

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 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.^[1] 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.^[2]

Anxiety disorders are the most common class of psychiatric disorders in the general population.^[3] 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.^[4] A 2010 overview of Indian research in anxiety disorders yielded an estimated prevalence rate of 5.8% for generalised anxiety disorder (G.A.D.).^[5] A 2017 study found that, out of the 197.3 million Indians with mental disorders 44.9 million had anxiety disorders.^[6]

The most common anxiety disorders are G.A.D., panic disorder, social anxiety disorder and specific phobias.^[2] G.A.D. is a chronic condition characterised by excessive, uncontrollable and often irrational worry about everyday things.^[3] It is associated with poor quality of life and risk of suicide. Out of all the anxiety disorders, this condition

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is the most impairing.^[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.^[5]

An interplay between genetic, biological and stress factors shapes the presentation of this disorder.^[6] anxiety disorders can also occur in the context of medical illness.^[7] Studies report that anxiety can coexist with cardiovascular diseases, dermatological diseases and endocrinological diseases.^[8-11] In conventional treatment, benzodiazepines, serotonin-selective reuptake inhibitors and serotonin and norepinephrine reuptake inhibitors are the mainstay of treatment.^[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.^[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.^[17] A 2018 meta-analysis states that evidence about the efficacy/safety of most C.A.M. methods in G.A.D. is limited.^[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.^[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.^[20-22] A few studies have been published, so far, regarding the management of anxiety disorders with homoeopathy.^[23] A double-blind, randomised, placebo-controlled and pilot trial showed a small but positive direction of anxiolytic effect favouring homoeopathy over placebo.^[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.^[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.^[26] The Hamilton Anxiety Rating Scale (HAM-A)^[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.^[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.

	1vc.	puls.	nat.m.	carb.v.	argem.	sulph.	tub.	calc.	med.	marc.	sil.	zinc.	sep.	calc.p.	carc.	kali.s.	pib.
1	24	19	19	18	14	14	14	14	14	14	14	14	14	14	14	13	13
2	49	33	26	26	27	27	27	25	25	25	23	22	21	16	16	24	22
3. Clipboard 3	x																
1. MIND - QUARRELLING - aversion to	(20)	1	1													2	
2. MIND - ANTICIPATION - stage fright	(47)	1	1	1	1	1	2		2	2	2	2	1	1	1	1	1
3. MIND - FEAR - dark; of	(104)	2	2	1	2	1	1	2	2	2	1	1	1	1	1	1	1
4. RECTUM - CONSTIPATION	(528)	1	3	2	3	2	3	2	3	1	2	3	3	3	2	1	2
5. GENERALS - FOOD AND DRINKS - sweets - desire	(285)	5	3	2	1	2	3	3	2	2	2	2	1	1	2	1	2
6. GENERALS - FOOD AND DRINKS - meat - desire	(163)	1	1	1	1	1	2	1	2	1	1	1	1	2	1	1	1
7. GENERALS - FOOD AND DRINKS - oysters - agg.	(15)	5	3	2		1			1								
8. MIND - ANTICIPATION	(91)	1	3	3	1	2	3	1	1	1	3	2	1	1	3		3

Figure 1: Repertorial chart

Along with his anxiety symptoms, he developed palpitations and gastrointestinal symptoms such as distension 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

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

Table 2: Follow-up

S. No.	Date	Symptoms	Homoeopathic prescription
1.	31 March 2020	Anxiety. Easily irritable. Palpitation. Tension and profuse sweat Gastric disturbances. Sleep disturbed and unrefreshed. Difficulty in concentration. Constipation.	<i>Lycopodium</i> 30/2D repeated once in 15 days, for a month.
2.	30 April 2020	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	<i>Lycopodium</i> 30/2D repeated once in 15 days, for a month.
3.	04 June 2020	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	<i>Lycopodium</i> 30/2D, kept as S.O.S. Sac lac was prescribed for a month.
4.	04 July 2020	Irritability-Reduced Anxiety-Reduced Palpitation-same Tension and profuse sweat-Reduced Gastric disturbances-Reappear Sleep-improved Difficulty in concentration-Improved Constipation-Reappear	<i>Lycopodium</i> 200/2D, repeated once in 15 days for a month.
5.	03 August 2020	Irritability-. Reduced Anxiety- Reduced Palpitation-Reduced Tension and profuse sweat-reduced well Gastric disturbances-Reduced Sleep-improved Difficulty in concentration-. Improved Constipation-Better	<i>Lycopodium</i> 200/2D, kept as S.O.S. Sac lac was prescribed for a month.
6.	17 September 2020	Irritability-Reduced Anxiety- Reduced Palpitation-Reduced Tension and profuse sweat-reduced well Gastric disturbances-Reduced Sleep-improved Difficulty in concentration-. Improved Constipation-Better	<i>Lycopodium</i> 200/2D was not taken. Sac lac was prescribed for a month.
7.	22 October 2020	Irritability-Increased Anxiety-Increased Palpitation-Present Gastric disturbances-Reappear Sleep-Disturbed Difficulty in concentration-Improved Tension and profuse sweat reduced Constipation-Reappear	<i>Sulphur</i> 1M/2D once in 15 days for a month along with sac lac.
8.	01 December 2020	Irritability-Reduced well Anxiety-Reduced Palpitation-Reduced well Gastric disturbances-Nil Sleep-Sound	<i>Sulphur</i> 1M/2D was kept as S.O.S for a month along with sac lac.

(Contd...)

Table 2: (Continued)

S. No.	Date	Symptoms	Homoeopathic prescription
9	12 January 2021	Tension and profuse sweat-Reduced well Difficulty in concentration-Improved Constipation-Nil Irritability-Nil Anxiety-Nil Palpitation-Reduced well Gastric disturbances-Nil Sleep-Sound Difficulty in concentration-Improved well Constipation-Nil Tension and profuse sweat-Nil	S.O.S. was not taken; Sac lac was prescribed for a month.
10	23 February 2021	Complaint of Headache in both temples and forehead on and off. Throbbing type of pain, better by pressure. Could not elicit any specific reason for the headache. Anxiety and irritability-Nil. Gastric disturbances-Nil.	<i>Belladonna</i> 200/6d, advised taking during pain. Sac lac was prescribed for a month
11	13 April 2021	Anxiety and irritability-Nil. Concentration improved well Palpitation-Nil. Gastric disturbances-Nil.	Sac lac was prescribed for a month
12	25 May 2021	Anxiety and irritability reduced well. Concentration improved well Palpitation reduced well. Gastric disturbances were reduced well	Sac lac was prescribed for a month
13	01 July 2021–16 September 2021	Anxiety and irritability-Nil. Concentration improved well Palpitation-Nil. Gastric disturbances-Nil.	Sac lac was prescribed for a month

The patient is under regular follow-ups with marked improvement in his symptoms.

Table 3: Assessment of Hamilton Anxiety Rating Scale

Domains	31 March 2020	30 April 2020	04 June 2020	04 July 2020	03 August 2020	17 September 2020	22 October 2020	01 December 2020	12 January 2021	23 February 2021–16 September 2021
1. Anxious mood	3	3	2	1	1	1	2	1	0	0
2. Tension	3	3	2	1	1	1	2	0	0	0
3. Fears	1	1	0	0	0	0	0	0	0	0
4. Insomnia	3	3	2	2	2	1	2	0	0	0
5. Intellectual	3	3	3	2	2	1	1	1	1	0
6. Depressed mood	0	0	0	0	0	0	0	0	0	0
7. Somatic (muscular)	0	0	0	0	0	0	0	0	0	0
8. Somatic (sensory)	0	0	0	0	0	0	0	0	0	0
9. Cardiovascular symptoms	4	4	4	4	3	2	3	1	1	0
10. Respiratory symptoms	0	0	0	0	0	0	0	0	0	0
11. Gastrointestinal symptoms	4	2	2	4	3	2	3	0	0	0
12. Genitourinary symptoms	0	0	0	0	0	0	0	0	0	0
13. Autonomic symptoms	3	3	1	1	1	1	2	1	0	0
14. Behaviour at the interview	2	2	1	1	1	1	1	0	0	0
Total	26	24	17	16	14	10	16	04	02	00

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

Table 4: Modified Naranjo Criteria

S. No.	Criteria	Yes	No	Not sure
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0
3	Was there an aggravation of symptoms?	+1	0	0
4	Did the effect encompass more than the main symptom or condition that is, were other symptoms ultimately improved or changed?	+1	0	0
5	Did overall wellbeing improve? (ORIDL Scale)	+1	0	0
6	(A) <i>Direction of cure:</i> Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
	(B) <i>Direction of cure:</i> 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	0	0
7	Did 'old symptoms' (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-3	+1	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)	+2	0	0
9	Was the health improvement confirmed by any objective data? (DASS)	+2	0	0

ORIDL: Outcome in relation to impact on daily living

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 unconvinced, 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).^[28] 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.^[28]

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 miasm.^[29]

The patient was treated with *Lyc*, 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 *Lyc* well. There was remarkable improvement in the case after prescribing the anti-psoric medicine, as suggested by Hahnemann.^[28]

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 homeopathic treatment of the present episode could be a pathway for encouraging patients to opt for homeopathy to manage such anxiety episodes.

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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.

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

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.

Résumé du cas: Un homme de 36 ans s'est présenté avec une anxiété au sujet des moindres bagatelles, facilement irritable, des palpitations, des troubles gastriques, de la tension, une transpiration excessive, des troubles du sommeil et des difficultés de concentration. Après une prise en charge approfondie, un traitement homéopathique au *Lycopodium* 200C et au Soufre 1000C a permis une amélioration remarquable. Il était libre de tout symptôme à partir du dixième mois de traitement. Il a été fonctionnellement et socialement amélioré, comme en témoigne l'échelle d'évaluation de l'anxiété de Hamilton (HAM-A) et il n'y a pas eu de rémission pendant huit mois. L'homéopathie individualisée a montré un résultat positif dans le traitement du G.A.D. Elle a entraîné une amélioration considérable de la vie sociale, professionnelle et familiale du patient sans aucun effet indésirable.

HOMÖOPATHIE BEI DER BEHANDLUNG VON GENERALISIERTER ANGSTSTÖRUNG: EIN FALLBERICHT

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.

Zusammenfassung des Falles: Ein 36-jähriger Mann stellte sich mit Angst vor Kleinigkeiten, leichter Reizbarkeit, Herzklopfen, Magenbeschwerden, Anspannung, übermäßigem Schwitzen, Schlafstörungen und Konzentrationsschwierigkeiten vor. Nach gründlicher Anamnese führte die homöopathische Behandlung mit *Lycopodium* 200C und *Sulphur* 1000C zu einer bemerkenswerten Besserung. Ab dem zehnten Monat der Behandlung war er frei von Symptomen. Er war funktionell und sozial verbessert, was sich in der Hamilton Anxiety Rating Scale (HAM-A) widerspiegelte, und es gab acht Monate lang keine Rückfälle. Die individualisierte homöopathische Behandlung zeigte ein positives Ergebnis bei der Behandlung von G.A.D. Sie führte zu einer beträchtlichen Verbesserung des sozialen, beruflichen und familiären Lebens des Patienten, ohne dass es zu nachteiligen Auswirkungen kam.

व्यापक दुश्चिंता विकार के प्रबंधन में होम्योपैथी : एक केस रिपोर्ट

परिचय: व्यापक दुश्चिंता विकार (जी.ए.डी.) का मुख्य लक्षण अत्यधिक, व्यापक और अनियंत्रित चिंता 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 को गंभीर रूप से प्रभावित करता है। होम्योपैथी में जी.ए.डी. से संबंधित प्रकाशित साहित्य का अभाव है। इस केस रिपोर्ट में केवल होम्योपैथी के उपचार से जी.ए.डी. में सुधार दर्शाया गया है।

केस सारांश: एक 36 वर्ष के व्यक्ति ने छोटी-छोटी बातों के लिए चिंता, चिड़चिड़ापन, धड़कन के बढ़ने, गैस्ट्रिक गड़बड़ी, तनाव, अत्यधिक पसीना आना, बार-बार नींद टूटना और एकाग्रता में कठिनाई होने की समस्या बताई। प्रकरण को पूरी तरह से समझने के बाद, लाइकोपोडियम 200C और सल्फर 1000C द्वारा होम्योपैथिक उपचार करने से उल्लेखनीय सुधार हुआ। दस महीनों के उपचार के उपरांत लक्षण दिखने बंद हो गए थे। उसमें कार्यात्मक और सामाजिक सुधार आया, जैसा कि हैमिल्टन एंग्जायटी रेटिंग स्केल (HAM-A) से पता चला और आठ महीनों के बाद भी लक्षण दोबारा नहीं आये। व्यक्तिगत रूप से चयनित होमियोपैथिक उपचार द्वारा जी.ए.डी. के उपचार में सकारात्मक परिणाम प्रदर्शित किये गये। इससे बिना किसी प्रतिकूल प्रभाव के रोगी के सामाजिक, व्यावसायिक 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 mejoría 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 mejora 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 mejora 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

简介：广泛性焦虑症（G.A.D）的特点是过度、普遍和无法控制的担忧。G.AD是一种慢性复发性疾病，缓解率低，对生活质量有很大影响。在G.a.D.上发表的关于顺势疗法的文献很少。该病例报告说明了仅用顺势疗法药物治疗的G.a.D.病例在没有缓解的情况下有所改善。

病例摘要：一名36岁男子表现为为琐事焦虑、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.AD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。