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Management of generalised anxiety disorder with homoeopathic medicine *Calcarea carbonica* in LM potency: A case report

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Abstract

Introduction: Generalised anxiety disorder (GAD) is a common mental health disorder that interferes with daily activities and the quality of life of people. **Case summary:** A 38-year-old female patient presented with symptoms of anxiety along with marked fear of some impending misfortune, decreased socialisation and difficulty in managing her day-to-day work and family responsibilities for one year and six months. She was diagnosed with a case of generalised anxiety disorder as per the International Classification of Diseases, Tenth Revision classification of psychiatric disorders. A detailed case taking and repertorisation was done as per homoeopathic principles. The patient was prescribed individualised homoeopathic medicine *Calcarea carbonica* in LM potency from LM 0/1 to LM 0/15. The case is being reported as per the HOM-CASE guidelines. The assessment of causal attribution was carried out using the Modified Naranjo Criteria for Homeopathy (MONARCH) inventory. The GAD-7 score of the patient improved from 18 to 3 in five months. Two months of subsequent follow-up on placebo did not show any relapse. This case report suggests that individualised homoeopathic treatment in LM potency can be useful for the management of GAD.

Keywords: *Calcarea carbonica*, GAD, Generalised anxiety disorder, Homoeopathy, LM potency.

INTRODUCTION

Generalised anxiety disorder (GAD) is a very common mental health disorder, associated with constant uncontrollable worry and fear that hampers the ability to function and relax. It may be associated with some physical symptoms such as restlessness, muscle tonicity, concentration difficulty and disturbed sleep.^[1] The World Mental Health Survey reported that the lifetime prevalence of anxiety disorders across the world ranges between 3% and 19%. In India, the estimated 12-month prevalence of anxiety disorders is 3.41%.^[2] The prevalence of GAD is 5.8% among Indian populations.^[2,3] The aetiology of GAD is not known, though noradrenaline, serotonin and other neurotransmitters play an important role in the response of our body to stress. Serotonin and noradrenergic systems are common pathways that are involved in anxiety. Cognitive behavioural therapy and medications are the main treatments for GAD. When the patient does not respond to behavioural therapy, antidepressant or antipsychotic medications may be started as per the need of the patient. Selective serotonin reuptake

inhibitors and serotonin-norepinephrine reuptake inhibitors are the first-line agents for the treatment.^[4] Antipsychotic and antidepressant medicines used in the treatment of GAD produce many adverse effects, such as weight gain and other comorbidities that reduce the life expectancy of the patient. Besides these symptoms, GAD relapses even after completion of a course of treatment.^[5] Although there is still a stigma attached to consulting a psychiatrist, nowadays many patients seek treatment for anxiety and depression-related disorders through Homoeopathy.

An evidence-based case report presented here shows the successful management of GAD by homoeopathic individualised treatment. The GAD-7 scale was used in this

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case for screening and follow-up assessment of the patient.^[6,7] The GAD-7 is a validated scale, is short and easy to administer in primary healthcare settings. The published literature has indicated it to be an efficient tool for quick screening, assessing its severity and on-going progress measurements for GAD in clinical practice and research.^[6,7]

Dr. Hahnemann mentioned LM potency as a '*new altered but perfect method*' in footnote-1, sec. 132 of the Organon. The medicinal aggravation in this scale is nominal and it can be controlled easily due to less amount of medicinal quantity.^[8] Thus, it was considered suitable to prescribe the patient an individualised homoeopathic medicine in LM potency.

Here, presenting a case of GAD managed with individualised homoeopathic medicine given in LM potency. The assessment at baseline and subsequent follow-ups were done based on the GAD-7 score.^[9] The measure yourself medical outcome profile 2 (MYMOP 2) scale^[10] and the ORIDL scale^[11] were also used to assess patient-reported outcomes. ORIDL was added to show the impact of treatment on the patient's daily life, while MYMOP was added as a broader measure of symptoms, activities of daily living and overall well-being. The case has been presented following the homoeopathic clinical case reports: Development of a supplement (HOM-CASE) guidelines.

PATIENT INFORMATION

A 38-year-old woman of Indian ethnicity presented in the Outdoor Patient Department (OPD) of Dr. D.P. Rastogi Central Research Institute (H), Noida (UP), India on 10th March 2023 with complaints of excessive, persistent and difficult to control worries about many trivial matters. She had a persistent fear of some impending mishappening with palpitations, increased sweating, disturbed sleep, decreased socialisation, tiredness and difficulty in managing her work and family responsibilities for one year and six months. She suffered from loose stools after consuming milk since childhood. Her father had hypertension. There was no family history of any type of psychiatric illness.

Psychosocial history

The patient presented with anxiety after hearing about a few deaths in her neighbourhood during the COVID-19 pandemic, about one year and six months ago. Initially, her anxiety was more about her and her family's health but later became more generalised. She had anxiety when attempting to do anything, even household chores in her daily life. The symptoms of anxiety included a lot of fear, increased perspiration on the forehead and chest, with palpitations. Her face always had an anxious expression. There was a remarkable fear that something untoward would happen, however, she could not describe what this 'something' was. Her appetite had increased ever since these symptoms started. She actively avoided going out of the house, socialising, crossing the road alone and travelling on public transport such as the bus. She feared people would think she had lost her mental balance and worried a lot

about her health and future, especially her two children, in case something happened to her. Her sleep was also disturbed by these anxious thoughts. She could sleep 1–2 hours after lying on the bed and woke up frequently with difficulty in falling asleep again. She woke up unrefreshed in the morning. She was irritable as she could not control her symptoms or understand what was happening to her. The anxiety was pervasively affecting her day-to-day life and her occupation as a tuition teacher. She asked repeatedly during case taking whether she would be able to recover and be all right. No prior treatment was reportedly taken for these symptoms.

Clinical findings

Her thermal inclination was chilly. She complained of profuse, clotted menstrual flow. She also complained of thick and whitish leucorrhoea, with itching in her genitalia and of loose stools after taking milk. Among food habits, she had a desire for salt and an aversion to coffee.

Physical examination

The patient was fair-complexioned, with an average built, and appeared well-groomed. She had a lot of comedones on her face. Her clinical parameters were: blood pressure 126/70 mm of Hg, pulse rate 80 beats/min, respiratory rate 20/min, weight 64 Kg, height 165 cm and body mass index 23.5. Nothing abnormal was detected during physical examination.

Mental status examination

The patient was well-oriented to time, place and person. She was cooperative but had poor eye contact and averted gaze. Initially, she appeared cautious in disclosing information. There was increased psychomotor activity with fidgeting and inability to sit still. Her speech was relevant, with a short reaction time and increased volume, tone and rate. The affect was appropriate and congruent. Her mood was anxious. The flow of thoughts was increased, but logical. The patient had negative views of herself and fearfulness but she was unable to name the source of her fear. She was preoccupied with fear of embarrassment, judgment or rejection in social situations. She also reported social withdrawal. She had normal general information and intelligence. Concentration could not be maintained. The patient reported difficulty in concentrating on day-to-day activities with her mind 'going blank', and focusing on anything other than her anxious ruminations, especially about handling responsibilities towards her family in future. Immediate, recent and remote memory were intact. Abstract thinking was present. Social judgment and test judgment were adequate. She had insight but, was unable to control her symptoms.

Diagnostic assessment

Differential diagnosis was considered between GAD (International Classification of Diseases-Code F 41.1) and agoraphobia (F 40.0).^[12] The main characteristics of GAD include widespread and uncontrollable worry and apprehension, which are not limited to specific issues or situations. Psychological arousal is evident through symptoms such as irritability and poor

concentration. Muscle tension is shown through restlessness, trembling, inability to relax, headache or aching in the shoulders and back. Autonomic overactivity is demonstrated through symptoms such as sweating, palpitations, dry mouth, epigastric discomfort and dizziness. Sleep disturbances include difficulty in falling asleep due to persistent worrying thoughts, and intermittent and unrefreshing sleep. Patients may also experience hyperventilation, leading to dizziness, tingling in the extremities and a feeling of shortness of breath.^[12]

Agoraphobia is characterised by anxiety when away from home, in crowds or in situations that are difficult to leave. Those affected may experience anticipatory anxiety and tend to avoid these situations. When confronted with such situations, individuals with agoraphobia may have panic attacks or fear fainting and losing control.^[12] Phobic anxiety disorders, such as agoraphobia, share many core symptoms with GAD. The main difference is that in phobic anxiety disorders, the symptoms only occur in specific situations and the patient is usually free from anxiety most of the time. Even in severe cases, there are situations in which no anxiety is experienced. In contrast, GAD involves free-floating anxiety along with autonomic symptoms that are not limited to specific situations.^[12]

The symptoms experienced by the patient indicated that her anxiety was not situational to being alone in open or public places, from where escape is difficult, but was more general. It included excessive, persistent and difficult to control worry about a number of trivial matters, persistent fear of some impending negative event, palpitation, increased sweating, disturbed sleep, decreased socialisation, tiredness and difficulty managing work and family responsibilities. The case was, thus, diagnosed as GAD as per International Classification of Diseases, Tenth Revision classification of psychiatric disorders by the consulting physician.^[13] Her GAD-7 score was 18, indicating severe anxiety during the first consultation.

Therapeutic intervention

A totality of symptoms was constructed, including the symptoms of fear and anxiety about the future and health;

ailments after hearing bad news, despair of recovery, persistent fear that something bad will happen, comedones, ravenous hunger, copious and clotted menses, itching in genitals with leucorrhoea, tendency to diarrhoea after taking milk, aversion to coffee, desire for salty things, sleep disturbed due to thoughts and perspiration on upper part of the body during anxiety episodes.

After repertorising the case with Synthesis repertory using Radar opus software [Figure 1]^[14] and consulting Kent's Materia Medica,^[15] the patient was prescribed indicated individualised homoeopathic medicine, *Calcarea carb.* 0/1, twice a day for ten days.

The homoeopathic medicine in 0/1 potency was prepared by dissolving one globule (poppy-seed size) of the medicine in the desired LM potency in 120 ml of distilled water, containing 2.4 ml (2% v/v) of dispensing alcohol premixed in it. It was followed by ten uniform-force downward strokes given to the phial. This solution was given to the patient, and she was advised to give ten uniformly forceful downward strokes to the bottle held in the hand, on a firm surface, before consuming each dose. After that, she was asked to mix three teaspoons (15 ml) of this solution with eight teaspoons (40 ml) of water in a separate clean glass and stir the solution well. One teaspoonful (5 ml) of this solution was one dose. The liquid remaining in the glass after taking this dose was asked to be discarded.

The LM potency was given in gradual ascending doses, modified each time by succussion and repeated as per the guidelines described in the aphorisms 247 and 280 of the 6th edition of the Organon of Medicine.^[8]

Follow-up and outcome

In the subsequent follow-ups, *Calc. carb.* 0/2 was prescribed to the patient for ten days, followed by the next potency up to *Calc. carb.* 0/15 in ascending order as the improvement continued (Table 1).

Gradually, during treatment, the patient was able to resume her work as a tuition teacher, use public transport alone and

	calc.	suiph.	sed.	phos.	ars.	nit-ac.	nat-m.	nut-v.	chin.	hvc.	Calc.	by.	cap-b-v.	puls.	ph-ac.	sil.	ign.	
1. MIND - ANXIETY - fear; with (124) 1	2	1	2	2	3	2	2	1	2	2	3	1	2	2	1	1	3	2
2. MIND - ANXIETY - health; about - own health; one's (87) 1	2	1	2	3	3	4	1	1	2	2	1	2	2	1	1	1	1	1
3. MIND - ANXIETY - future, about (201) 1	3	2	2	3	1	2	2	2	2	2	2	4	1	2	2	2	1	1
4. MIND - AILMENTS FROM - bad news (67) 1	3	2	1	1	1	1	2	2	1	1	1	2	1	1	2	2	2	2
5. MIND - DESPAIR - recovery, of (78) 1	4	1	2	1	3	1	1	2	2	1	2	2	1	1	1	2	2	2
6. MIND - FEAR - happen, something will (136) 1	3	2	2	3	2	1	2	3	2	3	2	2	2	2	2	1	1	1
7. FACE - EXPRESSION - anxious (97) 1	2	2	1	3	1	1	2	1	2	2	2	2	2	2	2	1	1	1
8. FACE - ERUPTIONS - comedones (50) 1	2	3	2	2	2	2	2	2	3	2	2	2	2	2	2	2	2	2
9. STOMACH - APPETITE - ravenous (277) 1	3	3	2	3	3	2	3	3	3	3	2	2	1	3	2	3	2	2
10. FEMALE GENITALIA/SEX - MENSES - copious (410) 1	3	2	2	3	3	2	3	3	3	2	2	2	2	2	1	2	2	3
11. FEMALE GENITALIA/SEX - MENSES - clotted (152) 1	3	2	1	1	1	1	1	3	2	2	1	1	3	1	1	2	1	2
12. FEMALE GENITALIA/SEX - ITCHING - leukorrhoea; from (57) 1	3	2	3	1	1	3	2	1	1	2	1	2	2	1	1	1	1	2
13. RECTUM - DIARRHEA - milk - agg. (27) 1	3	2	3	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
14. SLEEP - DISTURBED - thoughts; by (38) 1	2	1	2	1	1	1	1	1	2	2	1	1	2	2	1	1	1	1
15. PERSPIRATION - ANXIETY, DURING (87) 1	3	2	3	2	3	1	1	2	3	1	2	1	2	2	3	1	1	2
16. PERSPIRATION - SINGLE PARTS - Upper part of body (78) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
17. GENERALS - FOOD AND DRINKS - coffee - aversion (70) 1	3	2	1	2	1	2	3	2	2	2	2	2	1	1	1	1	1	2
18. GENERALS - FOOD AND DRINKS - salt - desire (161) 1	2	1	1	4	1	2	4	1	2	2	2	3	1	1	1	1	1	1

Figure 1: Repertorisation sheet using Synthesis repertory, Radar opus software

Table 1: Follow-up and outcomes

Follow-up date	Symptoms	Prescription	Scale score
Baseline	Baseline characteristics	<i>Calc. carb.</i> 0/1, twice a day for 10 days	
21 March 2023	Anxious thoughts-reduced Irritability-reduced Increased appetite-persisted Sleep-disturbed Palpitations-persisted Increased sweating-persisted Poor concentration-persisted Difficulty doing daily work at home-persisted Worry about own health-persisted Worry about future of children-persisted Fear of rejection in social situations-persisted Leucorrhoea with itching in genitalia-persisted Facial comedones-persisted	<i>Calc. carb.</i> 0/2, twice a day for 10 days <i>Calc. carb.</i> 0/3, twice a day for 10 days	GAD-7 score=18 MYMOP2 score=6
10 April 2023	Anxious thoughts-reduced. Fear with palpitation-reduced. Appetite – normal Sleep-improved leucorrhoea with itching genitalia–reduced Increased sweating-persisted Poor concentration-persisted Difficulty doing daily work at home-persisted Worry about own health-persisted Worry about future of children-persisted Fear of rejection in social situations-persisted Facial comedones-persisted	<i>Calc. carb.</i> 0/4, twice a day for 10 days <i>Calc. carb.</i> 0/5, twice a day for 10 days	GAD-7 score=16 MYMOP2 score=5.5
02 May 2023	Anxious own health-reduced Worry about future of children-reduced Fear with palpitation-reduced Increased sweating-reduced Poor concentration-improved Appetite – normal Difficulty doing daily work at home-not present anymore Doing her routine work comfortably Fear of rejection in social situations-persisted Sleep better leucorrhoea with itching genitalia–reduced Facial comedones-persisted	<i>Calc. carb.</i> 0/6, twice a day for 10 days <i>Calc. carb.</i> 0/7, twice a day for 10 days	GAD-7 score=15 MYMOP2 score=5
23 May 2023	Anxious own health-reduced Worry about future of children- reduced Fear with palpitation-reduced Increased sweating-reduced Poor concentration-improved Difficulty doing daily work at home-not present anymore Doing her routine work comfortably Fear of rejection in social situations-persisted Sleep better leucorrhoea with itching genitalia–reduced but still persisted Started using public transport alone again Facial comedones-persisted	<i>Calc. carb.</i> 0/8, twice a day for 10 days <i>Calc. carb.</i> 0/9, twice a day for 10 days	GAD-7 score=14 MYMOP2 score=4.5
12 June 2023	Anxious own health-reduced Worry about future of children-reduced Fear with palpitation-reduced Increased sweating-reduced Poor concentration-relieved completely Difficulty doing daily work at home-relieved completely Fear of rejection in social situations-persisted Started using public transport alone again	<i>Calc. carb.</i> 0/10, twice a day for 10 days <i>Calc. carb.</i> 0/11, twice a day for 10 days	GAD-7 score=12 MYMOP2 score=3.5

(Contd...)

Table 1: (Continued)

Follow-up date	Symptoms	Prescription	Scale score
03 July 2023	Sleep better leucorrhoea with itching genitalia reduced but still persisted Facial comedones reduced Anxious own health reduced Worry about future of children reduced Fear with palpitation reduced Increased sweating reduced Poor concentration relieved completely Difficulty doing daily work at home relieved completely Started using public transport alone again The patient was able to resume her work as a tuition teacher Fear of rejection in social situations reduced Sleep better Facial comedones reduced leucorrhoea with itching genitalia relieved completely	<i>Calc. carb.</i> 0/12, twice a day for 10 days <i>Calc. carb.</i> 0/13 twice a day for 10 days	GAD-7 score=10 MYMOP2 score=3
24 July 2023	Fear with palpitation reduced Increased sweating reduced Poor concentration relieved completely Difficulty doing daily work at home relieved completely Fear of rejection in social situations reduced Sleep normal Able to do day to day work comfortably Using public transport comfortably. Anxious thoughts reduced considerably	<i>Calc. carb.</i> 0/14, twice a day for 10 days <i>Calc. carb.</i> 0/15, twice a day for 10 days	GAD-7 score=8 MYMOP2 score=2
14 August 2023	All anxiety related symptoms are relieved Fear with palpitation reduced Increased sweating reduced Poor concentration relieved completely Difficulty doing daily work at home relieved completely Fear of rejection in social situations reduced Sleep normal Able to do day to day work comfortably Using public transport comfortably. Facial comedones reduced	No medicine given as improvement continued for 20 days	GAD-7 score=6 MYMOP2 score=1
04 September 2023	All anxiety related symptoms relieved Fear with palpitation reduced Increased sweating reduced Poor concentration relieved completely Difficulty doing daily work at home relieved completely Fear of rejection in social situations reduced Sleep normal Able to do day-to-day work comfortably Using public transport comfortably. Facial comedones reduced	No medicine given as improvement continued for 20 days	GAD-7 score=4 MYMOP 2 score=0.75
03 October 2023–05 December 2023	The patient was under observation without any relapses	No medicine given	GAD-7 score=3 MYMOP2 score=0.75

do her routine work comfortably. Along with the symptoms of anxiety, improvement was seen in other symptoms, such as: her appetite became normal as before, leucorrhoea with genital itching was relieved completely and facial comedones were reduced. No change was observed in loose stools after taking milk. Her menstrual flow became normal with less clots at the end of treatment. MONARCH inventory was used to assess whether improvement in outcome could be attributed to prescribed medicine [Table 2].^[16] The case

is reported as per the HOM-CASE guidelines.^[17]

The patient's GAD-7 scores reduced to 3 within five months, as shown in Table 1. Her ORIDL^[11] score at the end of five months was +3, indicating major improvement. The MYMOP 2 scores improved from a baseline value of 6 to 0.75 at the end of follow-ups. The changes in MYMOP 2 score are shown in Table 1 and Figure 2.

Table 2: Assessment by Modified Naranjo Criteria for Homeopathy (MONARCH) inventory

S.No.	Domain	Yes	No	Not sure	Case
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1
3	Was there a homeopathic aggravation of symptoms?	+1	0	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	+1
5	Did overall well-being improve? (Suggest using a validated scale or mention changes in physical, emotional and behavioural elements)	+1	0	0	+1
6A	<i>Direction of cure:</i> did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0
6B	<i>Direction of cure:</i> 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	0
7	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?	+1	0	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	+1
9	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	+2	0	0	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1
Total score (Maximum score=+13; Minimum score=-6)					+9

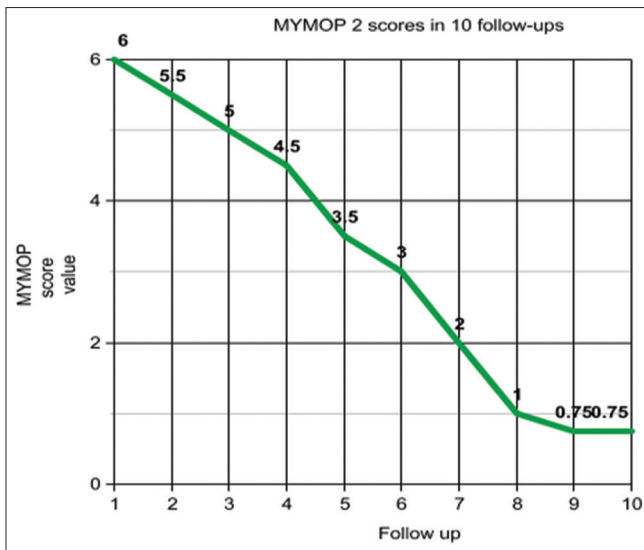


Figure 2: Measure yourself medical outcome profile 2 score improvement

DISCUSSION

GAD affects both the quality and expectancy of life of a patient. There is a paucity of published literature on management of GAD using Homoeopathy. A remarkable improvement was reported in this case within five months’ duration concerning the GAD-7 and ORIDL scales. The GAD-7 and ORIDL

scales were 3 and +3, respectively, at the end of treatment. The MYMOP2 scores also corroborate with it. The baseline MYMOP2 score was 6 and it came to 0.75 at the end of the treatment. Thus, as per homoeopathic principles, the cure was rapid and gentle without adding any suffering to the patient. The strength of this case report is that it highlights the individualised approach of Homoeopathy, its acceptability and the holistic health improvement seen in patients.

A few studies, including case reports^[18,19] and observational studies,^[20] have reported positive results with Homoeopathy in GAD. Although a double-blind, randomised and placebo-controlled trial on 39 participants found that both placebo and Homoeopathy were equally not effective in GAD,^[21] another double-blind placebo-controlled RCT on 62 participants showed the anxiolytic effect of Homoeopathy over placebo.^[22] A single-blind randomised controlled trial on 62 participants showed positive results in the homoeopathic group.^[23]

Only one case report has so far reported the effect of the LM potency of homoeopathic medicine in the case of GAD.^[24] This case report further adds more evidence in this respect. The LM scale is effectively used by homoeopaths in treating chronic cases like GAD for rapid and gentle management of cases.^[25]

The MONARCH score of +9 suggests a positive correlation between the treatment and the outcome. The limitation of this

case remains the fact that it is just a single case report, and screening, assessment of severity and ongoing progress have only been measured by GAD-7. More vigorously designed studies with large sample sizes and longer follow-ups duration need to be conducted to establish the role of Homoeopathy in GAD.

CONCLUSION

An individualised homoeopathic treatment is found to be successful in this case of GAD, along with overall health improvement in the patient. However, randomised, comparative studies with a large sample size may be undertaken to conclusively establish the validity of the efficacy of Homoeopathy in GAD.

Declaration of patient consent

The authors certify that they have obtained written informed consent from the patient for publication without revealing her identity. The patient had given her consent for clinical information to be reported in the journal. The patient understands that her name will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Conflicts of interest

None declared.

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Prise en charge du trouble anxieux généralisé par le médicament homéopathique *Calcarea carbonica* en dilution LM: rapport de cas

Introduction: Le trouble anxieux généralisé (TAG) est un trouble mental courant qui perturbe les activités quotidiennes et la qualité de vie.

Résumé du cas: Une patiente de 38 ans présentait des symptômes d'anxiété, accompagnés d'une crainte marquée d'un malheur imminent, d'une socialisation réduite et de difficultés à gérer ses responsabilités professionnelles et familiales quotidiennes depuis un an et six mois. Un trouble anxieux généralisé a été diagnostiqué selon la Classification internationale des maladies, dixième révision des troubles psychiatriques. Un recueil détaillé du cas et une répertorisation ont été effectués conformément aux principes homéopathiques. Un médicament homéopathique personnalisé, *Calcarea carbonica*, a été prescrit à la patiente, en dilution LM de LM 0/1 à LM 0/15. Le cas est rapporté conformément aux directives HOM-CASE. L'évaluation de l'attribution causale a été réalisée à l'aide de l'inventaire MONARCH (Modified Naranjo Criteria for Homeopathy). Le score GAD-7 de la patiente s'est amélioré de 18 à 3 en cinq mois. Un suivi de deux mois sous placebo n'a révélé aucune rechute. Ce rapport de cas suggère qu'un traitement homéopathique personnalisé en dilution LM peut être utile pour la prise en charge du TAG.

Behandlung der generalisierten Angststörung mit dem homöopathischen Arzneimittel *Calcarea carbonica* in LM-Potenz: Ein Fallbericht

Einleitung: Die generalisierte Angststörung (GAS) ist eine häufige psychische Störung, die die täglichen Aktivitäten und die Lebensqualität der Betroffenen beeinträchtigt.

Fallzusammenfassung: Eine 38-jährige Patientin stellte sich ein Jahr und sechs Monate lang mit Angstsymptomen, ausgeprägter Angst vor einem bevorstehenden Unglück, eingeschränkter Sozialkontakte und Schwierigkeiten bei der Bewältigung ihrer täglichen beruflichen und familiären Verpflichtungen vor. Bei ihr wurde eine generalisierte Angststörung gemäß der Internationalen Klassifikation der Krankheiten (International Classification of Diseases, Tenth Revision Classification of psychiatric Disorders) diagnostiziert. Eine detaillierte Fallaufnahme und Repertorisation erfolgte gemäß homöopathischer Grundsätze. Der Patientin wurde das individualisierte homöopathische Arzneimittel *Calcarea carbonica* in der Potenz LM 0/1 bis LM 0/15 verschrieben. Der Fall wird gemäß den HOM-CASE-Richtlinien berichtet. Die Beurteilung der Ursachenzuordnung erfolgte anhand des MONARCH-Inventars (Modified Naranjo Criteria for Homeopathy). Der GAD-7-Score der Patientin verbesserte sich innerhalb von fünf Monaten von 18 auf 3. Eine zweimonatige Nachbeobachtung mit Placebo zeigte keinen Rückfall. Dieser Fallbericht legt nahe, dass eine individualisierte homöopathische Behandlung in der Potenz LM zur Behandlung von GAD hilfreich sein kann.

एलएम पोटेंसी में होम्योपैथिक दवा कैल्केरिया कार्बोनिका के साथ जनरलाइज्ड ऐंगज़ाइटि डिसॉर्डर का प्रबंधन: एक केस रिपोर्ट

परिचय: जनरलाइज्ड ऐंगज़ाइटि डिसॉर्डर (जीएडी) एक सामान्य मानसिक स्वास्थ्य विकार है जो लोगों की दैनिक गतिविधियों और जीवन की गुणवत्ता में हस्तक्षेप करता है।

केस सारांश: एक 38 वर्षीय महिला रोगी ने एक वर्ष और छह महीने से चिंता के लक्षणों के साथ-साथ किसी आसन्न दुर्भाग्य के डर, सामाजिकरण में कमी और अपने दिन-प्रतिदिन के काम और पारिवारिक जिम्मेदारियों को संभालने में कठिनाई के लक्षण प्रस्तुत किए। रोगी के अंतर्राष्ट्रीय वर्गीकरण, मानसिक विकारों के दसवें संशोधन वर्गीकरण के अनुसार यह जनरलाइज्ड ऐंगज़ाइटि डिसॉर्डर का केस पाया गया। होम्योपैथिक सिद्धांतों के अनुसार एक विस्तृत केस टेकिंग और रिपरटोराइजेशन किया गया। रोगी को एलएम पोटेंसी में एलएम 0/1 से एलएम 0/15 तक व्यक्तिगत होम्योपैथिक दवा कैल्केरिया कार्बोनिका दी गई। इस केस रिपोर्ट को एचओएम-केस (HOM-CASE) दिशानिर्देशों के अनुसार प्रस्तुत किया गया है। होम्योपैथी के लिए संशोधित नारंजो मानदंड (मोनार्क) सूची का उपयोग करके कारण आरोपण का आँकलन किया गया। पांच महीनों में रोगी का जीएडी-7 स्कोर 18 से 3 हो गया। प्लेसीबो पर दो महीने के अनुवर्ती अवधि में किसी भी लक्षण की पुनरावृत्ति नहीं पाई गई। यह केस रिपोर्ट दर्शाती है कि एलएम पोटेंसी में व्यक्तिगत होम्योपैथिक उपचार जीएडी के प्रबंधन के लिए उपयोगी हो सकता है।

Manejo del trastorno de ansiedad generalizada con el medicamento homeopático *Calcarea carbonica* en potencia LM: Informe de un caso clínico

Introducción: El trastorno de ansiedad generalizada (TAG) es un trastorno de salud mental común que interfiere con las actividades diarias y la calidad de vida de las personas.

Resumen del caso: Una paciente de 38 años presentó síntomas de ansiedad junto con un miedo marcado a una desgracia inminente, disminución de la socialización y dificultad para gestionar sus responsabilidades laborales y familiares diarias durante un año y seis meses. Ella fue diagnosticada con un caso de trastorno de ansiedad generalizada según la Clasificación Internacional de Enfermedades, Décima Revisión de la clasificación de trastornos psiquiátricos. Se realizó una toma detallada del caso y

repertorización según los principios homeopáticos. A la paciente se le prescribió el medicamento homeopático individualizado *Calcarea carbonica* en potencia LM de LM 0/1 a LM 0/15. El caso se informa según las pautas HOM - CASE. La evaluación de la atribución causal se llevó a cabo utilizando el inventario de Criterios de Naranjo Modificados para Homeopatía (MONARCH). La puntuación GAD - 7 de la paciente mejoró de 18 a 3 en cinco meses. Dos meses de seguimiento posterior con placebo no mostraron ninguna recaída. Este informe de caso sugiere que el tratamiento homeopático individualizado en potencia LM puede ser útil para el manejo del TAG.

使用顺势疗法药物碳酸钙（LM 效力）治疗广泛性焦虑症：病例报告

引言：广泛性焦虑症（GAD）是一种常见的精神健康障碍，会影响人们的日常活动和生活质量。

病例摘要：一名 38 岁的女性患者出现焦虑症状，同时伴有对即将发生的不幸事件的明显恐惧，社交能力下降，以及难以承担日常工作和家庭责任，病史长达一年零六个月。根据国际疾病分类第十版精神障碍分类，她被诊断为广泛性焦虑症。根据顺势疗法原则进行了详细的病例收集和记录。患者被处方了个性化的顺势疗法药物碳酸钙，LM 效力从 LM 0/1 到 LM 0/15。该病例正在根据 HOM - CASE 指南进行报告。使用改良的 Naranjo 顺势疗法标准（MONARCH）清单进行因果归因评估。患者的 GAD - 7 评分在五个月内从 18 分提高到 3 分。随后对安慰剂进行了两个月的随访，未显示任何复发。本病例报告表明，LM 效力的个性化顺势疗法治疗可用于治疗 GAD。