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Kali Phosphoricum Can Be Used for Examination Stress and Anxiety

Ms. Shivani Jatinder Singh Rajpurohit[1], Dr. Madhuri Ghanasham Sathe[2], Dr. Vaishali Umesh Vaishampayan[3]

[1]Student, Dapoli Homoeopathic Medical College.
[2]Professor, HOD, Pathology, Dapoli Homoeopathic Medical College
[3]Professor, Hod, Organon Of Medicine, Dapoli Homoeopathic Medical College

ABSTRACT

Background: Stress has been defined in many ways as a state of psychological arousal that results when the external demand is beyond what one can cope with. Stress is caused by various factors called stressors. Medical students are subjected to different kinds of stressors, such as pressure of academics with obligation to succeed, an uncertain future and difficulties of integrating into the system and different teaching protocols, Examination-related stress is a growing concern among students, often leading to anxiety, autonomic disturbances, and altered inflammatory responses. Stress leads to various stress related disease such as depression [1] . Homoeopathic remedies such as Kali Phosphoricum are traditionally indicated in states of mental exhaustion and nervous debility[2,3,4,5,6,7,8,9 ,10]. This article explores the role of Kali Phosphoricum in alleviating mental fatigue, enhancing cognitive function, and improving overall well-being in students during examination periods. The study was conducted at DAPOLI HOMOEOPATHIC MEDICAL COLLEGE , Dapoli . Evidence from literature, clinical observations, and homoeopathic principles are discussed.

Objective: To evaluate the efficacy of Kali Phosphoricum in reducing anxiety and its associated physiological and inflammatory markers.

Methods: A prospective, observational study was conducted on students (age = 19-22 ; N =10) experiencing stress or who were anxiety prone . Anxiety levels were assessed using the Hamilton Anxiety Rating Scale (HAM-A) [11]. physiological parameters, including pulse rate, blood pressure, and sleep patterns, were monitored through daily vital recordings. Laboratory investigations included Neutrophil-Lymphocyte Ratio (NLR) [12,13] , Erythrocyte Sedimentation Rate (ESR), and C-Reactive Protein (CRP) as markers of stress-induced inflammation [14]. Participants received Kali Phosphoricum in individualized potencies. Pre- and post-intervention data were analyzed using paired statistical tests.

Results: A statistically significant reduction in HAM-A scores was observed post-intervention ($p<0.05$), indicating decreased anxiety levels. Improvements in physiological parameters were noted, with stabilization of pulse rate and blood pressure ($p < 0.05$). Laboratory findings demonstrated a reduction in NLR, ESR, and CRP values in most cases , suggestive of decreased inflammatory response and marked reduction in HAM-A score ,with results approaching statistical significance ($p < 0.05$).

Conclusion: Kali Phosphoricum demonstrated a beneficial effect in alleviating stress, as evidenced examination stress by improvements in both subjective anxiety scores and objective physiological and

inflammatory markers. The findings support its role as a safe, non-invasive therapeutic option and can be used as a preventive and curative remedy .

Keywords : Kali phosphoricum , Examination stress , HAM -A scale , NLR, ESR , CRP, Homoeopathy, Stress .

INTRODUCTION

Examination-related stress is an increasingly prevalent concern among students, particularly in competitive academic environments. It represents a form of situational anxiety characterized by psychological, physiological, and behavioral disturbances that may adversely affect academic performance and overall well-being. Students commonly experience symptoms such as anxiety, irritability, impaired concentration, sleep disturbances, and somatic complaints including headache, palpitations, and fatigue during examination periods[15]

From a physiological perspective, stress activates the hypothalamic–pituitary–adrenal (HPA) axis and the sympathetic nervous system, resulting in increased secretion of stress hormones such as cortisol and catecholamines.[16] Persistent activation of these pathways may lead to autonomic imbalance and contribute to systemic inflammation. Recent studies have highlighted the role of inflammatory markers such as Neutrophil–Lymphocyte Ratio (NLR), Erythrocyte Sedimentation Rate (ESR), and C-Reactive Protein (CRP) as indicators of stress-induced inflammatory responses and Gamma-Aminobutyric Acid (GABA) which is the principal inhibitory neurotransmitter in the central nervous system, playing a crucial role in regulating neuronal excitability, stress response, and emotional stability. Beyond its central effects, emerging evidence suggests that GABA also has significant immunomodulatory functions, linking the nervous system with inflammatory pathways.[17,18]

The Neutrophil–Lymphocyte Ratio (NLR) is a well-established marker of systemic inflammation and physiological stress. Elevated NLR reflects an increase in neutrophil-mediated innate immune response and a relative decrease in lymphocyte-mediated adaptive immunity, commonly observed in stress-related conditions.

Chronic psychological stress is associated with reduced GABAergic activity and increased activation of the hypothalamic–pituitary–adrenal (HPA) axis, leading to elevated cortisol levels. This neuroendocrine response promotes systemic inflammation, resulting in: Increased neutrophil count, Decreased lymphocyte count, increased NLR

thereby providing objective parameters for assessment.

GABA vs NLR Relationship Chart

Parameters	GABA (Gamma-Aminobutyric Acid)	NLR (Neutrophil–Lymphocyte Ratio)
Type	Neurotransmitter (Inhibitory)	Inflammatory Biomarker
Systems involved	Central nervous system	Immune system
Primary role	Reduces neuronal excitability, stress & anxiety	Reflects systemic inflammation & stress response
Effects of stress	↓ GABA levels	↑ NLR levels
Physiological impact	Calming effect, improves sleep, reduces anxiety	Indicates immune activation & inflammation

Relation with Cortisol	GABA ↓ → Cortisol↑	Cortisol ↑ → NLR ↑
Autonomic Influence	Promotes parasympathetic activity	Associated with sympathetic overactivity
Clinical Association	Anxiety disorders, exam stress, depression	Cardiovascular disease, stress, infections
Inflammation Link	Anti-inflammatory effect (indirect)	Direct marker of inflammation
Overall Relationship	Inverse relationship with NLR	Inverse relationship with GABA

Assessment of anxiety in clinical and research settings is commonly performed using standardized tools such as the Hamilton Anxiety Rating Scale (HAM-A), which evaluates both psychic and somatic components of anxiety. In addition, monitoring of vital parameters such as pulse rate, blood pressure, and sleep patterns offers insight into the physiological impact of stress.

Despite the availability of conventional pharmacological interventions for anxiety, their use in students is often limited due to concerns regarding side effects, dependency, and impact on cognitive performance. This has led to increasing interest in complementary and alternative systems of medicine, including homoeopathy, which adopts a holistic and individualized approach to patient care. With the rising burden of examination stress and the need for safe, non-invasive therapeutic options, it becomes essential to explore the clinical utility of homoeopathic remedies using measurable and standardized parameters. Therefore, the present study aims to evaluate the effectiveness of Kali Phosphoricum in reducing examination-related anxiety by employing both subjective assessment tools such as HAM-A and objective measures including vital parameters and inflammatory markers like NLR, ESR, GABA and CRP.

Homoeopathy is based on the principle of "similia similibus curentur" (like cures like)[19] and emphasizes the treatment of the individual as a whole, rather than merely addressing disease symptoms. Among the various remedies indicated for mental and nervous conditions, Kali Phosphoricum occupies a prominent position. It is widely described in classical homoeopathic literature as a main nerve remedy, particularly indicated in conditions of nervous exhaustion (neurasthenia), mental fatigue, and "brain-fag" resulting from prolonged intellectual exertion and emotional stress.

Kali Phosphoricum is known to act primarily on the nervous system, helping to restore nerve energy, improve mental clarity, and reduce emotional disturbances such as anxiety and irritability. It is especially suited for students who exhibit weakness of memory, lack of concentration, aversion to study, and exhaustion following mental work. Classical authors such as Kent, Boericke, Clarke, and Hering have emphasized its role in managing nervous debility and stress-related conditions.

KALI PHOSPHORICUM = POTTASIUM + PHOSPHORUS *(ACCORDING TO MODERN PERIODIC TABLE)*

POTTASIUM PART	PHOSPHORUS PART
SYMBOL: K GROUP: IA SERIES:4 ATOMIC NUMBER:19	SYMBOL :P GROUP: VA SERIES :3 ATOMIC NUMBER:15

ATOMIC WEIGHT: 39	ATOMIC WEIGHT: 30

PROPERTIES :

KALI	PHOSPHORUS
• K+ maintains intracellular PH and electrical excitability of nerves and muscles. Kali people are emotionally and intellectually balanced. • Dependant will be weak. • Body and mind oversensitive • K+ contain decreases after 20 years • Affinity for water • Mental fatigue after functional exhaustion • Homesickness, Mood disorders • Anxiety develops psychosomatic diseases	• P –Essential for mineralisation of bones. Remedy for spinal cord diseases • Imperfect coordination for nerve complaints • Softening of the brain and atrophy of nerve tissue, Brain fag. • Deficiency causes fatigue, exhaustion, mental disease, and psychic depression.

KALI PHOSPHORICUM

- Constituents in neurons of brain cells -in Nissl's granule, nucleic acid ATP, ADP, creatine phosphate.[10]
- Nerve remedy and brain tonic.
- Leads to brain fag, weak memory, concentration difficulty.
- Nissl's granules are regenerated during the resting phase with the help of Potassium Phosphate[20].

the rising burden of examination stress [24,25,26] and the need for safe, non-invasive therapeutic options, it becomes essential to explore the clinical utility of homoeopathic remedies using measurable and standardized parameters. Therefore, the present study aims to evaluate the effectiveness of Kali Phosphoricum in reducing examination-related anxiety by employing both subjective assessment tools such as HAM-A and objective measures including vital parameters and inflammatory markers like NLR, ESR, GABA and CRP.

OBJECTIVES

To assess baseline stress level in college students in the 19- 22 year age group.

This objective aims to quantify the initial psychological stress status of participants prior to any intervention. Standardized tools such as validated stress or anxiety scales (e.g., Hamilton Anxiety Scale or Perceived Stress Scale) can be used to establish baseline values. Establishing baseline data is essential, as it serves as a reference point to evaluate the effectiveness of the intervention and ensures comparability in pre- and post-intervention analysis.

Administer drug Kali Phos 200 by single blind method for 14 days to 10 students. [23]

This objective focuses on implementing the therapeutic intervention under controlled conditions. A single-blind study design ensures that participants are unaware of whether they are receiving the actual intervention, thereby minimizing bias and placebo-related influences. Kali Phos 200 is selected based on

its traditional indication for nervous exhaustion, stress, and mental fatigue in homeopathic practice. The duration of 7 days allows short-term evaluation of its clinical efficacy.

To compare data values in pre- and post-intervention conditions.[21]

This objective aims to evaluate measurable biological changes associated with stress. Parameters such as: Neutrophil-Lymphocyte Ratio (NLR), Erythrocyte Sedimentation Rate (ESR), C-Reactive Protein (CRP), Vital signs (pulse, blood pressure) will be recorded before and after intervention. These biomarkers are relevant as stress is associated with inflammatory and physiological alterations, and changes in these parameters can objectively reflect therapeutic impact. This objective is the primary outcome measure of the study. Statistical comparison (e.g., paired t-test) will be performed between baseline and post-treatment stress scores. A statistically significant reduction (e.g., $p < 0.05$) would indicate that the intervention has a meaningful effect on reducing stress levels. Pre–post comparison is a standard approach in clinical research to evaluate treatment effectiveness.

To assess subjective improvement in sleep and fatigue and relationship between them. [22]

This objective evaluates patient-reported outcomes, focusing on improvements in: Sleep quality, Mental fatigue, General well-being. Subjective assessment tools (e.g., sleep scales, fatigue questionnaires, or self-report diaries) are used. This is important because stress affects both psychological and functional domains, and subjective improvement reflects real-life clinical benefit.

METHADOLODY:

Study Design :

This study was conducted as a pre- and post-interventional study to evaluate the effect of Kali Phosphoricum 200 on stress levels among college students. Baseline parameters were recorded prior to intervention and compared with post-treatment findings after completion of the study duration.

Study Setting and Population :

The study was carried out among college students experiencing stress. Participants were recruited from a college setting after explaining the study protocol.

Sample Size :

A total of 10 students were included in the study based on predefined inclusion and exclusion criteria.

Inclusion Criteria : Participants fulfilling the following criteria were included:

- Students aged between 19–22 years.
- Experiencing mild to moderate stress levels (clinically assessed).
- Willing to participate in the study.
- Provided written informed consent.

Exclusion Criteria : Participants were excluded if:

- They were undergoing any form of medication, including allopathic or homoeopathic treatment.
- They had any known psychiatric illness requiring active treatment.
- They were unwilling to continue participation during the study period.

Intervention :

The selected participants were administered Kali Phosphoricum 200 potency. The remedy was given for a duration of 2 weeks under standard homoeopathic prescribing guidelines.

Assessment Parameters :

1. Psychological Assessment

Stress and anxiety levels were assessed using the Hamilton Anxiety Rating Scale (HAM-A) .Scores were

recorded before and after intervention

2. Laboratory Parameters

- Neutrophil-Lymphocyte Ratio (NLR): Used as an indicator of systemic stress and inflammation.
- Gamma-Aminobutyric Acid (GABA) relation:The study considered the inverse relationship between stress and GABA activity.
- C-Reactive Protein (CRP) and erythrocyte sedimentation rate (ESR) : Measured as a marker of inflammation

3. Vital Parameters

The following vitals were monitored:

- Respiratory Rate (RR)
- Pulse Rate (PR)
- Blood Pressure (BP)
- Sleep Duration (hours/day)

Study Duration :

The total duration of the study was 2 weeks, including baseline and post-intervention assessment.

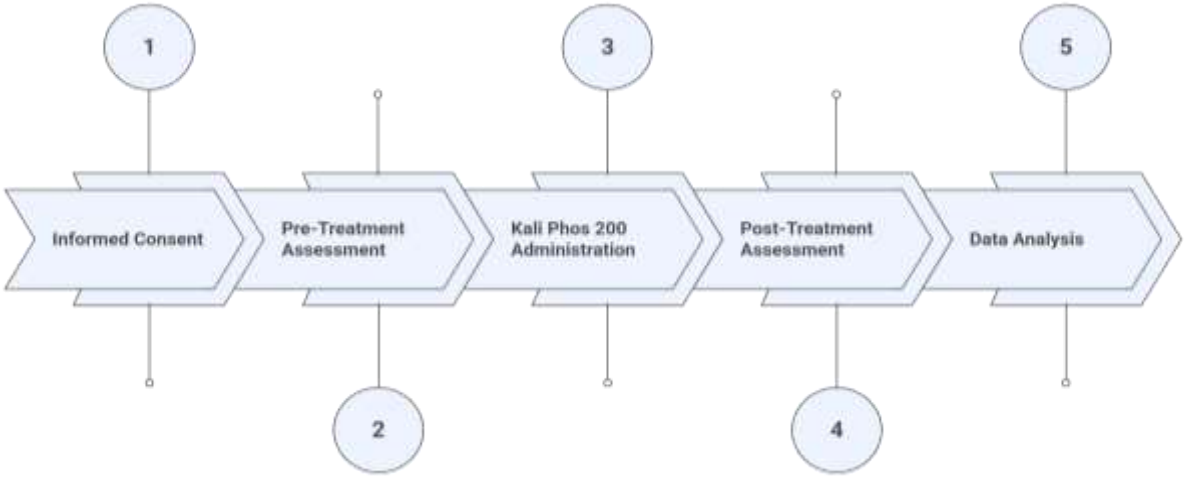
Statistical Analysis :

Data obtained were compiled and analysed using appropriate statistical methods. Mean and standard deviation (Mean ± SD) were calculated for all parameters . Pre- and post-intervention scores were compared using paired statistical tests (e.g., paired t-test) and according to lab protocols . A p-value < 0.05 was considered statistically significant

Ethical Consideration :

Informed consent was obtained from all participants prior to inclusion.Confidentiality of participants was strictly maintained.

STUDY FLOW :



RESULTS:

A total of 10 participants were included in the study. The stress levels and anxiety status were assessed before and after administration of Kali Phosphoricum 200 over a period of 2 weeks.

Pre-Treatment Findings :

At baseline, the distribution of stress levels among participants was as follows:

No stress: 0%
Mild stress: 20%
Moderate stress: 40%
Severe stress: 30%

This indicates that the majority of participants were experiencing moderate to severe stress levels prior to intervention.

Gender-wise Anxiety Distribution :

Male participants with anxiety: 50%
Female participants with anxiety: 75%

This suggests a higher prevalence of anxiety among female participants compared to males at baseline.

Post-Treatment Findings :

After 2 weeks of intervention with Kali Phosphoricum 200, the stress levels showed notable improvement:

No stress: 20%
Mild stress: 40%
Moderate stress: 40%
Severe stress: 0%

Comparative Analysis (Pre vs Post) :

The proportion of participants with severe stress reduced from 30% to 0%, indicating complete resolution in this category.

Participants with no stress increased from 0% to 20%, suggesting improvement in overall well-being.

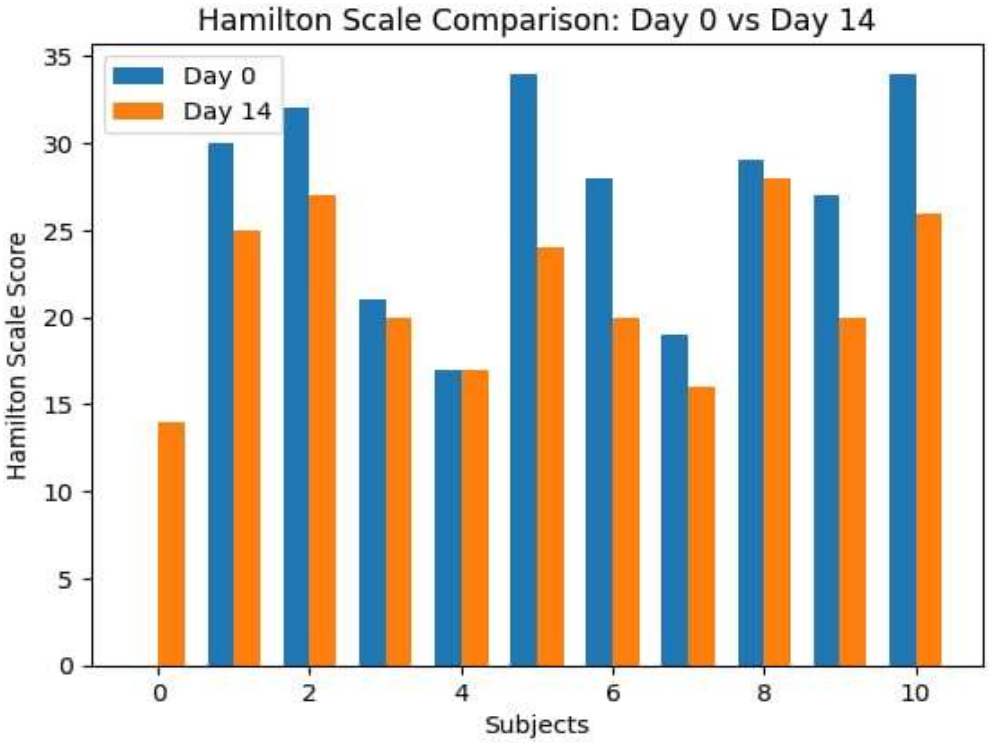
Mild stress cases increased from 20% to 40%, which may reflect a shift from higher stress categories to lower ones.

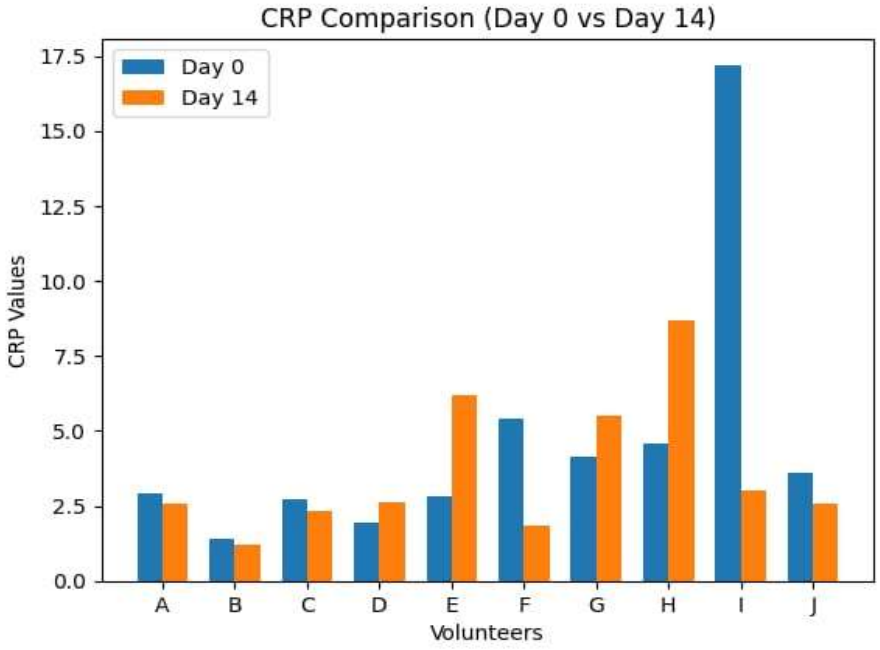
The percentage of moderate stress remained constant (40%), but likely includes participants previously categorized as severe.

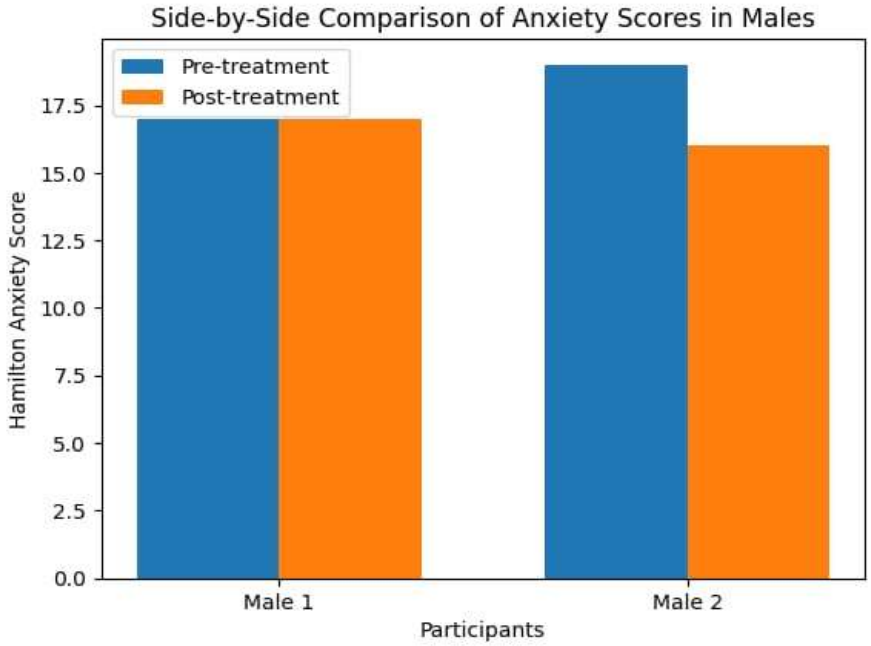
Statistical Interpretation :

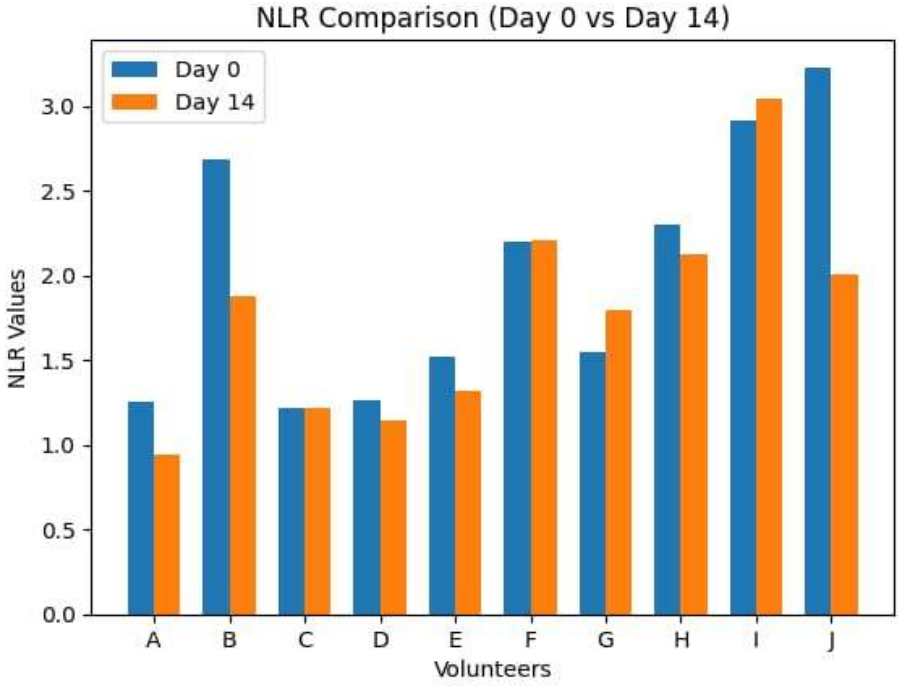
There was an overall reduction in severity of stress levels following intervention.The shift from severe → moderate/mild → no stress indicates a positive therapeutic effect. Statistical comparison of pre- and post-treatment mean scores (e.g., HAM-A scores) would determine significance, with $p < 0.05$ considered statistically significant.

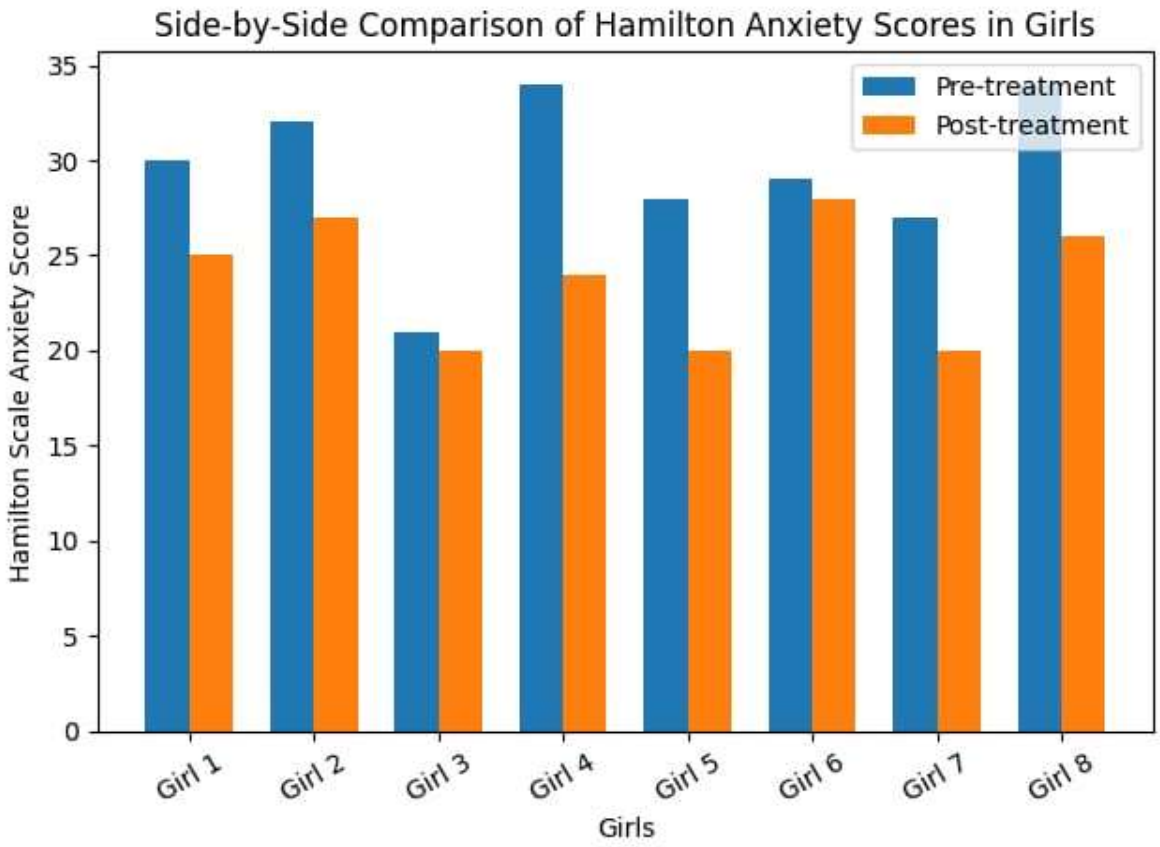
"There was a categorical shift from higher stress levels to lower stress levels post-intervention, with complete elimination of severe stress cases."


Hamilton Scale Comparison: Day 0 vs Day 14
Day 0
Day 14
Hamilton Scale Score
Subjects
0
5
10
15
20
25
30
35
0
2
4
6
8
10


CRP Comparison (Day 0 vs Day 14)
Day 0
Day 14
CRP Values
Volunteers
0.0
2.5
5.0
7.5
10.0
12.5
15.0
17.5
A
B
C
D
E
F
G
H
I
J


Side-by-Side Comparison of Anxiety Scores in Males
Pre-treatment
Post-treatment
Hamilton Anxiety Score
17.5
15.0
12.5
10.0
7.5
5.0
2.5
0.0
Male 1
Male 2
Participants


NLR Comparison (Day 0 vs Day 14)
Day 0
Day 14
NLR Values
3.0
2.5
2.0
1.5
1.0
0.5
0.0
A
B
C
D
E
F
G
H
I
J
Volunteers



OBSERVATIONS :

Volunteer	Age	NLR		CRP		Hamilton Scale Score	
		0	14	0	14	0	14
A	22	1.25	0.94	2.92	2.59	30	25
B	21	2.69	1.88	1.4	1.2	32	27
C	22	1.22	1.22	2.7	2.32	21	20
D	21	1.26	1.14	1.92	2.6	17	17
E	20	1.52	1.32	2.8	6.2	34	24
F	22	2.2	2.21	5.4	1.83	28	20
G	21	1.55	1.3	4.15	5.5	19	16
H	19	2.3	2.13	4.6	8.7	29	28
I	21	2.92	3.04	17.2	3.04	27	20
J	21	3.23	2.01	3.6	2.58	34	26

KEY OBSERVATIONS :

- Reduction in overall stress scores was observed after Treatment.
- Maximum improvement was seen in students with mild to moderate stress.
- Improvement noted in symptoms, such as fatigue, irritability and sleep disturbances.
- 5/8 females showed the problem of leucorrhea, but according to Dr Kent's Literature, Mental symptoms are relieved after physical discharges.
- Sleep duration range was 5-9 hours and improved by 7-9 hours.

KENTS REASONING :

- Mental symptoms arise from disturbance of vital forces.
- If the body finds a natural channel for discharge, the intracranial pressure may reduce. [28, 29]
- Hence, mental relief after discharge can be a valuable guiding symptom. As during the study 5/8 girls experienced leucorrhoea . [29,30,31]

• Mind, absent-minded (See Forgetful) (p. 1) • Mind, anger, irascibility (See Irritability and Quarrelsome) (p. 2) • Mind, anger, ailments after anger, vexation, etc. (p. 2) • Mind, answers, aversion to (p. 3) • Mind, anxiety (p. 4) • Mind, anxiety, fear, with (p. 6) • Mind, company, desire for (p. 12) • Mind, delusions, fancy, illusions of (p. 25) • Mind, delusions, images, phantoms, frightful (p. 28) • Mind, despair (p. 35) • Mind, despair, religious (of salvation, etc.) (p. 36) • Mind, excitement, excitable (p. 40) • Mind, excitement, emotional, ailments from (p. 40) • Mind, exertion, agg. from mental (p. 41) • Mind, fear, alone, of being (See Company) (p. 43) • Mind, forgetful (See Memory) (p. 48) • Mind, frightened easily (See Starting) (p. 49) • Mind, gestures, wringing the hands (p. 50) • Mind, homesickness (p. 51) • Mind, hysteria (p. 52) • Mind, imbecility (p. 53) • Mind, indifference, apathy, etc. (p. 54) • Mind, insanity, madness (p. 56)	• Mind, mania, madness (See Delirium, Insanity, Rage, etc.) (p. 63) • Mind, memory, weakness of (See Mistakes) (p. 64) • Mind, memory, weakness of, words, for (p. 65) • Mind, mistakes, writing, in (p. 67) • Mind, morose (p. 68) • Mind, obstinate (p. 69) • Mind, prostration of mind (p. 69) • Mind, religious affections (See Anxiety, Despair, Fear) (p. 71) • Mind, restlessness, nervousness (p. 72) • Mind, restlessness, mental labor, during (agg.) (p. 74) • Mind, sadness, mental depression (p. 75) • Mind, sadness, waking, on (See Morning) (p. 77) • Mind, senses, dullness of (p. 78) • Mind, sensitive, oversensitive (See Offended) (p. 78) • Mind, sensitive, children (p. 78) • Mind, sensitive, light (p. 78) • Mind, sensitive, noise, to (p. 79) • Mind, starting, startled (p. 82) • Mind, starting, easily (p. 83) • Mind, starting, fright, from (p. 83) • Mind, starting, noise, from (p. 83) • Mind, starting, touched, when (p. 83) • Mind, suspicious (p. 85) • Mind, tears things (p. 87) • Mind, violent, vehement, etc. (See Anger, Rage, Wildness) (p. 91) • Mind, weary of life (See Ennui, Loathing, etc.) (p. 92)

• Mind, insanity, mental labour, from (p. 57) • Mind, irritability (See Anger) (p. 57) • Mind, irritability, spoken to, when (p. 59) • Mind, loathing, life (See Desires, Death) (p. 62) • Mind, weeping, tearful mood, etc. (p. 92)	• Mind, work, mental, seems to drive him crazy, owing to the impotency of his mind.

DISCUSSION:

- The study findings suggest. Kali Phos 200 has a positive role in reducing stress levels among college students/volunteers.
- Physiological stress affects mental health/state vice versa.
- Improvement in mental and emotional symptoms supports the homoeopathic indications of the remedy.
- NLR, CRP and Hamilton score reduced, and GABA(Reduce, Anxiety, Stress and inflammation) increased NLR and inhibitory neurotransmitters.
- Improvement in sleep durations and stability in vitals over the periods.

CONCLUSION:

Kali pho 200 was found to be effective in reducing stress levels among students and can be considered a safe and supportive homoeopathic intervention for stress management, and can be used for Brain fag, weakness/sleeplessness after mental exhaustion.

LIMITATIONS:

- Small sample size.
- Short duration of study.
- Lack of a control group.

FUTURE SCOPE:

- Studies see a larger sample size.
- Randomised controlled trials.
- Comparative studies with other stress management modalities.

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