



A Therapeutic Shift From Persistent Anxiety To Emotional Stabilization A Homoeopathic Case Of Generalized Anxiety Disorder With Somatic Expression- A Case Report.

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Abstract

Background:

Generalized Anxiety Disorder (GAD) is a chronic mental health condition characterized by persistent, excessive, and free-floating anxiety occurring more days than not and often accompanied by autonomic overactivity and somatic manifestations such as headache, restlessness, muscle tension, fatigue, and sleep disturbances. The disorder significantly impairs daily functioning, concentration, and overall quality of life. Epidemiological studies suggest that GAD is more prevalent among middle-aged and elderly individuals, particularly women, and is frequently associated with prolonged psychosocial stress, bereavement, interpersonal conflicts, and unresolved emotional trauma.

Conventional management of GAD primarily includes pharmacotherapy and psychotherapy, which may provide symptomatic relief but often require long-term treatment and may be associated with adverse effects or incomplete resolution of symptoms. Furthermore, these approaches may not always address the individual's emotional susceptibility or the deeper psychosomatic dimensions of the disorder.

In homoeopathy, mental disorders are understood as dynamic disturbances of the vital force, frequently arising from prolonged emotional stress, grief, disappointment, or suppressed emotions. According to homoeopathic philosophy, psychological disturbances often manifest through physical symptoms, and such somatic expressions are considered meaningful indicators of internal imbalance rather than isolated pathological entities. Therefore, treatment is directed toward the individual as a whole, based on the totality of mental, emotional, and physical symptoms, with the aim of restoring equilibrium and achieving sustained improvement rather than mere symptomatic palliation.

Case:

A 54-year-old female presented with chronic headaches for 3–4 years associated with excessive worry, restlessness, cold perspiration during anxiety, disturbed sleep, irritability, and craving for raw rice. The complaints followed prolonged marital stress, domestic abuse, bereavement, and subsequent betrayal by family members.

Intervention:

Based on the totality of symptoms and repertorial evaluation, *Natrum muriaticum* was prescribed as the constitutional remedy.

Conclusion:

This case highlights the importance of constitutional homoeopathic treatment in managing Generalized Anxiety Disorder with somatic expression.

KEYWORDS:

Generalized Anxiety Disorder, Homoeopathy, *Natrum muriaticum*, Somatization, Similimum.

INTRODUCTION

Generalized Anxiety Disorder (GAD) is a chronic mental health condition characterized by excessive and persistent anxiety occurring more days than not for a minimum duration of six months and not restricted to specific situations. According to ICD-10 (F41.1), ICD-11 (6B00), and DSM-5 (300.02), GAD is marked by pervasive apprehension, motor tension, and autonomic overactivity. Common associated symptoms include headaches, restlessness, palpitations, gastrointestinal disturbances, impaired concentration, irritability, fatigue, and sleep disturbances, all of which significantly impair psychosocial functioning and quality of life.

Conventional management of GAD primarily focuses on pharmacological and psychotherapeutic interventions aimed at symptomatic control. However, such approaches may not adequately address the underlying emotional causation or individual susceptibility, and long-term dependence or incomplete remission is frequently observed.

From a homoeopathic perspective, mental disorders are regarded as dynamic chronic diseases arising from prolonged emotional stress, unresolved grief, trauma, and suppression of emotions. As emphasized by Samuel Hahnemann, disturbances of the mind represent derangements of the vital force and often precede physical pathology. Somatic complaints associated with anxiety are viewed as external expressions of internal imbalance rather than isolated disease entities.

Homoeopathic management emphasizes constitutional treatment based on the totality of mental, emotional, and physical symptoms, aiming to restore internal equilibrium and provide sustained relief rather than temporary symptomatic palliation.

MATERIAL AND METHOD

A single-case observational study of a patient presenting to the Department of Psychiatry, JIMS Homoeopathic Medical College and Hospital, Hyderabad.

CASE –

S.NO	PRELIMINARY DATA	DETAILS
1.	NAME	Mrs.Z
2.	AGE	54 yrs
3.	GENDER	Female
4.	RELIGION	Hindu
5.	EDUCATION	10 th STD
6.	OCCUPATION	Housewife
7.	MARITAL STATUS	Widow
8.	ADDRESS	Khajiguda
9.	DATE OF THE CASE TAKING	20/09/24
10.	INFORMANT OF THE CASE	Self

CHIEF COMPLAINTS: As Per Patient:

1. Headaches on and off for the past 3–4 years.
2. Excessive worry, anxious for past 5-6 months

HISTORY OF THE PRESENTING ILLNESS:

Patient was apparently healthy until 3-4 years ago, she began experiencing **headaches** on and off. Insidious onset, initially mild and infrequent, the headaches have progressively increased in frequency and intensity over the past year, now occurring at least twice a week. The headaches began during her difficult marriage, which caused her a lot of emotional and physical stress because of her husband's drinking, irresponsible behaviour, and abuse. Pain is described as a dull, pressing, and tightening sensation, typically starting in the back of the head or neck and gradually involving the entire head. The pain is bilateral. Worsen

by prolonged sun exposure, mental exertion, and lack of sleep. The headaches tend to worsen 2-3 days before menstruation. Relieved by applying tight bandage, rest & moving to open air.

One year ago, her husband passed away due to a heart attack. Her relatives blamed her for his death and cheated her regarding properties. She felt nobody cared her and neglected. She developed **excessive worry** about daily life and her future. She often feels restless and rushes through tasks as if in a hurry. Her constant worry makes it hard for her to concentrate, and she often leaves tasks unfinished. She also experiences cold sweating during heightened worry.

Negative history: No Head Injuries, Suicidal Ideas, Seizures, Blackout, Fever, Loss of Consciousness, Delusions, Auditory & Visual Disturbances.

PAST HISTORY:

No Past History of any Medical Illness

SURGICAL HISTORY:

Nothing significant

FAMILY HISTORY:

Paternal Side:

Father: Died of a heart attack at 4 years of the patient's age.

Grandfather and Grandmother: Both deceased, no significant complaints noted.

Maternal Side:

Mother: Hypertension.

Siblings:

Elder sister: Bipolar Affective disorder (on medication).

Younger brother: Apparently healthy.

Spouse: Aggressive behaviour & Alcohol dependence, died of a heart attack one year ago.

Children: One Daughter & One Son: Apparently healthy.

PHYSICAL GENERALS

- Appetite - Increased, 3 times a day, Craves for non-nutritive food
- Thirst – 2-3 L a day, large quantities in large interval
- **Desires – Increased Craving for Raw Rice**
- Aversions – Nothing Specific
- Stools - Regular, Soft & Once a day
- Urine – Clear, 2-3/0-1 – Day/Night
- **Perspiration – Profuse on Forehead**
- Sleep – refreshed
- Thermals –

A) Covering – Requires all season

- B) Bathing – Lukewarm water preferred
- C) Fanning – Requires all the season
- D) Weather preference – Winter

Thermal conclusion - Hot patient

· Menstrual History:

- FMP: 14 years.
- LMP: 07-12-2024.
- Cycle: Regular. 28 days
- Duration: 2–3 days with scanty flow.
- Character: Profuse menstrual bleeding on the first day. No clots, dark red colour.
- Complaints before menses: **Headache.**
- Leucorrhoea: None.

· Obstetric History:

- Gravida: 2
- Para: 2
- Abortion: None.
- Complaints during pregnancy: None.
- Post-delivery complaints: None.
- Type of Delivery: 2 LSCS (Lower Segment Caesarean Sections).

PERSONAL HISTORY:

Early Development:

- Normal Developmental Milestones

Behavior during Childhood:

- Obedient child

Education:

- Moderate in Academics since School
- Studied till 10th Class

Occupation:

- Housewife

LIFE SPACE INVESTIGATION:

Patient was born and brought up in middle socio-economic class. She didn't have any early developmental disabilities. Her father was chain smoker and died with heart attack when patient was 4 years old.

Early Childhood and Academics

Her grandmother looked after her and her mother. She was active during her childhood. Her mother did not take care of her much. She studied till 10th class and stopped studying because she failed in a subject in 10th class. She did tailor works for 4 years and married at the age of 19 years.

Her marriage life was a major stress in her life. Her husband was an alcoholic, a smoker, and irresponsible. Her in-laws treated her harshly, often demanding dowry and sometimes even denying her food in the beginning. She faced physical abuse from her husband. Over time, she felt disappointed from her difficult marriage that started affecting her health. She began having headaches, which were mild and occasional at first but gradually became more frequent and severe. She took her husband for psychiatric treatment for aggressive behaviour & alcohol dependence, but he did not follow the treatment regularly. He passed away a year ago from a heart attack.

Life after Husband's Death

After her husband's death, she initially felt some relief from the constant stress of her marriage. However, her in-laws betrayed her when dividing the property and blamed her for her husband's death, saying she didn't take proper care of him. This deeply hurt her and made her feel nobody cared her and neglected. As a result, her headaches became worse, and her apprehension increased. The blame and betrayal added to her worries and caused symptoms of excessive worrying, restlessness, trouble focusing, and cold sweats during stress.

SYSTEMIC EXAMINATION

CVS:

S1, S2 heard, No added sounds or murmurs - NAD

RS:

Normal vesicular breath sounds heard - NAD

GIT:

Normal Bowel Sounds – NAD

CNS:

Well oriented with time, place and person - NAD

MENTAL STATUS EXAMINATION:

GENERAL APPEARANCE AND BEHAVIOR:

Lean body built, Hygiene, Well Groomed – Kempt

Cooperative & Attentive to Examiner

Comprehension is Intact

Eye to eye contact is initiated & maintained

Rapport is Established

Psychomotor Activity is Normal

SPEECH:

Speech is Coherent & Relevant

Spontaneous response to questions

Reaction time – Normal

Intensity – Audible

Pitch – Modulation is Present

Rate – Rapid

Goal Directed

Prosody – Maintained

MOOD & AFFECT:

Quality - Euthymic

Affect was appropriate & congruent to the Mood

Intensity - Normal

Range – Full

THOUGHT:

Stream – Normal Flow of Thoughts

Form of Thought: No FTD

Content of Thought: Excessive & Constant worrying about daily life and future

PERCEPTION:

Denies any perceptual disorders

COGNITION:

Conscious, well orientated to time, date, place & person

Digit Span Test: Forward – 8 digits, backward – 6 digits

Serial Subtraction: 100 – 7, till 0 completed under 1 min

Memory: Immediate, Recent, Remote Memory are Intact

Intelligence: Average Abstract Thinking: Concrete level

JUDGEMENT:

Personal judgement: Intact

Test judgement: Intact

INSIGHT:

Grade 4

INVESTIGATIONS:

According to reports done on 9th of November 2024:

Hb- 7.9 gm/dl

RBC – 3.5 million/mm³

Platelet count- 4.7 lakhs

WBC- 7300 cells/cc

TSH – 1.134 IU/ml

Uric acid -2.5 mg/dl

Total cholesterol – 163 mg/dl

HDL – 44.1mg/dl

LDL- 103 mg/dl

VLDL – 20.1mg/dl

DIAGNOSIS

- ICD-10: F41.1 – Generalized Anxiety Disorder
- ICD-11: 6B00 – Generalized Anxiety Disorder
- DSM-5: 300.02 – Generalized Anxiety Disorder

REPERTORIAL TOTALITY

S. No	Symptom	Interpretation into Rubric
1	Ailments from disappointment	Mind – Ailments from
2	Anxiety with cold perspiration	Mind – Anxiety – perspiration – cold
3	Forsaken feeling	Mind – Forsaken feeling
4	Headache < sun exposure	Head – Pain – sun – agg
5	Headache < before menses	Head – Pain – menses – before
6	Headache > open air	Head – Pain – air – open – amel
7	Aversion to coffee smell	Generals – Food – coffee – aversion
8	Desire for warm food	Generals – Food – warm – desire

TABLE 1: REPERTORIAL TOTALITY

INTERVENTION

R Natrum muriaticum 1M – single dose, SL (SOS)

FOLLOW-UP AND OUTCOME

<u>Date</u>	<u>Changes in Symptomatology</u>	<u>HAM-A Score & Interpretation</u>	<u>Prescription / Other Findings</u>
09-12-2024	Headache significantly reduced; no premenstrual aggravation; craving for raw rice reduced; anxiety still present	HAM-A: 14 – Mild anxiety	<i>Natrum muriaticum</i> 1M (single dose); SL (SOS)
27-01-2025	No headache recurrence: anxiety persists without somatic escalation	HAM-A: 12 – Mild anxiety	Placebo
15-03-2025	Rare headache; improved sleep; reduced restlessness	HAM-A: 9 – Mild anxiety	Placebo
30-04-2025	Improved concentration; anxiety manageable	HAM-A: 8 – Mild anxiety	Placebo
15-06-2025	Sustained improvement; emotionally stable	HAM-A: 6 – Minimal anxiety	No medicine

TABLE 2: FOLLOW-UP AND OUTCOME

DISCUSSION

The gradual reduction in HAM-A scores from mild to minimal anxiety objectively correlates with the patient's subjective improvement in emotional stability, autonomic symptoms, and somatic complaints. The case demonstrates the strong association between emotional trauma and somatic manifestations. Constitutional homeopathic treatment based on totality resulted in sustained improvement without suppression.

CONCLUSION

This case emphasizes the importance of constitutional prescribing in achieving lasting improvement in Generalized Anxiety Disorder with somatic expression.

CONFLICT OF INTEREST

Not available.

FINANCIAL SUPPORT

Not available.

DECLARATION OF PATIENT CONSENT

Informed consent was obtained from the patient for publication of clinical data.

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