

Management of Social Phobia with Ignatia- A Case Report

Dhanaraj Kumar Rana^{1*}, S. Sudheer Kumar²

¹Research Officer (H), Scientist-2, Associate Professor, ² MD Scholar, Dept. of Psychiatry, National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India.

ABSTRACT:

Social Anxiety Disorder (SAD), commonly referred to as social phobia, encompasses an overwhelming fear of being scrutinized or judged in social settings, leading to avoidance or distress in various interpersonal situations. This condition disrupts daily life, impacting activities ranging from public speaking to using public restrooms. Assessment tools like the Severity Measure for Social Anxiety Disorder (SAD-D) aid in diagnosis. Conventional Treatment typically involves medication and cognitive-behavioural therapy (CBT), though homeopathy's effectiveness in SAD remains underexplored. There is a limited amount of literature examining the efficacy of homeopathy in treating social phobia. This case report highlights a successful management of SAD using *Ignatia* 10M. A 32-year-old male presented with symptoms including fear of crowds, stage fright, sadness, memory difficulties, suspicion of others, and physical symptoms such as jerky hand movements and numbness in the head. Upon further investigation, his childhood was marked by loneliness, bullying, and the profound grief from death of his father. The Severity Measure for Social Anxiety Disorder Scale (SAD-D) indicated significant impairment, with a score of 31 at baseline. After administering *Ignatia* 10M, the score decreased to 3 within 3 months, and no recurrence has occurred during 1 year of follow-up.

KEYWORDS: Ignatia, Individualised homoeopathy, Social anxiety disorder, Social phobia.

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*Corresponding Author:

Dr. Dhanaraj Kumar Rana

Research Officer (H), Scientist-2

Associate Professor, Dept. of Psychiatry, National

Homoeopathy Research Institute in Mental Health, Kottayam

Email: drdkrana123@gmail.com

INTRODUCTION:

SAD more commonly known as social phobia, is characterized by a fear of one or more social situations where in the patient is concerned about being harshly judged and

evaluated for their performance or interpersonal interactions. This fear of being shamed by the experience is disproportionate. Symptoms persist for over 6 months, leading individuals to either avoid

specific social situations entirely or endure them with significant anxiety.^[1] According to the Diagnostic and Statistical Manual of Mental Disorders, (DSM-5), social phobia is coded as 300.23, and fall under the category of anxiety disorders.^[2] Social phobia typically emerges during adolescence and it affects both men and women equally. In the International Classification of Diseases, (ICD-10), social phobia is coded as F40.10.^[3] Anxiety disorders, affecting 301 million people worldwide in 2019, primarily impact women and often begin in childhood or adolescence. Effective treatments are available, yet only about 1 in 4 individuals with anxiety disorders seek help.^[4] The study examines the prevalence of social anxiety among young people across seven countries. Over a third of participants met the threshold for SAD, far exceeding previous estimates. The study suggests that cultural differences play a significant role in social anxiety levels, with variations observed between countries. Additionally, the study confirms associations between social anxiety, lower education levels, and unemployment.^[5] The COVID-19 pandemic has been found to be a significant risk factor for causing anxiety disorders in the world.^[6]

Phobias are divided into three groups: Social phobia, specific phobia and agoraphobia. Social phobia, which manifests as an irrational fear of social activities or interactions. Individuals with this condition fear being scrutinized by others, leading to feelings of embarrassment or humiliation. This fear significantly disrupts daily functioning. Common examples include fear of blushing, eating in public, public speaking, performance anxiety, group participation, writing or speaking in public, interacting with strangers, dating, speaking to authority figures, and using public restrooms. In some cases, individuals may turn to alcohol or other substances to alleviate social anxiety

symptoms.^[7] Assessing SAD typically involves diagnostic interviews and scales to measure symptoms and contributing factors. According to a review, various diagnostic tools for adults and adolescents, including those focusing on Social Anxiety Disorder (SAD), require revisions to conform to the diagnostic criteria set forth in the DSM-5.^[8] The APA emerging measure the Social Anxiety Disorder Severity Scale (SAD-D) is recognized as the only social anxiety scale that is based on the DSM-5 criteria. Its validity is confirmed through a positive relationship with objective interviewer ratings of fear and avoidance in social situations, providing robust evidence for its effectiveness.^[9]

Managing social phobia involves a combination of medication and psychological treatment. CBT emerges as the most effective psychological treatment, offering superior outcomes and better relapse prevention compared to pharmacotherapy.^[10] There is a scarcity of high-quality studies investigating the effectiveness of homeopathy in treating anxiety disorders, including social anxiety disorder, although there is growing interest in this area.^[11] However, a single case report has been documented within a series focusing on phobic anxiety disorders.^[12] In general, existing research suggests that homeopathy may be effective in addressing anxiety disorders and in helping individuals manage their fears.^[13,14,15] This case report discusses the treatment of an adult who has been suffering from social phobia for over a decade, using an individualized homeopathic remedy. The assessment of improvement is based on the SAD-D scale and the findings were reported following the Hom Case guidelines.

CASE REPORT:

Patient Information:

A 32-year-old male patient visited the outpatient department of Psychiatry at the NHRIMH OPD. He had complaints as fear of facing crowds, experiencing stage fright, and a desire to sit alone. Additionally, he reported feelings of sadness with a tendency to weep, difficulties with memory regarding names and places, increased preoccupation with past events, suspicion that others were discussing him, occasional involuntary jerky hand movements, sensations of numbness in his head, decreased interest in daily activities, weakness of body, and erectile dysfunction.

History of Present Illness:

The complaint began following his failure in the 10th examination. He experienced a decline in confidence, anxiety, and difficulty socializing, leading him to avoid family gatherings. After completing 12th class with minimal scores, he enrolled in a religious course with the intention of working in a church setting. Then he consulted a psychiatrist and took medication for five years, initially noticing improvement but subsequently he developed symptoms such as dry mouth, weight gain, and erectile dysfunction. Consequently, he chose to discontinue the medication. Now, after two years, his social anxiety and fear of public gathering, sadness, and weeping disposition worsened, he opted for homoeopathic treatment.

Life Space Investigation:

His childhood was not happy. He had few friends because others mocked him for his lean body and poor academic performance. He considered himself untalented, lacking skill in sports and cultural activities and this

worsened by his classmates mockery and exclusion from group activities. Moreover, his father's constant scolding weighed heavily on him. His father's death, due to a brain tumour when he was just 13 years old, severely affected him, leaving him predominantly sorrowful. He faced difficulties since then. Currently, he serves as staff at the church. He was reluctant to get married due to his problems.

Generals

The patient had a decreased appetite and normal thirst, craving for meat, sleep was disrupted, thermally towards hot, urine and stool were regular and satisfactory.

Clinical Findings:

All blood parameters and thyroid function test were normal.

Significant Mental State Exemptions (MSE) finding:

General Appearance and Behaviour (GAB): seeking help, cooperative, well dressed, eye to eye contact maintained

Speech was relevant, tone reduced, increased volume, reaction time normal

Mood subjectively sad, objectively sad and anxious

Memory – immediate, remote -good, recent memory average

Insight- present

No abnormalities found in thought, perception, attention, judgement.

Diagnostic Assessment:

According to DSM V guidelines,^[2] the case was diagnosed as social phobia by the consultant psychiatrist at NHRIMH. The improvement was assessed using SAD-D severity scale. (Table 1)

Table 1- Scoring on SAD-D scale

| Follow-up | SAD-D |
|-----------|-------|
| 20/03/23 | 31 |
| 03/04/23 | 12 |
| 25/04/23 | 3 |
| 19/07/23 | 0 |
| 29/11/23 | 5 |
| 03/04/24 | 0 |
| 14/06/24 | 0 |

Table -2: I year Follow up and Outcome:

| Date | Remarks | Prescription |
|----------|--|--------------------------|
| 20/03/23 | Sadness with weeping Fear of facing crowd Brooding on past events Weakness of memory Numbness of head Erectile dysfunction Sleep-disturbed Appetite-reduced Other Generals-good | <i>Ignatia</i> 10M/1DOSE |
| 03/04/23 | Sadness with weeping reduced Fear of facing crowd-persists Weakness of memory -improved Brooding on past events - reduced Numbness of head -relieved Erectile dysfunction -persists Generals -good | Sac lac |
| 25/04/23 | General relief of all complaints Sadness with weeping-absent Fear of facing crowd- reduced Going to work regularly Erectile dysfunction occasionally- improving Generals good | Sac lac |
| 25/05/23 | General relief of all complaints Going to work regularly | Sac lac |
| 19/07/23 | General relief of all complaints Going to work regularly | Sac lac |
| 21/09/23 | General relief of all complaints Going to work regularly | Sac lac |
| 29/11/23 | Complaints increased when started discussing about marriage proposal Anxiety about future Sadness feeling Sleep-disturbed Generals-good | <i>Ignatia</i> 10M/1DOSE |
| 24/01/24 | General relief of all complaints Going to work regularly | Sac lac |

| | | |
|----------|--|---------|
| 03/04/24 | General relief of all complaints Feeling confident and calmer Going to work regularly | Sac lac |
| 14/06/24 | General relief of all complaints Attending marriage proposals with confident Going to work regularly | Sac lac |

| | | ign. | lach. | nah-m. | plak. | acon. | am. | h.c. | op. | ambir. | akir. | ph-ac. | caust. | sep. | Vanil. | Verak. | staph. | bell. | nux-v. | stram. | hyos. | con. | sulph. | ars. | gals. | kal-hbr. | kal-p. | calc. | nit-ac. | thuj. | phos. | bulb. | bag-c. | chin. | cupr. | nux-m. | | |
|--|---|------|-------|--------|-------|-------|-----|------|-----|--------|-------|--------|--------|------|--------|--------|--------|-------|--------|--------|-------|------|--------|------|-------|----------|--------|-------|---------|-------|-------|-------|--------|-------|-------|--------|----|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | |
| 3. Clipboard 3 | x | 26 | 20 | 17 | 16 | 15 | 15 | 15 | 15 | 15 | 15 | 14 | 14 | 14 | 14 | 14 | 13 | 13 | 13 | 13 | 12 | 12 | 12 | 12 | 12 | 11 | 11 | 11 | 11 | 11 | 10 | 10 | 10 | 10 | 10 | 10 | | |
| ▶ MIND - AILMENTS FROM - death of loved ones (38) 1 | | 3 | 3 | 1 | 1 | 3 | | 1 | 3 | 2 | | 3 | 1 | | 3 | 1 | 3 | | 1 | | | | 1 | 3 | 1 | 2 | 1 | 1 | 1 | | | | | | | 1 | 1 | |
| ▶ MIND - AILMENTS FROM - grief (96) 1 | | 3 | 3 | 2 | 2 | 1 | 2 | 1 | 2 | 3 | 3 | 3 | 3 | 2 | 3 | 1 | 3 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 3 | 2 | | 1 | 1 | 1 | |
| ▶ MIND - BROODING (80) 1 | | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 3 | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | | 1 | 1 | 1 | 1 | 1 | | 1 | | 1 | 1 | |
| ▶ MIND - COMPANY - aversion to - desire for solitude (95) 1 | | 3 | 2 | 3 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | | | | | 1 | 1 | 1 | 1 | 2 | | 1 | 1 | | 1 | | | | | 1 | | 2 | 2 | 1 | 1 | 2 | | |
| ▶ MIND - FEAR - approaching; of - others; of (52) 1 | | 2 | 1 | | | 1 | | 2 | 1 | 2 | | 1 | 1 | | | | 2 | 1 | 2 | | | 1 | | 1 | | | | | 2 | 1 | | 1 | 1 | 2 | | | | |
| ▶ MIND - MEMORY - weakness of memory (405) 1 | | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 1 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 |
| ▶ MIND - MENTAL EXERTION - agg. (224) 1 | | 3 | 3 | 3 | 1 | 2 | 1 | 3 | 2 | 1 | 3 | 2 | 2 | 3 | 1 | 1 | 3 | 1 | 3 | 2 | 3 | 2 | 2 | 1 | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 1 | 1 |
| ▶ MIND - MENTAL SYMPTOMS - alternating with - physical symptoms (30) 1 | | 3 | 1 | | 3 | | 2 | | | | 1 | | | | 2 | | 1 | | 1 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | 2 | | |
| ▶ MIND - SADNESS (762) 1 | | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | 1 | 3 |

Figure-1 Repertorial Chart

THERAPEUTIC INTERVENTION:

Individualised homoeopathic medicine was selected according to the symptom similarity. The totality of the case was constructed and repertorised to find out the most suitable remedy. The Synthesis Repertory was utilized for repertorisation through RADAR Opus 2.0 software. (figure) *Ignatia* 10M was prescribed, according to homoeopathic principles based on similarity of mental profile compared with *ignatia*. (Figure-1)

FOLLOWUP AND OUTCOME:

The course of the treatment for 1 year is shown in Table 1. Significant improvement is noted in each follow-up. The SAD-D severity scale scored 31 at baseline, and reduced to 3 after 3months with no recurrence of symptoms in 1 year of follow-up (Table -2)

DISCUSSION:

A considerable number of individuals with SAD remain unaware of their mental health issues, consequently reluctant for the treatment. Patients diagnosed with Social Anxiety Disorder (SAD) experience a significantly heightened risk of suicide attempts. SAD correlates with suicidal thoughts, diminished self-worth, lower socioeconomic standing, unemployment, financial difficulties, and being unmarried.^[1] Optimism, empathic family relations, and positive parental attitudes are crucial in preventing social phobia and fostering healthy child development. Parents' support for cognitive and creative activities, along with recognition of their child's successes, enhances intellectual and creative abilities.^[16] The patient received *Ignatia* 10M 1 dose, as similimum based on his grief due to loss of his father, a brooding nature, and sadness from premonitory characteristics. His main complaints were attributed to ailments

resulting from intense grief due to sudden loss of father. Significant improvement was observed in all complaints and due to emotional etiology, first prescription was repeated once. Following this, the patient experienced relief from his complaints, regained confidence, and engaged in social interactions without fear or anxiety and now interested to get married.

Hence, this case report shows the potential efficacy of homeopathy in treating SAD. Till date patient showed no recurrence of SAD symptoms, and is regularly visiting OPD.. This case report is unique with other studies in demonstrating efficacy of appropriate homeopathic medication in higher potencies like 10M selected based on emotional cause yield quick results and improving patients overall well-being. However, further research and larger-scale studies are warranted to validate these findings and elucidate the mechanisms underlying homeopathic interventions in the management of SAD.

CONCLUSION:

The specific utility of homeopathic medicines in social phobia hasn't been extensively explored, and there's a scarcity of literature demonstrating their effectiveness in phobic disorders. Nevertheless, this case provides valuable insight into the potential of homeopathy as a viable treatment option for individuals grappling with social anxiety and other phobic disorders, offering hope for improved outcomes and enhanced quality of life.

Strength and Limitation:

This case report shows when there is strong emotional cause for the development of mental disease, selecting similimum based on mental ailments and administering in higher potency can give quick relief to the patient, as per Kentian principles.

Limitation of Study:

Long-term follow-up is required to assess potential relapse in SAD. Further case series and randomised control trials are necessary to validate the findings in treating phobic anxiety disorders

Patient perspective:

My confidence level improved now. Before, public gatherings made me anxious, and I often avoided them. But now, I can handle them. I used to struggle with anxiety, which made it hard to focus on my work. But now, I can do my job well. One of the biggest changes is how I feel about marriage. I never thought I'd be comfortable considering marriage proposals, but now I am.

Informed consent:

Written informed consent was obtained from the patient for publication of this case report and any accompanying images without disclosing patients personal identity.

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REFERENCES:

1. Boland RJ, Verduin ML, Ruiz P. Kaplan & Sadock's synopsis of psychiatry. 12th ed. Philadelphia: Wolters Kluwer; 2021, pp-619-620.
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Boston: Pearson; 2013, pp-202-208.
3. World Health Organization. The ICD-10 classification of mental and behavioural disorders = ICD-10: clinical descriptions and diagnostic guidelines. Geneva: World Health Organization; 1992, pp136-137
4. World Health Organization. (2023, September 27). *Anxiety Disorders*. World Health Organization; World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/anxiety-disorders>. [Last accessed on: 10 July 2024].
5. Jefferies P, Ungar M. Social anxiety in young people: A prevalence study in seven countries. Lincoln SH, editor. PLOS ONE [Internet]. 2020 ;15(9).
6. World Health Organization. COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. World Health Organization. Published March 2, 2022. <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>. [Last accessed on: 10 July 2024].
7. Ahuja N. A short textbook of psychiatry. New Delhi, India: Jaypee Brothers Medical Publishers; 2011, pp 92-95.
8. Wong QJJ, Gregory B, McLellan LF. A Review of Scales to Measure Social Anxiety Disorder in Clinical and Epidemiological Studies. *Current Psychiatry Reports*. 2016 ;18(4),38:1-15
9. LeBeau RT, Mesri B, Craske MG. The DSM-5 social anxiety disorder severity scale: Evidence of validity and reliability in a clinical sample. *Psychiatry Research*. 2016; 244:94–6.
10. Glue P. Optimal treatment of social phobia: systematic review and meta-analysis. *Neuropsychiatric Disease and Treatment* 2012; 8:203-215
11. Parewa M, Burman A, Brahma A, Rutten L, Sadhukhan S, Misra P, et al. Individualized Homeopathic Medicines in the Treatment of Generalized Anxiety Disorder: A Double-Blind, Randomized, Placebo-Controlled, Pilot Trial. *Complementary Medicine Research*. 2021;4;pp1–11.
12. Gilla D, L. AA, R SS, Mohan ND. Individualized homoeopathic treatment of phobic anxiety disorders – A case series. *Indian Journal of Research in Homoeopathy*. 2021;15(4),pp237-246.
13. Moorthi K, P R. Homoeopathy in the management of generalised anxiety disorder: A case report. *Indian Journal of Research in Homoeopathy*. 2023;17(1):30-36.
14. Khadim AI. Management of Generalised Anxiety Disorder through Individualised Homoeopathic Medicine: A Case Study. *Homeopathic Links*. 2023 ,36(2):147-151.
15. Gilla D, Ahammed J, AL A, SR S. Review on Anxiety Disorders During Covid-19 Pandemic: *International Journal of High Dilution Research - ISSN 1982-6206*. 2021 ;20(2-3):75–85.
16. Garcia KM, Carlton CN, Richey JA. Parenting Characteristics among Adults With Social Anxiety and their Influence on Social Anxiety Development in Children: A Brief Integrative Review. *Frontiers in Psychiatry*. 2021 ;12, pp-1-8.