

Panic disorder treated with individualised homoeopathic medicines: A case series

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Abstract

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CASE SERIES

Panic disorder treated with individualised homoeopathic medicines: A case series

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ABSTRACT

Introduction: Panic disorder is one category of generalised anxiety disorder that is commonly reported in a majority of the outpatient departments of primary care hospitals, especially in the COVID-19 post-pandemic era. Although its prevalence is lower compared to other anxiety disorders, panic disorder remains a serious concern, as it often leads to cardiorespiratory emergencies; therefore, prompt recognition and timely management are crucial. Since the first-line pharmacological interventions of modern medicine are expensive and associated with certain undesirable side effects, the homoeopathic system of medicine appears to be a safer and more economical alternative in such cases. Keeping this in view, a case series of diagnosed panic disorders treated with Homoeopathy has been reported. **Case summary:** Five cases of panic disorder, each diagnosed by a consulting psychologist, were treated with individualised homoeopathic medicines. The cases were assessed for improvement using the Severity Measure for Panic Disorder scale, developed by the American Psychiatric Association (APA), and substantial improvement was observed. Further, the cases were also assessed using MONARCH to determine the causal attribution of homoeopathic treatment to clinical improvement, yielding a score of +8 in all cases with a positive outcome. The homoeopathic medicines found useful were *Argentum nitricum*, *Calcarea carb.*, *Natrum muriaticum*, *Staphysagria*, and *Arsenicum album*. Furthermore, rigorously designed clinical trials are needed to generate robust and conclusive evidence.

Keywords: Case series, Generalised anxiety disorder, Individualised homoeopathic medicines, MONARCH, Panic disorder

Introduction

The most common category of psychiatric disorders frequently reported in most of the outpatient departments of primary care hospitals is anxiety disorders. Usually, the diagnosis is missed due to a misperception of the cause and a tendency to attribute it to physical causes. However, the aetiology of anxiety disorders is not clear yet.¹ Panic disorder (PD) is classified as a distinct anxiety disorder in the Diagnostic and Statistical Manual for Mental Disorders (DSM-5) by the American Psychiatric Association (APA)² and is also represented as ICD-11 code-6B01 in the International Classification of Diseases (the global standard for diagnostic health information). It is a debilitating condition that causes major havoc and suffering in an individual and is

very apt to be addressed at the earliest. It significantly disrupts a person's quality of life, leading to absenteeism, and may also be a major contributor to most health care emergencies, contributing to the economic burden on the country's health care system.³ In the US, the lifetime prevalence of PD is estimated to be 4.7%, and most reported cases were severe.⁴ In a study conducted on the nationally representative general population of India, it was observed that panic disorder is associated with 10% of the patients suffering from generalised anxiety disorder, although the current and lifetime prevalence of panic disorder is estimated to be 0.3% and 0.5% respectively. In many PD-diagnosed cases, other comorbid psychiatric conditions, such as agoraphobia

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and depression, were found to exist.³ Even with many medical advancements, the aetiology of PD remains unclear. The neuro-anatomical hypothesis of panic disorder suggests genetic-environmental interaction as the cause. Patients with PD might possess certain structural changes in the brain with dysfunctional neuronal and corticolimbic interaction during emotional processing.⁵

Panic disorder is characterised by sudden, unexpected onset or increase in intense fear or discomfort, which reaches its peak within minutes and is accompanied by physical symptoms such as chest pain, palpitations, shortness of breath, or abdominal discomfort. The diagnosis can be made if the patient complains of at least one such attack in a month, not attributable to any physiological cause. If these cases are left untreated, they may lead to cardiorespiratory emergencies, making their management a complicated affair.² The diagnostic and assessment tools widely used for PD are many, but the most reliable one is the Severity Measure for Panic Disorder in Adults, given by APA. This tool is a 10-question scale of panic-attack symptoms, graded from 0 to 4, where 4 denotes extreme suffering and 0 denotes no suffering. The scores for the 10 questions should be summed to obtain a total score, then averaged. The average total score is reduced to a 5-point scale, with 0 = none, 1 = mild, 2 = moderate, 3 = severe, and 4 = extreme.⁶

Regarding the management of PD, psychotherapy plays an integral role, especially cognitive-behavioural therapy (CBT), which is often recommended as monotherapy in mild cases; however, in moderate and severe cases, the APA guidelines recommend a combination of CBT with pharmacological interventions. The first-line pharmacological interventions according to modern medicine guidelines are selective serotonin reuptake inhibitors (SSRI), and also antidepressants to some extent. In some cases, even neuromodulatory interventions like electroconvulsive therapy are also administered.⁷ However, the long-term use of these medications may contribute to certain side effects such as weight gain, sleepiness, and sexual dysfunction, which may in turn lead to the origin of non-communicable diseases of major concern.^{8,9} At this juncture, the homoeopathic system of medicine is a safer, economical, and user-friendly alternative treatment option for such types of cases. Previous studies, although they could not establish a substantial effect of Homoeopathy in anxiety disorders, indicated a positive beneficial role in such cases,^{10,11} which paves the way for further exploration through reporting of case reports. Keeping this in view, a case series of diagnosed panic disorders

treated with Homoeopathy is presented here in compliance with the PITCH guidelines.¹²

Methods

Five patients diagnosed with panic disorder were treated with individualised Homoeopathy. The main objective of presenting this case series is to share with the profession the beneficial role of Homoeopathy in the treatment of panic disorders. All the cases were treated at the outpatient department of the Regional Research Institute of Homoeopathy, Hyderabad, India. All the cases were confirmed by a psychologist using the validated scale, Severity Measure for Panic Disorder (SMPD). In each case, homoeopathic medicines were prescribed after detailed case-taking, based on the presenting totality of symptoms, repertorial analyses, and in consultation with the homoeopathic Materia Medica. The cases were monitored monthly by assessing improvement using the Severity Measure for Panic Disorder Scale. Each case was followed up from baseline to 6 months, and the SMPD scale was administered by the psychologist in each case for improvement assessment. The patients who were not under any other treatment, such as anxiolytics or tranquillisers, in the past month were provided with homoeopathic treatment, and were picked for reporting this case series. The cases were evaluated at the end of six months using the MONARCH tool to assess causal attribution of therapeutic outcome to the homoeopathic intervention. The individual case profiles are as follows:

Cases profile

Case 1

A 33-year-old software engineer, male, reported sleeplessness for three months and sudden episodes of anxiety almost once every three days or sometimes in a week. The anxiety was accompanied by trembling of the whole body. Sometimes during the episode, the patient would even faint or get unconscious. He also reported feeling extremely fearful during these episodes.

In the past, he had suffered from COVID-19 and recovered with home remedies, but since then, he reportedly lost his sense of smell. He had a lean, thin appearance with a confused look. The patient was thermally hot. He had a craving for sweets and salty food. He had a flatulent abdomen and felt that whatever he ate turned into gas. His eructations made loud sounds, embarrassing him in front of others.

His bowels were generally loose, with a lot of noise, especially when he had to visit new places or attend events. He had a nervous tendency and easily got anxious if he was to take up any new task or visit new places (agoraphobia). He did his work in a hurried and worried manner.

Clinically, his vitals were within normal limits at the time of examination. His pulse rate was 78 beats per minute; his blood pressure was 110/80 mmHg, and cardiac examination revealed no abnormal findings. The patient was diagnosed with panic disorder by the consultant psychologist using the Severity Measure for Panic Disorder scale with a score of 4 at the baseline.

Therapeutic intervention

The totality of the symptoms was compiled, and rubrics were repertorised (Fig. 1) using Hompath Zomeo Ultimate 13.8.0 version software (Complete repertory).¹³ Upon consulting the materia medica,¹⁴ *Argentum nitricum* 200C was prescribed. Two doses of the medicine were prescribed, with one dose (4 globules of size 30 each) daily to be taken on an empty stomach in the morning followed by placebo of daily one dose for 4 weeks. The medicines were procured from a Good Manufacturing Practice (GMP) compliant manufacturer. The following totality of symptoms was constructed:

1. Anxiety with trembling of the whole body
2. Anxiety with fainting
3. Anxiety with frightfulness
4. Anxiety during sleep
5. Anxiety of new places
6. Anxiety of taking a new task

7. Performs things quite fast and hurriedly
8. Sleeplessness due to anxiety and fear
9. Thermally hot patient
10. Desires sweets and salty food
11. Eructations and flatulence loud embarrassment before others
12. Loss of smell.

Follow-up

The case was regularly followed every month for six months. The score of the SMPD scale showed significant improvement from baseline to six months with treatment. The detailed follow-up is shown in Table 1. The MONARCH tool,¹⁵ applied 6 months after treatment, showed a score of +8, indicating causal attribution of the clinical improvement to the homoeopathic intervention (Supplementary Table 1).

Case 2

A 46-year-old male patient who had been working as an accountant in the private sector had reported spells of severe anxiety and fear for two months, with the frequency of once every two days. During the spells, he had experienced extreme sweating along with fear and anxiety; the episodes had lasted for 10–15 minutes and had been accompanied by severe palpitations. He had hypothyroidism for three years and had been taking *Thyronorm* 50 mcg, which he had reported was under control. He had consulted a psychiatrist two weeks before seeking homoeopathic treatment and had been diagnosed with panic disorder. The psychiatrist had prescribed medication, which he had not used due to fear of becoming

Remedy	Arg-n	Phos	Sep	Puls	Ars	Graph	Nat-m	Sulph	Verat	Calc	Lyc	Merc	Caust	Thu
Totality	51	51	47	46	43	42	42	40	40	40	40	39	39	38
Symptoms Covered	17	17	16	15	13	15	15	16	16	14	14	15	14	15
Kingdom														
[Complete] [Sleep]SLEEPLESSNESS:Anxiety, from: (103)	1	3	4	4	4	2	1	1	4	3	1	3	3	1
[Complete] [Sleep]SLEEPLESSNESS:Trembling, from:Nerves, in: (1)							3							
[Complete] [Generalities]TREMBLING: (665)	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind]ANXIETY:Tremulous: (95)	2	4	3	3	4	2		1	1	3	3	1	2	

Fig. 1. Repertorisation sheet using Hompath Zomeo Ultimate 13.8.0 version software.

Table 1. Case profiles with homoeopathic prescription and scoring from baseline to six months of follow-up.

Timeline	Case profiles	Case 1	Case 2	Case 3	Case 4	Case 5
Baseline	Symptoms	1. Sleeplessness 2. Episodes of anxiety with fear once a week for three months 3. Occasionally fainting spells during the episode 4. Loss of smell post-COVID-19 5. Loud belching 6. Diarrhoea with loud flatus before attending any event 7. Agoraphobia.	1. Anxiety and fear accompanied by extreme sweating and palpitations 2. Extreme fear of contracting contagious diseases 3. Habitual constipation.	1. Anxiety and fear with jerking of the whole body 2–3 times during sleep at night for 3 months 2. Sleep disturbed.	1. Anxiety with nervousness and crying accompanied by severe headache for last 6 months 2. Headache frontal < studying, > sleep, eyes closed 3. Cramps in calf muscles.	1. Anxiety with restlessness and sweating at midnight 2. Psoriasis with severe itching, warm weather < 3. Multiple small nodules in the body 4. Change of weather aggravation.
	HI*	<i>Argentum nitricum</i> 200C, two doses once daily	<i>Calcarea carbonicum</i> 200C, two doses once daily	<i>Natrum muriaticum</i> 200C, two doses once daily	<i>Staphysagria</i> 200C, two doses once daily	<i>Arsenicum album</i> 200C, two doses once daily
	PD** Score	4	4	4	4	4
1 month	Symptoms	1. Sleep improved 2. An anxiety episode experienced once in 15 days 3. Loss of smell – same 4. Belching reduced 5. Agoraphobia.	1. Anxiety episodes reduced in intensity 2. Constipation relieved.	1. Anxiety episodes reduce in frequency and also without any jerking movements 2. Sleep improved.	1. Anxiety episodes reduced in frequency and intensity 2. Headache 50% relief 3. No cramps in calves experienced during the month.	1. Anxiety episode reduced in frequency and intensity 2. Psoriasis itching reduced, scaling also reduced.
	HI	<i>Argentum nitricum</i> 200C, one dose once daily	<i>Calcarea carbonicum</i> 200C, one dose once daily	<i>Natrum muriaticum</i> 200C, one dose once daily	<i>Staphysagria</i> 200C, one dose once daily	<i>Arsenicum album</i> 200C, one dose once daily
	PD Score	3	2	3	3	2
2 months	Symptoms	1. Sleep good 2. An anxiety episode only experienced once 3. Smell sense improved 4. Agoraphobia.	1. Anxiety episodes reduced in intensity 2. No constipation.	1. Anxiety episodes reduce in frequency no jerking 2. Sleep good.	1. Anxiety episodes reduced in frequency and intensity 2. Headache relieved.	1. No anxiety episodes 2. No itching and scaling.
	HI	<i>Argentum nitricum</i> 200C, one dose once daily	<i>Calcarea carbonicum</i> 200C, one dose once daily	<i>Natrum muriaticum</i> 200C, one dose once daily	<i>Staphysagria</i> 200C, one dose once daily	No medicine was given as the improvement continued
	PD Score	2	2	3	2	0
3 months	Symptoms	1. Sleep good 2. An anxiety episode only experienced once 3. Smell sense improved 4. Agoraphobia.	No anxiety episodes.	1. Anxiety episodes reduce in frequency no jerking 2. Sleep good.	1. Anxiety episodes reduced in frequency and intensity 2. Headache relieved.	1. Anxiety episode recurred once during the month 2. Skin seemed to heal.
	HI	<i>Argentum nitricum</i> 200C, one dose once daily	No medicine was given as the improvement continued	<i>Natrum muriaticum</i> 200C, one dose once daily	<i>Staphysagria</i> 200C, one dose once daily	<i>Arsenicum album</i> 200C, one dose once daily
	PD Score	2	0	1	2	2

(Continued)

Table 1. Continued.

Timeline	Case profiles	Case 1	Case 2	Case 3	Case 4	Case 5
4 months	Symptoms	1. An anxiety episode only experienced once. 2. Smell sense improved. 3. Agoraphobia not much felt.	1. Anxiety episodes recurred with mild intensity.	1. Anxiety episodes reduce in frequency no jerking. 2. Sleep good.	No anxiety episodes. No headaches.	1. Anxiety episode recurred once during the month. 2. Skin seemed healing
	HI	<i>Argentum nitricum</i> 200C, one dose once daily	<i>Calcarea carbonicum</i> 200C, one dose once daily	<i>Natrum muriaticum</i> 200C, one dose once daily	No medicine was given as the improvement continued	<i>Arsenicum album</i> 200C, one dose once daily
	PD Score	1	1	1	0	1
5 months	Symptoms	No anxiety episodes. Sense of smell regained. Agoraphobia is much reduced.	No anxiety episodes.	No anxiety episodes.	No anxiety episodes. No headaches.	No anxiety episodes. Skin healing.
	HI	No medicine was given as the improvement continued	No medicine was given as the improvement continued.	No medicine was given as the improvement continued	No medicine was given as the improvement continued	No medicine was given as the improvement continued
	PD Score	0	0	0	0	0
6 months	Symptoms	No anxiety episodes. Sense of smell regained. Agoraphobia is much reduced.	No anxiety episodes.	No anxiety episodes.	No anxiety episodes. No headaches.	No anxiety episodes. Skin becoming normal.
	HI	No medicine was given as the improvement continued	No medicine was given as the improvement continued	No medicine was given as the improvement continued	No medicine was given as the improvement continued	No medicine was given as the improvement continued
	PD Score	0	0	0	0	0
* MONARCH tool score		+ 8	+ 8	+ 8	+ 8	+ 8

* HI – Homoeopathic Intervention; ** PD Score – Severity Measure for Panic Disorder Score developed by APA; * MONARCH - Modified Naranjo Criteria for Homeopathy.

habituated to it, concerns about side effects, and fear of the stigma associated with having a psychiatric illness.

The patient was obese with a BMI of 28, and thermally chilly. He tended to catch a cold easily. He perspired easily and had cravings for eggs and sweets. He complained of bloated abdomen with habitual constipation. He felt sensitivity in the abdominal region to touch or any kind of pressure. He appeared very lazy and had an extreme fear of contracting contagious diseases. During the COVID-19 pandemic, he experienced significant anxiety, but did not suffer from it. He was averse to physical work, and even mental work seemed impossible due to forgetfulness and confusion of mind.

On general examination, his pulse rate was 82 beats per minute; blood pressure was 130/84 mmHg; and cardiac examination revealed normal heart sounds. The consultant psychologist diagnosed the patient

with panic disorder using the SMPD scale, with a baseline score of 4.

Therapeutic intervention

The totality of the symptoms was compiled, and rubrics were repertorised (Fig. 2) using Hompath Zomeo Ultimate 13.8.0 version software (Complete repertory).¹³ Upon consulting the materia medica,¹⁴ *Calcarea carbonicum* 200C was prescribed. Two doses of the medicine were prescribed, with one dose (4 globules of size 30 each) daily to be taken on an empty stomach in the morning followed by placebo of daily one dose for 4 weeks. The medicines were procured from a Good Manufacturing Practice (GMP) compliant manufacturer. The following totality of symptoms was constructed:

1. Anxiety and fear with palpitation
2. Anxiety of contracting disease which may be infective

Remedy	Calc	Sulph	Sepp	Phos	Nuse-v	Lyc	Puls	Sil	Ars	Nat-m	Lach	Merc	Nit-ac	Accon
Totally	53	45	45	44	42	42	41	39	39	39	38	38	38	38
Symptoms Covered	16	15	13	13	14	12	12	15	14	14	14	13	13	12
Kingdom	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
[Complete] [Mind]ANXIETY:Palpitations:With: (208)	4	4	3	4	3	4	4	2	4	4	4	3	3	4
[Complete] [Mind]FEAR:Palpitation, with: (33)	2			2	2			1	3		2	3	2	3
[Kent] [Mind]FEAR (SEE ANXIETY):Disease, of impending: (44)	2	1	2	3	2				1	1	1	1	2	1
[Complete] [Mind]LAZINESS:Ailments from, agg.: (49)	2	1	4		3	2	3	2		1	1			1

Fig. 2. Repertorisation sheet using Hompath Zomeo Ultimate 13.8.0 version software.

3. Concentration is difficult
4. Slow comprehension of things
5. Forgetfulness
6. Laziness
7. Aversion to performing any work
8. Thermally chilly patient
9. Tendency to catch cold easily
10. Desires eggs and sweets
11. Constipation
12. Cannot bear anything around abdomen
13. Profuse perspiration.

Follow-up

The case was regularly followed every month for six months. The score of the SMPD scale showed significant improvement from baseline to six months with treatment. The detailed follow-up is shown in Table 1. The MONARCH tool,¹⁵ applied 6 months after treatment, showed a score of +8, indicating causal attribution of the clinical improvement to the homoeopathic intervention (Supplementary Table 1).

Case 3

A 32-year-old female, a primary school teacher, reported with sudden spells of fear and anxiety accompanied by jerking of the whole-body during sleep for the previous three months with frequency of once in three days or sometimes a week. The spells had lasted for 4–5 minutes. The complaints started three months ago, following the death of her father. Subsequently, the episodic spells occurred on and off, approximately 2–3 times a month, during sleep at night.

The patient had a history of hypothyroidism and polycystic ovarian syndrome. She was on *Thyronorm*

100 mcg, and her thyroid hormones were under control. Her menstrual cycles were regular. She had two children, both delivered by full-term vaginal delivery.

She had a normal built stature and was thermally hot, with a tendency to catch colds easily. She had a craving for salty and fried food and an aversion to slimy food. She appeared irritable and hasty in her actions. She reported of never crying in front of others. She desired to be alone and did not express her grief or emotions to anyone.

Her vitals were within normal limits: pulse rate was 76 beats per minute, blood pressure 110/70 mmHg, and cardiac sounds appeared normal. The consultant psychologist had diagnosed the patient with panic disorder using the Severity Measure for Panic Disorder scale, with a baseline score of 4.

Therapeutic intervention

The totality of the symptoms was compiled, and rubrics were repertorised (Fig. 3) using Hompath Zomeo Ultimate 13.8.0 version software (Complete repertory).¹³ Upon consulting the materia medica,¹⁴ *Natrum muriaticum* 200C was prescribed. Two doses of the medicine were prescribed, with one dose (4 globules of size 30 each) daily to be taken on an empty stomach in the morning followed by placebo of daily one dose for 4 weeks. The medicines were procured from a Good Manufacturing Practice (GMP) complaint manufacturer. The following totality of symptoms was constructed:

1. Anxiety and fear
2. Jerking movements of whole body during sleep
3. Anxiety at night
4. Complaints started after death of father
5. Aversion to be in a company, desires to be alone

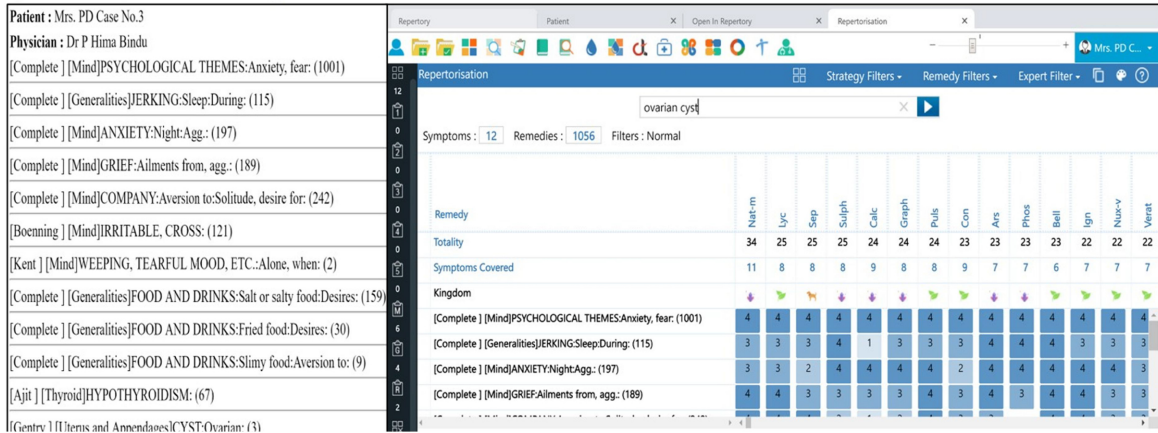


Fig. 3. Repertorisation sheet using Homopath Zomeo Ultimate 13.8.0 version software.

6. Irritability easily
7. Weeping mood when alone, doesn't weep before others
8. Thermally hot patient
9. Desires salty food, fried food and liquid gravy food

Follow-up

The case was regularly followed every month for six months. The score of the SMPD scale showed significant improvement from baseline to six months with treatment. The detailed follow-up is shown in Table 1. The MONARCH tool,¹⁵ applied 6 months after treatment, showed a score of +8, indicating causal attribution of the clinical improvement to the homoeopathic intervention (Supplementary Table 1).

Case 4

A 19-year-old male student reported with sudden episodes of anxiety with nervousness and crying, accompanied by severe headaches for the previous six months with a frequency of almost daily. The episodes lasted for 15–20 minutes. The complaints began after a fight with friends at his college.

He also complained of a frontal headache accompanied by blurred vision for one year. His eyesight was normal. The headache lasted for about an hour and occurred at least once a week. It was ameliorated by closing eyes and sleeping. The patient also complained of calf muscle cramps at night. There had been no specific illness in the past.

The patient was of normal built stature and ambithermal. He had habits of smoking and alcohol consumption. He dwelt on sexual thoughts, and had dreams related to sex. He reported of masturbating since a young age. He was a very sensitive person who easily got offended. He was known to suppress his anger and wept in solitude.

On routine general examination, his pulse rate was 74 beats per minute; blood pressure was 110/72 mmHg, and cardiac examination was unremarkable. The consultant psychologist diagnosed the patient with panic disorder using the Severity Measure for Panic Disorder scale, with a baseline score of 4.

Therapeutic intervention

The totality of the symptoms was compiled, and rubrics were repertorised (Fig. 4) using Homopath

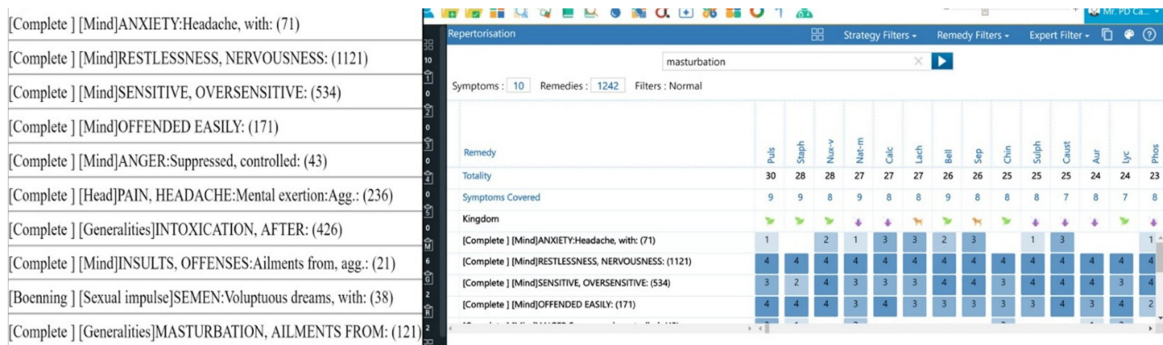


Fig. 4. Repertorisation sheet using Homopath Zomeo Ultimate 13.8.0 version software.

- 6. Dislikes Warm and humid weather <
- 7. Eruptions scaly with intolerable itching < night and scratching
- 8. Leucorrhoea offensive.

Follow-up

The case was followed on monthly basis for six months. The score of the SMPD scale showed significant improvement from baseline to six months with treatment. The detailed follow-up is shown in Table 1. The MONARCH tool,¹⁵ applied 6 months after treatment, showed a score of +8, indicating causal attribution of the clinical improvement to the homoeopathic intervention (Supplementary Table 1).

Results

Premature dropouts are very common in psychiatric disorders. To ensure intervention adherence in the treated cases, the patient and family were counselled on the importance of adhering to the prescribed medication regimen. Also, telephonic reminder calls were made before regular follow-up dates. As the patients improved in their symptomatology, they were further motivated by positive reinforcement for intervention adherence.

The overall outcomes using the assessment tools are illustrated in Table 1 and Fig. 6.

Discussion

Panic disorder is a recognised category within anxiety disorders. The clinical profiles of the above five cases diagnosed with panic disorder demonstrated significant improvement on the SMPD Adult Scale. Homoeopathic medicines prescribed on the basis of individualisation appeared to play a substantial role in the observed outcomes, with a score of +8 on the MONARCH tool, suggesting a causal attribution between the treatment and the clinical improvement. Though the cases were analysed after six months of treatment, they were further followed up telephonically (once every two months) for six more months to find any recurrence of anxiety episodes, but were found to be normal. Previous studies^{10,11,16-20} have reported beneficial effects of Homoeopathy in anxiety disorders. The homoeopathic medicines found beneficial were *Argentum nitricum*, *Calcarea carb.*, *Natrum muriaticum*, *Staphysagria*, and *Arsenicum album*. Each of these medicines was selected based on a comprehensive individualised symptom similarity, a core principle of homoeopathic practice. In previous studies, these medicines were found to be beneficial and were considered to be more indicated.^{11,19,20}

All cases were diagnosed and periodically assessed by the consultant psychologist during their follow-up. The cases responded well to the individualised homoeopathic medicines selected on the basis of the

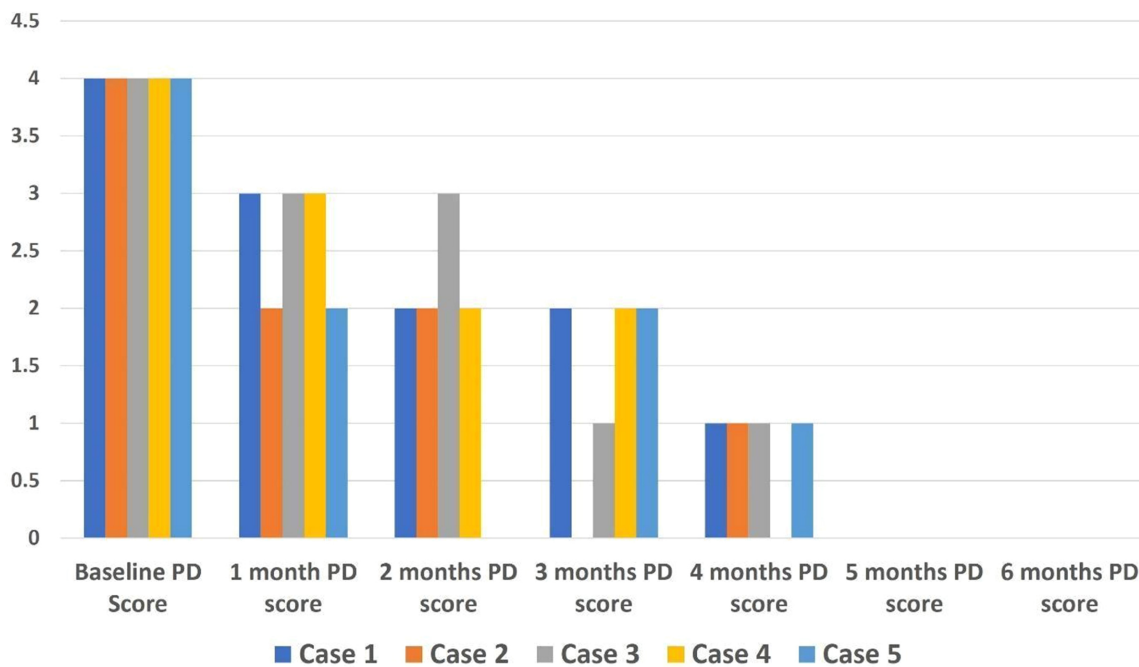


Fig. 6. Severity Measure for Panic Disorder Score over the course of treatment.

totality of symptoms. With the treatment, apart from the main complaint of panic attacks, associated physical symptoms like headaches, muscle cramps, and skin complaints also improved, further strengthening the holistic approach to health by Homoeopathy. The study's strength is the use of a standard, validated scale for improvement assessment in cases under the supervision of a clinical psychologist, where the risk of bias is minimal. The limitation of this case series is that, given the small number of cases, the positive results cannot be affirmed but can only serve as a guide for future research.

A systematic review suggested positive outcomes of homoeopathic interventions in anxiety, while a randomised, double-blind, placebo-controlled pilot trial demonstrated improvement in patients with generalised anxiety disorder treated with individualised homoeopathic medicines. Earlier few clinical observations, reviews and case reports have also reported favorable outcomes. The findings of the present study are consistent with these reports. But as there are no significant studies available on specific panic disorders, one of the categories of anxiety disorders, this case series was presented. Although it does not affirm or conclude on the efficacy of homoeopathic treatment in such cases, it is still significant enough to pave the way for the design of further clinical trials on this medical condition. They serve as a very essential source for developing evidence-based medicine (EBM) in the absence of large clinical trials. Future, well-designed randomised controlled studies may be planned to further affirm the results.

Conclusion

This case series of PD treated with Homoeopathy suggests a beneficial role of Homoeopathy in the condition and paves the way for future well-designed clinical trials.

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Conflict of interest

None.

Author contribution

Hima Bindu Ponnam: Concept, Data acquisition, Data analysis, Draft manuscript.

Kiranmayee GR Rompicherla: Data acquisition, Manuscript review.

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Trouble panique traité par homéopathie individualisée : une série de cas

Introduction : Le trouble panique est une catégorie de trouble anxieux généralisé fréquemment rapportée dans la plupart des services de consultation externe des hôpitaux de soins primaires, notamment depuis la pandémie de COVID-19. Bien que sa prévalence soit plus faible que celle d'autres troubles anxieux, le trouble panique demeure une préoccupation majeure, car il conduit souvent à des urgences cardiorespiratoires ; un diagnostic précoce et une prise en charge rapide sont donc essentiels. Les traitements pharmacologiques de première intention étant coûteux et associés à certains effets secondaires indésirables, l'homéopathie apparaît comme une alternative plus sûre et plus économique dans ces cas. C'est dans cette optique qu'une série de cas de troubles paniques diagnostiqués et traités par homéopathie a été rapportée. **Résumé des cas :** Cinq cas de trouble panique, diagnostiqués chacun par un psychologue consultant, ont été traités par homéopathie individualisée. L'amélioration des cas a été évaluée à l'aide de l'échelle de gravité des troubles paniques (SGRDA) développée par l'Association américaine de psychiatrie (APA), et une amélioration substantielle a été observée. De plus, l'outil MONARCH a été utilisé pour déterminer le lien de causalité entre le traitement homéopathique et l'amélioration clinique, aboutissant à un score de +8 dans tous les cas présentant une évolution positive. Les médicaments homéopathiques jugés efficaces étaient *Argentum nitricum*, *Calcarea carb.*, *Natrum muriaticum*, *Staphysagria* et *Arsenicum album*. Des essais cliniques rigoureux sont toutefois nécessaires pour obtenir des preuves solides et concluantes.

Panikstörung – Behandlung mit individualisierten homöopathischen Arzneimitteln: Eine Fallserie

Einleitung: Panikstörungen sind eine Form der generalisierten Angststörung und werden häufig in den Ambulanzen von Krankenhäusern der Primärversorgung diagnostiziert, insbesondere nach der COVID-19-Pandemie. Obwohl ihre Prävalenz im Vergleich zu anderen Angststörungen geringer ist, stellen Panikstörungen weiterhin ein ernstzunehmendes Problem dar, da sie oft zu kardiorespiratorischen Notfällen führen. Daher sind eine rasche Erkennung und eine zeitnahe Behandlung entscheidend. Da die pharmakologischen Erstlinientherapien der modernen Medizin teuer sind und mit unerwünschten Nebenwirkungen einhergehen, erscheint die Homöopathie in solchen Fällen eine sicherere und kostengünstigere Alternative zu sein. Vor diesem Hintergrund wird eine Fallserie von diagnostizierten Panikstörungen vorgestellt, die homöopathisch behandelt wurden. **Fallzusammenfassung:** Fünf Fälle von Panikstörungen, die jeweils von einem beratenden Psychologen diagnostiziert wurden, wurden mit individualisierten homöopathischen Arzneimitteln behandelt. Die Fälle wurden anhand der von der American Psychiatric Association (APA) entwickelten Skala zur Schweregradeinschätzung von Panikstörungen auf eine Verbesserung untersucht, wobei eine deutliche Besserung beobachtet wurde. Zusätzlich wurden die Fälle mithilfe des MONARCH-Modells analysiert, um den kausalen Beitrag der homöopathischen Behandlung zur klinischen Verbesserung zu bestimmen. In allen Fällen mit positivem Ergebnis wurde ein Wert von +8 erzielt. Als hilfreich erwiesen sich die homöopathischen Mittel *Argentum nitricum*, *Calcarea carbonica*, *Natrium muriaticum*, *Staphysagria* und *Arsenicum album*. Um jedoch aussagekräftige und schlüssige Ergebnisse zu erzielen, sind weitere, methodisch strenge klinische Studien erforderlich.

व्यक्तिगत होम्योपैथिक दवाओं द्वारा पैनिक डिसऑर्डर का उपचार: एक केस सीरीज़

परिचय: पैनिक डिसऑर्डर सामान्यीकृत चिंता विकार का एक प्रकार है, जो प्राथमिक देखभाल अस्पतालों के अधिकांश बाह्य रोगी विभागों में, विशेष रूप से कोविड-19 महामारी के बाद के दौर में, आमतौर पर देखा जाता है। हालांकि अन्य चिंता विकारों की तुलना में इसकी व्यापकता कम है, फिर भी पैनिक डिसऑर्डर एक गंभीर चिंता का विषय बना हुआ है, क्योंकि यह अक्सर हृदय-श्वसन संबंधी आपात स्थितियों का कारण बनता है; इसलिए, शीघ्र पहचान और समय पर प्रबंधन अत्यंत महत्वपूर्ण है। चूंकि आधुनिक चिकित्सा की प्राथमिक औषधीय उपचार पद्धतियां महंगी हैं और कुछ अवांछनीय दुष्प्रभावों से जुड़ी हैं, इसलिए ऐसे मामलों में होम्योपैथिक चिकित्सा प्रणाली एक सुरक्षित और अधिक किफायती विकल्प प्रतीत होती है। इसे ध्यान में रखते हुए, होम्योपैथी से उपचारित पैनिक डिसऑर्डर के निदान किए गए मामलों की एक केस सीरीज़ प्रस्तुत की गई है। **केस सारांश:** पैनिक डिसऑर्डर के पांच मामलों का, जिनमें से प्रत्येक का निदान एक परामर्शदाता मनोवैज्ञानिक द्वारा किया गया था, का उपचार व्यक्तिगत होम्योपैथिक दवाओं से किया गया। अमेरिकन साइकियाट्रिक एसोसिएशन (APA) द्वारा विकसित पैनिक डिसऑर्डर की गंभीरता के पैमाने का

उपयोग करके मामलों में सुधार का आकलन किया गया और उल्लेखनीय सुधार देखा गया। इसके अतिरिक्त, होम्योपैथिक उपचार के नैदानिक सुधार में योगदान का निर्धारण करने के लिए MONARCH का उपयोग करके भी मामलों का आकलन किया गया, जिसमें सकारात्मक परिणाम वाले सभी मामलों में +8 का स्कोर प्राप्त हुआ तथा सकारात्मक परिणाम प्राप्त हुआ। होम्योपैथिक दवाएं *अर्जेंटम नाइट्रिकम*, *कैल्केरिया कार्ब*, *नेट्रम म्यूरिएटिकम*, *स्टेफिसाग्रिया* और *आर्सेनिकम एल्बम* उपयोगी पाई गईं। इसके अलावा, ठोस और निर्णायक प्रमाण प्राप्त करने के लिए सुव्यवस्थित नैदानिक परीक्षणों की आवश्यकता है।

Trastorno de pánico tratado con medicamentos homeopáticos individualizados: Serie de casos

Introducción: El trastorno de pánico es una categoría de trastorno de ansiedad generalizada que se reporta comúnmente en la mayoría de los departamentos de consulta externa de los hospitales de atención primaria, especialmente en la era pospandémica de la COVID-19. Si bien su prevalencia es menor en comparación con otros trastornos de ansiedad, el trastorno de pánico sigue siendo una preocupación grave, ya que a menudo conduce a emergencias cardiorrespiratorias; por lo tanto, el reconocimiento y el manejo oportunos son cruciales. Dado que las intervenciones farmacológicas de primera línea de la medicina moderna son costosas y se asocian con ciertos efectos secundarios indeseables, el sistema de medicina homeopática parece ser una alternativa más segura y económica en estos casos. Teniendo esto en cuenta, se presenta una serie de casos de trastornos de pánico diagnosticados y tratados con homeopatía. **Resumen de casos:** Cinco casos de trastorno de pánico, cada uno diagnosticado por un psicólogo consultor, fueron tratados con medicamentos homeopáticos individualizados. Se evaluó la mejoría de los casos mediante la Escala de Medición de la Gravedad del Trastorno de Pánico, desarrollada por la Asociación Americana de Psiquiatría (APA), observándose una mejoría sustancial. Además, se evaluó la mejoría clínica mediante MONARCH para determinar la atribución causal del tratamiento homeopático, obteniéndose una puntuación de +8 en todos los casos con resultado positivo. Los medicamentos homeopáticos que resultaron útiles fueron *Argentum nitricum*, *Calcarea carb.*, *Natrum muriaticum*, *Staphysagria* y *Arsenicum album*. Asimismo, se necesitan ensayos clínicos rigurosamente diseñados para generar evidencia sólida y concluyente.

個人化順勢療法藥物治療驚恐症：病例係列研究

引言：驚恐症是廣泛性焦慮症的一種，在大多數基層醫院門診就診的患者中較為常見，尤其是在新冠疫情後時代。儘管其盛行率低於其他焦慮障礙，但驚恐症仍然是一個值得關注的問題，因為它經常導致心肺急症；因此，及時識別和治療至關重要。由於現代醫學的第一線藥物治療費用昂貴且伴隨某些不良副作用，順勢療法似乎是一種更安全、更經濟的替代方案。有鑑於此，本文報告了一系列採用順勢療法治療的已確診驚恐症病例。**病例摘要：**五例驚恐症患者，均由諮詢心理學家診斷，並接受了個人化順勢療法藥物治療。使用美國精神醫學會（APA）開發的恐慌症嚴重程度量表評估病例的改善情況，結果顯示病情顯著改善。此外，還使用 MONARCH 評估病例，以確定順勢療法治療對臨床改善的因果關係，所有療效良好的病例的 MONARCH 評分均為 +8。研究發現有效的順勢療法藥物包括硝酸銀 (*Argentum nitricum*)、碳酸鈣 (*Calcarea carb.*)、氯化鈉 (*Natrum muriaticum*)、飛燕草 (*Staphysagria*) 和白砷 (*Arsenicum album*)。此外，還需要進行設計嚴謹的臨床試驗，以獲得可靠且確切的證據。