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Overcoming social phobia with homoeopathy through a case report

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Abstract
Introduction: Social phobia is a marked persistent and irrational fear in certain social situations where scrutiny by other people leads to embarrassing or humiliating oneself. There is deficit literature regarding phobias and its management of Homoeopathy. This case report promotes the effectiveness of Homoeopathy in treating Phobic disorders.
Case Summary: A 14-year-old Hindu female student reported complaints of fear, anxiety, weakness of memory, decreased concentration, and forgetfulness in the past 3 years. After analysing the case, it was diagnosed as Social phobia as per ICD-10 criteria, and it was assessed using Brief Social Phobia Scale. *Calcarea Sulphuricum* 200 was planned as the therapeutic intervention. She was able to function well in the school with overall improvement in her symptoms. There was a significant reduction in BSPS score from 42 to 8 within 9 months. Thus, individualised Homoeopathic treatment showed positive outcomes in managing Social phobia.

Keywords: Social phobia, homoeopathy, psychiatry, social anxiety disorder, brief social phobia scale

Introduction

Social phobia is a marked persistent and irrational fear in certain social situations where scrutiny by other people leads to embarrassing or humiliating oneself [1]. Social phobia is also known as Social Anxiety Disorder. According to NCS-R, Studies have reported that Life-time prevalence of Social phobia is 12.1% [2]. Usually onset occurs in adolescence, 13 years. (Kessler, *et al*.) Social Phobia is characterised by fear of performing activities, interacting with others and somatic symptoms like trembling, dry mouth, muscle twitching, sweating, blushing which can be noticed by others and knowing about their incompetence.

For example, talking to strangers, public speaking, social gatherings, eating or writing in front of others [3]. The feared situation causes avoidance, distress, and anxious anticipation, which impairs social, interpersonal and occupational functioning. Stein *et al*. report in children Social Phobia exhibit in the form of school refusal, leaves school early, decreased performance at school with decline in academics, inability to work or perform activities [4]. Kendler *et al*. report monozygotic twins have greater chances than dizygotic twins [5].

According to Sigmund Freud, Social phobia is due to conflict regarding sexual arousal, which is leading to castration anxiety. When repression fails, the ego defences are activated, exhibiting avoidance, displacement, and symbolization [3]. Genetic and neuroimaging studies reported that Social phobia is due to dysfunction of the striatal dopaminergic system [2, 4]. Imaging studies have reported that during anxiety-provoking tasks, there is an increased activity in the prefrontal cortex, amygdala, and hippocampus, which are associated with fear and anxiety neural circuitry [1].

Furmark *et al*. proposed that serotonin transporter (5-HTTPLR) and tryptophan hydroxylase-2 gene polymorphisms are involved in increased activation of the amygdala, which is a core component in processing fear. Studies have reported a strong association between corticotrophin-releasing hormone gene and behavioural inhibition (Smollen *et al*.)[4]. Hirshfeld Becker *et al*. reported heritable temperamental traits, i.e., behavioural inhibition, are the precursors of Social phobia [4].

Social phobia is chronic and will not remit till it is treated; otherwise, it persists throughout adulthood [5]. Psychological treatment usually given is Cognitive behavioural therapy, Cognitive restructuring, and Exposure therapy [5].

Moorthi S *et al*. proposes that Homoeopathy is effective in treating Anxiety disorders [6]. Very few studies have been published regarding Phobic Anxiety disorders in relation to Homoeopathy. So, this case accounts for fulfilling the literature regarding Social phobia management with Homoeopathy.

Case Report

A 14-year-old Hindu female student reported along with her mother and her cousin to the OPD with the complaints of fear, anxiety, weakness of memory, decreased concentration and forgetfulness in the past 3 years. The complaints are aggravated by noise, when people are around her and ameliorated by being alone. Associated symptoms are trembling of hands and palpitations. The Patient herself, her mother and her cousin are the informants, so they are reliable and adequate.

History of chief complaints

In 6th Standard, the patient started realizing that she is very slow in learning compared with her peers. She could retain only 20% of what she had read just a few minutes ago. For the cultural event, she had to recite a poem at that time; she could not recall the whole thing, so she felt embarrassed that she couldn't finish it. She gradually started losing her confidence to talk with others. She becomes anxious when trying to talk with teachers that her hands will tremble. She also reports that she has fear of something they will say if she approaches anyone. When asking doubts, she feels that she may say something wrong. She feels ashamed and embarrassed when everyone else can learn better than her even though she tries so hard.

She talks with everyone superficially in the school as she feels no one can understand her except one senior whom she is close with. She also reports that nobody gives her any attention or includes her in any activities. She always had to go and ask others regarding whatever activities are there in the school. She feels they neglected her. Whenever she feels neglected by someone then she gets hurt, broods about whole day and cannot concentrate on anything else.

She also has fear of body parts, bones, blood, cells, and dead bodies. If any class is taken on these aspects, she feels her head is spinning and feels like running out of the class. During the night, she recollects these classes and imagines something is moving or someone is screaming and has difficulty in falling asleep. 2 months ago, she watched a horror movie, since then, she started feeling someone is following her whenever she is alone, walking alone during the evening on the road, and when someone touches her from behind gets startled.

Past history: No major illness.

Family history: Maternal Grandmother died of heart attack.

Medical history: Nothing specific.

Treatment history: Nothing specific.

Personal and menstrual history

Her appetite is adequate and with decreased thirst, bowels 1 time/day, normal consistency with satisfaction, micturition 2-3times/day and adequate sleep for 8 hours. Thermally hot patient. Menses are regular with 45 days cycle for duration of 4 days with dark red in colour.

Life space investigation

Patient was born and brought up in a middle socioeconomic family. She was the 1st child of her parents. Her father is an office worker and mother is a housewife. She has a younger sister who is studying in LKG. Her early childhood was uneventful. She used to get good grades till 5th Std. She had a good relationship with her parents and sister. She was a timid person by nature and had stage fright. In 6th Std., when she recited a poem but couldn't recall the poem properly and felt embarrassment during a cultural event. She depends on her mother for choosing the clothes if she wants to go out because she is confused and difficult to decide by herself anything. She also reported that she can't tell her mother about her problems. She says her mother is busy with her younger sibling. If her mother listens to her problems may get tensed so she is worried about that.

As a person

She is nervous and anxious, dependent, wants company always, and wants affection and appreciation, brooding over past events, lack of confidence, reserved, timid.

On observation

She narrated the whole case by weeping for 1 hour which started when talking about friends and acquaintances that no one understands her.

Clinical findings

Physical examination: Afebrile, Weight-50kg, BP-120/80mmHg, Pulse rate-70b/min.

Mental status examination

1. General appearance and behaviour - Weeping+ throughout the case, adequately groomed, tensed, hesitant, cooperative, rapport established, psychomotor activity-moderate fidgety of hands+, eye to eye contact maintained.
2. Speech - Spontaneously responded when asked questions, low tone, moderate rate and quantity.
3. Mood and affect - Nervous and with anxious affect.
4. Thoughts - Worried about mother; if mother knows about her problems her mother gets tensed.
5. Perception - No abnormalities.
6. Cognition - Patient is conscious, well oriented with time, place and person, attention and concentration difficult to sustain, good memory, intelligence and abstract thinking.
7. Insight - Present, grade 6.
8. Judgement - Good.

Totality of Symptoms-

- Fear of talking to teachers and approach friends
- Thermally hot
- Ailments from embarrassment
- Forsaken feeling
- Lack of confidence
- Brooding
- Weeping

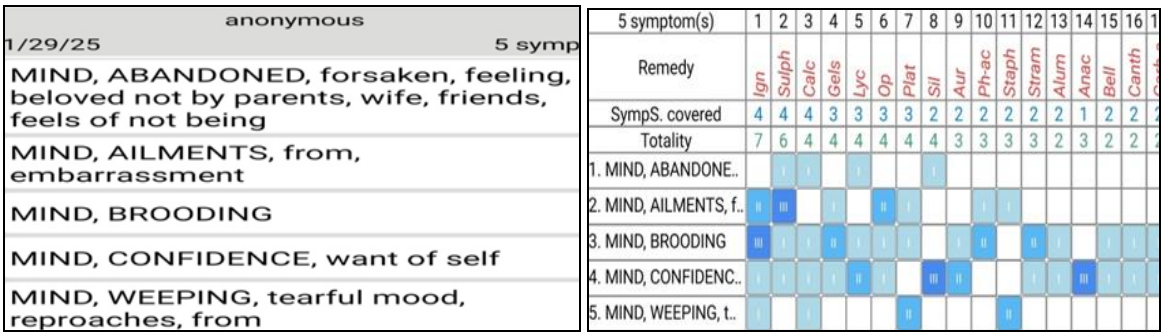

Fig 1: Graphical representation of the patient's symptoms

Diagnostic Assessment

Based on the symptom presentation, the psychiatrist diagnosed the case as Social phobia according to ICD-10 diagnostic criteria [7]. The Brief Social Phobia Scale (BSPS) was used for assessing the case before and after the treatment for duration of 9 months. Other psychiatric disorders were ruled out, and it was confirmed that Social phobia is not due to any medical-neurological, metabolic, or medication-related disorders. It was a good prognosis noticed in the case; the patient improved symptomatically, and there was a reduction in the BSPS score from 42 to 8 for the 9-month duration of the treatment course.

Table 1: Assessment of Brief Social Phobia Scale (BSPS)

SL. No.	Domains	Before treatment		After treatment	
	Fear (F) Avoidance (A)	**Fear (F)**	**Avoidance (A)**	**Fear (F)**	**Avoidance (A)**
	How much do you fear and avoid the following situations?				
1.	Speaking in public or in front of others	3	0	0	0
2.	Talking to people in authority	4	4	1	1
3.	Talking to strangers	2	4	1	2
4.	Being embarrassed or humiliated	2	3	0	1
5.	Being criticized	0	4	0	0
6.	Social gatherings	0	3	0	0
7.	Doing something while being watched (this does not include speaking)	1	4	0	2
Scores		12	22	2	6
	Physiological(P)	Before treatment		After treatment	
	When you are in a situation that involves contact with other people, or when you are thinking about such a situation, do you experience the following symptoms?				
1.	Blushing	0		0	
2.	Palpitations	4		0	
3.	Trembling	4		0	
4.	Sweating	0		0	
Scores		8		0	
Total scores = F+A+P		12+22+8 = 42		2+6+0=8	

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The scale consists of 2 parts: 1st-fear and avoidance, 2nd-physiological phases are assessed. Each scale is assessed on 0-4 rating score, total score being 72. Mild-0-18, moderate-19-36, severe-37-54, very severe-55-72 [8].

Therapeutic intervention

Individualised Homoeopathic medicine *Calcarea Sulphuricum* 200 1 dose HS in powder form was given for 2 weeks.

Follow up and Outcome Criteria

Memory, concentration, confidence, fear and anxiety.

Table 2: Follow up

SL No.	Date	Symptom changes	Prescription
1	19/10/23	Weakness of memory-slightly better Decreased concentration-slightly better Lack of self-confidence-50% better Fear of ghost-50% better Fear of talking to teachers-slightly better.	*Rubrum*
2	19/11/23	Weakness of memory-15% better Decreased concentration-slightly better Lack of self-confidence-50% better Fear of ghost-50% better Fear of talking to teachers-better. Anger easily-increased-shouting MSE-Thought-worried when she did not answer	*Rubrum*
3	5/12/23	Weakness of memory-slightly better Decreased concentration-slightly better Lack of self-confidence-50% better	*Rubrum*

		Fear of ghost-absent Fear of talking to teachers-slightly better. Angered easily-better MSE-Mood is fine with dull affect, attention and concentration are good, intact memory.	
4	29/12/23	Weakness of memory-better (Able to retain 50% what has read) Decreased concentration-50% better Lack of self-confidence-improved Fear of ghost-absent Fear of talking to teachers-improved Gets easily irritable-60% better Brooding over past things-improved MSE-Mood is fine with euthymic affect, attention and concentration are good, intact memory.	*Rubrum*
5	9/2/24	Weakness of memory-better Decreased concentration-50% better Lack of self-confidence-improved Fear of talking to teachers-better Irritability-better	*Rubrum*
6	12/3/24	Weakness of memory-better Decreased concentration-50% better Lack of self-confidence-improved Fear of talking to teachers-better	*Calc sulph* 200 1p
7	7/5/24	Weakness of memory-better Decreased concentration-80% better Lack of self-confidence-improved Fear of talking to teachers-better able to ask doubts without fear	*Rubrum*

DISCUSSION

Social phobia has an impact on the adolescent social functioning with social deficit skills, fear of negative evaluation, avoidance behaviours and distortions in cognition. Adolescents may struggle to form and maintain peer relationships due to an increase in feelings of isolation and loneliness [9]. Recent studies of conventional treatment suggest that cognitive behavioural therapy is effective in treating social anxiety disorders (Leichsenring *et al*.) [10]. Homoeopathy offers a holistic approach to treating phobic anxiety disorders [11]. Homeopathic miasmatic treatment helps in relieving phobic disorder and even prevents other comorbid disorders.

While narrating the case details during case taking, she cried for an hour. Gradually, on subsequent follow-ups, it was absent, and she was able to speak with confidence. She used to feel difficulty in talking with strangers before, and now she is able to talk without any fear. She used to be afraid to ask any questions of teachers, but now she is able to ask and talk with teachers confidently. She answers all the questions well, maintaining eye-to-eye contact. Probable cause is due to psychosocial factors such as embarrassment, isolation, and lack of support neither from parents nor from friends.

According to the classification of Hahnemann's mental disorders, it falls under emotional cause (aphorism 225), so antipsoric treatment has to be given [12]. *Calcarea Sulphuricum* 200 was chosen as individualized Homeopathic medicine based on the totality of symptoms by referring to it with the repertory and materia medica. Followed by Kent's 12 observations, there is marked improvement in the patient's symptoms from the 1st prescription, so the second prescription was given placebo [13]. In between, once again, the same dose and potency were repeated after 6 months when the case had come to a standstill with no further improvement. And the case was followed for a period of 9 months. The outcome of the treatment is assessed using BSPS, where the score before treatment was 42 and reduced to 8 after the treatment within a 9-month duration. The patient improved by 80%. Limitations in the study are-irregular follow-up, this study presents a single case, which may not be representative of all individuals with social phobia and lack of control group.

CONCLUSION

Social phobia during adolescence is usually unnoticed and untreated. Early recognition and intervention will be helpful to prevent Social phobia from proceeding into adulthood and can prevent other comorbid psychiatric disorders. There is insufficient literature about Social phobia in Homeopathy. Individualized Homeopathic medicine proved effective in this case, so it has prospects for future inquiry in a larger group.

Informed consent

Consent and assent were obtained from the patient and her mother for publication of the outcome of treatment.

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Conflicts of interest: None declared

Financial interest: None.

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