

# Individualized homoeopathic treatment of phobic anxiety disorders – A case series

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## Abstract

**Introduction:** Phobic anxiety disorders (PAD) are common distressing and disabling disorders that reduce the quality of life of an individual. Clinical trials of phobic disorders in conventional treatment are not yet substantiated with too many positive results. Homoeopathy is a well-established therapeutic system with potential relevance to psychiatry but has a limited database and its effectiveness in certain disorders such as Phobic disorders is yet to be explored. Cases of phobias, which have been cured in routine homoeopathic practice remain anecdotal. This case series generates preliminary evidence for the usefulness of homoeopathy in phobic disorders. Well planned research studies with calculated sample size and suitable study designs are necessary to corroborate the evidence. **Cases Summary:** A series of five case reports of PAD which were treated with homoeopathic medicines in OPD of National Homoeopathy Research Institute in Mental Health, Kottayam are presented here. Cases which were assessed for severity using American Psychiatric Association (APA) Severity Measures for Phobia-Adult at baseline and with a 1-year follow-up at periodic monthly interval are reported. Their baseline and monthly scores were analyzed, and results are summarized. The mean APA Phobia Severity measure value of the five cases i.e., 35 at baseline reduced to 0 (Asymptomatic) in an average duration of 8 months. The improvement continued steadily up to 12 months. Results point out preliminary evidence for utility of Homoeopathy in Phobic disorders and stimulate for further research in this area.

**Keywords:** Agoraphobia, American Psychiatric Association severity measure for phobia, Homoeopathy, Phobic anxiety disorders, Social phobia, Specific phobia

## INTRODUCTION

Phobia is defined as “an irrational fear of specific object, situation or activity, often leading to persistent avoidance of the feared object, situation or activity.”<sup>[1]</sup> The word phobia originated from a Greek word “phobos,” meaning panic fear and terror.<sup>[2]</sup> ICD 10 classifies Phobic Anxiety Disorders (PAD-F40) under neurotic stress-related and somatoform disorders.<sup>[3]</sup> As per DSM V phobias are considered as a subtype of anxiety disorders.<sup>[4]</sup>

Phobic disorders are common distressing and disabling psychiatric disorders. The global burden of anxiety disorders represents 10.4% disability adjusted life years.<sup>[5]</sup> Lifetime prevalence of specific phobias around the world ranges from 3% to 15%.<sup>[6]</sup> Females have a high rate (2.4%) when compared to males (1.5%). The urban metro residents (3.8%) have the higher prevalence than rural area residents.<sup>[7]</sup> Social phobia is a serious mental health problem in India with an incidence of 2.79% and prevalence of 1.47%.<sup>[8]</sup>

The exact cause of PADs is not clear, but certain risk factors such as family history of depression, childhood abuse, low self-esteem,

female sex, white race, years of education, number of traumatic experiences and disturbed family environment have been attributed.<sup>[4,9,10]</sup> Anxiety disorders are moderately heritable, highly complex and polygenic.<sup>[11]</sup> Malfunctioning of the amygdala and associated brain structure may give rise to phobias.<sup>[12]</sup>

Phobias are divided into three groups: Social phobia, specific phobia and agoraphobia.<sup>[3,4]</sup> Social phobia (social anxiety disorder) is characterized by the fear of being embarrassed or humiliated in front of others. The phobic stimuli are avoided or when not avoided, the individual feels severely anxious and uncomfortable.

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Specific phobia (Simple or Isolated phobia) is characterized by an excessive unreasonable fear of specific object or situations that always occurs on exposure to the feared stimulus.<sup>[13]</sup> There are several kinds of specific phobias. Five main types of specific phobias based on focus of apprehension are acrophobia (fear of high places), zoophobia (fear of animals), astraphobia (fear of thunderstorm), hemophobia (fear on seeing blood), traumatophobia (fear of physical injury).<sup>[14]</sup>

Agoraphobia is characterized by an irrational fear of being in places away from the familiar setting of home.<sup>[1]</sup> The term “agoraphobia” translates literally from Greek as “fear of market place” and although many patients with agoraphobia are uncomfortable in shops and markets, their true fear is being separated from a source of security.<sup>[15]</sup>

Phobia can cause serious life impairment, impaired social activity and reduce time and productivity at work.<sup>[14]</sup> Phobic disorders can cause severe emotional distress, leading to anxiety disorders, depression, suicidal ideation and substance-related disorders, especially alcohol abuse or dependence.<sup>[16]</sup>

There are several rating scales for measuring specific phobias.<sup>[17]</sup> For ease of use, particularly for individuals with more than one anxiety disorder, scales have been developed by American Psychiatric Association (APA) to have the same format (but different focus) across the anxiety disorders, with rating of behavioral symptoms, cognitive ideation symptoms, and physical symptoms relevant to each disorder.<sup>[4]</sup>

PAD are commonly treated by exposure-based therapy, applied tension, applied relaxation, cognitive therapy, benzodiazepines, selective serotonin reuptake inhibitor.<sup>[14]</sup> Certain psychotherapy training modules consume long time with relapse in most of the cases, which in turn causes financial burden to the family. Most of the pharmaco-therapeutic interventions are associated with tolerance, dependence, relapses upon discontinuation and potential side effects.<sup>[14,18]</sup> In this context safe and effective alternative treatment regimen should be explored in this area.

Homoeopathy is a system of medicine based on totality of symptoms and treatment is purely according to fixed principles.<sup>[19]</sup> The database on studies of homoeopathy and psychiatry is very limited, but convincing results are reported with few studies.<sup>[20]</sup> Homoeopathy can be useful in the treatment of social anxiety, restlessness and phobia.<sup>[14]</sup> Homoeopathic materia medica and repertories quote number of remedies for “fear” and “phobia,” the clinical utility of these rubrics has been observed from time to time.<sup>[21,22]</sup> A literature study identified 83 rubrics in the homoeopathic materia medica corresponding to symptoms of social phobia.<sup>[23]</sup> A randomized, double-blind, placebo-controlled trial suggested that homoeopathic therapy can be used as an effective method to treat anxiety and depression disorders.<sup>[24]</sup>

Some qualitative studies, clinical trials and meta-analyses have shown the effectiveness of homoeopathy as an adjuvant therapy in anxiety disorders.<sup>[24-26]</sup> However, the specific utility in phobic disorders has not been explored yet and there is a

scarcity of literature to show the usefulness of homoeopathic medicines in phobic disorders.

Five cases diagnosed as PAD (F-40 as per ICD-10) were of specific phobia (03), agoraphobia (01), and social phobia (01) which were treated with individualized homoeopathic medicines in the out-patient department of National Homoeopathy Research Institute in Mental Health (NHRIMH) collected by purposive sampling method are reported [Table 1]. A specialized case recording form for psychiatric cases was used to take the case completely in respect to presenting complaints, history, family history, premorbid personality, physical generals, mental generals and mental status examination. Totality of symptoms were erected after analysis and evaluation as per the Kentian method and repertorized with RADAR software (Version 10.0). Cases that were having comorbid physical or psychiatric illness, using psychotropic medicines and where rating scale was not applied, were excluded from the study. The cases were assessed using APA Severity Measures for Phobia—Adult, meant for Social or Specific or Agoraphobia respectively [Figure 1]. Cases with baseline data and monthly visits with a 1-year follow-up are analyzed and reported here. Three cases of specific phobia, one case of social phobia and agoraphobia each have been presented as case vignettes.

### Diagnostic assessment

APA severity measure for phobia was administered in the consecutive follow-ups. The APA Severity assessment scale for phobic disorders' scores in the follow-up visits are given in Table 2. The progress of the patient and the follow-up prescriptions are summarized in Table 3.

## CASE VIGNETTES

### Case 1

A 20-year-old, female presented with intense fear of thunderstorm with headache and inability to sleep during rain and fear of going out in darkness in the past 10 years. Her mother was under psychiatric treatment and she had been residing in a psychiatric asylum for the last 15 years. The patient was always worried about her mother and gradually developed fears. Her father, sister and uncle had psychiatric illness.

She was affectionate, extroverted, inquisitive, thoughtful, and helping-natured girl. She needed company while sleeping.

She lied on the right side while sleeping. Her bowel habit was irregular i.e., hard stool once in 3 days. She had disturbed sleep with fearful dreams; was ambithermal. She desired juicy refreshing things, milk and tea.

### Diagnosis

Specific phobia (F40.2)-Astraphobia, (also known as astraphobia, brontophobia, keraunophobia, or tonitrophobia) is an abnormal fear of thunder and lightning.

The first prescription was *Phosphorus* 30/1 dose on 14 May, 2019.

**Table 1: Demographic data of cases**

Case no.	Diagnosis	Age	Sex	Occupation	Socio-economic status	Duration of illness (years)
1	Astraphobia	20	Female	Student	Low	10
2	Dystychiphobia	48	Female	House wife	Low	5
3	Amaphobia	34	Male	Nurse	Middle	3
4	Agoraphobia	32	Female	Teacher	Middle	2
5	Social phobia	18	Female	Student	Middle	3

**Severity Measure for Specific Phobia—Adult**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female  Date: \_\_\_\_\_

The following questions ask about thoughts, feelings, and behaviors that you may have had in a variety of situations. Please check (✓) the item below that makes you most anxious. Choose only one item and make your ratings based on the situations included in that item.

<input type="checkbox"/> Driving, flying, tunnels, bridges, or enclosed spaces	<input type="checkbox"/> Animals or insects	<input type="checkbox"/> Heights, storms, or water	<input type="checkbox"/> Blood, needles, or injections	<input type="checkbox"/> Choking or vomiting
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**Please respond to each item by marking (✓ or x) one box per row.**

During the PAST 7 DAYS, I have...							Clinician Use Item score
		Never	Occasionally	Half of the time	Most of the time	All of the time	
1.	felt moments of sudden terror, fear, or fright in these situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2.	felt anxious, worried, or nervous about these situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3.	had thoughts of being injured, overcome with fear, or other bad things happening in these situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky in these situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing in these situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6.	avoided, or did not approach or enter, these situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7.	moved away from these situations or left them early	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8.	spent a lot of time preparing for, or procrastinating about (i.e., putting off), these situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
9.	distracted myself to avoid thinking about these situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
10.	needed help to cope with these situations (e.g., alcohol or medications, superstitious objects, other people)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
<b>Total/Partial Raw Score:</b>							
<b>Prorated Total Raw Score: (if 1-2 items left unanswered)</b>							
<b>Average Total Score:</b>							

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**Figure 1:** American Psychiatric Association severity measures for phobia—adult

**Case 2**

A 48-year-old, female presented with fear of accidents with anxiety, palpitation and internal trembling of whole body while travelling, and fear of thunderstorm since 5 years. She had tremors while thinking about accidents. She also had a sensation of burning all over the body and chest discomfort for 1 year. Her complaints became worse after the death of her brother. Subsequently, she lost interest in social functions and concentration in household duties. Her father and brother had a history of psychiatric complaints. She had disturbed sleep. Desired fish, sweet and salt, and was better by eating. She was ambithermal, towards chilly. Premorbid personality characteristics were open minded, angered easily for least things, startling tendency, she had much anxiety about

disease. She had fear of ghosts since her childhood. She avoided journey as far as possible and felt extremely uncomfortable if travel was unavoidable.

*Diagnosis*

Specific phobia- Dystychiphobia (is the excessive and irrational fear of accidents).

The first prescription was *Natrum Carbonicum* 30/1 Dose. (on 24 March, 2020).

**Case 3**

A 34-year-old male, presented with fear of snakes. He could not bear to see the pictures of a snakes. He avoided going out in dark for fear of seeing a snake in his vicinity. He also complained

of fear of sleeping alone, fear of robbers and fear of driving in the past 3 years. He had moderate appetite and moderate thirst. Sleep was disturbed due to thoughts. The patient had craving for sweets. He was thermally sensitive to heat. Premorbid personality characteristics included introverted, sensitive, empathetic, confident and easily angered. He was not able to continue his job anywhere for more than 3 months in the last 3 years, due to conflict at workplace. He was stressed about not being married yet.

**Diagnosis**

Specific phobia- Ophidiophobia (is the abnormal fear of snakes) and Amaxophobia (fear of driving).

The first prescription was *Lycopodium* 200/1 Dose (on 6 January, 2018).

**Case 4**

A 32-year-old female, presented with panic attacks and palpitation on going away from home. She had fear of crowd,

**Table 2: APA Severity assessment scale for PAD scores in the follow-up**

S. No.	Case-1	Case-2	Case-3	Case-4	Case-5
Baseline	32	37	32	36	38
Month-1	29	37	35	36	30
Month-2	18	26	17	31	26
Month-3	9	18	9	25	21
Month-4	7	11	3	20	17
Month-5	3	13	2	15	14
Month-6	1	6	2	18	7
Month-7	0	2	0	11	3
Month-8	0	0	0	6	2
Month-9	0	2	0	2	1
Month-10	0	0	0	0	0
Month-11	0	0	0	1	0
Month-12	0	0	0	0	0

fear of being alone, feared that something bad would happen, fear of going to toilet and closing door, fear of hospitals, fear of diseases, fear of heights. Patient used to work as an administrator in a school for 5 years. She had to discontinue the work after delivery of her first child because couldn't attend the job in time. It created stress for her and complaints started after that. Physical symptoms were tiredness, headache, feeling of tightness all over the body, and pain all over the body. The symptoms kept on changing. She had undergone counselling and some therapies and found mild relief, but she couldn't continue because of time and financial constraints. Discords at home worsened her panic attacks. Her husband was an alcoholic he did not support her. She had ravenous appetite, eating relieved her anxiety. Thirst was increased with dryness of the mouth. Bowels were regular but she could not pass stool if there was any mental tension. Frequent urination and decreased perspiration. She could tolerate extremes of temperature. Premorbid personality characteristics were: she was excellent in all extracurricular activities. She was studious and school topper. She was ambitious and hardworking person but has a lack of self-confidence and anticipatory anxiety before an examination, stage shows etc. She got married in 2010. Her husband did not work because of alcoholism, he sometimes abstained from sexual relationship. Diagnosis: Agoraphobia with Panic disorder (F40.01).

The first prescription: was *Argentum Nitricum* 30/1Dose (on 27 November, 2018).

**Case 5**

An 18-year-old female presented with fear of going into social places such as school, hospital, and temple. She had a lack of interest in studies and was not going to school due to fear for the last 1 month. Complaints started 3 years back when she was in the eighth standard. There were conflicts between her parents. She was tensed about that, became lazy for going to school and had difficulty in studying. She had not attended classes for

**Table 3: Progress of the patient and follow up prescriptions**

Month	Case no. 1	Rx	Case no. 2	Rx	Case no. 3	Rx	Case no. 4	Rx	Case no. 5	Rx
Baseline	FP	<i>Phos 30/1D</i>	FP	<i>Nat C 30/1D</i>	FP	<i>Lyc 200/1D</i>	FP	<i>Arg N 30/1D</i>	FP	<i>Sil 200/1D</i>
1	A/C	<i>Sil 30/1D</i>	SQ	<i>Nat C 30/1 D</i>	MA	<i>Lyc 200/1D</i>	SQ	<i>SL</i>	MLA	<i>SL</i>
2	MLA	<i>SL</i>	MLA	<i>Nat C 30/1 D</i>	MDA	<i>SL</i>	MLA	<i>Arg N 30/1D</i>	A/C	<i>Hep S 30/1D</i>
3	MLA	<i>Phos 30/1 D</i>	MLA	<i>Nat C 200/1D</i>	MDA	<i>SL</i>	MLA	<i>Arg N 200/1D</i>	MLA	<i>Sil 200/1D</i>
4	MLA	<i>Phos 200/1 D</i>	MDA	<i>SL</i>	MKA	<i>SL</i>	MLA	<i>Arg N 200/1D</i>	MDA	<i>SL</i>
5	MDA	<i>Phos 200/1 D</i>	MA	<i>Nat C 200/1D</i>	MKA	<i>SL</i>	MDA	<i>SL</i>	MDA	<i>SL</i>
6	MKA	<i>SL</i>	MDA	<i>SL</i>	SQ	<i>Lyc 200/1D</i>	MA	<i>Arg N 1M/1 D</i>	MDA	<i>SL</i>
7	ASY	<i>SL</i>	MKA	<i>SL</i>	ASY	<i>SL</i>	MDA	<i>Arg N 1M/1 D</i>	MKA	<i>SL</i>
8	ASY	<i>SL</i>	ASY	<i>SL</i>	ASY	<i>SL</i>	MDA	<i>Arg N 1M/1D</i>	MKA	<i>SL</i>
9	ASY	<i>SL</i>	MA	<i>Nat C 200/1D</i>	ASY	<i>SL</i>	MKA	<i>SL</i>	A/C	<i>Ars alb 30/1D</i>
10	ASY	<i>SL</i>	ASY	<i>SL</i>	ASY	<i>SL</i>	ASY	<i>SL</i>	ASY	<i>SL</i>
11	ASY	<i>SL</i>	ASY	<i>SL</i>	ASY	<i>SL</i>	MA	<i>Arg N 1M/1 D</i>	ASY	<i>SL</i>
12	ASY	<i>SL</i>	ASY	<i>SL</i>	ASY	<i>SL</i>	ASY	<i>SL</i>	ASY	<i>SL</i>

Rx: Prescription, FP: First prescription, MLA: Mild amelioration, MDA: Moderate amelioration, MKA: Marked amelioration, SQ: Status Quo, ASY: Asymptomatic, MA: Mild aggravation, SL: *Sac Lac*, A/C: Acute remedy, D-Dose: *Phos-Phosphorus*, *Nat C*: *Natrum Carbonicum*, *Lyc*: *Lycopodium clavatum*, *Arg N*: *Argentum Nitricum*, *Hep S*: *Hepar Sulphuris Calcareum*, *Sil*: *Silicea*

2 months at that time. She attended a counselling session but didn't find it helpful. She had fear of exams but she got 92.6% marks in the tenth standard. Complaints gradually increased when she joined class entrance examinations coaching. Her father and uncle had a history of psychiatric problems. She was sensitive with weeping tendency and easily frightened by slight noises. She had profuse perspiration in her palms. Desired salt and averse to chicken, beef, sweets. Thermal reaction was chilly. Diagnosis: Social phobia (F40.1).

The first prescription was *Silicea* 200/1 Dose (on 22 September, 2018).

**Outcomes**

The demographic data of the cases have been described in Table 1. The rubrics considered for prescribing and the repertorization charts are displayed in Figures 2-6. Final selection of medicine was based on totality of symptoms, potential differential field and reference to materia medica on the principle of individualization. Selected medicines were prescribed in centesimal potencies, single dose at a time and increasing potency when there was a stand still. Medicines were dispensed from the pharmacy of NHRIMH. Principles of posology were followed in first prescription and in the follow-up visits.

The mean APA Phobia Severity measure value of the five cases i.e. 35 at baseline reduced to 0 (asymptomatic) in an average duration of 8 months. The improvement continued steadily up to 12 months. The mean APA score for each individual symptom at baseline and average duration for turning "0" has been shown in Table 4.

Graphical representation of improvement in mean APA severity scale for phobia for the follow-up visits is shown in Graph no.1 [Figure 7] and the linear trend line for each case is shown in Graph 2 [Figure 8]. Individualized homoeopathic treatment lead to improvement in the phobic anxiety cases.

**DISCUSSION**

In the above five cases, there was considerable difference in the phobic symptoms as well as in the general well-being of the patients after homoeopathic intervention. As the patients were not taking any other treatment or specific behavioral therapies during this 1-year period, the causality for the sustained improvement can be attributed to the prescribed homoeopathic medicines.

Although most phobias develop in childhood and adolescence, it is possible for phobias to develop at any age.<sup>[4]</sup> The average

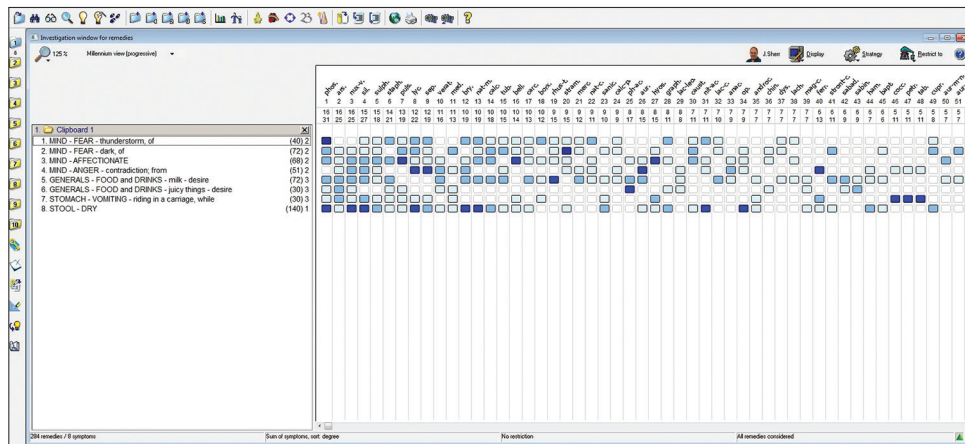


Figure 2: Case 1 repertorisation

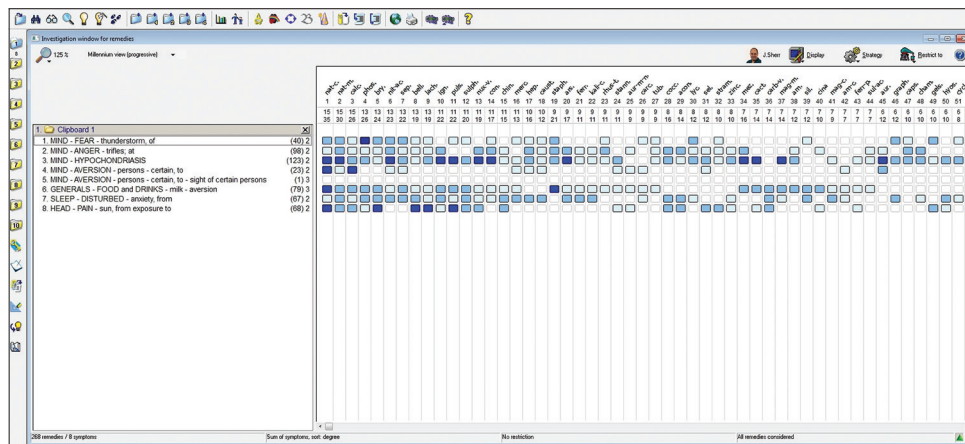


Figure 3: Case 2 repertorisation

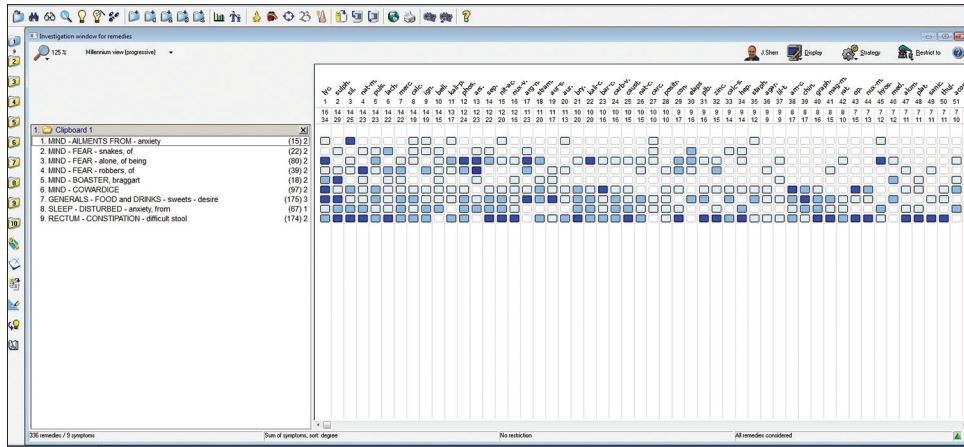


Figure 4: Case 3 repertorisation

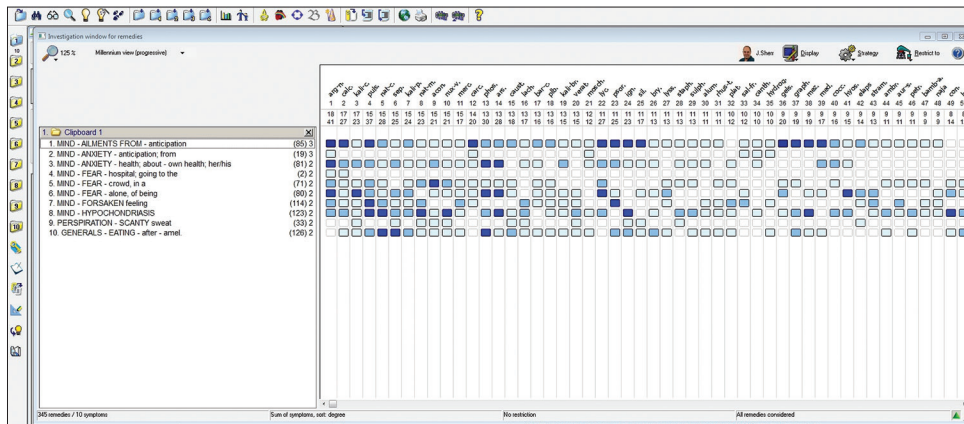


Figure 5: Case 4 repertorisation

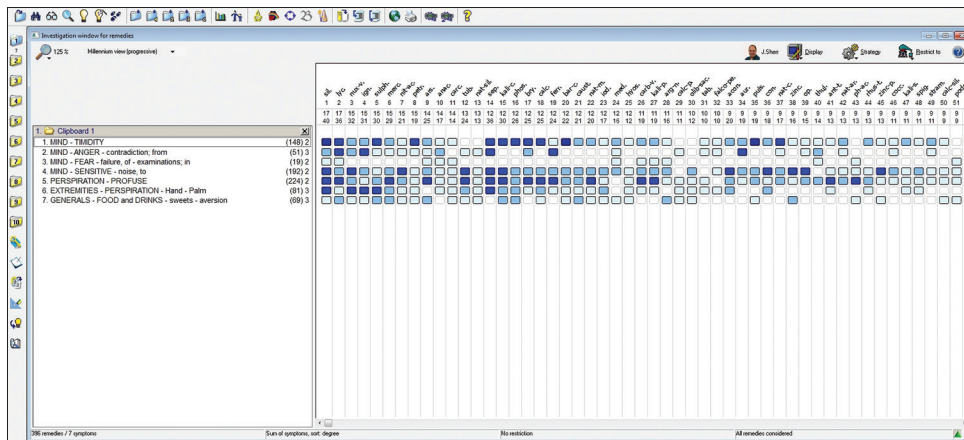


Figure 6: Case 5 repertorisation

age at onset for these five cases is 25.8 (10–43). Persons with specific phobia were found to have more than one phobia, but the diagnosis is made on the most prominent and distressing one.

The probable aetiological risk factors elicited in these five cases were psycho-social issues such as parental deprivation, death of loved ones, isolation, discords between parents and domestic violence.

Two cases required acute prescription during this period for trauma and pyrexia. In our observation it required long term treatment for total relief of phobic symptoms. A single case report on specific phobia mentioned that *Aconite* 1M was useful in reducing phobic symptoms within 3 months.<sup>[27]</sup> From this, it may be assumed that higher potencies may give speedy amelioration of phobic symptoms.

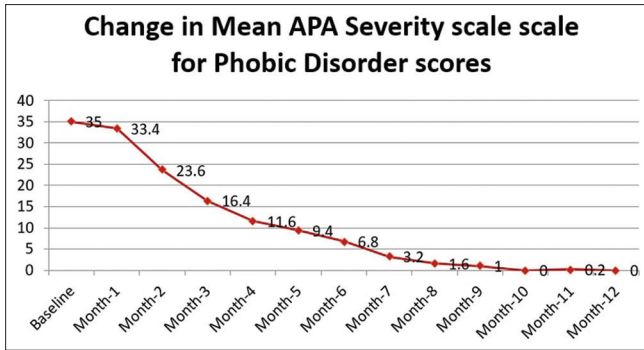


Figure 7: Graphical representation of improvement in mean American Psychiatric Association severity scale for phobia

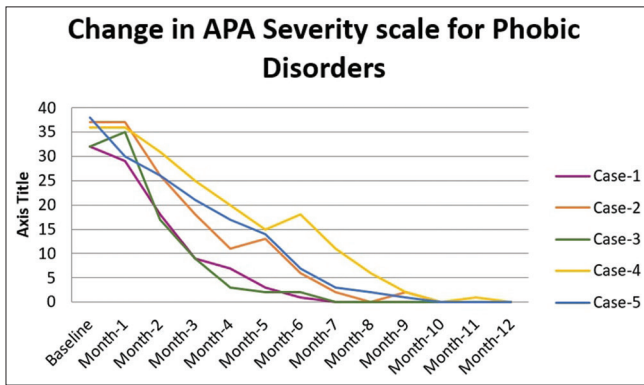


Figure 8: Linear trend line of improvement in mean American Psychiatric Association severity scale for phobia

A meta-analysis mentioned that many available treatments for phobia involve direct confrontation with phobic target, those who are aware of the treatment may have apprehension to engage in them. A considerable number of phobic patients refuse exposure-based therapy due to fear of facing the feared object or situation.<sup>[28]</sup> Homoeopathy can be a safe and gentle alternative to such patients.

Specific phobia often precedes the onset of other mental disorders, making it a possible life indicator of psychopathology vulnerability.<sup>[29,30]</sup> Homoeopathic miasmatic treatment offers not only relief of suffering in phobias but also can prevent possible further transformation into serious disorders.

A randomized controlled trial comparing one session treatment to a parent –augmented one session treatment mentioned that parent augmentation of one session treatment produced no appreciable gain in treatment outcome.<sup>[31]</sup> Homoeopathy can be an effective alternative to alleviate the turmoil of patients suffering from phobias.

There is a need to learn how to better administer existing efficacious treatments in real-world health care environments and to test alternative therapies for treating and preventing anxiety disorders and help patients whose anxiety is resistant to conventional treatments.<sup>[32]</sup>

Table 4: Mean score parameters for individual symptoms of APA phobia severity assessment scale

S. No.	Symptom	Baseline value	Average duration in months for turning “0”
1	Felt moments of sudden terror, fear, or fright in these situations	4	10
2	Felt anxious, worried, or nervous about these situations	4	10
3	Had thoughts of being injured, overcome with fear, or other	3.8±0.44	9
4	Felt a racing heart, sweaty, trouble breathing, faint, or shaky	3.4±0.89	7
5	Felt tense muscles, felt on edge or restless, or had trouble	2.8±0.45	7
6	Avoided, or did not approach or enter, these situations	3.2±0.83	9
7	Moved away from these situations or left them early	2.2±1.30	9
8	Spent a lot of time preparing for, or procrastinating about (i.e., putting off), these situations	3.8±0.44	8
9	Distracted myself to avoid thinking about these situations	3.8±0.44	6
10	Needed help to cope with these situations (e.g., alcohol or medications, superstitious objects, other people)	3.0±0.70	6

Till date controlled studies reportedly demonstrate the efficacy of psychopharmacologic intervention for specific phobia.<sup>[33]</sup> Hence, it is suggested to conduct large-scale, double-blind, placebo-controlled studies to investigate individualized homoeopathic treatments for phobic disorders.

### CONCLUSION

This series of five cases advocates utilization of homoeopathy in managing phobic disorders. As internal validity of any case series studies is usually very low due to the lack of a comparator group exposed to the same array of intervening variables, randomized controlled trials are warranted to establish the effectiveness of homoeopathy in phobic disorders on more scientific basis. Long-term follow-up of cases may be required to study relapses, if any, after homoeopathic treatment.

## Declaration of Patients Consent

The authors certify that they have obtained appropriate patient consents. In the consent form, the patients have given their consent for their images and other clinical information to be reported. The patients understand that their name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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## Conflicts of interest

None declared.

## REFERENCES

- Ahuja NA. Short Text book of Psychiatry. 7<sup>th</sup> ed. New Delhi: Jaypee Brothers Medical Publishers (P) Limited; 2011.
- Marks IM. The classification of phobic disorders. *Br J Psychiatry* 1970;116:377-86.
- World Health Organization. The ICD Classification of Mental and Behavioural Disorders. 10<sup>th</sup> ed. New Delhi: AITBS Publishers & Distributors; 2007.
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5<sup>th</sup> ed. Washington, DC: American Psychiatric Association; 2013.
- Mangolini VI, Andrade LH, Lotufo-Neto F, Wang YP. Treatment of anxiety disorders in clinical practice: A critical overview of recent systematic evidence. *Clinics (Sao Paulo)* 2019;74:e1316.
- Eaton WW, Bienvenu OJ, Miloyan B. Specific phobias. *Lancet Psychiatry* 2018;5:678-86.
- National Mental Health Survey of India, 2015-16 Prevalence, Pattern and Outcomes Supported by Ministry of Health and Family Welfare Government of India Implemented by National Institute of Mental Health and Neuro Sciences Bengaluru; 2021. Available from: <http://www.nimhans.ac.in> [Last accessed on 2021 Mar 22].
- Chhabra V, Bhatia MS, Gupta S, Kumar P, Srivastava S. Prevalence of social phobia in school-going adolescents in an urban area. *Delhi Psychiatry J* 2009;12:18-25.
- Blanco C, Rubio J, Wall M, Wang S, Jiu CJ, Kendler KS. Risk factors for anxiety disorders: Common and specific effects in a national sample. *Depress Anxiety* 2014;31:756-64.
- Lawrence PJ, Murayama K, Creswell C. Systematic review and meta-analysis: Anxiety and depressive disorders in offspring of parents with anxiety disorders. *J Am Acad Child Adolesc Psychiatry* 2019;58:46-60.
- Meier SM, Deckert J. Genetics of anxiety disorders. *Curr Psychiatry Rep* 2019;21:16.
- Winerman L. Figuring out phobia. *Monit Psychol* 2005;36:96. Available from: <http://www.apa.org/monitor/julaug05/figuring>. [Last accessed on 2020 Apr 02].
- Sadock BJ, Sadock VA, Ruiz P. Kaplan Sadock's Synopsis of Psychiatry. 11<sup>th</sup> ed. New Delhi: Wolters Kluwer Private Limited; 2018.
- Singh J, Singh J. Treatment options for the specific phobias. *Int J Basic Clin Pharmacol* 2016;5:593-8.
- Black DW, Andreason NC. Introductory Text Book of Psychiatry. 6<sup>th</sup> ed. New Delhi: CBS Publishers and Distributors Pvt. Ltd.; 2017.
- Preda A, Bienenfeld D. Phobic Disorders Clinical Presentation; 2018. Available from: <https://www.emedicine.medscape.com/article/288016-clinica>. [Last accessed on 2020 Apr 04].
- Antony MM, Orsillo SM, Roemer L, editors. Practitioner's Guide to Empirically Based Measures of Anxiety. United States: Springer; 2001.
- Bandelow B, Michaelis S, Wedekind D. Treatment of anxiety disorders. *Dialogues Clin Neurosci* 2017;19:93-107.
- Roberts HA. The Principles and Art of Cure by Homoeopathy. New Delhi: B Jain Publishers Ltd.; 2011.
- Davidson JR, Crawford C, Ives JA, Jonas WB. Homeopathic treatments in psychiatry: A systematic review of randomized placebo-controlled studies. *J Clin Psychiatry* 2011;72:795-805.
- Boericke W. Materia Medica with Repertory. Philadelphia, PA: Boericke & Tafel Inc.; 1927.
- Kent JT. Repertory of the Homoeopathic Materia Medica. New Delhi; B Jain Publishers; 1992.
- Davidson J, Gaylord S. Meeting of minds in psychiatry and homeopathy: An example in social phobia. *Altern Ther Health Med* 1995;1:36-43.
- Bagherian M, Mojembari AK, Hakami M. The effects of homeopathic medicines on reducing the symptoms of anxiety and depression: Randomized, double blind and placebo controlled. *J Homeopath Ayurveda Med* 2014;3:167.
- Grolleau A, Bégau B, Verdoux H. Characteristics associated with use of homeopathic drugs for psychiatric symptoms in the general population. *Eur Psychiatry* 2013;28:110-6.
- Azhari A, Samadi P, Azhari S. P159: The efficacy of homeopathic remedies as an adjuvant therapy in patients with social phobia. *Neurosci J Shefaye Khatam* 2014;2:183-3.
- Patil S. Role of homoeopathy in specific phobia (Nosophobia). *Int J Homoeopath Sci* 2019;3:83-5.
- Wolitzky-Taylor KB, Horowitz JD, Powers MB, Telch MJ. Psychological approaches in the treatment of specific phobias: A meta-analysis. *Clin Psychol Rev* 2008;28:1021-37.
- Natarajan G, Louis SP, Arathil P. A case report of psychotic symptoms in social anxiety disorder. *Indian J Psychol Med* 2019;41:291.
- Wardenaar KJ, Lim CC, Al-Hamzawi AO, Alonso J, Andrade LH, Benjet C, *et al.* The cross-national epidemiology of specific phobia in the World Mental Health surveys. *Psychol Med* 2017;47:1744-60.
- Ollendick TH, Halldorsdottir T, Fraire MG, Austin KE, Noguchi RJ, Lewis KM, *et al.* Specific phobias in youth: A randomized controlled trial comparing one-session treatment to a parent-augmented one-session treatment. *Behav Ther* 2015;46:141-55.
- Bystritsky A, Khalsa SS, Cameron ME, Schifman J. Current diagnosis and treatment of anxiety disorders. *P T* 2013;38:30-57.
- Bhatt NV, Baker MJ. What are the Treatment Approaches for Specific Phobia, Medscape; 2019. Available from: <https://www.medscape.com/answers/286227-14603>. [Last accessed on 2020 Apr 04].



## Tratamiento homeopático individualizado de los trastornos de ansiedad fóbica: una serie de casos

**Introducción:** Los trastornos de ansiedad fóbica (PAD) son trastornos comunes angustiantes e incapacitantes que reducen la calidad de vida de un individuo. Los ensayos clínicos de trastornos fóbicos en el tratamiento convencional aún no se han comprobado con demasiados resultados positivos. La homeopatía es un sistema terapéutico bien establecido con potencial relevancia para la psiquiatría, pero tiene una base de datos limitada y su efectividad en ciertos trastornos como los trastornos fóbicos aún no se ha explorado. Los casos de fobias, que se han curado en la práctica homeopática habitual, siguen siendo anecdóticos. Esta serie de casos genera evidencia preliminar de la utilidad de la homeopatía en los trastornos fóbicos. Se necesitan estudios de investigación bien planificados con un tamaño de muestra calculado y diseños de estudio adecuados para corroborar la evidencia. **Resumen de casos:** Aquí se presenta una serie de cinco informes de casos de EAP que fueron tratados con medicamentos homeopáticos en el OPD del Instituto Nacional de Investigación de Homeopatía en Salud Mental, Kottayam. Se informan los casos cuya gravedad se evaluó mediante las medidas de gravedad de la fobia en adultos de la Asociación Estadounidense de Psiquiatría (APA) al inicio del estudio y con un seguimiento de 1 año en intervalos mensuales periódicos. Se analizaron sus puntajes iniciales y mensuales y se resumen los resultados. El valor medio de la medida de la gravedad de la fobia de la APA de los cinco casos, es decir, 35 al inicio del estudio se redujo a 0 (asintomático) en una duración promedio de 8 meses. La mejora continuó de manera constante hasta los 12 meses. Los resultados señalan la evidencia preliminar de la utilidad de la homeopatía en los trastornos fóbicos y estimulan la investigación adicional en esta área.

### 恐惧性焦虑症的个体化同态治疗--一个案例系列

**简介:** 恐惧性焦虑症 (PAD) 是常见的令人苦恼和致残的疾病, 降低了个人的生活质量。.

恐惧症在常规治疗中的临床试验尚未证实有太多的积极结果。

顺势疗法是一个成熟的治疗系统, 与精神病学有潜在的关系, 但它的数据库有限, 对某些疾病如恐惧症的有效性还有待探索。在常规的顺势疗法实践中被治愈的恐惧症案例仍然是传闻。.

这个案例系列产生了同种疗法对恐惧症有用的初步证据。为了证实这些证据, 有必要进行精心策划的研究, 并计算出样本量和适当的研究设计。.

**案件摘要:** 本文介绍了在科塔亚姆国家心理健康同态疗法研究所的门诊部用同态疗法药物治疗PAD的5个系列病例报告。报道了使用美国精神病学协会 (APA) 成人恐惧症严重程度测量法对基线进行评估的病例, 并在一个月内定期随访。.

对他们的基线和月度得分进行了分析, 并对结果进行了总结。五个病例的平均APA恐惧症严重程度测量值, 即基线35分, 在平均8个月的时间里减少到0分 (无症状)。这种改善一直持续到12个月。结果指出了顺势疗法在恐惧症方面的效用的初步证据, 并刺激了该领域的进一步研究。.

## Individualisierte homöopathische Behandlung von phobischen Angststörungen - Eine Fallserie

**Einführung:** Phobische Angststörungen (PAD) sind weit verbreitete beunruhigende und behindernde Störungen, die die Lebensqualität der Betroffenen einschränken. Klinische Studien zu phobischen Störungen in der konventionellen Behandlung sind noch nicht mit allzu vielen positiven Ergebnissen belegt. Die Homöopathie ist ein gut etabliertes therapeutisches System mit potenzieller Relevanz für die Psychiatrie, verfügt jedoch nur über eine begrenzte Datenbasis, und ihre Wirksamkeit bei bestimmten Störungen, wie z. B. phobischen Störungen, muss erst noch erforscht werden. Fälle von Phobien, die in der homöopathischen Routinepraxis geheilt wurden, bleiben anekdotisch. Diese Fallserie liefert vorläufige Beweise für die Nützlichkeit der Homöopathie bei phobischen Störungen. Gut geplante Forschungsstudien mit kalkuliertem Stichprobenumfang und geeigneten Studiendesigns sind notwendig, um die Beweise zu untermauern. **Zusammenfassung der Fälle:** Hier wird eine Serie von fünf Fallberichten über PAD vorgestellt, die mit homöopathischen Arzneimitteln im OPD des National Homoeopathy Research Institute in Mental Health, Kottayam, behandelt wurden. Die Fälle wurden anhand der American Psychiatric Association (APA) Severity Measures for Phobia Adult zu Beginn der Behandlung und nach einem Jahr in regelmäßigen monatlichen Abständen auf ihren Schweregrad untersucht. Die Ausgangswerte und die monatlichen Werte wurden analysiert, und die Ergebnisse werden zusammengefasst. Der mittlere APA-Wert für den Schweregrad der Phobie der fünf Fälle, d. h. 35 zu Beginn der Studie, sank innerhalb von durchschnittlich 8 Monaten auf 0 (symptomlos). Die Verbesserung setzte sich bis zu 12 Monaten kontinuierlich fort. Die Ergebnisse weisen auf einen vorläufigen Beweis für den Nutzen der Homöopathie bei phobischen Störungen hin und regen zu weiteren Forschungen in diesem Bereich an.

### फोबिक उत्कंठा विकारों का वैयक्तिक होम्योपैथिक उपचार - एक मामला श्रृंखला

**प्रस्तावना:** फोबिक उत्कंठा विकार (पीएडी), सामान्यतः एक कष्टप्रद एवं नियोग्यकारी विकार है जो एक व्यक्ति की जीविका गुणवत्ता को घटाता है। परंपरागत उपचार में फोबिक विकारों पर किए गए नैदानिक परीक्षण अत्यधिक सकारात्मक परिणामों के साथ अभी भी सही साबित नहीं हुए हैं। होम्योपैथी एक सुस्थापित उपचारात्मक प्रणाली है जिसका मनःचिकित्सा से संभवनीय संबंध है मगर इसके पास सीमित डाटाबेस है और फोबिक विकारों जैसे विशिष्ट विकारों में इसकी प्रभाविता को अभी भी अन्वेषित किया जाना बाकी है। फोबिया के मामले, जिन्हें नित्य होम्योपैथिक उपचार से ठीक गया है वे अभी भी एनेकडोटल बने हुए हैं। यह मामला श्रृंखला फोबिक विकारों में होम्योपैथी की उपयोगिता के संदर्भ में प्रारंभिक साक्ष्य उत्पन्न करती है। साक्ष्य की पुष्टि करने हेतु सैंपल साईज की गणना तथा उपयुक्त अध्ययन प्रारूपों समेत उत्कृष्ट रूप से नियोजित शोध अध्ययन अपेक्षित हैं। **मामला सारांश:** राष्ट्रीय मानसिक स्वास्थ्य होम्योपैथी शोध संस्थान, कोट्टयम् की ओपीडी में होम्योपैथिक दवाओं के साथ उपचारित पाँच मामलों की पीएडी रिपोर्ट्स श्रृंखला को यहाँ प्रस्तुत किया गया है। बेसलाईन पर फोबिया वयस्क हेतु अमेरिकन मनःचिकित्सा समिति (एपीए) उग्रता उपाय तथा आवधिक मासिक अंतराल पर 1 वर्षीय जांच के साथ मूल्यांकित किए गए मामलों को प्रतिवेदित किया गया था। उनके बेसलाईन और मासिक प्राप्तांकों को विक्षेपित, एवं परिणामों को सारांशित किया गया था। पाँच मामलों का औसत एपीए फोबिया उग्रता की मान निधि अर्थात् बेसलाईन पर 35, आठ महीने की औसत अवधि में 0 (लक्षण रहित) तक घट गई थी। यह सुधार लगातार 12 महीने तक जारी रहा था। निष्कर्षों ने फोबिक विकारों में होम्योपैथी की उपयोगिता के प्रारंभिक साक्ष्य को दर्शाया था तथा इस क्षेत्र में और अधिक शोध को प्रेरित किया था।

### Traitement homéopathique individualisé des troubles d'anxiété phobique - Une série de cas

**Introduction:** Les troubles anxieux phobiques (TAP) sont des troubles courants, pénibles et invalidants, qui réduisent la qualité de vie d'un individu. Les essais cliniques des troubles phobiques dans le traitement conventionnel ne sont pas encore étayés par un trop grand nombre de résultats positifs. L'homéopathie est un système thérapeutique bien établi et potentiellement pertinent pour la psychiatrie, mais sa base de données est limitée et son efficacité dans certains troubles tels que les troubles phobiques reste à explorer. Les cas de phobies, qui ont été guéris dans la pratique homéopathique de routine, restent anecdotiques. Cette série de cas fournit des preuves préliminaires de l'utilité de l'homéopathie dans les troubles phobiques. Des études de recherche bien planifiées avec une taille d'échantillon calculée et des modèles d'étude appropriés sont nécessaires pour corroborer les preuves. **Résumé des affaires:** Nous présentons ici une série de cinq rapports de cas de PAD qui ont été traités avec des médicaments homéopathiques dans l'OPD du National Homoeopathy Research Institute in Mental Health, Kottayam. Les cas dont la gravité a été évaluée à l'aide des mesures de gravité de l'American Psychiatric Association (APA) pour la phobie chez l'adulte au départ et avec un suivi d'un an à intervalles mensuels périodiques sont rapportés. Leurs scores de base et mensuels ont été analysés, et les résultats sont résumés. La valeur moyenne de la mesure de la gravité de la phobie de l'APA pour les cinq cas, soit 35 au départ, a été réduite à 0 (asymptomatique) dans une durée moyenne de 8 mois. L'amélioration s'est poursuivie de manière régulière jusqu'à 12 mois. Les résultats indiquent des preuves préliminaires de l'utilité de l'homéopathie dans les troubles phobiques et stimulent la poursuite des recherches dans ce domaine.