

# **SOCIAL ANXIETY DISORDER AND ITS HOMOEOPATHIC MANAGEMENT- A CASE SERIES**

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## **Abstract**

Social Anxiety Disorder (SAD) is a prevalent and debilitating condition characterized by an intense fear of social situations and a significant concern about being negatively evaluated or humiliated in the presence of others. SAD can have a profound impact on an individual's personal, academic, and occupational life. Despite its prevalence, many individuals remain undiagnosed or untreated, often relying on avoidance behaviours that exacerbate the disorder.

## **INTRODUCTION**

Anxiety an uneasy, fearful feeling is the hallmark of many psychological disorders <sup>(1)</sup>.

Anxiety is closely related to an individual's needs and motives. So, if the essential needs linked with affections, security, self-esteem, achievement and freedom are not satisfactorily gratified, it may give rise to feeling of excessive anxiety.

Social Anxiety Disorder (SAD) also known as Social phobia. It is the most common

Anxiety Disorder. Phobia is an irrational fear that produces a conscious avoidance of feared subject activity situation. Exposure to fear social situation provokes anxiety, which may take the form of a situation ally, bound predisposed panic attack. The feared social / performance situations are avoided with intense anxiety/ distress. This avoidance in feared

situation interferes significantly with the person's normal occupational, social, interpersonal function.

This disorder is an outcome of changed life style, effects of stressful life conditions and worriers, which often follow chronic progressive course and if left untreated it hampers/ interferes their routine activities of the patient <sup>(2)</sup>.

Rate of anxiety disorder is increasing with change in lifestyle, where people are subjected to various

stress. Psychiatric/ mental diseases are more troublesome to a person in comparison with physical disorders <sup>(2)</sup>. Usage of modern system of medicines like anti-anxiety medications, anti-depressants

and beta-blockers. Which leads to suppression and or palliation so the anxiety may reoccur often and

becomes chronic <sup>(3)</sup>. Homoeopathy can be proved an effective method of treatment in Social anxiety disorders

as it emphasizes not only treating signs and symptoms but also treating the patient on the holistic basis.

So not only it reduces the anxiety but also make the individual to feel better in other areas of functioning <sup>(2)</sup>.

Present literature, which had explained its importance and management of such disorder needs,

a detailed study for further understanding and have scope for better management and treatment of social anxiety disorder in homoeopathy.

## **PREDISPOSING FACTOR**

Several factors can increase the risk of developing social anxiety disorder, including: Family history

-if your biological parents or siblings have the condition.

: Negative experiences- children who experience teasing, bullying, rejection, ridicule or humiliation

may be more prone to social anxiety disorder. Also, other negative events in life such as family conflict, trauma or abuse, may be associated with social anxiety disorder.

: Temperament- children who are shy, timid withdraw or restrained when facing new situations or people may be at greater risk.

: New social or work demands: SAD typically start in the teenage years, but meeting new people, giving a speech in public or making an important work presentation may trigger symptoms for first time.

: Having an appearance or condition that draws attention- for ex: facial disfigurement, stuttering or

tremors due to Parkinson's disease can increase feelings of self-consciousness and may trigger SAD in some people <sup>(4)</sup>.

**EPIDEMIOLOGY:** Based on diagnostic interview data from National Comorbidity Survey

Adolescent Supplement (NCS-A), an estimated 9.1% of adolescents had social anxiety disorder, and an estimated 1.3% had severe impairment. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria were used to determine impairment <sup>(5)</sup>.

**AGE** – the period of onset of SAD is generally late childhood and adolescence. Although it may develop at

any age, it rarely occurs for the first time after the age of 25. The occurrence in pre-adolescence (at around the age of 10) is around 3.5%, and this figure increases to 14% by adolescence <sup>(6)</sup>.

**SEX:** Though the gender distribution is equal during pre-adolescence, more females than males are affected in later stages of adolescence and adulthood <sup>(6)</sup>.

### **PATHOGENESIS:**

Physical abnormalities such as a serotonin imbalance may contribute to this condition. Serotonin is a chemical in the brain that helps regulate mood. An overactive amygdala (a structure in the brain that controls fear response and feelings or thoughts of anxiety) may also cause these disorders <sup>(7)</sup>.

Results showed that effectual regulation in the context of negative stimuli consisted of engagement of the Prefrontal Cortex (PFC) along with reduced amygdala reactivity, and greater symptom severity correlated with less engagement of the Dorsal Anterior Cingulate Cortex (DACC) and less functional connectivity between the amygdala and ventrolateral prefrontal cortex <sup>(8)</sup>.

Very low weight (600–1250 g) premature babies may also be at higher risk for later development of social anxiety disorder, possibly owing to abnormalities in the uncinate fasciculus, the major white matter tract connecting the frontal cortex to the amygdala, and other limbic temporal regions <sup>(8)</sup>.

### **OBJECTIVES:**

To assess the clinical efficacy of homeopathic remedies in treating patients with social anxiety disorder based on individualized prescription and holistic case management.

### **METHODOLOGY:**

Five patients, aged 18-45 years, presented with Social anxiety disorder are included in this study.

Detailed homoeopathic case- taking was conducted, taking into consideration of physical, emotional and Mental symptoms.

**Study type:** Interventional (Clinical case series)

**Enrollment:** 5 Participants

**Sampling method:** Purposive sampling

**Intervention model:**

**Primary Purpose:**

**Primary outcome measure:** Supportive care

**Secondary outcome measure:** Assessment of therapeutic result

**Timing:**

**Inclusion criteria:**

1. Patient suffering from SOCIAL ANXIETY DISORDER on the basis of clinical history and finding.
2. Patient's with different age group and both sexes to be consider.

**Exclusion criteria:**

1. Cases with corporeal diseases translated into mental diseases.
2. Complications of neurological disorders.
3. Patients with congenital mental disorders.

**Study design:** study period was considered for 10-12 months with follow up.

Each case was carefully assessed through clinical interviews and standardized assessments (diagnostic criteria as classified in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5)

using Liebowitz Social Anxiety Scale). Treatment plans were tailored to the individual's specific symptoms, triggers, and level of impairment. Interventions included Homoeopathic remedies and counselling of the patients.

**CASES:**

• **Case 1:**

C.NO: 223542

S.M / Student / 24Y / F / 24-01-2024

Anxious while speaking in public, meeting new people, sweating more on forehead while being anxious.

Flushes over the face. <morning , while going out . > at home, night , by sleep.

Diagnosis -DSM-5

LSAS Scale pre-treatment – 68% score

LSAS Scale post-treatment – 6% score

Final selection of the remedy with potency: Calcarea carb 200c / 2 dose , repeated after 6 months

General management: counselling the patient during every follow up.

Follow up: significant improvements were observed in her ability to engage in social situations without

overwhelming fear. She reported reduced avoidance behaviour and increased participation in work-related

social events.

• **CASE 2:**

C.NO: 223978

V.H / Student / 30Y / M / 2-02-2024

Fear to meet people in public, unable to speak or write Infront of people or strangers, sweating while being anxious.

<going out of the house, speaking to strangers ,> at home with family members.

Diagnosis -DSM-5

LSAS Scale pre-treatment – 78% score

LSAS Scale post-treatment – 4% score

Final selection of the remedy with potency: Argentum nit 200c / 1 dose , repeated after 6 months

General management: counselling the patient during every follow up.

Follow up: able to meet strangers with no fear and decreased anxiety symptoms.

- CASE 3:

C.NO: 223015

K.V/ Student / 19Y / F / 07-02-2024

Social withdrawal and physical symptoms of sweating and shaking of body during social interactions

Sweating of palms , < going out in functions, meeting new people , > when alone

Diagnosis -DSM-5

LSAS Scale pre-treatment – 88% score

LSAS Scale post-treatment – 7% score

Final selection of the remedy with potency: Silicea 30c / 3 dose , repeated after 3<sup>rd</sup> months, 7<sup>th</sup> month.

General management: counselling the patient during every follow up.

Follow up: experienced a reduction in physical symptoms and a marked improvement in her ability to

engage in group activities.

- CASE 4:

C.NO: 221839

C.M / Mtech / 38Y / M / 24-02-2024

Struggled with social interactions at work, leading to career stagnation.

Anxious before any important work , <morning , while going out . > evening , by rest

Diagnosis -DSM-5

LSAS Scale pre-treatment – 58% score

LSAS Scale post-treatment – 2% score

Final selection of the remedy with potency: Argentum nitricum 200c / 2 dose

General management: counselling the patient during every follow up.

Follow up: increased assertiveness in meetings and social confidence, reduced avoidance behaviour and

increased participation in work-related social events.

- CASE 5:

C.NO: 226695

S.M / Student / 22Y / F / 26-02-2024

Experienced intense fear of judgment during academic presentations. Anxious while speaking in public,

meeting new people, talking or having her meals before people made her anxious.

Flushes over the face. < morning, while going out, > at home, night .

Diagnosis -DSM-5

LSAS Scale pre-treatment – 78% score

LSAS Scale post-treatment – 12% score

Final selection of the remedy with potency: Lycopodium 200c / 2 dose , repeated after 6 months

General management: counselling the patient during every follow up.

Follow up: significant improvements in her self-esteem and ability to participate in group discussions and

class activities.

## RESULT:

Out of 5 patient, 3 patients were female and 2 male patient of SAD, Within age group of 18-45 yrs.

Remedies used frequently in SAD are Argentum nit, lycopodium, calc carb and Silicea

## DISCUSSION:

Thorough case-taking process that involved understanding each patient and a constitutional approach was

taken to select remedies that matched the unique emotional and physical constitution of each individual.

A **homeopathic perspective** on **Social Anxiety Disorder (SAD)** focuses on individualized treatment,

remedies were selected based on the homeopathic principles of **totality of symptoms**, considering not just

the social anxiety but also the person's personality, life experiences, and physical constitution.

## CONCLUSION:

The case series demonstrates that Social Anxiety Disorder can be effectively treated with a Homoeopathic

remedies and counselling one of the also important part in treatment of SAD. A personalized, multi-modal

treatment approach is essential for addressing the diverse manifestations of SAD and achieving long-term

symptom relief. Early diagnosis and intervention are crucial to improving outcomes and preventing chronic

impairment. Further research is needed to explore the role of individual factors (e.g., comorbid conditions,

social support) in treatment efficacy and to develop more targeted, personalized treatment strategies for SAD

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