

Homoeopathic Approach to the Management of Generalized Anxiety Disorder: A Case Report

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ABSTRACT:

Introduction: Generalized anxiety disorder (GAD) is a condition in which a person has excessive, persistent worry, fear and anticipation. It affects and interrupts daily activities as well as the quality of life.

Case Summary: A 30-year-old lady, known case of GAD presented at NEIAH Homoeopathic OPD with the complaint of breathlessness, pain in abdomen and symptoms of generalized anxiety disorder (GAD) with tobacco addiction. After accessing DSM 5, she was again diagnosed with GAD. A detailed case taking was done as per homoeopathic principles and Arsenicum Album was prescribed based on the totality of symptoms along with homoeopathic psychiatric care and showed significant improvement in her anxiety and tobacco dependence over a year. Monthly GAD-7 score was assessed to understand the effect of homoeopathic management to the case. The improvement in the clinical symptoms and reduction in GAD-7 score shows the effectiveness of homoeopathic treatment in the management of GAD. The assessment of causal attribution was also carried out using the Modified Naranjo Criteria for Homeopathy (MONARCH) inventory. This case report will serve as a scope of homoeopathic management in the management of GAD.

KEYWORDS: Generalized anxiety disorder, GAD, Arsenicum Album, Homoeopathy.

INTRODUCTION:

Generalized Anxiety Disorder (GAD) is a condition characterised by excessive and persistent worry, tension, and apprehension about various aspects of daily life. The intensity, duration or frequency of the anxiety and worry is out of proportion to the actual likelihood or impact of the anticipated events. GAD manifests as a disproportionate and uncontrollable response to routine events, associated with physical symptoms such as restlessness, muscle tension, irritability, disturbed sleep, and difficulty concentrating [1]. The diagnostic criteria, as outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), require excessive anxiety and worry occurring more days than not for at least six

months, associated with at least three additional symptoms, and causing significant distress or impairment in social and occupational functioning. ^[2] The diagnostic criteria of GAD are as follows:

DIAGNOSTIC CRITERIA ^[1]:

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):
Note: Only one item is required in children.
 - Restlessness or feeling keyed up or on edge.
 - Being easily fatigued.
 - Difficulty concentrating or mind going blank.
 - Irritability.
 - Muscle tension.
 - Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).
- D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
- F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

Cognitive-behavioural therapy and pharmacotherapy (such as selective serotonin reuptake inhibitors) are standard treatments, but a significant number of patients seek alternative and complementary approaches such as Homoeopathy ^[1,3].

GAD is a chronic condition marked by excessive, uncontrollable worry about daily events, accompanied by somatic symptoms such as tremors, palpitations, restlessness, muscle tension, and sleep disturbance. ^[4] It often involves autonomic overactivity, fatigue, irritability, and poor concentration, lasting for six months or more ^[5]. The aetiology is multifactorial—neurobiological, genetic, and psychosocial—and frequently coexists with depression, substance abuse, or somatic disorders. Anxiety disorders commonly overlap with tobacco and substance use, which serve as maladaptive coping mechanisms. ^[6,7] Chronic nicotine use activates dopaminergic reward pathways, reinforcing dependence and complicating anxiety management ^[8,9]

From the Homoeopathic standpoint, disease is considered a dynamic disturbance of the vital force, as stated by Dr. Samuel Hahnemann in *Organon of Medicine* (§9, §15). Homoeopathy aims at restoring the disturbed harmony of mind and body through individualised remedy selection based on the totality of symptoms rather than diagnostic labels ^[10,11]. Constitutional homoeopathic treatment can help overcome

tobacco dependence by addressing underlying emotional imbalances, rather than just managing cravings [12].

PREVALENCE / EPIDEMIOLOGY:

GAD is one of the most prevalent anxiety disorders worldwide. GAD in the general population ranges from 4% to 7%, with a female predominance and an onset typically in early adulthood, either as an isolated diagnosis or comorbid with other illnesses [4,13].

Systematic reviews suggest there is a two-way link between anxiety disorders (like GAD) and tobacco use: anxiety can lead to tobacco use, and tobacco use can worsen or trigger anxiety symptoms [9,14,15]. The coexistence of these two disorders has important implications for treatment planning and prognosis. Studies have indicated beneficial outcomes in anxiety and substance use disorders when treatment is individualised constitutionally.

GAD 7:^[16]

The GAD-7 is a 7-item scale, based on Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria, for identifying likely cases of GAD. It has been found to have great psychometric properties and is short and easy to administer. When screening for anxiety disorders, a score of 8 or greater represents a reasonable cut-point for identifying probable cases of generalized anxiety disorder; further diagnostic assessment is warranted to determine the presence and type of anxiety disorder. Using a cut-off of 8 the GAD-7 has a sensitivity of 92% and specificity of 76% for diagnosis generalized anxiety disorder. [2,3]

The following cut-offs correlate with level of anxiety severity:

- Score 0-4: Minimal Anxiety
- Score 5-9: Mild Anxiety
- Score 10-14: Moderate Anxiety
- Score 15-21: Severe Anxiety [2].

The **Modified Naranjo Criteria for Homeopathy (MONARCH)**—Causal Attribution Inventory was identified as a valid tool for assessing the likelihood of a causal relationship between a homeopathic intervention and clinical outcome.^[17]

PATIENT INFORMATION:

A 30-year-old female presented to the Out Patient Department (OPD) of the Practice of Medicine Department, Homoeopathy Hospital, NEIAH, Shillong, on 24th February 2024 with an acute onset of breathlessness, burning and aching abdominal pain which was worse in the morning and on an empty stomach, she also complaint of fullness of abdomen, nausea in the morning, and vomiting in the last one week. Symptoms intensified following the abrupt cessation of tobacco and she also had decreased appetite with eructation and increase flatulence in the last 15 days. She felt constantly anxious, had palpitations over small things, and worried excessively about her weight. She felt hopeless and thought she would never get better and was quite afraid of death. The patient had previously attempted suicide and struggled with negative thoughts about herself. Her past was marked by childhood trauma, bullying, and abusive relationships. According to DSM-5 criteria, a clinical evaluation validated a diagnosis of generalized anxiety disorder, which is marked by excessive worry, physical symptoms, and emotional discomfort.

HISTORY OF PRESENTING COMPLAINTS:

The patient had complaint of burning and aching abdominal pain which was worse in the morning and on an empty stomach, she also complaint of fullness of abdomen, nausea in the morning, and vomiting in the last one week. She was admitted to a hospital for the acute gastroenteritis 4 days before and was recovered and discharged however, she still had the complaint of breathlessness, palpitations, abdominal pain, nausea and vomiting which was worse in the mornings and has now come to the homoeopathy hospital for treatment. Upon detailed case taking she had spoken about a history of childhood trauma, bullying, and abusive relationships. She also experienced anxiety, uncontrollable worry, and fear of dying, with a history of suicidal attempt. She uses tobacco and quitting it suddenly made her symptoms worse.

FAMILY HISTORY

No significant medical illness reported.

PERSONAL HISTORY

The patient is a graduate, and engages in hobbies such as journaling and rescuing street dogs. She consumed approximately 20 pieces of kwai (betel nut quid) daily since puberty and recently quit one week prior to admission. She reports occasional alcohol intake. Her relationship with her mother is strained. Menarche occurred at age 13 with regular menstrual cycles accompanied by dysmenorrhea and exacerbation of anxiety symptoms before menstruation.

PHYSICAL GENERALS

- Appetite decreased; nausea and headache on an empty stomach
- Desires pork; aversion to beef
- Thirst for cold water; habits of frequent sipping, increased when anxious
- Bowel and bladder habits: Semi-solid; once daily stool; clear urine
- Scanty sweat; disturbed sleep, often with fearful dreams.

LIFE SPACE INVESTIGATION:

The patient's life history reveals a progression marked by significant psychosocial challenges and evolving personal development. She is the second child of her parents. She was born and brought up in a middle-class family in Meghalaya. During childhood, she was exposed to domestic violence between her parents, which constituted a traumatic experience. In adolescence, she encountered bullying and was involved in abusive relationships. Throughout her college years, she exhibited rebellious behaviour and displayed heightened concern regarding her physical appearance, particularly focusing on being underweight and the desire to gain weight. Presently, as an unmarried adult, she is committed to leading an independent life. Her interests include animal welfare, demonstrated by her active participation in rescuing street dogs, and reflective writing through journaling.

MENTAL GENERALS

- Strained relationship with mother,
- Anxiety about employment.
- Despair with restlessness

- Fear of sickness, darkness and dying
- Forgetfulness of recent memories, difficulty in concentration
- Overthinking, occasional suicidal thoughts
- Mentally active but physically weak with great exhaustion.
- Fond of animals and children, likes consolation

PHYSICAL EXAMINATION

- Lean built, moderate nutrition
- Vitals stable - BMI = 17 kg/m²

On Systemic Examination:

Gastrointestinal System-

- P/A: Mild distension, tympanic abdomen and epigastric tenderness.

CNS:

- Higher functions: Conscious, well oriented to time, place and person.

DIAGNOSTIC ASSESSMENT

- A diagnosed case of GAD
- Clinically by DSM-5 criteria:[1] 6+ months of uncontrollable worry + ≥ 3 symptoms: restlessness, fatigue, irritability, sleep disturbance, muscle tension).
- Tobacco dependence was clinically diagnosed.
- The GAD-7 scale was used for baseline severity.

PROVISIONAL DIAGNOSIS: Generalised Anxiety Disorder (GAD).

In ICD-10, GAD is coded as F41.1, while in ICD-11 it is coded as 6B00.

CASE ANALYSIS AND TOTALITY OF SYMPTOMS:

Symptoms of anxiety with somatic manifestations (gastrointestinal, palpitations), mental overactivity, fearfulness, history of trauma and tobacco dependency form the totality of symptoms. After thorough evaluation and case analysis, and consultation with Homoeopathic Materia Medica, *Arsenicum album* was found to be the most similimum, and was hence prescribed. Along with *Arsenicum album*, *Ipecacuanha*, *China Officinalis*, and *Aconitum napellus* were also prescribed for the acute complaints she developed in between the follow-ups, framed tailored to the acute totality of her symptoms.

Final Selection of Medicine

- Based on totality of the case Arsenicum Album 200 was prescribed.

Hospital Stay and Management

- Patient stayed from 29/02/2024 – 04/03/2024 in-patient care, vitals monitored, dietician consultation.
- Homoeopathic psychiatrist consultation and counselling
- Arsenicum Album 200 was prescribed. During the hospital stay she had severe nausea in the night and Ipecac 30 1dose was given as an acute management.
- According to the need of the case, Arsenicum Album 200 was raised to 1M and in between rubrum was also given.
- Continued psychiatric consultation started during hospital stay and was continued in the later follow-ups with different approaches to Behavioural therapy. GAD-7 scales reduced from scores 17 to 15.

FOLLOW-UP FOR 1 YEAR WITH GAD-7: [18]

- Monthly GAD-7 assessments showed a progressive reduction in anxiety.
- Tobacco dependence ceased completely.
- No recurrence of gastritis or anxiety symptoms for the past 6 months.
- Maintained abstinence, no adverse effects.
- A gradual increase in her weight, hence a normal BMI was seen at the later follow-ups, the last BMI being 22.3 kg/m².
- Over a subsequent one-year follow-up period, regular GAD-7 assessments showed progressive symptom reduction from Scores of 15 to 06. Tobacco use was reportedly ceased. No adverse effects or homoeopathic aggravations occurred.

TABLE NO. -01 : FOLLOW-UP CHANGES

FOLLOW-UPS	CHANGES NOTICED	PRESCRIPTION WITH DOSES AND REPETITION
23/03/2024	c/o mild abdominal pain < cold things; palpitation with breathlessness episodes decreased, but < midnight; anxious intensity decreased; + GAD – 7 scale = 15	- Arsenicum Album 200/ Two Doses EMES X 5 Glbs X 2 days; (EMES=Early morning empty stomach)
13/04/2024	Abdominal pain- improved; Palpitation episodes < thinking about her ailment; + GAD – 7 scale = 14	- Rubrum 30/2dose once daily
27/04/2024	Palpitation episodes decreased; Headache congestive, on and off since 3 days; + GAD – 7 scale = 14	- Arsenicum Album 200/ One Dose
25/05/2024	breathlessness episodes decreased; Headache improved; + GAD – 7 scale =13	- Rubrum 30/2dose once daily
29/06/2024	c/o Headache with nausea with after taking kwai on a family occasion + GAD – 7 scale =13	-Ipecacuanha 30/ 4 doses; B.D. x 2 days
31/08/2024	No h/o taking tobacco after last episode; + GAD – 7 scales =14	Arsenicum Album 200/ One Dose Emes X 5 Glbs X 1 Day;
26/10/2024	No other complaint; + GAD – 7 scales =12	Arsenicum Album 1m/ One Dose Emes X 5 Glbs X 1 Day;
14/12/2024	c/o pain abdomen and indigestion < spices since 4 days; mpc – had packed foods in a party; + GAD – 7 scales =11	China Officinalis 30/ 2 Doses EMES X 5 Glbs X 2 days;

11/02/2025	c/o sneezing and fever since 2 days; most probable cause- exposure to cold air; + GAD – 7 scales =10	Aconite 30 / 2dose once daily
31/05/2025	Earlier complaint recovered; No new complaint reported; + GAD – 7 scales =08	Rubrum 30/ 4 dose once weekly for 4weeks
09/08/2025	Feeling of well-being; + GAD – 7 scales = 07	Rubrum 30/ 4 dose once weekly for 4weeks
17/11/2025	Feeling of well-being; + GAD – 7 scales = 06	Rubrum 30/ 4 dose once weekly for 4weeks

TABLE NO. - 02 : TABLE OF ASSESSMENT

S.N O	SYMPTO MS	23/03/2024	13/04/2024	27/04/2024	25/05/2024	29/06/2024	31/08/2024	26/10/2024	14/11/2024	11/01/2025	31/01/2025	09/08/2025	17/11/2025
1.	Feeling nervous, anxious, or on edge	2	2	1	2	2	2	2	2	2	1	1	1
2.	Not being able to stop or control worrying	2	2	2	2	2	2	2	2	2	2	2	1
3.	Worrying too much about different things	2	2	3	2	2	2	2	2	2	1	1	1
4.	Trouble relaxing	3	3	3	2	2	2	2	1	0	0	0	1
5.	Being so restless that it is hard to sit still	0	0	0	1	0	1	0	0	0	0	0	0
6.	Becoming easily annoyed or irritable	3	2	2	2	2	2	2	2	2	2	1	1
7.	Feeling afraid, as if something awful might happen	3	3	3	2	3	3	2	2	2	2	1	1

TOTAL SCORES	15	14	14	13	13	14	12	11	10	08	07	06
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TABLE NO. - 03 : MONARCH Inventory for Causal Attribution in Homoeopathy

MONARCH Causality Attribution Criteria (put circle around appropriate answer)

Patient (initials/brief descriptor): Ms. HK

	Yes	No	Not Sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	(+2)	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	(0)
3. Was there a homeopathic aggravation* of symptoms?	+1	(0)	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	(+1)	0	0
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	(+1)	0	0
6 (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	(+1)	0	0
6 (B) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	(+1)	0	0
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	(+1)	0	0
8. Are there alternative causes (other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	(-3)	+1	0
9. Was the health improvement confirmed by any objective evidence*? (e.g., investigations, clinical examination, etc.)	(+2)	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	(0)
TOTAL SCORE (range -3 to 13)	+6		

* homeopathic aggravation: A temporary worsening of pre-existing symptom(s) within a plausible timeframe after the administration a homeopathic medicine, followed by an improvement in the patient's condition.
* Objective evidence: Findings that reflect expert external observation of any measurement of the patient. Objective evidence includes lab tests, X-ray reports, health care provider examination or observation, or other similar data

THERAPEUTIC INTERVENTION:

The patient had a history of psychiatric consultation and anxiolytic use prior to admission, which she had discontinued. During the one-week in-patient stay, *Arsenicum album* and *Ipecacuanha*, were prescribed after thorough case analysis. The Homoeopathic Psychiatrist provided counselling to address the patient's past traumas and manage appearance-related concerns.

OUTCOME AND FOLLOW-UP:

By the time she left the hospital, her anxiety, physical symptoms, and stomach issues had improved. Over the next year, her anxiety continued to decrease, and she was only getting better, as shown by her improving GAD-7 scores and clinically. Tobacco abstinence was maintained, monitored via self-report and clinical corroboration; No recurrence during the follow-up for over a year.

DISCUSSION:

This case highlights the effectiveness of individualised Homoeopathic treatment with Arsenicum album in managing Generalized Anxiety Disorder (GAD). The patient's significant improvement in anxiety and physical symptoms, as tracked by GAD-7 scores, validates the effectiveness of this integrated approach. Many case report and case series also has highlighted the effectiveness of homoeopathy in the management of GAD. Some studies suggest that Homoeopathy is quite frequently used by people suffering from anxiety. It is possible that Homoeopathy may have benefits in terms of adverse effects and acceptability to patients. [19]

This case report demonstrates successful homoeopathic management of a patient diagnosed with Generalized Anxiety Disorder (GAD). The patient's anxiety symptoms, as well as the urge for tobacco, subsided progressively with individualised homoeopathic treatment — indicating a holistic improvement in mental and behavioural health. The MONARCH score of +6 suggests that the clinical improvement is attributable to the homoeopathic treatment. This is a single case report, and screening, assessment of severity and ongoing progress have only been measured by GAD-7. More studies with large sample sizes and longer follow-ups duration need to be conducted to establish the role of Homoeopathy in GAD.

CONCLUSIONS:

Homoeopathy provides relief and improves overall health in this patient of GAD. Many discomforts can be suitably managed with individualized Homoeopathic medicine alone without any complications and thereby reduce the sufferings of patient. Arsenicum Album in this case have proven to be valuable in managing GAD. It was also seen that patient feels better overall and her tobacco addiction was also subsided without any withdrawal symptoms. Further controlled research is needed and randomised, comparative studies with a large sample size may be undertaken to conclusively establish the validity of the efficacy of Homoeopathy in GAD.

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