

Management of Generalized Anxiety disorder with Individualized Homoeopathic Medicine *Calcarea Carbonica* in 50 Millesimal Potency: A Case Report

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ABSTRACT:

Generalized Anxiety disorder is one of the most common psychiatric disorders, which involves persistent anxiety lasting for several months, characterized by general apprehension or excessive worry about everyday issues like family, health, or work. A 24-year-old male, who came with the complaints of, reduced concentration in studies, reduced self-confidence, shivering while giving interview for job, and was confirmed by consultant psychiatrist as GAD, as per ICD-10 guidelines. This case was successfully treated with individualized homoeopathic medicine *Calcarea carbonica* in 50 millesimal (LM) potency and followed up for 2 years. Hamilton anxiety rating scale showed reduction of scores after homoeopathic medicine from 'moderate to mild severity' to 'mild severity' within 3rd month after initiation of treatment and score of 19 at baseline to score of zero within 12th month and without relapse. MONARCH Criteria show score of 9 in this case which indicates the definite causal relation between Individualized Homoeopathic Medicine (IHM) and the treatment outcome.

KEY WORDS: Generalized anxiety disorder, Homoeopathy, *Calcarea Carbonica*, 50 millesimal potency, Hamilton anxiety rating scale.

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INTRODUCTION:

Generalized Anxiety Disorder (GAD) is characterized by apprehension which includes worries about future misfortunes, feeling "on edge", difficulty in concentrating, etc.; motor tension which includes restless fidgeting, tension headaches, trembling, inability to relax; and autonomic over-activity which includes lightheadedness, sweating, tachycardia or tachypnea, epigastric discomfort, dizziness, dry mouth.^[1] The current prevalence of GAD in 2023 in India is 0.57%.^[2] According to National mental health survey of India done in 2015-2016, current prevalence of anxiety disorders was 3.6%.^[3]

Anxiety manifests through both physical symptoms, such as palpitations and sweating, and emotional feelings of nervousness or fear. Shame can exacerbate anxiety, leading to worries about others noticing these feelings. Beyond physical effects, anxiety affects cognition, perception, and learning, often causing confusion and distorted perceptions. Such distortions can impair concentration, memory, and learning. Anxiety also affects attention, making individuals fixate on certain aspects of their environment to justify their fears, which can create a cycle of increased anxiety.^[4]

In homeopathy, treatments are individualized based on a patient's unique physical and mental characteristics rather than targeting specific conditions. This case report focuses on a patient with GAD and aims to explore the usefulness of IHM in 50 millesimal potency. The case follows the final selection of homeopathic medicine based on materia medica and using repertory as a quick reference.

CASE REPORT:

Patient Information:

Primary concerns and symptoms of the patient:

A 24-year-old male patient had come to the psychiatry outpatient department (O.P.D.), of the National Homoeopathy Research Institute in Mental Health, Kottayam, on 30th of March, 2022 with his mother for complaints of frequent anxiety, reduced concentration in studies, reduced self-confidence, autonomic symptoms such as shivering during anxiety, especially during job interviews. This complaint was increased in the last 3-4 days and similar symptoms were present one year back. One day before, he attended an interview which made these symptoms worse.

Medical, family, and psycho-social history including relevant genetic information:

Past history and Family history:

He used to smoke cigarettes during his college days, currently frequency was once a month. In 2013, he had a prolapsed intervertebral disc. His father was a known case of Nicotine abuse, 1-2 cigarettes per day.

Life space investigation:

The patient was born on March 30, 1998, after a full-term normal delivery and was the only child of the family. He began schooling in 2001-2002 and was an average student. After completing his B.Sc., he worked as a chef for four months and had been attending job interviews for the past 3-4 months. Since childhood, he had frequent experiences of anxiety. He was unmarried, had no history of romantic relationships, and was a devout Hindu with strong religious beliefs. He got angry easily, particularly by his mother, but calmed down within 5-10 minutes without

any destructive or abusive behavior. The patient had few friends and he was highly ambitious and aspires to settle abroad. He had laziness, even being very ambitious.

Physical generals:

His appetite was reduced and thirst was reduced. Urine and stools were regular and satisfactory. Perspiration was moderate, and generalized. Sleep was good and refreshing. He had a moderate desire for sweets and non-veg. He had an aversion to fried food. Thermally, he was a hot patient.

Clinical Findings: Mental Status Examination:

The overall appearance and behavior of the patient was short, stout cooperative, neatly dressed, well groomed, with good eye-to-eye contact and rapport with doctor was established, with good interpersonal relationship. His psycho-motor activity was normal with no abnormality detected in speech. His affect was appropriate, reactive, congruent, and stable with average range. His subjective and objective mood was anxious. There was no abnormality detected in the domain of thoughts, perceptual disorder and orientation of the patient. His cognitive abilities like memory, abstract thinking, general information, attention and concentration were good. His judgement and insight was good.

Diagnostic Assessment:

As patient was having the free-floating anxiety, difficulty in concentrating, and other autonomic symptoms of shivering, the consultant psychiatrist diagnosed the case as Generalized Anxiety Disorder as per the ICD-10 diagnostic criteria code- F41.1. The consultant psychiatrist assessed that the anxiety was not caused by any neurological,

endocrinological, metabolic, or medication-related disorders. Also, common psychiatric conditions including panic disorder, phobia, obsessive-compulsive disorder, or post-traumatic stress disorder were excluded.

Therapeutic Intervention:

After selecting the most prominent symptoms of the case, repertorization was done on SYNERGY software (figure 1). The most characteristic feature was ambitious with laziness. As per Hering, *Calcarea* has mind ‘full of concern about imaginary things that might happen,’ ‘has ‘great anxiety, for which no reason could be assigned.’^[5] Phatak writes ‘inability to apply himself ’ while describing *Calcarea* personality.^[6] *Calcarea carbonica* covers the crux of the case as per Materia Medica, a person who has high ambition but is unable to face difficult situations due to fear and confusion. Patient’s susceptibility was high due to the seat of the disease at level of mind, initial stage of disease without previous treatment and presence of characteristic symptoms. All these point towards higher potencies of the medicine.^[7] In 6th edition of Organon of medicine, Hahnemann advises the use of 50 millesimal potencies and frequent repetition of the medicines in this potency, to make the process of cure, ‘rapid.’^[8] Hahnemann’s case records around late 1830s and early 1840s, give clear evidence to start the treatment with 0/1(also called as Q1) and if needed can proceed to 0/2, 0/3, 0/4 etc.^[9] After detailed case taking, referring the guidelines of 6th edition of Organon and based on totality of the symptoms, *Calcarea carbonica* (*Calc. carb.*) in 0/1 potency twice a day was given for 3 weeks.

Timeline: done every 3 months. The timeline of the Follow-ups and outcome assessment – The treatment is given in table 1 Hamilton anxiety rating scale assessment was

Table 1: Timeline of the treatment:

| Date | Symptoms | Treatment | HAM-A scores/ remarks |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 27/04/2022 | Improvement of the complaints, Concentration improved, Anxiety reduced, Autonomic symptoms (shivering etc.)- reduced, Appetite improved, thirst improved | <i>Calc. carb.</i> 0/1 in aqua morning and night x 4 weeks | HAM-A- 16, Patient showed improvement, hence medicine repeated. |
| 25/05/2022 | Concentration reduced, Anxiety reduced, Appetite and thirst are normal | Same medicines continued | HAM-A- 14 |
| 04/07/2022 | Concentration reduced, Anxiety-Status Quo, Autonomic symptoms (shivering etc.)- reduced, Generals-normal | <i>Calc. carb.</i> 0/2 in aqua morning and night x 4 weeks | HAM-A- 11, Anxiety was status quo, hence the potency of the same medicine is raised. |
| 01/08/2022 | Concentration improved, Anxiety-Status Quo, Generals- normal | <i>Calc. carb.</i> 0/3 in aqua morning and night x 4 weeks | HAM-A- 11, Anxiety was status quo, hence the potency of the same medicine is raised. |
| 07/12/2022 | Concentration-Status Quo, Anxiety- Status Quo, Autonomic symptoms (shivering etc.)- reduced significantly, Generals- normal | <i>Calc. carb.</i> 0/4 in aqua morning and night x 4 weeks | HAM-A- 10, Anxiety was status quo, hence the potency of the same medicine is raised. |
| 04/01/2023 | Concentration improved, Anxiety-reduced, Generals- normal | Same medicines continued | HAM-A- 9 |
| 01/02/2023 | Concentration improved, Anxiety-reduced, Generals- normal | Same medicines continued | HAM-A- 6 |
| 27/02/2023 | Concentration improved, Anxiety-reduced, Generals- normal | Same medicines continued | HAM-A- 6 |
| 20/03/2023 | Concentration improved, Anxiety-reduced, Generals- normal | Same medicines continued | HAM-A- 6 |
| 17/04/2023 | Concentration significantly improved, Anxiety-reduced, Generals- normal | Same medicines continued | HAM-A- 0 |
| 17/05/2023 | Concentration- improved, Anxiety-occasionally present, Generals-normal | Same medicines continued | HAM-A- 0 |

| | | | |
|------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 14/06/2023 | Concentration- improved, Anxiety-occasionally present, Over thinking-mildly increased, Generals- normal | <i>Calc. carb.</i> 0/5 in aqua morning and night x 4 weeks | HAM-A- 0, Over thinking mildly increased which may lead to exacerbation of Anxiety symptoms, hence the potency of the same medicine was raised. |
| 12/07/2023 | Concentration improved, Anxiety-occasionally present, Over thinking-status quo, Generals- normal, Ambitious | <i>Calc. carb.</i> 0/6 in aqua morning and night x 4 weeks | HAM-A- 0, Anxiety-only occasionally present, Over thinking- status quo |
| 14/08/2023 | Concentration-improved, Anxiety-nil, Over thinking reduced, Generals- normal | Same medicines continued | HAM-A- 0 |
| 20/09/2023 | General well-being of the patient | Sac Lac given | HAM-A- 0, Overall improvement |
| 22/11/2023 | General well-being of the patient | Sac Lac given | HAM-A- 0, Overall improvement |
| 03/01/2024 | General well-being of the patient | Sac Lac given | HAM-A- 0, Overall improvement |
| 12/02/2024 | General well-being of the patient | Sac Lac given | HAM-A- 0, Overall improvement |

Table 2: - Hamilton's anxiety rating scale (HAM-A)^[19]

| Sr. No | SYMPTOMS | Baseline (30/03/22) | 3 rd Month (04/07/22) | 6 th Month (07/12/22) | 9 th Month (27/02/23) | 12 th Month (17/04/23) | 15 th Month (12/07/23) | 18 th Month (22/11/23) | 2 years (12/02/24) |
|--------|-------------------------|---------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--------------------|
| 1. | Anxious mood | 4 | 3 | 3 | 0 | 0 | 0 | 0 | 0 |
| 2. | Tension | 4 | 3 | 3 | 0 | 0 | 0 | 0 | 0 |
| 3. | Fears | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. | Insomnia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. | Intellectual | 4 | 3 | 3 | 2 | 0 | 0 | 0 | 0 |
| 6. | Depressed mood | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. | Somatic (muscular) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. | Somatic (sensory) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. | Cardiovascular symptoms | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. | Respiratory symptoms | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | |
|-----|----------------------------------|---|---|---|---|---|---|---|---|
| 11. | Gastrointestinal symptoms | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. | Genitourinary symptoms | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. | Autonomic symptoms | 3 | 2 | 1 | 0 | 0 | 0 | 0 | 0 |
| 14. | Behavior at interview | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Table 3: Assessment of the case by the Modified Naranjo Criteria for Homeopathy-Causal Attribution Inventory (MONARCH) [20]

| SR. NO. | CRITERIA | YES | NO | NOT SURE |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| 1. | Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed? | 2+ | - | - |
| 2. | Did the clinical improvement occur within a plausible timeframe relative to the drug intake? | 1+ | - | - |
| 3. | Was there an initial aggravation of symptoms? | - | 0 | - |
| 4. | Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)? | 1+ | - | - |
| 5. | Did overall well-being improve? (suggest using a validated scale) | 1+ | - | - |
| 6A | Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? | - | 0 | - |
| 6B | Direction of cure: did at least two 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? | - | 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? | - | 0 | - |
| 8. | Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider the known course of disease, other forms of treatment, and other clinically relevant interventions) | - | 1+ | - |
| 9. | Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.) | 2+ | - | - |
| 10. | Did repeat dosing, if conducted, create similar clinical improvement? | 1+ | - | - |

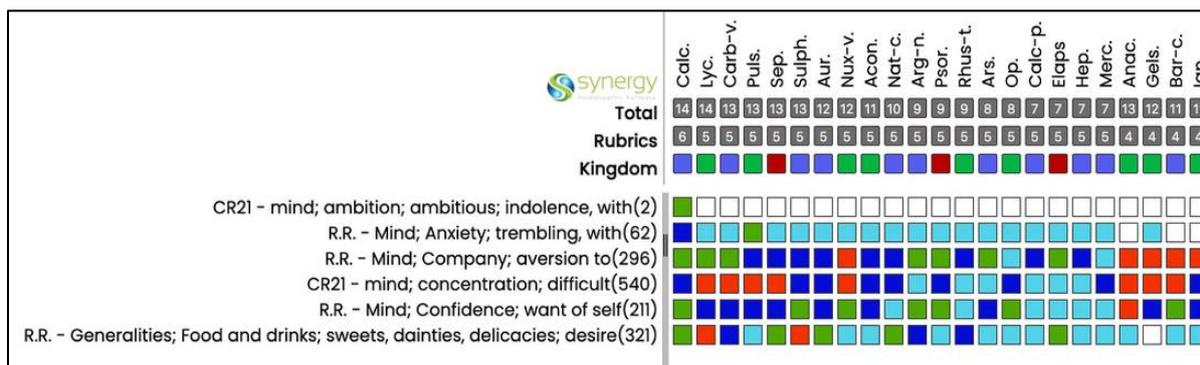


Figure 1: Repertorization chart

RESULTS AND DISCUSSION:

Anxiety disorders are among the most common psychiatric conditions. The frequently preferred approach in cases of GAD is pharmacotherapy combined with psychotherapy for 1 year and more. Both of these treatment methods showed limitations when used separately in patients. The relapse rate and cost of the conventional treatment was found high in cases of GAD.^{[10][11][12]} A double-blind, randomized placebo-controlled trial, had demonstrated the effectiveness of homeopathy, particularly with *Calcarea carbonica* most frequently indicated.^[13] Previous case reports showed usefulness of Homeopathy in treating GAD.^{[14][15]} Various studies and case reports highlight the effectiveness of homeopathic remedies in 50 millesimal potencies for different psychiatric disorders.^{[16][17]} The uniqueness of this case report is, the quality of life of patient improved only with homeopathic treatment which was cost effective. No relapse of symptoms was observed in 2 years of follow up.

So, in our case, repertory was used as quick reference, and afterwards Materia Medica was referred. J. T. Kent mentions for *Calcarea carbonica*, “It is very useful in complaints from prolonged worry, from prolonged application to business, from excitement.”^[18]

As per literature, it covered the PQRS of the case.

This case demonstrates the usefulness of homeopathy in 50 millesimal potencies in GAD, as evidenced by significant reduction in scores the Hamilton Anxiety Rating Scale (HAM-A).^[19] Over 2-year follow-up as shown in table 2. Initially, the total score was 19 which constituted to ‘mild to moderate severity’ and at 3rd month scores became 11 which is ‘mild severity.’ At 12th month scores of all the domains of HAM-A scale came down to zero. All scores remained at zero for two years, indicating sustained positive effects of the treatment without any relapse of the disease.

The Modified Naranjo Criteria for Homeopathy-Causal Attribution Inventory (MONARCH) score of 9 in this case indicates the definite causal relation between IHM and the treatment outcome as depicted in table 3.^[20]

Homeopathic medicine *Calcarea carbonica* is found useful in case of GAD, as it improved patient objectively as per HAM-A and MONARCH criteria as well as subjectively as per patient’s perspective.

CONCLUSION:

This case report reveals the usefulness of individualized homeopathic medicine *Calcarea carbonica* in 50 millesimal potency in management of GAD. However further studies with IHM in 50 millesimal potency are required for further understanding in this regard.

Limitation of the study:

Since this is a case report, for the generalization of the findings of this case, future studies with larger samples are necessary.

Patient's perspective:

I am feeling very happy after taking homeopathic treatment. It helped in reducing my anxiety and other complaints. I cleared IELTS exam and got a job in abroad. I am experiencing a general sense of well-being.

Declaration of patient consent:

The authors certify that they have obtained patient consent for anonymously reporting his clinical information in the journal.

Conflict of interest: The author declares that there is no conflict of interest.

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