

A Prospective Observational Study on Anxiety Disorder Using Synthesis Repertory

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Abstract: Aim: The aim of the study is to understand the role of Homoeopathic medicines given in Synthesis repertory in the management of Anxiety disorders through clinical case studies. Objective: 1. To review the efficacy of Homoeopathic medicines given under the rubrics in Synthesis repertory in the management of anxiety disorders. 2. To establish the effectiveness of Homoeopathic medicines in the management of anxiety disorder. Methodology: Evaluating new patients to assess their level of anxiety and functioning using Hamilton Anxiety Scale. This scale helps objectify and rate the severity of a patient's anxiety based on clinical questions. Given below is the Hamilton Anxiety Scale's scoring to assess severity of anxiety of the patient. Medicines have been selected after repertorization with Synthesis repertory and confirmation with Materia Medica. Result: Out of 50 cases, 35 cases showed marked improvement within 2 weeks of the medication. Significant improvement is seen in the patients at mental level as well as physical level. According to the Hamilton anxiety scale, majority of patients belonged to 30-40 and 40-50 score which is severe anxiety. Homoeopathic medicines which were of most usefulness while treating the anxiety disorder were Arsenicum album, Nux vomica, Ignatia, Thuja, Calcarea silicate, Calcarea carb., Sepia, Argentum nitricum, etc. Conclusion: 70% patients showed marked improvement with the homoeopathic treatment in anxiety disorders using synthesis repertory. Certain cases which showed no improvement were then reviewed and given other remedy and others were given an intercurrent remedy following which the cases started to improve. Homoeopathic medicines given under rubrics in synthesis repertory are certainly helpful in treating cases of anxiety disorders which can be proved by the study.

Keywords: Anxiety, Anxiety Disorder, Mental Health, Homoeopathy, Synthesis Repertory, Hamilton Anxiety Scale

1. Introduction

Anxiety, in general, is closely related to an individual's needs, lifestyle and motives in life. If the person's needs that are directly or indirectly linked with security, affections, achievement, self-esteem, and freedom are not fulfilled or satisfactorily gratified; it can possibly give rise to feeling of anxiety or guilt, which may cause neurotic behavior. People are occasionally irritable, anxious, or restless but it does not mean that all of them are neurotic. Only when the person's behavior becomes more anxious and it persists for longer period and interferes with our ability to lead a normal life, it may in turn depict breakdown or burnout in the adjustment mechanism and can cause various panic attack. However, when it starts to interfere with normal living and is persistent, then medical intervention becomes important.

Generalized anxiety disorder is a chronic condition and is a disabling mental disorder, characterized by uncontrollable anxiety, worry, feeling of guilt and many other somatic symptoms.

Predisposing Factors Leading to anxiety disorders are a combination of genetic and experiential factors. Abnormal genes predispose to pathological anxiety states; however traumatic life events and stress are also etiologically important. Anxiety disorders are associated with significant morbidity and often are chronic and resistant to treatment.

In the 18th century, Boissier de Sauvages, published the 1st medical textbook. In his classification, he listed 10 major groups of disease which he further broke down into different orders.

Mental disorders were called vesaniae, which belonged to the 8th class of disease, which he further sub-divided into 4 order namely Hallucinations, Morositates, Deliria, Folies Anomales.

The disorder which was mainly concerned with anxiety is Panophobia (norturnal terror without any obvious cause).

In the late 19th and 20th century, anxiety was used as a keyword for various new diagnostic categories right from neurasthenia to neurosis. Emil Kraepelin, gave much importance to anxiety as a symptom which also associates with other diagnosis. His major contribution was that he separated the category of phobias, which he lumped with OCD. He described the presence of anxiety in manic depressive patients, specific for bipolar disorder which appeared in DSM – 5.

Symptoms of Anxiety:

- a) **Emotional effects** may include "feelings of apprehension or dread, trouble concentrating, feeling tense or jumpy, anticipating the worst, irritability, restlessness, watching (and waiting) for signs (and occurrences) of danger, and, feeling like your mind's gone blank" as well as "nightmares/bad dreams, obsessions about sensations, dejavu, a trapped in your mind feeling, and feeling like everything is scary."
- b) **Cognitive effects** of anxiety may include thoughts about suspected dangers, such as fear of dying. "... fear that the chest pains [a physical symptom of anxiety] are a deadly heart attack or that the shooting pains in your head [another physical symptom of anxiety] are the result of a tumor or aneurysm. An intense fear when you think of dying, or you May think of it more often than normal, or can't get it out of your mind."
- c) **Behavioral effects** may include withdrawal from situations where unpleasant effects of anxiety have been experienced in the past. It can also be affected in ways which include changes in sleeping patterns, nail biting and increased motor tension, such as foot tapping.

Causes and Risk Factors for Anxiety Disorders:

Interplay of various factors is responsible for such anxiety states. It is important to realize that no single factor causes an anxiety disorder. The various anxiety risk factors are interrelated and can interact with and impact one another. Environmental factors, personality, family dynamics, various. Neurotransmitters and genetics play an important role.

a)Environmental Factors:

A person's environment can play a huge role in the development of anxiety disorders. Difficulties such as:

- Poverty,
- Early separation from the mother,
- Family conflict,
- Critical and strict parents,
- Parents who are fearful and anxious themselves,
- History of abuse in childhood and
- The lack of a strong support system can all lead to chronic anxiety.

b)Temperaments:

People who have nervous temperament are more prone to anxiety and distress. People with anxiety disorders often view themselves as powerless and the world as a threatening place. This pessimistic perspective can lead to low self-confidence and poor coping skills.

c)Neurotransmitters:

Some studies suggest that an imbalance of neurotransmitters such as serotonin, GABA, and epinephrine may contribute to anxiety disorders. Abnormalities in the stress hormone cortisol have also been found.

NOREPINEPHRINE: Chronic symptoms experienced by patients with anxiety disorder, such as panic attacks, insomnia.

d)Heredity:

Anxiety disorders tend to run in families. People with anxiety disorders often have a family history of anxiety disorders, mood disorders, or substance abuse. Although this is often due to the home environment, researchers also believe that there are genetic factors which represent an inherited risk for anxiety disorders. One risk factor may be a **biological vulnerability to stress**.

e)Trauma:

An anxiety disorder may develop **in response to a traumatic event, such as a car accident or a marital separation**. Anxiety may also have its roots in early life abuse or developmental trauma. Trauma in infancy and early childhood can be particularly damaging, leaving a pervasive and lasting sense of helplessness that can develop into anxiety or depression in later life.

Treatment of Anxiety Disorders**a)Homoeopathic Treatment**

After a detailed case taking, taking into account causative or trigger factors that have induced symptoms of Generalised anxiety disorder, detailed history about childhood, traumatic events in childhood, if any, history of abuse in childhood, the mental makeup of a person, details about the traumatic life event and its effect on the person, the case has to be evaluated and characteristic symptoms are to be filtered. Thorough detail about the nature of anxiety and worry needs to be taken. Enquiry about traumatic life events like death of a relative, marital separation, sexual problems needs to be done in great detail. With further repertorization and physician's understanding of the patient, the homeopath can arrive to the similimum

b)Psychotherapy: Cognitive and Behavioural Therapy

Cognitive-Behavioral Therapy: Cognitive-behavioral therapy (CBT) is very useful in treating anxiety disorders. The cognitive part helps people change the thinking patterns that support their fears, and the behavioral part helps people change the way they react to anxiety-provoking situations.

c)Relaxation Techniques

- Relaxation techniques such as progressive muscle relaxation, controlled breathing, and guided imagery may reduce anxiety.
- **Biofeedback** – Using sensors that measure physiological arousal brought on by anxiety (such as changes in heart rate and muscle tension), biofeedback teaches to recognize and control these body processes

2. Material and Methods**Study Design**

An exploratory clinical study was conducted to assess the miasmatic background of polycystic ovarian syndrome. Study was carried out at Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, peripheral OPD, Various rural & urban camp series, OPD, IPD from 2019-2020.50 Cases were selected which fulfils the case definition & inclusion and exclusion criteria those who participated willingly in the research. Data collection was done through Rotterdam2003 criteria as per ASRM (American society of reproductive medicine) & ESHRE (European Society of Human Reproduction and Embryology).

Intervention

Patients fulfilling the eligibility criteria were enrolled for clinical assessment and the homoeopathic intervention. Medicine was given in 30C, 200C or 1M, LM potency as per the prescribing totality. The medicines were repeated depending on the potency and complaints of the patient in accordance with the principles of homoeopathy.

Selection of Tool

Drug was acquired from standard pharmacy (SBL Uttarakhand) & was stored as per rules of Homeopathic Pharmacopoeia. Medicines were stored in Sri Guru Nanak.

Dev Homoeopathic Medical College and Hospital, Ludhiana, Punjab. Freshly prepared powder dose was used for dispensing purpose. Log no. & Batch no. was maintained.

Brief of Procedures

Medicines: Medicines will be prescribed on the basis of symptom similarity and after confirmation from Materia Medica.

Placebo: It is in the form of Sugar of milk & globules which are given along with the remedy.

Declaration

Was given that the drug used here is not harmful to human beings. Said remedy is already available in the Homoeopathic literature, well proved on healthy human beings and is harmless, having no side effects.

Inclusion Criteria

- The samples collected were of all sexes from the age group of 5 – 65 years of age.
- Having generalized anxiety disorders with symptoms of depression or panic attacks.
- Generalized anxiety disorders with other somatic symptoms.
- Diagnosed on the basis of Diagnostic and Statistical Manual of Mental Disorders (DSM – V).

Exclusion Criteria

Those who do not fall in the category of GAD after being diagnosed by Diagnostic and Statistical Manual of Mental Disorders (DSM – V).

3. Results

- A total number of fifty cases were included in the study after screening the case as per the inclusion criteria.
- These cases were subjected to statistical study.
- Out of 50 patients, about 35 patients showed improvement within the first 2 weeks of the medication. Significant improvement was seen in these patients at the mental level and at the physical level.
- According to my study, Out of 100%, 58% patients were MALES and 42% were FEMALES. The incidence of anxiety disorders is not similar in both sexes.
- Males were found to be more susceptible to anxiety disorders.
- According to my study, Out of 100%, 48% patients belong to age group 20-40 years, 16% patients belong to age group 40-50 years and 36%, belong to age group 1-20 years and 50-70 years.
- The analysis of all the cases show that among all the

causes mentioned above temperament of the patient plays a very important role in the development of anxiety disorders. 18 out of 50 cases were of people belonging to nervous temperament.

- Out of 50 cases, 7 were given in Arsenicum album, 5 were given Calcarea Silicata, 5 were given Silicea, 5 were given Argentum nitricum, 4 were given Calcarea carb, 3 were given Thuja, 3 were given Sepia, 3 were given Lachesis, 3 were given Nux vomica, 3 were given Ignatia, 2 were given Natrum mur, 2 were given Causticum, 2 were given in Thuja, remaining were given Carcinosis, Fluoric acid, Kali phos, Pulsatilla, Carboveg and Belladonna.

4. Discussion

Homoeopathy is most certainly effective in treating cases of ANXIETY DISORDERS where the cause is known. In today's world, where there is fast life, hurry and worry people find it difficult to cope with stressful situations. These events trigger the disease in a predisposed individual. Whenever such cases come at an early stage to the Homoeopath, then he is able to evaluate the phase of the affecting disease after studying the number of factors and the causative factors and successfully provide the similitum".

5. Conclusion

Homoeopathy has a great scope in the treatment of anxiety disorders.

The results of this study show clinically and statistically that homoeopathy is highly effective in treating such cases. The constitutional remedy is given on the basis of proper case taking, analysis and repertorisation. Arsenicum album has been proved as an effective remedy in treating anxiety disorders. Thuja was used as an intercurrent remedy. It was prescribed in cases where there was a block and no further improvement and which improved further after Thuja. This confirms the power of intercurrent remedy as we have learnt in Organon philosophy. The cases in which 1M potency showed good results.

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