

International Journal of

Homoeopathic Sciences

E-ISSN: 2616-4493 P-ISSN: 2616-4485 www.homoeopathicjournal.com IJHS 2023; 7(2): 173-178

Received: 10-02-2023 Accepted: 13-03-2023

Dr. Ritu Ajitkumar Lalwani PG Scholar, Department of Homoeopathic Material Medical, Rajkot Homoeopathic Medical College, Parul University, Rajkot, Gujarat, India

Homoeopathy: A promising treatment for generalized anxiety disorder

Dr. Ritu Ajitkumar Lalwani

DOI: https://doi.org/10.33545/26164485.2023.v7.i2c.827

Abstract

An anxiety disorder characterized by excessive worry about a wide range of events is broadly termed as Generalized Anxiety Disorder (GAD). This excessive worry hinders physiology, and these individuals are unduly preoccupied in issues of health, financial, family, intimate relations, social connection problems, death, or work challenges. Amygdala of brain is responsible for carrying out the events of GAD. These events are manifested at psychic and somatic level and is differently manifested in various individuals. DSM – V is helpful in the diagnosis and management of GAD. In the treatment of GAD, homoeopathy provides an integrated approach. Dr. Hahnemann recommends a full understanding of an individual by history taking, followed by a thorough investigation and selection of the appropriate remedy for significant cure. Also Psychotherapy and the use of an anti-psoric medicine to complete the healing are required. Various Reportorial rubrics are mentioned from Repertory along with the Homoeopathic Remedies showing their therapeutic cleavage in the cases of GAD.

Keywords: Worry, generalized anxiety disorder, amygdala, homoeopathy, remedies, mental diseases

Introduction

Generalized Anxiety Disorder (GAD) – is one amongst the most common mental illnesses. 20% of individuals are affected annually by this illness. It is distinguished by continuous, exaggerated, and unreasonable anxiety over regular occurrences, such as finances, relationships, health, and the outlook for the future. It is excessive, difficult to moderately elevated, and usually accompanied by a variety of ambiguous psychological and physical symptoms ^[1].

Definition

Generalized Anxiety Disorder (GAD) is a psychical and behavioral condition known as characterized by excessive, uncontrolled, and frequently unreasonable concern about certain things. It is a mental condition characterized by excessive or unrealistic anxiety about two or more aspects of life (work, social relationships, financial matters, etc.), accompanied by symptoms such as increased muscle tension, impaired concentration, and insomnia ^[2].

It causes severe distress or impairment in social and work settings. There is no physical cause for the anxiety.

Epidemiology

Childhood anxiety (age group of 13 – 18 years) occurs in 1 in 4 children, with a lifetime prevalence of 6%. DSM-III – introduced diagnosis of GAD two decades ago. The definition of GAD requires excessive uncontrollable and diffuse anxiety or worry continuous for a month or longer. Early clinical studies evaluating DSM-III found that this disorder is always accompanied by comorbid anxiety or mood disorder. Later on, DSM-III-R committee recommended the duration confirmed diagnosis to extend up to 6 months ^[3, 4].

Additionally, changes in the definition of excessive worry and various associated mental and physiological symptoms were made in the DSM-IV. Later on, based on new facts – GAD was marked by primary or clinical marker of other disorders. It also questioned the legitimacy of the DSM – V's threshold possibilities $^{[5,6]}$.

Etiology

There is no one specific cause of GAD. Evidence suggests that numerous variables often influence the formation of GAD ^[7].

Corresponding Author:
Dr. Ritu Ajitkumar Lalwani
PG Scholar, Department of
Homoeopathic Material
Medical, Rajkot
Homoeopathic Medical
College, Parul University,
Rajkot, Gujarat, India

Some factors are

1. Genetics

- A person may be genetically predisposed to getting GAD if definite genetic markers are present. Symptoms may emerge when susceptibility is paired with particular environmental factors.
- Women are more prone to formation of GAD and highest risk from initial childhood to adulthood.

2. The limbic system

- It is a group of brain areas that controls many of our fundamental emotional responses among other things. It can react to stimuli on its own, even if the "thinking" part of the brain could govern it.
- The sub-types of GAD Obsessive compulsive disorder (OCD) and Post-traumatic stress disorder (PTSD) show impact on Amygdala.
- A higher amount of grey matter in the right putamen was associated with childhood abuse, which led to GAD.

3. Life Experiences

 A bigger proportion of the risk for GAD is found in complicated psychological factors (experiencing trauma in childhood), environmental (learned behaviors), and social factors (increased use of social media leading to loneliness, rejection, abandonment or humiliation).

4. Lifestyle Factors

- The use of addictive chemicals such as coffee on a regular basis can heighten emotions of concern or uneasiness, contributing to the development of anxiety.
- Dangerous and frightening situations in romantic relationships can also have an impact on the development of anxiety.
- Anxiety-related illnesses are more likely to occur during continuous excessive unknowing stress.

Pathophysiology

- The pathophysiology of GAD is an important and continuous matter of study including genetics and brain components.
- GAD has been related to alterations in the amygdala's functional connections and its processing of fear and anxiety.
- The amygdala, insula, and orbitofrontal cortex (OFC) are all neurological areas that have long been recognized for their functions in anxiety.
- Recent studies have sought to identify particular frontal cortical areas (e.g., dorsomedial prefrontal cortex (dmPFC)) that may be more or less reactive in people with GAD [7].

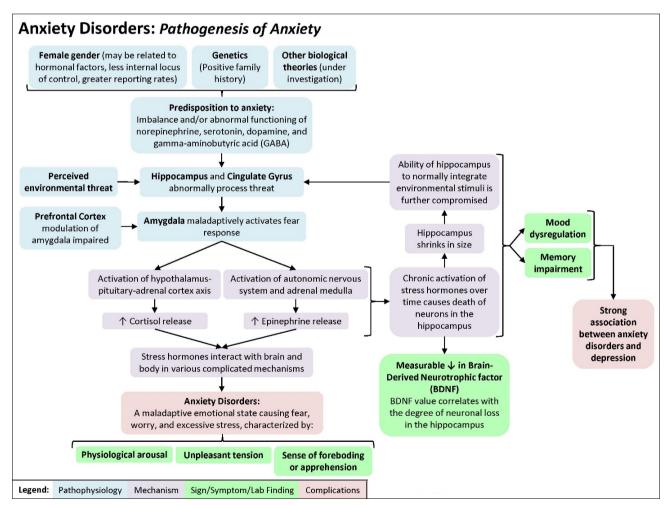


Fig 1: Pathogenesis of Anxiety Disorder [8]

Clinical Features

- Patients with anxiety might be difficult to diagnose since physical signs are more significant and psychological symptoms are trivial.
- Some symptoms in the presentation of GAD are –
- 1. Difficulties focusing, and
- 2. Dizziness,
- 3. Emotional liability,
- 4. Excessive, generalized anxiety and concern,
- 5. Fatigability,
- 6. Headache,
- 7. Palpitations,
- 8. Restlessness,
- 9. Shortness of breath,
- 10. Sleeplessness.

Generalized anxiety is usually connected with the following factors

- 1. Unmarried female gender,
- 2. Poor health,
- 3. Lack of education,
- 4. Existence of stresses.

• The average presentation age is 30 years.

To measure the severity and diagnosis, many scales have been devised. The GAD-7 is most trustworthy diagnostic tool to measure severity [9].

Diagnosis

- Diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) include [2] –
 - 1. Excessive anxiety and worry for at least six months
 - 2. Difficulty controlling the worrying.
 - 3. The anxiety is associated with three or more of the below symptoms for at least 6 months.
 - a. Restlessness, feeling keyed up or on edge.
 - b. Being easily fatigued.
 - Difficulty in concentrating or mind going blank, irritability.
 - d. Muscle tension.
 - e. Sleep disturbance.
 - f. Irritability.
- GAD results majorly from distress in social and occupational areas. However, it is due to any physical cause.

Evaluation and Investigation

- The initial evaluation begins with treating psychological (stress, concerns or challenges) or physical issues.
- Examination of medical history, paying special attention to trauma, psychological problems, and substance addiction [10].
- To rule out organic reasons, the following tests can be

performed

- 1. Thyroid function tests.
- 2. Glucose level in the blood.
- 3. Echocardiography.
- 4. Toxicology examination.

Differential Diagnosis [11]

- 1. **Adjustment disorder:** Stress, sadness or hopelessness after a hard time coping up.
- 2. Anorexia nervosa: Weight gain stress causing anxiety.
- Anxiety due to other diseases (like Phaeochromocytoma, Hyperthyroidism).
- 4. **Bipolar disorder:** Shift in a person's mood, energy, activity levels, and concentration.
- 5. **Drug abuse:** Stimulants and hallucinogenic (Cocaine, caffeine, amphetamines, etc.).
- 6. **Drug withdrawal:** Alcohol withdrawal or opiate withdrawal.
- 7. **Hyperthyroidism:** Presence of an elevated TSH on laboratory findings.
- Hypochondriasis: Abnormal anxiety for a specific disease.
- Major depressive disorder: Continuous depression for 2 weeks.
- 10. **Medications:** Methylphenidate, pseudoephedrine, and other leads to anxiety.
- 11. **Obsessive-compulsive disorder:** Obsessions and compulsions form anxiety if not fulfilled.
- 12. Panic disorder: Panic leading to anxiety.
- 13. **Post-traumatic stress disorder:** Presence of Flashbacks, hyperactivity, and awareness.
- 14. Schizophrenia: Hallucinations and delusions.
- 15. **Separation anxiety disorder:** Dissociation from home or family create anxiety.
- 16. Social phobia: Social situations arise anxiety.
- 17. **Somatization disorder:** Multiple physical complaints (one sided disease).

Prognosis [12]

- Uncertain prognosis and higher cost of drugs lead to frequent relapses in many individuals.
- Overall, these individuals have a low quality of life.

Complications [11 12]

- The complications may be
- 1. Depression.
- 2. Drug or alcohol abuse.
- 3. GI disorders.
- 4. Impaired quality of life.
- 5. Insomnia.
- 6. Issues functioning at work/school.
- 7. Social isolation.
- 8. Suicide potential.

Treatment / Management [12]

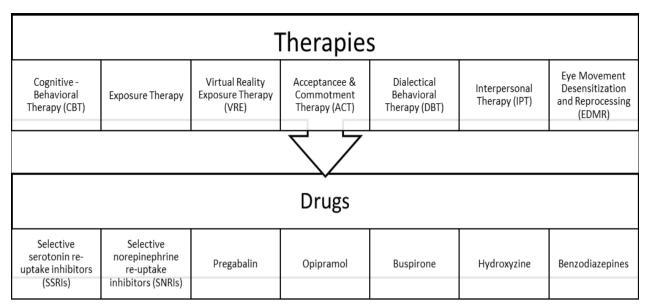


Fig 2: Treatment and Management of GAD

Homoeopathic Approach

Homoeopathy is a complete system of medicine. Specifically, it believes the individual as a whole throughout the treatment of disease, rather than only considering the damaged areas. It thinks that the sickness affects the whole organism rather than isolated portions. The same is true in the therapy of GAD.

Dr. Hahnemann proposed the following categorization of mental illnesses in his Organon of Medicine (6th edition) [13]

- 1. Mental disorders that show as corporeal health declines (§ 216).
- 2. Fright, vexation, the consumption of spirituous liquors, and other factors can cause mental disorders to manifest unexpectedly as an acute disease in the patient's normal calm condition (§ 222).
- 3. Uncertain origin mental illnesses (§ 224).
- Mental disorders generated by long-term emotional causes that eventually damage corporeal health (§ -225).

From the above diagnostic criteria, GAD would fall into the 4^{th} category where Dr. Samuel Hahnemann states that,

"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."

Also in § - 210, he describes that all the mental disorders come under Psora – miasm [13].

Homoeopathy is an artistic science that assists clinicians in determining the specific reason and circumstances involved in the development and maintenance of GAD. A complete case history of the patient is used to do this, taking into consideration their entire life history, constitution, diseases endured, social and familial relationships, food and nutrition, variables that normally trouble them, and notable life incidents. A thorough examination of the issue will lead the physician to the most appropriate treatment, which will act as the homoeopathic similimum for the situation at hand. As Dr. Hahnemann said, these situations should be deemed Psora-related, and anti-psoric medication should be

administered before discontinuing treatment [13].

Reportorial Rubrics

Some of the rubrics from Synthesis repertory are as follows [14]

- 1. Mind Anxiety attacks of anxiety.
- MIND ANXIETY beside oneself from anxiety; being.
- 3. Mind Anxiety chest felt in chest; anxiety.
- 4. Mind Anxiety coition thought of; from women; anxiety.
- 5. Mind Anxiety congestion chest; anxiety from congestion.
- 6. Mind Anxiety conscience; anxiety.
- 7. Mind Anxiety discouragement.
- 8. Mind Anxiety face anxious expression.
- 9. Mind Anxiety faintness after faintness; anxiety.
- 10. Mind Anxiety faintness from anxiety; faintness.
- 11. Mind Anxiety fright remains; anxiety if the fear of the fright.
- 12. Mind Anxiety laughing and crying from anxiety ending in profuse perspiration.
- 13. Mind Anxiety nausea.
- 14. Mind Anxiety reassured; is easily.
- 15. Mind Anxiety respiration; anxious.
- 16. Mind Anxiety screaming.
- 17. Mind Anxiety sleep preventing.
- 18. Mind Anxiety stomach; felt.
- 19. Mind Anxiety success; anxiety from doubt about.
- 20. Mind Anxiety therapy from anxiety; wants.
- 21. Mind Anxiety time is set, if a wake up on time; anxious.
- 22. Mind Anxiety touched; anxiety from being.
- 23. Mind Anxiety trembling.
- 24. Mind Anxiety work inclination to work; anxiety.
- 25. Mind Anxiety work preventing work; anxiety.
- 26. Mind Anxiety Bladder; with pain.

Homoeopathic Remedies

Some of the remedies from various Materia Medica are as follows [15-17].

1. Aconite

Aconite is used to treat acute, sudden anxiety, panic, or dread which is caused by a traumatic event in the past. It is characterized by dry skin and mouth with rapid heartbeat.

2. Anacardium Orientale

Anxiety. Examination fear. Fear that he is being pursued and prosecuted. Musicians have stage fear. Anacardium sufferers believe they have two personalities or wills. They are quite sensitive. Lack of faith in himself and others. They experience stomach issues.

3. Argentum nitricum

This can be recommended for persons who are anxious because of uncertainty. This comprises claustrophobia, hypochondria, fear of heights, and generalized anxiety disorder. Anxiety caused by uncertainty may be accompanied by stomach disturbances such as diarrhoea and sweet cravings.

4. Arsenicum album

A/F – Fear of being alone, dark, or being impaired. People are afraid of being alone and may seek relief via control or criticism of others. They may also frequently feel chilly.

5. Calcarea Carbonica

They acquire a phobia of deviating from any safe routine. When routine is modified, anxiety intensifies leading to difficulties "going with the flow."

6. Gelsemium

This is for individuals who are anxious because they feel inadequate. People who suffer from this sort of anxiety are frequently hesitant and wobbly. They may have agoraphobia, dislike crowds and public speaking, and be prone to fainting. They frequently want alone and to escape constant pressure from others.

7. Ignatia

Ignatia is recommended for anxiety arising from bereavement or loss. Depressed Ignatia individuals are very sensitive and indisposed to mood fluctuations (from laughter - tears).

8. Kali arsenicosum

Conditions include hypochondria, excessive personal hygiene, and even a fear of heart attacks. People who suffer from health-related anxiety may have racing thoughts and difficulty sleeping. They may be terrified of death or dying as well. They are prone to feeling cold and having panic attacks.

9. Kali phosphoricum

Individual having stressful life or feeling overwhelmed at every circumstance. Anxiety arises from having too much to achieve or having unachievable goals. Physical trembling of hands and psychical symptoms arise due to this anxiety.

10. Lycopodium

Lycopodium has lack self-confidence. They hide their fear of public speaking and stage fright successfully by speaking too loudly or frequently.

11. Natrum Muraticum

The patient is nervous about everything, including his dreams. Anxiety accompanied with chest discomfort.

12. Opium

Anxiety caused by a severe scare or anything really terrifying that causes anxiety.

13. Phosphorus

Phosphorous patients are socially anxious. A/F – Need of approval from friends, family or loved ones. When individuals are frightened or agitated, they become disorganized and find it difficult to concentrate or finish activities.

14. Pulsatilla

They are sufferers from childhood anxiousness. > - lot of reassurance and support from others.

15. Sepia

They are worried about the evening. Fears being alone. Indifferent to those who are most loved. A sensation of bearing down in the pelvis.

16. Silicea

Silicea has fear of new experiences, expressing in public and being the center of attraction. They become workaholic to reduce this stress and anxiety.

17. Stramonium

Anxiety in the form of terrors at night, nightmares, or having gloomy thoughts when awake. Fear of dark or being alone, by the ideas of monsters or unknown people. Fantasies exacerbate the uneasiness.

18. Sulphur

Sulphur is one of the most effective anxiety treatments. There is anxiousness, as well as fainting episodes and excessive perspiration, which is worst in the morning. Sulphur people are intellectually lethargic, always fatigued, restless, and hasty at times. They are quickly irritated, impatient with others, egotistical, easily enthusiastic, and easily offended. They are always in fantasies, fancies, and things that appear to be rags to be lovely things. He is a filthy philosopher who despises neatness and believes that hygiene is unnecessary. Sulphur sufferers are distrustful and psychologically dejected, forgetful, confused, and absentminded, with an aversion to both mental and physical exertion, as well as a dislike to washing.

19. Syphillinum

Syphillinum is the most effective anti-anxiety medication. A significant characteristic of Syphillinum sufferers is that they wash their hands frequently and feel obligated to do so in order to soothe their uneasiness. The patient has a strong phobia of the night and is terrified of it approaching. There is extreme anxiety and a persistent fear that he will go nuts.

20. Thuja Occidentalis

Thuja is an excellent treatment for generalized anxiety disorder and obsessive compulsive neurosis. The patient typically becomes concerned over little matters and is unable to concentrate on his tasks. He has a lot of established thoughts that he can't seem to get rid of. Social

phobia is also frequent in these people, who get uneasy and twitchy when approached by strangers. Overall, a really effective anti-anxiety medication.

Conflict of Interest

Not available

Financial Support

Not available

References

- Leonard K, Abramovitch A. Cognitive functions in young adults with generalized anxiety disorder. Eur Psychiatry. 2019 Feb;56:1-7.
- American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders Fifth Edition DSM-5 TM, American Psychiatric Association; p. 222-226.
- 3. Grenier S, Desjardins F, Raymond B, Payette MC, Rioux MÈ, Landreville P, et al. Six-month prevalence and correlates of generalized anxiety disorder among primary care patients aged 70 years and above: Results from the ESA-services study. Int J Geriatr Psychiatry. 2019 Feb; 34(2):315-323.
- Silva MT, Caicedo Roa M, Martins SS, Da Silva ATC, Galvao TF. Generalized anxiety disorder and associated factors in adults in the Amazon, Brazil: A populationbased study. J Affect Disord. 2018 Aug 15;236:180-186
- 5. Scheeringa MS, Burns LC. Generalized anxiety disorder in very young Children: First Case Reports on Stability and Developmental Considerations. Case Rep Psychiatry; c2018. p. 7093178.
- 6. Ströhle A, Gensichen J, Domschke K. The Diagnosis and Treatment of Anxiety Disorders. Dtsch Arztebl Int. 2018 Sep 14;155(37):611-620.
- Newman MG, Shin KE, Zuellig AR. Developmental risk factors in generalized anxiety disorder and panic disorder. J Affect Disord. 2016;206:94-102. DOI: 10.1016/j.jad.2016.07.008
- Pathogenesis-of-Anxiety-Disorders.jpg (3000×2250 [Internet]. [Cited 2023 Apr 24]. Available from: https://calgaryguide.ucalgary.ca/wp-content/uploads/2015/05/Pathogenesis-of-Anxiety-Disorders.jpg
- Swinson RP. The GAD-7 scale was accurate for diagnosing generalized anxiety disorder. Evid Based Med. 2006 Dec;11(6):184.
- Kroenke K, Spitzer RL, Williams JB, et al; Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. Ann Intern Med. 2007 Mar 6;146(5):317-25.
- Generalized anxiety disorder differential diagnosis Wikidoc; Accessed: 2023-04-25. https://www.wikidoc.org/index.php/Generalized_anxiet y_disorder_differential_diagnosis.
- 12. Driot D, Bismuth M, Maurel A, Soulie-Albouy J, Birebent J, Oustric S, *et al.* Management of first depression or generalized anxiety disorder episode in adults in primary care: A systematic meta-review. Presse Med. 2017 Dec;46(12 PT 1):1124-1138.
- Hahnemann Samuel. Organon of Medicine 6th edition, translated by William Boericke, B. Jain Publishers Pvt. Ltd, Low priced edition. 160, 165, 248, 256-257;

- c2002. p. 94-96.
- 14. Synthesis Repertory: Radar 10.5.003.
- 15. Allen HC. Allen's Key Notes, Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes, Eighth Edition, 2016, B Jain Publisher (P) Ltd, New Delhi.
- Boericke W. Boericke's New Manual of Homoeopathic Material Medical With Repertory, Third Revised & Augmented Edition, B. Jain Publisher Pvt. Ltd, New Delhi; c2008.
- 17. Clarke JH. A Dictionary of Practical Materia Medica, B. Jain Publishers (P) Ltd.

How to Cite This Article

Lalwani RA. Homoeopathy: A promising treatment for generalized anxiety disorder. International Journal of Homoeopathic Sciences. 2023;7(2):173-178.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.