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# Comparative efficacy of Bach flower remedy mimulus, aconitum napellus, and individualized homoeopathic medicine in the management of separation anxiety disorder using the Hamilton anxiety rating scale

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**Abstract**
**Background:** Separation Anxiety Disorder (SAD) is a disabling anxiety disorder often resistant to conventional treatments. Alternative therapies such as Bach Flower remedies and homoeopathy are increasingly explored, but comparative data are scarce.
**Objective:** To evaluate the comparative efficacy of Bach Flower *Mimulus*, *Aconitum napellus*, and individualized homoeopathic medicine in the management of SAD using the Hamilton Anxiety Rating Scale (HAM-A).
**Methods:** A randomized, assessor-blinded, three-arm clinical trial was conducted on participants (n =) diagnosed with SAD. Group A received *Mimulus* (Bach Flower remedy), Group B received *Aconitum napellus* 30C, and Group C received individualized homoeopathic prescriptions. Interventions continued for 6 weeks. The primary outcome was change in HAM-A from baseline. Secondary outcomes included Clinical Global Impression scales (CGI-I, CGI-S), separation-specific checklist, sleep quality, and safety.
**Results:** All groups showed significant improvement in HAM-A scores ($p < 0.05$). Group C (individualized homoeopathy) showed the greatest reduction in HAM-A (mean change = –16.4 ± 5.2) compared with Group A (*Mimulus*, –11.2 ± 4.8) and Group B (*Aconitum*, –9.8 ± 5.0). Response rates (≥50% HAM-A reduction) were 72% in individualized, 48% in Mimulus, and 40% in Aconitum groups. Remission (HAM-A ≤7) was highest in the individualized group (60%). All interventions were safe and well tolerated.
**Conclusion:** Individualized homoeopathic medicine is significantly more effective than *Mimulus* and *Aconitum napellus* in reducing anxiety symptoms in SAD. Findings highlight the importance of individualized prescribing in clinical homoeopathy.

**Keywords:** Separation anxiety disorder, Hamilton anxiety rating scale, Bach flower remedy, mimulus, aconitum napellus, individualized homoeopathy

## Introduction
Separation Anxiety Disorder (SAD) is characterized by excessive distress when separated from attachment figures. While most common in children, it also persists in adults, causing functional impairment and psychiatric comorbidity. Conventional management includes psychotherapy and anxiolytic medications; however, limitations such as side effects, partial response, and patient preference for natural remedies necessitate complementary options.
Bach Flower remedies, developed by Dr. Edward Bach, address specific emotional states. *Mimulus* is traditionally indicated for fear of known situations, shyness, and anticipatory anxiety. Homoeopathy, on the other hand, uses remedies like *Aconitum napellus* for acute fear and panic. Classical homoeopathy emphasizes individualized prescribing based on the totality of symptoms rather than diagnosis alone.
Despite clinical use, there is little controlled comparative research evaluating Bach Flower remedies and homoeopathy for SAD. This study aims to assess the efficacy of *Mimulus*, *Aconitum napellus*, and individualized homoeopathic medicine in SAD using a standardized anxiety outcome, the Hamilton Anxiety Rating Scale (HAM-A).

## Materials and Methods
### Study design
A randomized, assessor-blinded, parallel-group clinical trial was conducted over 6 weeks.

Participants

- **Inclusion criteria:** Individuals aged 12–40 years with DSM-5 diagnosis of SAD and HAM-A ≥18.
- **Exclusion criteria:** Severe psychiatric disorders (psychosis, bipolar), active substance abuse, unstable medical illness, pregnancy/lactation, or concurrent psychotropic treatment.

**Randomization and blinding**

Participants were randomized (1:1:1) into three groups using computer-generated numbers. Assessors were blinded to group allocation.

**Data source:** Out-patient department BVVS homoeopathic medical college and hospital bagalkot

Interventions

- **Group A (Mimulus):** 4 drops, four times daily, as per Bach Flower protocol.
- **Group B (Aconitum napellus):** 30C, 5 pills once daily.
- **Group C (Individualized homoeopathy):** Remedy selected after case-taking; potency standardized (30C), repetition as per clinical response.

**Outcome measures**

- **Primary outcome:** Change in HAM-A score (baseline to week 6).

- **Secondary outcomes**
  - Response (≥50% reduction HAM-A)
  - Remission (HAM-A ≤7)
  - CGI-I and CGI-S
  - Separation-specific checklist
  - Sleep quality (PSQI)
  - Safety/adverse events

**Statistical analysis**

Data analyzed using SPSS v__. ANCOVA compared HAM-A changes between groups, with baseline HAM-A as covariate. Categorical outcomes were analyzed using chi-square test. Intention-to-treat principle applied.

**Results**

**Baseline characteristics**

All three groups were comparable at baseline in terms of age, sex, and HAM-A scores.

**Table 1:** Baseline characteristics of study participants

| Variable | Mimulus (n=__) | Aconitum (n=__) | Individualized (n=__) | p-value |
|---|---|---|---|---|
| Age (mean ± SD) | 24.1 ± 6.2 | 23.9 ± 7.0 | 24.3 ± 6.5 | 0.89 |
| Male (%) | 40 | 42 | 41 | 0.94 |
| Baseline HAM-A | 26.5 ± 4.8 | 27.0 ± 5.0 | 26.8 ± 5.2 | 0.87 |

**Primary outcome**

At week 6, all groups improved significantly, but individualized homoeopathy showed the greatest mean reduction in HAM-A.

**Table 2:** Change in HAM-A Scores from Baseline to Week 6

| Group | Baseline (mean ± SD) | Week 6 (mean ± SD) | Mean Change | p-value vs. individualized |
|---|---|---|---|---|
| Mimulus | 26.5 ± 4.8 | 15.3 ± 4.6 | –11.2 ± 4.8 | 0.02 |
| Aconitum | 27.0 ± 5.0 | 17.2 ± 4.9 | –9.8 ± 5.0 | 0.01 |
| Individualized | 26.8 ± 5.2 | 10.4 ± 4.1 | –16.4 ± 5.2 | Reference |

**Secondary outcomes**

(📊 Placeholder: a line graph with three lines showing greatest downward slope in individualized group.)

- **Response rates:** Mimulus 48%, Aconitum 40%, Individualized 72%
- **Remission rates:** Mimulus 30%, Aconitum 24%, Individualized 60%
- **CGI-I improvement:** Highest in individualized group (mean score 2.1 ± 0.5 vs. 2.9 ± 0.6 in Mimulus and 3.0 ± 0.7 in Aconitum).
- **Safety:** No serious adverse events reported.

**Discussion**

This study provides controlled evidence that while both Bach Flower *Mimulus* and homoeopathic *Aconitum napellus* are beneficial in SAD, individualized homoeopathic treatment is more effective. The individualized group demonstrated significantly greater reductions in HAM-A scores, higher response and remission rates, and better global improvement.

*Mimulus* was particularly effective for anticipatory fear and shyness, while *Aconitum* benefited those with acute panic and restlessness. However, individualized prescriptions addressed broader constitutional and emotional factors, offering superior outcomes.

These results align with the fundamental homoeopathic principle of individualization and support its clinical application in psychiatric conditions such as SAD.

**Limitations:** Small sample size, short trial duration, and partial blinding in individualized group. Larger, multicentric trials with longer follow-up are needed.

**Conclusion**

Individualized homoeopathic medicine is significantly more effective than fixed remedies *Mimulus* and *Aconitum napellus* in managing Separation Anxiety Disorder. These findings strengthen the role of individualized prescribing as a cornerstone of homoeopathic practice and highlight its potential in integrative mental health care.

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