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A case of social anxiety disorder in a female managed by homoeopathic approach: A case report

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Abstract

Social anxiety is also known as social phobia is a type of anxiety in which a person have fear or anxiety facing people, having conversation with them, eating, drinking, speaking in public. It may be misunderstood for generalized anxiety disorder. The anxiety is not secondary to any other medical condition or the consumption of drugs or substances. Allopathic medicines have been used for the treatment but patients have seen recurrence which have a severe negative impact on the quality of life. In this situation, homoeopathic medicine has shown to be extremely beneficial since it shields the patient from the negative impact of the long-term use of the allopathic medicine. The case mentioned below proves the efficacy of homoeopathy in successful treatment of the case of social anxiety disorder.

Keywords: Homoeopathy, social anxiety disorder, fear, pulsatilla 200

Introduction

Among anxiety disorders, social anxiety disorder is a prevalent kind. Speaking in front of an audience, meeting new people, dating, going on a job interview, answering a question in class, asking for assistance, or having to speak to a cashier in a store are just a few examples of the situations in which a person with social anxiety disorder experiences symptoms of anxiety or fear. Because of worries about being embarrassed, criticized, or rejected, doing daily tasks like eating or drinking in front of other people or using a public restroom can also make people anxious or afraid [1].

Signs and Symptoms [2]

According to oxford handbook of psychiatry somatic symptoms include blushing, trembling, dry mouth, and perspiration when exposed to the feared situation, with excessive fear of humiliation, embarrassment, or others noticing how anxious they are. Individuals are often characteristically self-critical and perfectionistic. Avoidance in situations may lead to difficulty in maintaining social/sexual relationships, educational problems or vocational problems. Thoughts of suicide are relatively common.

Differential Diagnosis [2]

- Generalised Anxiety Disorder (GAD)
- Agoraphobia
- Panic disorder
- Post Traumatic Stress Disorder (PTSD)
- Depression/Dysthymia
- Substance misuse

Management [2]

Psychological: CBT, an individual or a group setting, should be considered as a first line therapy and may be better at preventing relapse.

Psychotherapy- If patient declines CBT, short term psychodynamic psychotherapy may be offered over 6-8 months, with a focus on education, establishing a secure positive therapeutic alliance to modify insecure attachments, core conflictual relationship, shame, exposure to feared social situations outside therapy session, establishing a self-affirming inner dialogue and improving social skills.

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Homoeopathic Management [3, 4]

- Argentum Nitricum (Silver Nitrate): For anticipatory anxiety (e.g., fear before public speaking, exams); Impulsive, hurried, nervous individuals. Physical symptoms include diarrhoea from anxiety, trembling, palpitations.
- Gelsemium Sempervirens: For stage fright, performance anxiety, fear of appearing in public; Weakness, trembling, dizziness, dullness before an event; Wants to be left alone; dreads responsibility.
- Lycopodium Clavatum: Best suited for those with low self-esteem, yet these people appear confident; Fear of public speaking, but once started, they perform well. Along with the mental symptoms, these people suffer from digestive issues (bloating, gas), often linked to anxiety.
- Silicea (Silica): Very shy, timid, and anxious about social interactions; Avoids confrontation, blushes easily, lacks self-confidence; Overthinking and fatigue from mental exertion.
- Pulsatilla Nigricans: Gentle, sensitive, and emotionally needy individuals; Fear of being abandoned or disliked; Better with company, seeks reassurance.
- Calcarea Carbonica: For overthinkers who become anxious about social situations; Fear of embarrassment, being watched, or judged; Tendency to withdraw from social interactions.
- Aconitum Napellus: For sudden, intense fear or panic attacks in social settings; Useful in acute episodes of anxiety.
- Natrum Muriaticum: Reserved, introverted people who bottle up emotions; Fear of rejection, difficulty trusting, emotionally sensitive; Avoids crowds and emotional displays.

Diagnostic criteria according to DSM-V-TR [5]

- a) Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others, Examples include social interactions (e.g. having a conversation, meeting unfamiliar people), being observed (e.g. eating and drinking), and performing in front of others (e.g. giving a speech). NOTE: In children, the anxiety must occur in peer
 - NOTE: In children, the anxiety must occur in peer settings and not just during interactions with adults.
- b) The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others).
- The social situations almost always provoke fear or anxiety.
 - Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations.
- d) The social situations are avoided or endured with intense fear or anxiety.
- e) The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.
- f) The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.
- g) The fear, anxiety or avoidance causes clinically significant distress or impairment in social,

- occupational, or other important areas of functioning.
- h) The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (e.g. a drug of abuse, a medication) or another medical condition.
- i) The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder, such as panic disorder, body dysmorphic disorder, or autism spectrum disorder.
- j) If another medical condition (e.g., Parkinson's disease, obesity, disfigurement from burns or injury) is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive.

Specify if performance only: If the fear is restricted to speaking or performing in public.

Case summary

This article shows a case of 23 years old female suffering from social anxiety disorder complaining of anxiety symptoms along with some physical symptoms responded commendably with three doses of PULSATILLA 200. Liebowitz social anxiety scale is used to assess the severity of anxiety.

Case report: A 23-year-old female, nursing student, came to the psychiatry OPD of GHMC, BHOPAL on 27th July with the complaints of fear from facing the crowd, anticipatory anxiety which was chronic in nature, when enquired further she stated the following complaints:

- 1. Fear facing the crowd, on meeting people, in social interactions and in performing in front of others, while crossing road.
- 2. Cannot express her complaints without weeping, need someone near her.
- 3. Anticipatory anxiety, overthinking cannot sleep properly due to overcrowding of thoughts.
- 4. She thinks she will feel embarrassed in front of others while she is performing.
- Palpitation, slight trembling, breathlessness, and excessive weeping.
- 6. Fear of social interactions so avoid them.
- 7. Cannot say no to anybody and cannot ask for help as she fears of rejection.
- 8. Anxiety about family, career think of the worse situation possible.

Physical generals

- Thirst- Decreased
- Appetite- Decreased
- Thermal- Chilly
- Sleep- Disturbed by thoughts

Mental generals

Weeps when talking, sad, mild, gentle, anxious about every upcoming event, fear of facing the crowd, fear while crossing road, overthinking, very sensitive, weeps easily, lack of self- confidence, changeable mood, cannot remain alone want someone near her, amelioration from consolation.

Provisional diagnosis- social anxiety disorder The characteristic symptoms were considered for prescription

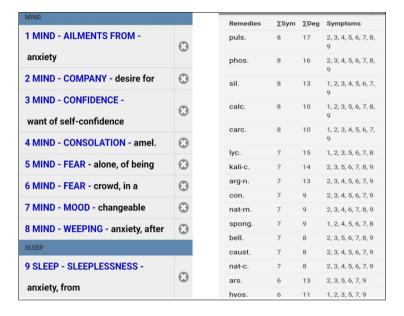
• Fear of being alone, in crowd.

- Changeable mood cannot express her complaints without weeping.
- Sleeplessness from anxiety, overcrowding of thoughts.
- Cannot remain alone want someone near her.
- Consolation amelioration.

Rubrics from synthesis repertory [6]

1. Mind- ailments from anxiety

- 2. Mind- company desire for
- 3. Mind- confidence, want of self confidence
- 4. Mind- consolation amelioration
- 5. Mind- fear alone of being
- 6. Mind- fear crowd in a
- 7. Mind-mood changeable
- 8. Mind- weeping anxiety from
- 9. Sleep- sleeplessness anxiety from



Remedy Selected

On the basis of symptom totality PULSATILLA was prescribed. Prescription on-03/08/2025

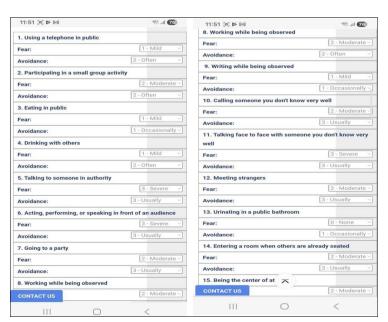
Rx.

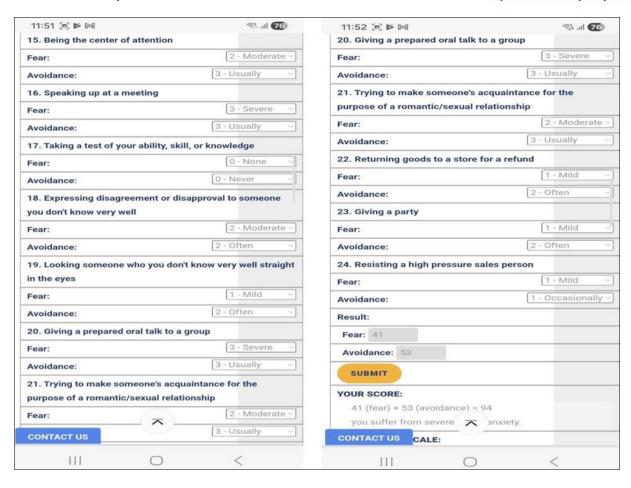
- 1. Pulsatilla 200/4pills/OD for 3 days
- 2. Placebo /4pills/TDS for 15 days

Table 1: Follow-up tabulation

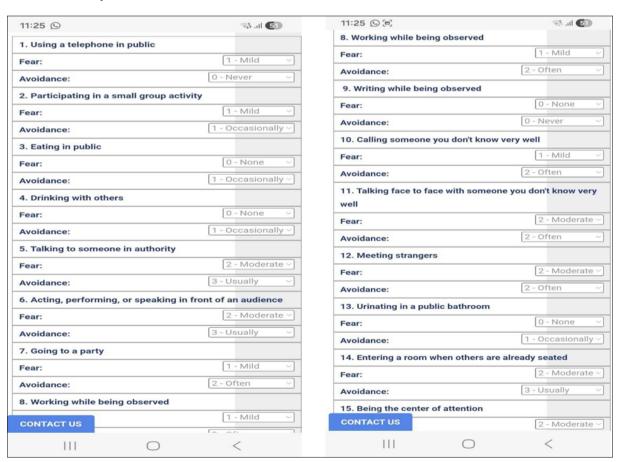
Date	Prescription
03/08/25	Pulsatilla 200 O.D. for 3 days Placebo for 15 days
18/08/25	Pulsatilla 200 O.D. for 3 days Placebo for 15 days
04/09/25	Placebo for 15 days
19/09/25	Placebo for 10 days

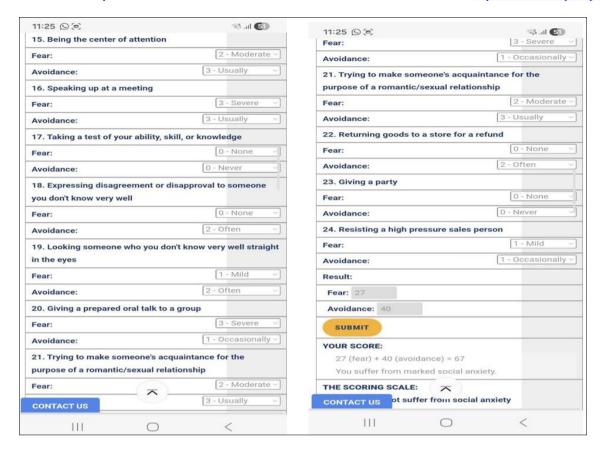
Liebowitz social anxiety scale- before





Liebowitz social anxiety scale- after





Follow up and outcome

On the first day of the visit, Pulsatilla 200 was prescribed to the patient on the basis of totality, for 3 days along with placebo for 15 days. The Liebowitz social anxiety scale was applied and the score was 94 which indicates severe social anxiety. Next follow up was on 18th august 2025, patient had relief in her complaints; anxiety was relieved but sleeplessness, fear and weeping was still there so, patient was prescribed Pulsatilla 200 for 3 days along with Placebo for 15 days. In the next visit patient had marked relief with no episode of anxiety with weeping or worry and, fear is reduced to an extent. She was prescribed Placebo for 15 days. On the next follow up there were no recurrency of symptoms during all these days, hence placebo was prescribed for 10 days.

Conclusion

From the above-mentioned case we can say that the homoeopathy acts effectively in the treatment of the social anxiety disorder. It also prevents recurrency and is safe for patient.

Declaration of parent assent

We certified that the patient had given his consent to provide their scale and clinical information to be published in the journal. We assured the patient that the personal details of the patient will not be disclosed in the public domain.

Acknowledgement

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