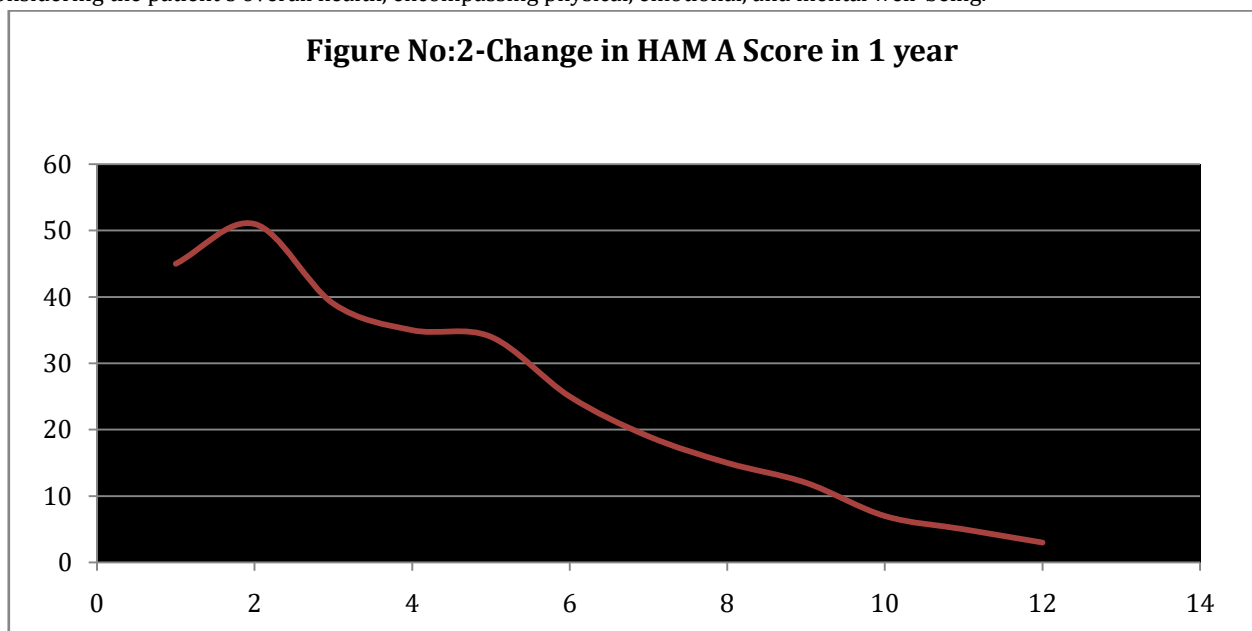


Figure: 2-change in HAM A score

Given previous experiences in managing GAD with centesimal potencies, an observed need for frequent repetition without exacerbating symptoms prompted the utilization of LM potency in the reported cases. Notably, there are no prior studies investigating the impact of LM potencies on GAD, rendering our exploration a unique contribution to the field.

The patient's case underwent a comprehensive analysis, delving not only into physical symptoms but also exploring emotional and mental aspects. The patient's temperament, moods, and overall constitution were integral components of this process. A rapid improvement was observed after the initial prescription of medicine within one month, highlighting the holistic approach of Homoeopathy in managing GAD.

Follow-up visits involved a holistic approach, emphasizing active listening, open expression, patient education, and support for self-care. This included promoting relaxation techniques, healthy lifestyle choices, and creating a calm home environment. Encouraging engaging activities, like gardening or participating in classes, proved beneficial for individuals with ample free time, fostering overall well-being and personal growth.

In 2021, a double-blind, randomized, placebo-controlled pilot trial conducted at the National Institute of Homoeopathy in India by Maneet Parewa et al. investigated patients with Generalized Anxiety Disorder (GAD). The study utilized the GAD-7 questionnaire and the Hamilton Anxiety Scale (HAM-A) for assessment, revealing a small but positive direction of anxiolytic effects favoring Homoeopathy over placebo. Calcarea carbonica emerged as the frequently indicated medicine [21].

In the same year, Dr. Alpesh Shah et al. conducted a study exploring the effectiveness of Homoeopathic Medicine in cases of Generalized Anxiety Disorders. The study concluded by highlighting the significant utility of Homoeopathic Medicine in identifying indicated medicines for Anxiety Disorder cases. The indicated medicines in this study included Natrum Mur, Phosphorus, Lycopodium, Calc carb, Arg Nit, Sulphur, and Calc Silicata [22].

A miasmatic analysis in a review article published by Gilla D et al. in 2021 found a predominance of Psoric miasm in cases of anxiety disorders. This aligns with a Homoeopathic perspective on anxiety disorders during the Covid-19 pandemic, emphasizing the critical importance of mental health during such challenging times. The review suggested that Homoeopathy could serve as a safe and effective alternative or adjunctive approach for managing anxiety disorders [23].

A case report by Moorthi et al. on the effectiveness of Homoeopathic medicines in managing GAD demonstrated significant improvement in symptoms with the remedy Lycopodium, followed by Sulphur. The HAM-A score of the patient, initially at twenty-six, reduced to zero at the end of 12 months [24].

While drugs like Benzodiazepines and SSRIs are commonly used for GAD treatment, they have significant drawbacks and various side effects. In contrast, homoeopathic medicines, when appropriately chosen, are claimed to offer steady and speedy improvement with no reported side effects. This holistic and minimally invasive approach appeals to individuals seeking an alternative to conventional medications for managing anxiety [25].

Table: 3 detail the application of the Modified Naranjo Criteria to assess the correlation between a Homeopathic medicine and health improvement, attributing a causal relationship. Positive indicators include an enhancement in the main symptom, a plausible timeframe for clinical improvement, and an initial aggravation of symptoms. The impact of the medicine went beyond addressing the primary condition, leading to a general enhancement in overall well-being. The direction of cure and repeat dosing both supported the positive evaluation. However, uncertainties arose regarding the temporary reappearance of old symptoms and the existence of alternate causes for improvement. The confirmation of health improvement by objective evidence adds credibility to the positive correlation. The table offers a detailed evaluation, taking into account various factors that contribute to a comprehensive understanding of the impact of Homeopathic medicine on health [20].

SL NO	Table No:3-MODIFIED NARANJO CRITERIA	YES	NO	NOT SURE
1	Was there an improvement in the main symptom or condition for which the Homeopathic medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3	Was there an initial aggravation of symptoms?	+1		
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5	Did overall well-being improve? (suggest using a validated scale)	+1		
6	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	+1		
7	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8	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)		0	
9	Was the health improvement confirmed by any objective evidence?	+2		

SL NO	Table No:3-MODIFIED NARANJO CRITERIA	YES	NO	NOT SURE
	(e.g., laboratory test, clinical observation, etc.)			
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
<b>Total</b>		<b>10</b>		

### Conclusion

This case report underscores the utility of Homoeopathy in managing Generalized Anxiety Disorder (GAD). The positive response observed with *Pulsatilla* and the careful escalation of LM potencies highlights the significant role of Homoeopathy in effectively managing GAD. There was a considerable change in HAM-A score from 45 to 3, and the improvement in the quality of life indicates the homoeopathic management of GAD extends beyond symptom relief to positively impact overall well-being. It's crucial to acknowledge the inherent limitations of case reports, particularly in terms of internal validity due to the absence of a comparison group subjected to the same variables. Thus, randomized controlled trials are essential for establishing the efficacy of homeopathic treatments for GAD on a more scientifically robust basis. Additionally, conducting long-term follow-up studies on these cases may be necessary to explore the possibility of relapses after Homoeopathic treatment.

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### Declaration of Patients' Consent

The authors certify that they have obtained appropriate patient consents, and the patients understand that their name and initials will not be published to maintain confidentiality. Although efforts will be made to conceal identity, anonymity cannot be guaranteed.

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Nil.

### Conflicts of Interest

None declared

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