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Generalized anxiety disorder and its homoeopathic management

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Abstract

Generalized anxiety disorder (GAD) is one of the anxiety disorders where excess of worry related to several events is present. This excess of worry disturbs the normal functioning and these people are overly concerned about daily matters such as health issues, money, family problems, friendship problems, interpersonal relationship problems, and death or work difficulties. Homoeopathy offers a holistic approach in the management of Generalized anxiety disorder. A detailed case history followed by a thorough analysis and selection of most suitable remedy is the approach suggested by Dr Hahnemann. Also Psychotherapy and completion of cure by application of anti-psoric remedy are a must.

Keywords: Generalized anxiety disorder, worry, homoeopathy, holistic, dr hahnemann, mental diseases

Introduction

Generalized anxiety disorder (GAD) is one of the anxiety disorders where excess of worry related to several events is present. The person finds it difficult to control this worry. This worry is mostly not rational. This excess of worry disturbs the normal functioning and these people are overly concerned about daily matters such as health issues, money, family problems, friendship problems, interpersonal relationship problems, and death or work difficulties. Over the years, the prevalence of GAD is increasing and it is seen twice as much in women than in men. About 4% are affected at some point in their life with this condition.

Diagnostic Criteria

- a) Excessive anxiety and worry (apprehensive expectation), occurring for at least 6 months, about several events or activities (such as work or house chores or school performance).
- b) This worry is difficult to control.
- c) The anxiety and worry are associated with at least three (or more) of the following six symptoms (with at least some symptoms being present for more days than not for the past 6 months);

Note: Only one item is required in children.

1. Restlessness or a feeling of being keyed up or on the edge.
 2. Becoming easily fatigued.
 3. Difficulty to concentrate or the mind going blank.
 4. Irritability.
 5. Muscle tension.
 6. Sleep disturbance (difficulty falling to sleep or staying asleep, or restless and unsatisfying sleep).
- d) The anxiety, worry, or physical symptoms cause clinically significant trouble or impairment in social, occupational or other significant areas of functioning.
 - e) The disturbance is not the end-result of the physiological effects of any substance (e.g., a drug, a medication) or not due to any medical condition (e.g., hyperthyroidism).
 - f) The disturbance is not more better explained by another mental disorder (e.g., anxiety or worry about having a panic attack in panic disorder, negative evaluation in social anxiety disorders called social phobia, contamination or other kinds of obsessions in obsessive-compulsive disorder, separation from an attachment figure in separation anxiety disorders, remembering the traumatic events in posttraumatic stress disorder, gaining of weight in anorexia nervosa, physical complaints in somatic symptom disorders, perceived appearance flaws in body dysmorphic disorders, having a serious illness in illness anxiety disorders, or content of delusional beliefs in schizophrenia or delusional disorder).

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Associated Features Supporting Diagnosis

Associated with muscle tension, there may be trembling, twitching, feeling shaky, and muscle aches or soreness. Many individuals with generalized anxiety disorder also experience somatic symptoms (e.g., sweating, nausea, and diarrhea) and an exaggerated startle response. Other conditions that may be associated with stress (e.g., irritable bowel syndrome, headaches) frequently accompany generalized anxiety disorder.

Development and Course

Many individuals suffering from generalized anxiety disorder report that they have felt anxious and nervous all of their lives. The symptoms of excessive worry and anxiety may occur early in life but are then manifested as an anxious temperament. The primary difference across age groups is in the content of the individual's worry. Children and adolescents tend to worry more about school and sporting performance, whereas older adults report greater concern about the well-being of family or their own physical health. Younger adults experience greater severity of symptoms than do older adults. The advent of chronic physical disease can be a potent issue for excessive worry in the elderly.

Risk and Prognostic Factors

Temperamental: Behavioral inhibition, negative affectivity (neuroticism), and harm avoidance have been associated with generalized anxiety disorder.

Environmental: Although childhood adversities and parental overprotection have been associated with generalized anxiety disorder, no environmental factors have been identified as specific to generalized anxiety disorder or necessary or sufficient for making the diagnosis.

Genetic and physiological: One-third of the risk of experiencing generalized anxiety disorder is genetic, and these genetic factors overlap with the risk of neuroticism and are shared with other anxiety and mood disorders, particularly major depressive disorder.

Functional Consequences of Generalized Anxiety Disorder

Excessive worrying impairs the person's capacity to do things quickly and efficiently, whether at home or at work. The associated symptoms of muscle tension and feeling keyed up or on edge, tiredness, difficulty concentrating, and disturbed sleep also contribute to the impairment. Importantly the excessive worrying may impair the ability of individuals with generalized anxiety disorder to encourage confidence in their children. Generalized anxiety disorder is associated with significant disability and distress that is independent of co morbid disorders, and most non-institutionalized adults with the disorder are moderately to seriously disabled.

How can Homoeopathy help?

Homoeopathy is a holistic system of medicine. i.e. it considers the person as a whole during the treatment of any disease and not only his affected parts. It believes that it is the whole person who is affected by the disease and not his individual parts. The same thing also applies for the treatment of generalized anxiety disorder.

Dr Hahnemann in his Organon of Medicine (6th edition) has presented a classification of mental diseases as follows:

1. Mental diseases appearing with the decline of corporeal

diseases (Aphorism 216)

2. Mental diseases appearing suddenly as an acute disease in the patients ordinary calm state, which is caused by fright, vexation, the abuse of spirituous liquors, etc. (Aphorism 221)
3. Mental diseases of doubtful origin (Aphorism 224)
4. Mental diseases caused by prolonged emotional causes, which in time destroy the corporeal health. (Aphorism 225)

Based on the above mentioned diagnostic criteria, Generalized anxiety disorder would fall into the fourth category where Dr Hahnemann states that, Aphorism 225:

“There are few emotional diseases which have not been developed out of corporeal diseases, but are in an inverse manner, arise and kept up by emotional causes as the body is slightly indisposed, such as continuous anxiety, vexation, worry and the frequent occurrences of great fear or fright. These kind of emotional diseases in time often destroy the corporeal health, to a great degree.”

In the latter aphorisms he also mentions about the management of such diseases. About their management he says that, the emotional causes mentioned above serve as exciters and maintainers (*causa occasionalis*) of the disease process. If the disease is recent and has not yet affected the corporeal health much, the patient may recover into a seemingly healthy state by psychical remedies and appropriate diet and regimen. However, for complete cure, antipsoric treatment should be given. If not, the patient can easily suffer from similar state of mental disease. (Aphorism no 226 & 227). He says that the fundamental cause even in these cases is nothing but Psora. He has already mentioned that almost all mental diseases are of psoric origin in aphorism no 210 of his Organon of Medicine.

Therefore, as Homoeopathy is rightly called as an artistic science, it will be the skill and art of the physician that will, at first, help him to discover the exact cause and the factors responsible for the development and maintenance of Generalized anxiety disorder in his patient. This will be achieved by a detailed case history of the patient taking into consideration his entire life history starting from his childhood, his overall constitution, diseases suffered, social and family relations, his diet and nutrition, factors that generally bother him, remarkable life incidences etc. Further a systematic analysis of the case, will guide the physician to the most appropriate remedy which will serve as the homoeopathic similitum for the case in hand. As mentioned by Dr Hahnemann, these cases (like all mental diseases) should be considered as arising from Psora. Thus, to completely cure the patient and to prevent the recurrence, most appropriate anti-psoric medicine must be prescribed before cessation of treatment.

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