Introduction

Anxiety disorders are a type of mental health disorders that are related to a heightened or extreme level of anxiety that is recurring or continuous. Short term, mild to moderate anxiety, is a normal reaction to stressors in daily life and can help people to recognize, and more effectively deal with everyday stressful situations such as starting a new job or answering an exam.

Generalized anxiety disorder (GAD) is an anxiety disorder characterized by excessive, uncontrollable and often irrational worry about everyday things that is disproportional to the actual source of worry. There is no specific age of onset. Most patients with the disorder report that they have been anxious as long as they can remember.

Symptoms may include fatigue, fidgeting, headaches, nausea, numbness in hands and feet, muscle tension, muscle aches, difficult swallowing, bouts of difficult breathing, difficult concentrating, insomnia etc.

1.1 Definition

Generalized anxiety disorder is defined as excessive and pervasive worry, accompanied by a variety of somatic symptoms that causes significant impairment in social or occupational functioning or marked distress in the patient. ¹

Prevalence and age of onset:
Reasonable estimates for one year prevalence of anxiety disorder range from 3-8%.

Generalized anxiety disorders along with phobic disorders, account for the most anxiety in late life. Six months prevalence of GAD in persons over 65 years of age is about 2%. ¹

Usually onset is before 20 years. The lifetime prevalence of GAD is 5-6%. The risk is higher in first degree relatives of patients with the diagnosis. ²

The general picture of people suffering from generalized anxiety disorder is that they live in a relatively constant future oriented mood state of anxious apprehension, chronic tension, worry and diffuse uneasiness.

They attempt to be constantly ready to deal with upcoming negative events and have a strong sense of lacking control over the worry process (Barlow, 2002a; Barlow et al., 1996).

Nearly constant worries of people with GAD leave them continually upset, uneasy and discouraged. In one study, their most common spheres of worry were found to be family, finance and personal illness (Roemer, Molina & Borkovec, 1997). Not only do they have difficulty making decisions, but after they have managed to make a decision, they worry endlessly, even after going to bed, over possible errors and unforeseen circumstances that may prove the decision wrong and lead to disaster. ³

Etiology:
The cause of generalized anxiety disorder is not known. As currently defined, GAD probably affects a heterogeneous group of people. Perhaps because a certain degree of anxiety is normal and adaptive, differentiating normal anxiety from pathological anxiety and differentiating biological causative factors from psychological factors are difficult. Biological and psychosocial factors probably work together. ⁴

Clinical Features:
The primary symptoms of generalized anxiety disorder are anxiety, motor tension, autonomic hyperactivity, and cognitive vigilance. The motor tension is most commonly manifested as shakiness, restlessness and headache. The autonomic hyperactivity is commonly manifested by shortness of breath, excessive sweating palpitations and various gastrointestinal symptoms. The cognitive vigilance is evidenced by irritability and the ease with which patients are startled.

Symptoms:
Generalized anxiety disorder symptoms can vary. They may include:

- Persistent worrying or anxiety about a number of areas that are out of proportion to the impact of the events
- Overthinking plans and solutions to all possible worst-case outcomes
- Perceiving situations and events as threatening, even when they aren't
- Difficulty handling uncertainty
- Indecisiveness and fear of making the wrong decision
- Inability to set aside or let go of a worry
- Inability to relax, feeling restless, and feeling keyed up or on edge
- Difficulty concentrating, or the feeling that your mind "goes blank"

Physical signs and symptoms may include:

- Fatigue
- Trouble sleeping
- Muscle tension or muscle aches
- Trembling, feeling twitchy
- Nervousness or being easily startled
- Sweating
- Nausea, diarrhea or irritable bowel syndrome
- Irritability
There may be times when worries don’t completely consume the patient, but they still feel anxious even when there’s no apparent reason. For example, feel intense worry about owns safety or that of loved ones, or may have a general sense that something bad is about to happen.

**Symptoms in children and teenagers:**
Children and teenagers may have similar worries to adults, but also may have excessive worries about:
- Performance at school or sporting events
- Family members’ safety
- Being on time (punctuality)
- Earthquakes, nuclear war or other catastrophic event.

**A child or teen with excessive worry may:**
- Feel overly anxious to fit in
- Be a perfectionist
- Re do tasks because they aren’t perfect the first time
- Spend excessive time doing homework
- Lack confidence
- Strive for approval
- Require a lot of reassurance about performance
- Have frequent stomachaches or other physical complaints
- Avoid going to school or avoid social situations

**1.2 Causes**
As with many mental health conditions, the cause of generalized anxiety disorder likely arises from a complex interaction of biological and environmental factors, which may include:
- Differences in brain chemistry and function
- Genetics
- Differences in the way threats are perceived
- Development and personality

**1.3 Risk Factors**
Women are diagnosed with generalized anxiety disorder somewhat more often than men are. The following factors may increase the risk of developing generalized anxiety disorder:
- **Personality.** A person whose temperament is timid or negative or who avoids anything dangerous may be more prone to generalized anxiety disorder than others are.
- **Genetics.** Generalized anxiety disorder may run in families.
- **Experiences.** People with generalized anxiety disorder may have a history of significant life changes, traumatic or negative experiences during childhood, or a recent traumatic or negative event. Chronic medical illnesses or other mental health disorders may increase risk.

**1.4 Complications**
Having generalized anxiety disorder can be disabling. It can:
- Impair your ability to perform tasks quickly and efficiently because you have trouble concentrating
- Take your time and focus from other activities
- Sap your energy
- Increase your risk of depression

Generalized anxiety disorder can also lead to or worsen other physical health conditions, such as:
- Digestive or bowel problems, such as irritable bowel syndrome or ulcers
- Headaches and migraines
- Chronic pain and illness
- Sleep problems and insomnia
- Heart-health issues

Generalized anxiety disorder often occurs along with other mental health problems, which can make diagnosis and treatment more challenging. Some mental health disorders that commonly occur with generalized anxiety disorder include:
- Phobias
- Panic disorder
- Post-traumatic stress disorder (PTSD)
- Obsessive-compulsive disorder (OCD)
- Depression
- Suicidal thoughts or suicide
- Substance abuse

**DIAGNOSTIC CRITERIA FOR GAD according to DSM-5**
The diagnostic criteria for GAD as defined by the Diagnostic and Statistical Manual of Mental Disorders DSM-5 (2013), published by the American Psychiatric Association, are paraphrased as follows:

a) Too much anxiety or worry over more than six months. This is present most of the time in regards to many activities.
b) Inability to manage these symptoms
c) At least three of the following occur: Note: Only one item is required in children.
- Restlessness
- Tires easily
- Problems concentrating
- Irritability
- Muscle tension.
- Problems with sleep
d) Symptoms result in problems with functioning.
e) Symptoms are not due to medications, drugs, other physical health problems
f) Symptoms do not fit better with another psychiatric problem such as panic disorder

**Treatment and management**
Treatment given for GAD is anti-anxiety drugs, SSRI’S and other supportive therapies, yet complete cure and relief is rare. Psychological and psychiatric disorders pose one of the biggest health challenges today. Today’s fast moving lifestyle poses many demands in front of every individual. These demands call for in-depth acceptance and constant adjustment. Everything happening at personal, social, professional or day to day life has profound psychological impact. Psychological complaints are rising alarmingly.

Allopathic treatment of GAD involves the use of anti-anxiety drugs or antidepressants. However, some of these drugs create dependency and other unwanted side effects when used for an extended period of time.
Dr. Hahnemann was a pioneer in mental health treatment, where he saw the aberrant behaviors of mental patients as a disease. Hahnemann has given some pioneering ideas about the nature of mental disease and how sufferers ought to be treated. Homoeopathy has laid high emphasis on psychology and personality of the person to be treated of any physical disease or psychological complaint. The holistic approach to treatment not only relieves complaints but also makes the person more functional to become more adaptable and better equipped to handle stress of life.

Management:
- General management: this includes stress management, stress reduction, relaxation techniques, regular exercises, yoga and doing meditation.
- Avoiding unhealthy substance use. Alcohol and drug use and even nicotine or caffeine use can cause or worsen anxiety.
- Homoeopathic medicines: will be given according to homoeopathic principles.

2. Review of Literature

The word anxiety comes from the Latin word anxietas meaning “troubled in mind”. Normal anxiety alerts an individual of impending danger and enables one to take precautionary or corrective measures. Pathological anxiety is characterized either by exaggerated response to stress or anxiety in absence of stress. 

Generalized anxiety disorder is one of the commonest of all anxiety disorders.

Background:

Hahnemann speaks of mental disease in aphorism 210-230.
- Dr. Hahnemann in Aphorism 225, explains, “There are however, as has just been stated, certainly a few emotional disease, which have not merely been developed into that form out of corporeal diseases, but in which, in an inverse manner, the body being but slightly indisposed, originate and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of emotional diseases in time destroy the corporeal health, often to a great degree.
- In Aphorism 226 Hahnemann states that, “It is only such emotional disease as these which were first engendered and subsequently kept up by the mind itself, that while they are yet recent and before they have made very great inroads on the corporeal state, may by means of psychical remedies, such as a display of confidence, friendly exhortations, sensible advise, and I often by a well disguised deception, be rapidly changed into a healthy state of the mind( and with appropriate diet and regimen, seemingly into a healthy state of the body also).”
- In Aphorism 227 Hahnemann goes on to state that, “But the fundamental cause in these cases also is a psoric miasm, which was only not yet quiet near its full development, and for security’s sake, the seemingly cured patient should be subjected to a radical antipsoric treatment, in order to that he may not again as might easily occur, fall into a similar state of mental disease.”

Allen J.H in his book, The Chronic Miasms Psora, Psuedo & Sycosis states the importance of mental symptoms and miasms. He states, “Frequently we hear the remark among physicians “I have better success, or have greater success, when I base my prescription upon the mental symptoms”. Thus you see any expression of life may be affected by the action of these miasms, and the nature of the mental perversion, if carefully studied and compared, can be traced to the prevailing active one.

Subrata Banerjea study on anxiety according to miasms, states;

- In Psoric miasm- patients are anxious to the point of worry and fear, and anxiety on awakening in the morning which may at times compel them to move about.
- In Psoric miasm-there is anxiety from changes in weather and from humidity.
- In Psoric miasm- anxiety occurs at night.
- In tubercular miasm- there is mental changeability and dissatisfaction, and ends in a depressed state of mind which is striking in the fact that even in a depressed state, there is a total absence of disappointment, hopelessness anxiety or apprehension. They do not worry about anything even when they suffer from the most severe ailments.

George Vithoulkas in his book Essence Of Materia Medica, explains several drugs with an anxious mind and its related symptoms, like Arsenic Alb, Calc Carb, Phos etc.

Some of the rubrics for anxiety as in Kent’s Repertory are:
- Anxiety: waking
- Anxiety: bed in
- Anxiety: alone when
- Anxiety: health, about
- Anxiety: reading while
- Anxiety: sleep during
- Anxiety: speaking when
- Anxiety: anticipating an engagement

Dr. Frederik Schroyens in his repertory, Synthesis Repertorium Homoeopathicum Syntheticum states several other rubrics in relation to anxiety, such as Anxiety: business; about, Anxiety: family; about his, Anxiety: money matters, about etc.