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Role of Carcinosinum in managing Separation Anxiety Disorder in children: A case report

Karunakara Moorthi

National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India, dr.karunakaramoorthi@gmail.com

Pranjali Srivastava

National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India, pranjali.srivastava01@gmail.com

Author(s) ORCID Identifier:

<https://orcid.org/0000-0003-2502-3877>

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Case Summary: A 7-year-old boy presented with symptoms of anxiety when going to school, weeping before going to school, fear of being alone, always wanting his mother to be with him and episodes of vomiting whenever thinking of school for three years. The case was treated successfully with *Carcinosinum* in 200C and 1M potencies, with repetition as per requirement. After 14 months of treatment, the patient was asymptomatic. His quality of life improved, and the screening for child anxiety-related emotional disorders and screening questionnaire for child anxiety-related emotional disorders-parent, having baseline values of 12 and 13, respectively, dropped to 0 each by the end of the treatment. Treatment with individualised homoeopathic medicine was successful in a case of SAD in a child, showing a significant positive impact on the patient's social and familial life with no negative implications.

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Role of *Carcinosinum* in managing Separation Anxiety Disorder in children: A case report

S. Karunakara Moorthi*¹, Pranjali Srivastava

Central Council for Research in Homoeopathy-National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India

Abstract

Introduction: Separation Anxiety Disorder (SAD) is a condition causing excessive and distressing anxiety about separating from home or loved ones. It starts in childhood or adolescence and continues into adulthood. Symptoms include constant worry about losing a parent or other loved one to an illness or disaster, constant fear that something bad will happen, refusing to be away from home due to fear of separation, reluctance to sleep without a parent or a loved one nearby and repeated nightmares about separation. **Case Summary:** A 7-year-old boy presented with symptoms of anxiety when going to school, weeping before going to school, fear of being alone, always wanting his mother to be with him and episodes of vomiting whenever thinking of school for three years. The case was treated successfully with *Carcinosinum* in 200C and 1M potencies, with repetition as per requirement. After 14 months of treatment, the patient was asymptomatic. His quality of life improved, and the screening for child anxiety-related emotional disorders and screening questionnaire for child anxiety-related emotional disorders-parent, having baseline values of 12 and 13, respectively, dropped to 0 each by the end of the treatment. Treatment with individualised homoeopathic medicine was successful in a case of SAD in a child, showing a significant positive impact on the patient's social and familial life with no negative implications.

Keywords: *Carcinosinum*, Homoeopathy, Screening for child anxiety-related emotional disorders scale, Separation Anxiety Disorder (SAD).

INTRODUCTION

Separation Anxiety Disorder (SAD) is defined as developmentally inappropriate anxiety that causes clinically substantial discomfort or impairment when separated from home or main attachment figures.^[1] The Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV-TR suggested SAD primarily as a childhood disorder requiring an onset before the age of 18 as a criterion.^[2] According to DSM-V, the condition also affects adults. One-third of children with SAD may experience symptoms of the disease well into adulthood. Some people experience symptoms in their late teens or even later, occasionally even in old age. In children, SAD may begin with a precipitant factor such as relocating to a new home or school, undergoing a medical procedure, receiving a serious physical diagnosis or losing a close friend, pet or parent.^[3] Neurotransmitter abnormalities, including those in gamma-aminobutyric acid and serotonin, have been related to anxiety disorders. These neurotransmitters play an important role in mood and anxiety control, and dysregulation can cause the emergence of SAD.^[4] When triggered, the amygdala

is traditionally connected with eliciting a fear response. Dopamine possibly plays a modulatory effect in behaviour that resembles anxiety.^[5] Medication aimed at altering postsynaptic serotonin 5-HT_{1A} receptors has been created to treat anxiety since pathological anxiety is influenced by low activation of these receptors.^[6]

Symptoms commonly manifest as school rejection, although younger children may also express reluctance to be left with a sitter or at creche. Children may use imagined or real physical issues to justify staying at home with their parents. Adults, too, may be afraid that something terrible may happen to a significant attachment figure, such as a spouse or child. As a result, they are hesitant to leave home or any other safe place; they may even fear sleeping alone, and they have dreams about

***Address for correspondence:** S. Karunakara Moorthi,
National Homoeopathy Research Institute in Mental Health, Kottayam,
Kerala, India.
E-mail: dr.karunakaramoorthi@gmail.com

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separation.^[3] Despite its prevalence SAD can have long lasting effects on a child's life. The youngster may refuse to engage in play activities or even go to school if they are afraid that something bad will happen while they are apart from their parents. Because the child's worry may restrict the activities of siblings and parents, SAD also has an impact on family life and parental stress.^[7] The International Classification of Diseases has classified this condition under the code F93.0. Excessive worry over separation from persons to whom the child is bonded, usually parents or other family members, is the primary diagnostic trait, and it is not simply part of generalised anxiety about many circumstances.^[8]

SAD usually appears before the age of one year, peaks between the ages of nine and 18 months and then fades away after around 2.5 years. Children often experience acute separation anxiety when they attend school for the very first time.^[9] In population-based investigations, the prevalence of SAD is reported to be 4%, rising to 7.6% in paediatric clinical samples. It is one of the first anxiety disorders among youngsters to appear, with a common onset age of about six years. It equally affects boys and girls.^[10] Adult SAD has a lifetime incidence of 6.6%, with 77.5% of individuals reporting beginning in adulthood.^[11]

SAD is a substantial risk factor (78.6%) for the development of psychopathology in young adulthood (ages 19–30 years); diagnosing, assessing and treating children with SAD is important for preventing the emergence of disorders, including panic and depression.^[12] Comorbidity between SAD and other psychiatric diseases was found to be 65.3%. In the investigated population, specific phobia and oppositional defiant disorder had the highest comorbidity with this disorder.^[13]

The study shows a clinically significant decrease in separation anxiety behaviours following Parent–Child Interaction Therapy in cases diagnosed with SAD.^[14] There is also data available regarding the relative effectiveness of cognitive-behavioural therapies, medication and combination treatments in the treatment of anxiety disorders in children, adolescents and adults.^[15] When behavioural or psychotherapeutic interventions have failed, and the child's symptoms are considerably impairing, pharmacotherapy should be administered in addition to those interventions. Selective serotonin (5-hydroxytryptamine; 5-HT) reuptake inhibitors have a low adverse effect profile and may be the first-line treatment for SAD.^[16]

The Screening for Child Anxiety-Related Emotional Disorders (SCARED) is a self-report screening questionnaire, and SCARED-Parent (SCARED-P), reported by parents, is a widely used rating tool utilised to evaluate the severity of anxiety symptoms.^[17] The SCARED scales comprise 41 questions, out of which a score of 5 for items 4, 8, 13, 16, 20, 25, 29 and 31 indicate SAD; the scale's cutoff value is 5. The severity of symptoms was rated using a 0–2 point rating scale, with 0 meaning not true or hardly ever true, 1 means sometimes true, and 2 means true or usually true.^[18] The Modified Naranjo

Criteria for Homoeopathy (MONARCH) was used to assess the likelihood of a causal attribution between a homoeopathic intervention and outcome.^[19]

Homoeopathy is a holistic system of medicine that considers the person as a whole while treating any disease. There have been numerous favourable results in anxiety disorder cases when managed by Homoeopathy in children, adolescents and adults.^[20] Still, we couldn't find any research or case study on separation anxiety in children in Homoeopathy so far, which motivated us to publish this case report.

PATIENT INFORMATION

A 7-year-old male child was brought to the psychiatry outpatient clinic of the tertiary hospital, Kottayam, on 16th August 2022 by his parents. He presented with the complaints of weeping before going to school, fear of being alone or sleeping alone, always wanting his mother by his side and holding her and fear that something bad might happen to his parents since three years. There were episodes of vomiting when thinking of going to school, afraid of teachers, used to become anxious if he made any mistakes in homework and was very sensitive to getting scolded or punished.

He was his parent's second child. He was born in Kerala and reared by his mother till 18 months of age. After that, his mother started working and so he was admitted to a daycare. There, the patient began having issues of vomiting and weeping spells, so his parents withdrew him from there. Henceforth, his complaints disappeared. He always wanted someone from his family to be with him. His complaints improved after he was taken out of the daycare. Around the age of four, he was enrolled into kindergarten. For the initial few days, the patient did not present with any major symptoms, but gradually started showing dislike towards school, weeping when going to school and fear of teachers and their reprimands. He also had episodes of vomiting, even when thinking about school. During the COVID-19 outbreak, he started attending online classes from home, and his complaints ceased. When the schools reopened in July 2022, and the patient had to resume going to school, his symptoms recurred. He again complained of nausea, even at the thought of going to school. At the school, he would sit alone and not mingle with his classmates. He was afraid of his teachers and their scoldings. He was restless if his homework was not completed or any mistake was made, and he used to repeatedly correct his mistakes while writing. He was also afraid of sleeping alone at home, fearing that something awful would happen to him or his parents, especially his mother, and he used to follow his mother everywhere.

The patient suffered from pneumonia at the age of six months and hand-foot-mouth disease at the age of one year, for which he had taken conventional treatment with relief. His paternal grandfather and grandmother both suffered from anxiety disorders, and his mother had hypothyroidism. The prenatal and postnatal history was normal, labour was prolonged for

about 8–9 hours due to poor uterine contractions, and no postnatal complications were present. His birth was through normal delivery. Birth weight was normal, around 2.8 kg and birth cry was present. All the developmental milestones were achieved at an appropriate time. All the vaccinations were taken as scheduled.

Family and past history

During the prenatal period, the child's mother was working all through her pregnancy. She had job stress and mild family stress due to non-supportive in-laws.

The child enjoyed the company of his parents and brother; however, he seemed more attached to his mother. He started schooling around the age of 4 years. In school, he used to sit alone and showed a reserved nature. He did not participate in any cultural or sports events in school. He was average in his studies. At home, he had no issues in playing or talking to his elder brother and was jolly-natured. He preferred to have his things and room orderly and liked dressing neatly and perfectly when going out.

Physical generals

His appetite was reduced. His sleep was disturbed, and he remained anxious before going to sleep and wanted his mother

by his side while sleeping. He had a craving for spicy food and meat. Thermally, the patient was ambithermal.

Mental generals

The patient presented with fastidiousness, doing work in an ordered manner and a reserved nature. He had a hobby of painting and drawing. Even the notion of separation produced anxiety, nightmares, vomiting spells and other physical symptoms, making it difficult for him to attend school, go out to work or sleep away from home, even in his bed.

Clinical findings

The mental status examination of the child was done during each consultation. All the related findings at baseline on 13 September 2022 and at final follow-up on 05 December 2023 are mentioned in Table 1. The symptoms assessment was done using the SCARED and SCARED-P Scale; the findings are mentioned in Tables 2 and 3, and the Modified Naranjo Criteria assessment is mentioned in Table 4.

Diagnostic assessment

Due to the patient's persistent anxiety from separation, fearfulness of some mishappenings to his parents and other anxiety symptoms that had lasted over and above 3 years, the case was diagnosed by the consultant psychiatrist as SAD

Table 1: Mental status examination (Before and After)

S. No.	Domains	Baseline	Follow-up at 16 th month
1.	Attitude	Reluctant, shy, timid, clinging to his mother, help-seeking, IPR-average, EEC-maintained.	Co-operative, open frank, IPR-good, EEC-maintained
2.	Appearance and behaviour	Well-groomed, hair adequately combed, no injuries or bruises on the body, neatly dressed.	Well-groomed, hair adequately combed, no injuries or bruises on the body, neatly dressed.
3.	Motor activity	Very neat handwriting, right and left differentiation present, ability to draw images present.	Very neat handwriting, right and left differentiation present, ability to draw images present.
4.	Speech	Tone: Frightened, Slow Volume: Decreased Reaction time: Increased Rate: Decreased	Tone: Normal Volume: Normal Reaction time: Normal Rate: Normal
5.	Mood	Subjective: Stressed Objective: Anxious	Subjective: Happy Objective: Cheerful
6.	Thought	Flow: Increased Form: Catastrophisation Content: Thoughts of the death of his parents or some other mishappenings.	Flow: Normal Form: NAD (No Abnormality Detected) Content: NAD
7.	Perception	NAD	NAD
8.	Fantasy life-3 magic wishes	1. Make him stop crying 2. Gadgets – Phone 3. A home filled with friends	Wants phone Wants big car Likes a lot of friends
9.	Attention and concentration	Poor	Good
10.	Orientation	Good	Good
11.	General knowledge and information	Good	Good
12.	Memory	Good	Good
13.	Self-image	Could not elicit	He says he is helpful towards his friends
14.	Judgement	Could not elicit	Could not elicit
15.	Insight	Poor, Grade 0	Good, Grade 6

Table 2: Assessment of the SCARED scale

S. no.	Domains	1 st visit	4 th visit	7 th visit	10 th visit	13 th visit	16 th visit
1.	I get scared if I sleep away from home.	2	2	1	1	0	0
2.	I follow my mother or father wherever they go	2	2	2	1	1	0
3.	I worry about sleeping alone.	2	2	2	2	1	0
4.	I have nightmares about something bad happening to my parents	0	0	0	0	0	0
5.	I have nightmares about something bad happening to me	0	0	0	0	0	0
6.	I am afraid to be alone in the house.	2	2	1	1	1	0
7.	I don't like to be away from my family.	2	2	1	0	0	0
8.	I worry that something bad might happen to my parents.	2	1	0	0	0	0
Total SCARED Score		12	11	7	5	3	0

Table 3: Assessment of SCARED-P scale

S. no.	Domains	1 st visit	4 th visit	7 th visit	10 th visit	13 th visit	16 th visit
1.	My child gets scared if he/she sleeps away from home.	2	2	1	1	1	0
2.	My child follows me wherever I go.	2	2	2	1	1	0
3.	My child worries about sleeping alone.	2	2	2	2	1	0
4.	My child has nightmares about something bad happening to his/her parents.	1	0	0	0	0	0
5.	My child has nightmares about something bad happening to him/her.	0	0	0	0	0	0
6.	My child is afraid to be alone in the house.	2	2	2	1	1	0
7.	My child doesn't like to be away from his/her family.	2	1	1	0	0	0
8.	My child worries that something bad might happen to his/her parents	2	1	0	0	0	0
Total SCARED-P score		13	10	8	5	4	0

Table 4: Assessment of outcome with Modified Naranjo Criteria for Homoeopathy (MONARCH)

Criteria	Yes	No	Not sure/not applicable
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0
3. Was there a homoeopathic aggravation of symptoms?	+1	0	0
4. Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, improved or changed.)	+1	0	0
5. Did overall well-being improve (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)?	+1	0	0
6 (a) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
(b) Direction of cure: did at least one 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	+1	0	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?	+1	0	0
8. Are there alternative causes (i.e. other than the medicine) that-with a high probability-could have produced the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)	-3	+1	0
9. Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
Total			+9

according to the DSM-V diagnostic guidelines. Even the notion of separation produced anxiety, nightmares, vomiting spells and other physical symptoms, making it difficult for him to attend school, go out to work or sleep away from home, even in his bed. The duration of the illness was also 4+ weeks. The psychiatrist found that there were no neurological, endocrinological,

metabolic or medication-related diseases that could be attributed to causing the separation anxiety. Common mental diseases such as post-traumatic stress disorder, panic disorder, phobias and obsessive-compulsive disorder were also considered in differential diagnosis but were ruled out on the basis of his presenting complaints.

Analysis of symptoms

The symptoms described by the individual, parents and those noticed by the physician were considered for the analysis.

To determine the most appropriate remedy, a totality of symptoms was framed and repertorised [Figure 1]. Even though anxiety was the primary complaint, instead of focusing solely on anxiety, the clinical presentation of anxiety was considered to frame the totality of symptoms. The symptoms considered for the totality were as follows: clinging to mother, fear of solitude, reproached being, fear of mishappenings, fastidiousness, reserved nature, desire-spices for, reduced sleep and sensitivity to scoldings. For repertorisation, the Synthesis Repertory was considered using the RADAR Opus 2.0 software.^[21]

Therapeutic intervention

An individualised homoeopathic medicine *Carcinosinum*, was chosen based on symptom similarity. It was prescribed in 200C and 1M potencies, given in succession.

Follow-up and outcomes

The follow-up of the case was done every month, and an assessment of the scale was carried out every three months. Table 5 shows the follow-ups, along with scores of SCARED and SCARED-P scales. Significant improvement in the symptoms was observed exclusively with homoeopathic medicines. The causal attribution determined using the MONARCH gave a score of 9, as indicated in Table 4.

DISCUSSION

Anxiety disorders are a set of mental illnesses that are characterised by pathologic worry and associated psychiatric and physical symptoms. These are some of the most prevalent mental illnesses. Separation anxiety issue is a psychological and physical health issue that, if left untreated, can seriously lower quality of life, cause concomitant mental disorders and impede children’s academic, social, emotional and

physical development.^[22] When children are nurtured by their primary carer with disorganised attachment, they are more prone to suffer panic and anxiety. They are more prone to stress and struggle with negative emotion regulation and control.^[23] Managing anxiety symptoms, in this case, posed a more significant challenge to the physician due to the reluctant nature of the child and scarcity of subjective symptoms, but since the ailments of the case and episodes were evident due to the parents’ report and the physician’s keen observation, a totality of the case was formed. This case, treated with individualised homoeopathic medicine, showed a complete remission of symptoms with a single remedy.

Dr. Samuel Hahnemann (1755–1843), in his sixth edition of Organon of Medicine, has presented a classification of mental diseases into four types, out of which the fourth one is mental disorders, which are created by long-term emotional causes, and eventually ruin corporeal health. Anxiety disorders would fit into this group based on the above-mentioned diagnostic criteria, as Dr. Hahnemann states in Aphorism 225, there are a few emotional disorders that did not originate from corporeal ailments but rather arise and are maintained by emotional causes when the body is mildly indisposed such as constant anxiety, vexation, worry and repeated occurrences of intense terror or fright.^[24] These types of emotional disorders frequently devastate corporeal health over time. In this case, we witnessed that the child had mental symptoms such as fear of solitude, weeping spells and always clinging to the mother, with physical symptoms like vomiting when going to school and disturbed sleep. The most similar homoeopathic medicine relieved the patient’s complaints without producing a functional impairment in appropriate doses. Mental illnesses are psoric and belong to one-sided diseases, making treatment more challenging. However, this case had an exact aetiology of ailment from separation from loved ones at an early age, and the consequent background of fear and unhappiness, which further resulted in anticipatory anxiety about impending misfortune towards his loved ones. He had the symptoms of biting his nails due

	carc.	calc.	puls.	lyc.	ars.	phos.	vanil.	plb.	sil.	sulph.	
	1	2	3	4	5	6	7	8	9	10	11
	31	19	19	18	17	17	15	14	14	13	11
	47	21	20	18	35	19	15	14	14	14	11
1. Clipboard 1											
1. GENERALS - AILMENTS FROM - weaned too early; being	(7) 5	1	1	1					1		
2. MIND - BITING - nails - children; in	(24) 1	1		1	1		1		1	1	1
3. MIND - FASTIDIOUS	(77) 5	2	1	1	1	3	1	1	1	1	1
4. MIND - CLINGING - children; in - mother; child clings to the - hand of the m...	(9) 2			1	1		1	1			
5. MIND - FEAR - punishment; of	(8) 5	1	1					1			1
6. MIND - FEAR - solitude, of	(9) 5	2			1	2		1			
7. MIND - FEAR - reproaches; of	(7) 1	1							1		
8. GENERALS - FOOD AND DRINKS - meat - desire	(163) 1	1	2	1	1		1	1	1	1	2
9. GENERALS - FOOD AND DRINKS - pungent things - desire	(62) 1	1		1		1	1	1			1
10. SLEEP - SLEEPLESSNESS - children; in	(33) 3			1	1	2	1				1
11. MIND - ART - ability for	(16) 1	1					1			1	1
12. MIND - RESERVED	(135) 1	1	2	2	1	1	3	1	1	1	1
13. MIND - FEAR - happen, something will - himself; to	(10) 1	1	1			1	1				
14. MIND - FEAR - happen, something will - family; to his	(10) 1	1	1			1	1				

Figure 1: Repertorisation chart

Table 5: Follow-up and outcomes

Date	Symptoms	Homoeopathic prescription	SCARED scale score
16 August 2022 (Baseline Visit)	Weeping before going to school, fear of being alone or sleeping alone, always wanting his mother by his side, holding her and fear that something bad might happen to his parents. Episodes of vomiting when thinking of going to school, afraid of teachers, anxious if he made any mistakes in homework and very sensitive to getting scolded or punished.	<i>Carcinosinum</i> 200C/1 dose.	SCARED score - 12, SCARED-P score - 13.
13 September 2022	Vomiting episodes reduced, crying before school mildly reduced. Holding mother while sleeping still present. Fear of sleeping alone continued. Followed his mother everywhere, fearing something bad might happen to his parents. Teachers noticed an improvement in behaviour at school. Repeated corrections of his writings present; he appeared for all the tests except Hindi, didn't participate in Onam celebrations and wanted to stay home most of the time.	<i>Carcinosinum</i> 200C/1 dose Si Opus Sit (SOS)	
11 October 2022	SOS medicine not taken. Vomiting episodes decreased in school. Started giving monosyllabic answers to teachers. Irritating teachers with the same questions present. Crying episodes reduced. Repeated erasure of writing is reduced. Fear of sleeping alone persisted. Followed his mother everywhere and feared that something bad might happen to his parents present. Scored good marks in examinations.	<i>Carcinosinum</i> 200C/1 dose	
08 November 2022	Vomiting episodes not present; crying episodes on going to school reduced; repeated erasing while writing reduced, hesitation while going to school reduced. Fear of sleeping alone persisted; complaint of following his mother everywhere and fearing that something bad would happen to his parents reduced; concentration in his studies improved.	No medicine was prescribed as improvement continued	SCARED score - 11, SCARED-P score - 11
22 November 2022	Vomiting episodes absent, and crying episodes while going to school reduced. Concentration on studies improved. Attended school regularly. Repeated mistakes while writing reduced. Started mingling with his classmates. Fear of sleeping alone persisted. still followed his mother everywhere but the fear that something bad might happen to his parents reduced.	No medicine was prescribed as improvement continued.	
22 December 2022	Attended school regularly. Crying episodes while going to school absent. Showed interest in studies, and repeating mistakes while writing reduced. Fear of sleeping alone persisted, following his mother everywhere, and fear that something bad might happen to his parents reduced.	No medicine was prescribed as improvement continued.	
17 January 2023	He went to school regularly and was obedient, and was not crying before going to school. Concentration improved in his studies. Repeated mistakes while writing got cured. Fear of sleeping alone persisted. Following his mother, everywhere reduced. The patient started showing obstinate behaviour and temper tantrums at home.	<i>Carcinosinum</i> 200C/1 dose was given.	SCARED score - 7, SCARED-P score - 8
14 February 2023	Normal behaviour seen at school; showed obstinacy and temper tantrums only at home and attended school daily. Fear of sleeping alone reduced. Holding his mother while sleeping reduced. Followed his mother everywhere completely improved.	<i>Carcinosinum</i> 1M/1 dose given	
16 March 2023	Normal behaviour seen at school, including mingling with other students. He improved in giving answers/replies to teachers. Holding his mother while sleeping was reduced, and the fear of sleeping alone reduced. He did not follow his parents everywhere at home. He showed little temper tantrums, and his obstinate behaviour decreased.	No medicine was prescribed as improvement continued	
20 April 2023	No temper tantrums. attended school daily. Good concentration in his studies. scored good marks in final examinations. Crying episodes got cured. Showed normal behaviour at school. Fear of sleeping alone reduced. Holding his mother while sleeping reduced. Following his parents everywhere got improved fully.	No medicine was prescribed as improvement continued	SCARED score - 5 SCARED-P score - 5
18 May 2023	Temper tantrums present occasionally. Showed obstinacy occasionally. He attends school daily and has friends in his class. The fear of sleeping alone reduced, not holding his mother while sleeping.	No medicine was prescribed as improvement continued	
12 June 2023	Significant improvement seen in the patient's symptoms: attended school regularly and started playing with schoolmates. Mingled with neighbourhood children and showed good concentration in class. The fear of sleeping alone reduced, and he does not follow his parents everywhere now.	No medicine was prescribed as improvement continued	
18 July 2023	He showed normal behaviour and attitude in school. He was interested in attending school, and his concentration and sociability improved. He was sleeping alone in his room and occasionally wanted his mother by his side at night.	No medicine was prescribed as improvement continued	SCARED score - 3, SCARED-P score - 3.
22 August 2023	Improvement present significantly. He went to school daily and saw improvement in his studies. He had good communication and sociability. He occasionally wanted his mother at night and slept alone in his room.	No medicine was prescribed as improvement continued	
26 September 2023-05 December 2023	He was free from his symptoms, and no relapse found.	No medicine was prescribed as improvement continued.	SCARED score - 0, SCARED-P score - 0

to constant fear or worry about separation. He was attentive to detail in every sphere of life to the point of being faultless. He was also good at drawing and painting and suffered from pneumonia in the past. He also presented with sensitivity to any scoldings or punishment. All these symptoms formed a vital totality of *Carcinosinum*,^[25] hence, it was prescribed, and doses were modified as per the requirement of the case.

Carcinosinum represents the very centre of the cancer miasm, which falls between the sycosis and syphilis miasms. The representation of this remedy, therefore, has the sycotic fixity as well as the destructive dimension of syphilis. Most *Carcinosinum* children are artistic, such as *Medorrhinum*. It is susceptible to reprimand, a sycotic symptom. They set high standards or goals that are nearly impossible for themselves and drive themselves to try and accomplish them. In that sense, they reach out for perfection and almost finish themselves. They can become neurotic about perfection, and sometimes, this can be so extreme that they become suicidal, which forms the syphilitic picture of *Carcinosinum*.^[26]

This case study also demonstrated the significance of dosage and placebo repetition in obtaining complete remission. SCARED and SCARED-P were used to assess the clinical outcome of the case, which showed a considerable reduction in the severity of symptoms. SCARED and SCARED-P had baseline values of 12 and 13, respectively (moderate-to-severe category), and by the end of the 16th month, these had dropped to 0 and 0. The scoring was done every 3rd month. The MONARCH scored 9, indicating an attributable link between homoeopathic intervention and clinical outcomes. The overall well-being of the patient, reduction of the symptoms and improvement in social and interpersonal relationships showed the utility of Homoeopathy in managing the case of SAD.

CONCLUSION

The favourable outcome of treatment in this case, as demonstrated by the patient's improved quality of life and reduced parental stress, provides preliminary evidence to support the therapeutic benefit of individualised homoeopathic medications in cases of SAD in children. However, an extensive sample size and meticulously designed studies are required to determine the effectiveness of Homoeopathy in this condition.

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DECLARATION OF CONSENT

The author certifies that the patient had given his verbal assent and written informed consent was taken from his parents for

using his clinical information in a non-revealing manner for reporting in a journal. The patient and his parents understand that due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

CONFLICTS OF INTEREST

None declared

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Rôle du *Carcinosinum* dans la prise en charge du trouble d'anxiété de séparation chez l'enfant : Rapport de cas

Introduction : Le trouble d'anxiété de séparation (TAS) est une affection provoquant une anxiété excessive et pénible liée à la séparation du foyer ou des proches. Il débute dès l'enfance ou l'adolescence et se poursuit à l'âge adulte. Les symptômes incluent une inquiétude constante de perdre un parent ou un proche suite à une maladie ou une catastrophe, la peur constante d'un événement malheureux, le refus de quitter le domicile par peur de la séparation, la réticence à dormir sans un parent ou un proche à proximité et des cauchemars répétés liés à la séparation. **Résumé du cas :** Un garçon de 7 ans présentait des symptômes d'anxiété à l'école, des pleurs avant l'école, une peur d'être seul, un besoin constant de sa mère à ses côtés et des vomissements dès qu'il pensait à l'école depuis trois ans. Le cas a été traité avec succès par *Carcinosinum* aux dilutions 200 C et 1 M, avec répétition selon les besoins. Après 14 mois de traitement, le patient était asymptomatique. Sa qualité de vie s'est améliorée, et les scores au dépistage des troubles émotionnels liés à l'anxiété chez l'enfant et au questionnaire de dépistage des troubles émotionnels liés à l'anxiété chez l'enfant (parent), dont les valeurs initiales étaient respectivement de 12 et 13, sont tombés à 0 à la fin du traitement. Un traitement homéopathique individualisé a été efficace dans un cas de TAS chez un enfant, avec un impact positif significatif sur la vie sociale et familiale du patient, sans conséquences négatives.

Die Rolle von *Carcinosinum* bei der Behandlung von Trennungsangst bei Kindern: Ein Fallbericht

Einleitung: Trennungsangst (SAD) ist eine Erkrankung, die übermäßige und belastende Ängste vor der Trennung von Zuhause oder von geliebten Menschen verursacht. Sie beginnt in der Kindheit oder Jugend und setzt sich bis ins Erwachsenenalter fort. Zu den Symptomen gehören ständige Angst, einen Elternteil oder eine andere geliebte Person durch Krankheit oder Katastrophe zu verlieren, ständige Angst, dass etwas Schlimmes passieren könnte, die Weigerung, aus Angst vor Trennung das Haus zu verlassen, Schlafstörungen ohne die Nähe eines Elternteils oder einer geliebten Person und wiederholte Trennungsalpträume. **Fallzusammenfassung:** Ein 7-jähriger Junge zeigte drei Jahre lang Angstzustände beim Schulbesuch, Weinen vor dem Schulbesuch, Angst vor dem Alleinsein, den ständigen Wunsch nach der Mutter und Erbrechen bei jedem Gedanken an die Schule. Der Fall wurde erfolgreich mit *Carcinosinum* in den Potenzen C 200 und M 1 behandelt, wobei die Behandlung nach Bedarf wiederholt wurde. Nach 14 Monaten Behandlung war der Patient beschwerdefrei. Seine Lebensqualität verbesserte sich, und die Ergebnisse des Screenings auf Angststörungen bei Kindern und des Screening-Fragebogens für Angststörungen bei Kindern (Eltern) mit Ausgangswerten von 12 bzw. 13 sanken bis zum Ende der Behandlung auf jeweils 0. Die Behandlung mit individualisierten homöopathischen Arzneimitteln war bei einem Kind mit SAD erfolgreich und zeigte einen signifikanten positiven Einfluss auf das soziale und familiäre Leben des Patienten ohne negative Folgen.

बच्चों में सेपरेशन ऐंगज़ाइट्टी डिसऑर्डर के प्रबंधन में कार्सिनोसिनम की भूमिका: एक केस रिपोर्ट

परिचय: सेपरेशन ऐंगज़ाइट्टी डिसऑर्डर (एसएडी) एक ऐसी स्थिति है जो घर या प्रियजनों से अलग होने के बारे में अत्यधिक परेशान करने वाली चिंता के कारण होती है। यह बचपन या किशोरावस्था में शुरू होती है और वयस्कता तक जारी रह सकती है। माता-पिता या किसी अन्य प्रियजन को बीमारी या आपदा में खोने की निरंतर चिंता, लगातार डर कि कुछ बुरा हो जाएगा, अलगाव के डर से घर से दूर जाने से इनकार करना, माता-पिता या किसी प्रियजन के बिना सोने की अनिच्छा और अलगाव के बारे में बार-बार बुरे सपने आना इसके लक्षणों में शामिल हैं। **केस सारांश:** एक 7 वर्षीय लड़के ने स्कूल जाते समय चिंता के लक्षण पेश किए, जैसे स्कूल जाने से पहले रोना, अकेले रहने का डर, हमेशा अपनी माँ को अपने साथ रखना और तीन साल तक स्कूल के बारे में सोचते ही उल्टी होने की घटनाएँ होना। इस केस में 200C और 1M पोटेंसी में आवश्यकतानुसार पुनरावृत्ति के साथ *कार्सिनोसिनम* से सफलतापूर्वक इलाज किया गया, 14 महीने के उपचार के बाद, रोगी में कोई लक्षण नहीं थे। उसके जीवन की गुणवत्ता में सुधार हुआ, और बाल चिंता से संबंधित भावनात्मक विकारों के लिए स्क्रीनिंग और बाल चिंता से संबंधित भावनात्मक विकारों के लिए स्क्रीनिंग प्रश्नावली - माता-पिता, जिनमें क्रमशः 12 और 13 के आधारभूत मान थे, उपचार के अंत तक 0 हो गए। एक बच्चे में एसएडी के मामले में व्यक्तिगत होम्योपैथिक दवा के साथ उपचार सफल रहा, जिसने रोगी के सामाजिक और पारिवारिक जीवन पर कोई नकारात्मक प्रभाव डाले बिना महत्वपूर्ण सकारात्मक प्रभाव दिखाया।

Rol de *Carcinosinum* en el manejo del Trastorno de Ansiedad por Separación en niños: Reporte de un caso

Introducción: El Trastorno de Ansiedad por Separación (TAS) es una afección que causa ansiedad excesiva y angustiante al separarse del hogar o de los seres queridos. Comienza en la infancia o la adolescencia y continúa hasta la edad adulta. Los síntomas incluyen preocupación constante por perder a un padre o a un ser querido por una enfermedad o desastre, miedo constante a que algo malo suceda, negativa a estar lejos de casa por miedo a la separación, reticencia a dormir sin un padre o un ser querido cerca y pesadillas repetidas sobre la separación. **Resumen del caso:** Un niño de 7 años presentó síntomas de ansiedad al ir a la escuela, llanto antes de ir, miedo a estar solo, siempre deseando que su madre estuviera con él y episodios de vómitos al pensar en la escuela durante tres años. El caso se trató con éxito con *Carcinosinum* en potencias de 200C y 1M, con repetición según las necesidades. Tras 14 meses de tratamiento, el paciente se encontraba asintomático. Su calidad de vida mejoró, y los valores iniciales del cuestionario de detección de trastornos emocionales relacionados con la ansiedad infantil y del cuestionario de detección de trastornos emocionales relacionados con la ansiedad infantil para padres, con valores iniciales de 12 y 13, respectivamente, descendieron a 0 al finalizar el tratamiento. El tratamiento con homeopatía individualizada tuvo éxito en un caso de TAE en un niño, mostrando un impacto positivo significativo en la vida social y familiar del paciente, sin consecuencias negativas.

Carcinosinum 在治疗儿童分离焦虑症中的作用：病例报告摘要

简介：分离焦虑症（SAD）是一种导致与家庭或亲人分离而产生过度和痛苦焦虑的疾病。它始于童年或青春期，并持续到成年。症状包括不断担心因疾病或灾难而失去父母或其他亲人，不断担心会发生不好的事情，由于害怕分离而拒绝离开家，不愿在没有父母或亲人陪伴的情况下入睡，并反复做关于分离的噩梦。**病例摘要：**一名7岁男孩在上学时出现焦虑症状，上学前哭泣，害怕独处，总是希望母亲和他在一起，并且三年来只要想到学校就会呕吐。该病例使用200C和1M效力的*Carcinosinum*成功治疗，并根据需要重复治疗。经过14个月的治疗，患者症状消失。他的生活质量得到改善，儿童焦虑相关情绪障碍筛查和儿童焦虑相关情绪障碍筛查问卷 - 父母的基线值分别为12和13，到治疗结束时均降至0。个性化顺势疗法药物治疗一名儿童SAD病例取得了成功，对患者的社会和家庭生活产生了显著的积极影响，没有负面影响。