

Role of homeopathy in the management of anxiety disorders

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Abstract

Anxiety disorders are among the most common mental health conditions worldwide and can substantially affect an individual's quality of life, social functioning, academic performance, occupational productivity, and interpersonal relationships. Conventional management generally includes psychological interventions, particularly cognitive behavioural therapy, together with pharmacological treatment when clinically indicated. Despite the availability of these approaches, some individuals seek complementary and alternative systems of medicine, including homeopathy, because of its individualized and holistic therapeutic framework.

Homeopathy, developed by Samuel Hahnemann, is based on principles including *similia similibus curentur* (the principle of similars), individualization, minimum dose, and consideration of the totality of symptoms. In homeopathic practice, psychological, emotional, physical, and general characteristics are considered during case analysis and remedy selection. Remedies such as *Aconitum napellus*, *Argentum nitricum*, *Gelsemium sempervirens*, and *Arsenicum album* have traditionally been described in homeopathic materia medica in association with different patterns of anxiety.

This article provides an overview of anxiety disorders, their clinical manifestations, risk factors, diagnosis, conventional management, and the conceptual approach to their management in homeopathic practice. A clinical case of a 30-year-old male presenting with anticipatory anxiety related to work performance, fear of failure, nervous diarrhoea, desire for sweets, restlessness, and impatience is also presented. Based on the reported totality of symptoms, *Argentum nitricum* 200C was prescribed, with improvement reported at four-week follow-up. However, a single case cannot establish treatment efficacy or causality. Further well-designed clinical research is required to determine the effectiveness and clinical role of individualized homeopathic treatment in anxiety disorders.

Keywords: Anxiety disorders, Homeopathy, Individualization, Totality of symptoms, *Argentum nitricum*, Complementary medicine, Mental health

Introduction

Anxiety is a normal emotional response to perceived threats, uncertainty, or challenging circumstances. It may manifest as apprehension, nervousness, fear, increased vigilance, and a range of physical symptoms. When anxiety becomes excessive, persistent, difficult to control, and sufficiently severe to interfere with everyday functioning, it may constitute an anxiety disorder.

Anxiety disorders represent an important public health concern because they may affect occupational functioning, academic performance, social relationships, sleep, and overall quality of life. Clinical manifestations may include excessive worry, fear, restlessness, difficulty concentrating, irritability, palpitations, sweating, trembling, muscle tension, gastrointestinal symptoms, and sleep disturbance. Management of anxiety disorders commonly involves psychological therapies and, when appropriate, pharmacological treatment. Cognitive behavioural therapy (CBT) is an established psychological intervention for several anxiety disorders. Pharmacological options may include antidepressants and, in selected circumstances, other medicines prescribed under appropriate medical supervision.

Alongside conventional healthcare, some patients seek complementary and alternative approaches, including homeopathy. Homeopathy emphasizes individualized case analysis and considers mental, emotional, physical, and general characteristics when selecting a remedy. The

homeopathic approach therefore differs from a disease-centred prescribing model in which the same treatment is routinely given to all patients with the same diagnostic label.

The present article discusses the conceptual basis of homeopathic management of anxiety disorders, commonly described homeopathic remedy pictures, and a representative clinical case.

Principles of Homeopathy

Homeopathic practice is traditionally based on several fundamental principles.

Principle of Similars

The principle commonly expressed as *similia similibus curentur* “like cures like”—proposes that a substance capable of producing a particular pattern of symptoms in a healthy individual may, when prepared according to homeopathic methods, be used therapeutically in a patient exhibiting a similar symptom pattern.

This principle forms the traditional foundation of homeopathic remedy selection.

Individualization

Individualization is a central feature of classical homeopathic prescribing. Treatment is selected according to the patient's individual symptom pattern rather than solely according to the diagnostic name of the disease.

Thus, two patients carrying the same clinical diagnosis may receive different homoeopathic remedies when their characteristic mental, emotional, physical, and general symptoms differ.

Minimum Dose

The principle of minimum dose refers to the traditional use of highly diluted and potentized preparations in homoeopathic practice. The intention is to administer the minimum quantity considered necessary within the homoeopathic therapeutic framework.

Totality of Symptoms

Homoeopathic case analysis traditionally considers the totality of symptoms. This may include:

- Mental and emotional symptoms
- Physical symptoms
- Modalities
- Particular symptoms
- General characteristics
- Sleep pattern
- Appetite and food preferences
- Thermal preferences
- Behavioural characteristics
- Factors that aggravate or ameliorate symptoms

The purpose of considering the totality is to identify the characteristic symptom pattern on which individualized remedy selection is based.

Anxiety Disorders

Definition

Anxiety disorders are a group of mental health conditions characterized by excessive fear, anxiety, apprehension, or worry that may be persistent, disproportionate to the circumstances, difficult to control, and associated with clinically significant distress or impairment.

Anxiety itself is a normal human emotion. It becomes clinically significant when its intensity, duration, frequency, or functional impact exceeds what would generally be expected in a particular situation.

Etiological Factors

The development of anxiety disorders is generally multifactorial. Biological, psychological, genetic, environmental, and social factors may contribute to vulnerability.

Genetic Factors

A family history of anxiety or other mental health disorders may increase an individual's susceptibility to anxiety disorders.

Neurobiological Factors

Neurotransmitter systems, including those involving serotonin, dopamine, and gamma-aminobutyric acid (GABA), have been implicated in the regulation of anxiety and related emotional processes.

Stressful Life Events

Psychological stress and significant life events may contribute to the onset or worsening of anxiety symptoms. Examples include:

- Loss of a loved one

- Financial difficulties
- Occupational stress
- Academic pressure
- Relationship conflicts
- Major life changes

Personality and Psychological Factors

Certain personality characteristics, including excessive perfectionism, high sensitivity to stress, and a tendency toward excessive worry, may increase vulnerability to anxiety.

Medical Conditions

Anxiety-like symptoms may occur in association with certain medical conditions, including thyroid disorders, cardiovascular conditions, chronic pain, and other systemic illnesses.

Appropriate medical assessment is therefore important when anxiety symptoms are new, severe, atypical, or associated with significant physical symptoms.

Types of Anxiety and Related Disorders

Generalized Anxiety Disorder

Generalized anxiety disorder (GAD) is characterized by excessive and persistent worry about multiple areas of everyday life. Common manifestations include:

- Excessive or persistent worry
- Restlessness
- Fatigue
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance

Panic Disorder

Panic disorder involves recurrent unexpected panic attacks and may be associated with persistent concern about additional attacks or behavioural changes related to them.

A panic attack may include:

- Rapid heartbeat
- Chest discomfort
- Shortness of breath
- Sweating
- Trembling
- Dizziness
- A feeling of loss of control
- Fear of dying

Severe or new chest pain, difficulty breathing, fainting, or other potentially serious physical symptoms should be medically assessed rather than automatically attributed to anxiety.

Social Anxiety Disorder

Social anxiety disorder is characterized by marked fear or anxiety in social or performance situations in which the individual fears scrutiny, embarrassment, rejection, or negative evaluation.

Examples include:

- Fear of public speaking
- Fear of meeting unfamiliar people
- Fear of being judged
- Avoidance of social situations
- Anxiety during performance situations

Specific Phobias

Specific phobias involve marked fear or anxiety associated with a particular object or situation.

Examples include:

- Fear of heights
- Fear of animals
- Fear of flying
- Fear of injections
- Fear of particular environments or situations

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) is characterized by obsessions, compulsions, or both.

Obsessions are recurrent intrusive thoughts, urges, or images that cause distress.

Compulsions are repetitive behaviours or mental acts performed in response to obsessions or according to rigidly applied rules.

Examples may include repeated hand washing, checking, counting, or other repetitive behaviours.

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) may develop following exposure to traumatic events. Such events may include serious accidents, violence, natural disasters, or other traumatic experiences.

Possible manifestations include:

- Intrusive memories or flashbacks
- Nightmares
- Hypervigilance
- Avoidance
- Emotional distress
- Sleep disturbance

Although these conditions may involve prominent anxiety symptoms, their diagnostic criteria and management differ and should be assessed individually.

Clinical Manifestations of Anxiety Disorders

Anxiety may produce both psychological and physical symptoms.

Psychological Symptoms

Common psychological manifestations include:

- Excessive worry
- Fear or apprehension
- Panic
- Difficulty concentrating
- Irritability
- Feeling of impending danger
- Nervousness
- Difficulty controlling thoughts or worries

Physical Symptoms

Physical manifestations may include:

- Palpitations
- Sweating
- Trembling
- Muscle tension
- Shortness of breath
- Fatigue
- Gastrointestinal disturbances
- Sleep disturbance
- Headache or dizziness

The presentation varies considerably between individuals.

Risk Factors

Several factors may increase vulnerability to anxiety disorders, including:

- Family history of anxiety or other mental health conditions
- Adverse childhood experiences or trauma
- Chronic psychological stress
- Substance misuse
- Certain personality characteristics
- Chronic medical illness
- Major life changes
- Sleep disturbance

Risk factors do not necessarily cause anxiety disorders independently; rather, they may interact with one another and contribute to individual susceptibility.

Diagnosis

Diagnosis of anxiety disorders requires a comprehensive clinical assessment. The assessment may include:

- Detailed clinical history
- Mental health evaluation
- Assessment of physical symptoms
- Evaluation of duration and severity
- Assessment of functional impairment
- Appropriate diagnostic criteria

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) provides established diagnostic criteria for several anxiety and related disorders.

Clinicians generally consider:

- Onset of symptoms
- Duration
- Frequency
- Severity
- Precipitating and maintaining factors
- Impact on daily functioning
- Coexisting psychiatric or medical conditions

Differential diagnosis is important because symptoms such as palpitations, breathlessness, tremor, insomnia, and gastrointestinal complaints may also occur in medical conditions.

Management of Anxiety Disorders

Management should be individualized according to the diagnosis, severity of symptoms, patient preference, comorbidities, and clinical circumstances.

Psychotherapy

Psychological interventions are an important component of anxiety management. Cognitive behavioural therapy is an established evidence-based approach for several anxiety disorders.

CBT may help patients:

- Identify maladaptive thought patterns
- Modify unhelpful beliefs
- Develop coping strategies
- Reduce avoidance behaviours
- Manage stress and anxiety-provoking situations

Other psychological interventions may also be appropriate depending on the clinical diagnosis.

Pharmacological Treatment

Depending on the diagnosis and clinical circumstances, pharmacological treatment may include antidepressant medicines and, in selected situations, other medications.

Benzodiazepines may have a role in specific circumstances but require careful clinical supervision because of risks associated with sedation, tolerance, dependence, and withdrawal.

Medication should be prescribed and monitored by an appropriately qualified healthcare professional.

Lifestyle and Supportive Measures

Lifestyle measures may complement formal treatment. These include:

- Regular physical activity
- Adequate and regular sleep
- Stress-management techniques
- Mindfulness and relaxation practices
- Yoga or meditation where appropriate
- Healthy dietary habits
- Limiting excessive caffeine
- Avoiding harmful substance use
- Maintaining supportive social relationships

Lifestyle interventions should be viewed as supportive measures and not as substitutes for appropriate professional treatment in moderate or severe anxiety disorders.

Homoeopathic Approach to Anxiety

In classical homoeopathic practice, anxiety is not treated solely according to its diagnostic label. Instead, the practitioner attempts to identify the characteristic symptom pattern of the individual patient.

The mental and emotional presentation may be considered together with physical symptoms, modalities, general characteristics, and other individualizing features.

The following remedies are traditionally described in homoeopathic materia medica in relation to particular anxiety presentations. They are presented here as traditional remedy pictures rather than as established evidence of clinical efficacy.

Aconitum napellus

The traditional homoeopathic picture of *Aconitum napellus* includes sudden and intense fear, acute anxiety, restlessness, and fear of death.

Characteristic features described in homoeopathic literature include:

- Sudden fear or panic
- Marked restlessness
- Fear of death
- Anxiety following a sudden fright or shock
- Acute onset of symptoms

Argentum nitricum

Argentum nitricum is traditionally associated with anticipatory anxiety, particularly when anxiety occurs before important events or performance situations.

Characteristic features described include:

- Anxiety before examinations or public speaking
- Anticipatory nervousness

- Impulsivity
- Nervous gastrointestinal symptoms, including diarrhoea
- Desire for sweets
- Restlessness

The combination of anticipatory anxiety with gastrointestinal symptoms is considered an important feature within the traditional homoeopathic remedy picture.

Gelsemium sempervirens

Gelsemium sempervirens is traditionally described in relation to performance anxiety and stage fright.

The commonly described symptom picture includes:

- Trembling
- Weakness
- Lack of confidence
- Drowsiness
- Heaviness
- Difficulty performing under pressure

Arsenicum album

The traditional picture of *Arsenicum album* includes marked anxiety concerning health, safety, and security, often accompanied by restlessness.

Characteristic features described in homoeopathic materia medica include:

- Anxiety about health
- Fear of disease
- Restlessness
- Concern about security
- Fastidiousness
- Anxiety that may be worse at night

These remedy descriptions represent the traditional framework of homoeopathic materia medica and should not be interpreted as evidence that a particular remedy is clinically superior for a specific anxiety disorder.

Clinical Case Presentation

Patient Information

A 30-year-old male patient presented with anxiety predominantly associated with occupational performance and important professional situations.

Presenting Complaints

The patient reported:

- Persistent anxiety concerning work performance
- Fear of failure
- Nervous diarrhoea before important meetings
- Desire for sweets
- Restlessness
- Impatience

The combination of anticipatory anxiety, occupational performance concerns, gastrointestinal symptoms, and food preference was considered during homoeopathic case analysis.

Homoeopathic Assessment

The case was evaluated according to the principle of individualization and the totality of symptoms.

The following features were considered particularly characteristic:

1. Anticipatory anxiety

2. Fear of failure
3. Anxiety related to important professional situations
4. Nervous diarrhoea before meetings
5. Desire for sweets
6. Restlessness and impatience

Based on the reported totality of symptoms, *Argentum nitricum* was selected.

Prescription

Remedy: *Argentum nitricum*

Potency: 200C

The original case report states that the remedy was prescribed on the basis of the totality of symptoms.

Follow-Up

At the reported four-week follow-up, the patient was described as having:

- Reduced anxiety
- Improved confidence
- Better sleep

The case was interpreted within the homoeopathic framework as demonstrating the importance of individualized remedy selection.

However, because this is a single uncontrolled case, the observed improvement cannot by itself establish that the prescribed remedy caused the clinical changes. Anxiety symptoms may fluctuate naturally and may also be influenced by psychological, behavioural, environmental, or other therapeutic factors.

Prevention and Self-Management

Although anxiety disorders cannot always be prevented, several measures may reduce psychological vulnerability and support overall mental well-being.

These include:

- Regular physical activity
- Effective stress management
- Mindfulness and relaxation practices
- Adequate sleep
- Maintaining social support
- Addressing significant psychological stressors
- Avoiding harmful substance use
- Seeking professional help when symptoms persist or interfere with functioning

Early recognition and appropriate management are particularly important because untreated anxiety may become persistent or may coexist with other mental health conditions.

Discussion

Anxiety disorders are clinically significant conditions that may produce substantial psychological, physical, occupational, and social impairment. Their management requires accurate diagnosis, assessment of severity, recognition of comorbidities, and an individualized treatment plan.

Homoeopathy approaches the patient from an individualized perspective and traditionally emphasizes the totality of symptoms. Within this framework, the mental and emotional characteristics of anxiety are considered together with physical symptoms and general characteristics.

The case presented in this article illustrates a traditional homoeopathic prescribing approach. The patient exhibited anticipatory anxiety, fear of failure, nervous diarrhoea before important meetings, desire for sweets, restlessness, and impatience. These features were considered collectively, and *Argentum nitricum* 200C was prescribed. Improvement in anxiety, confidence, and sleep was reported at four-week follow-up.

Nevertheless, an individual case report has important methodological limitations. There is no control group, blinding, randomization, or objective comparison with another treatment. The natural course of anxiety, placebo effects, changes in lifestyle, psychological support, or other unidentified factors may contribute to improvement. Consequently, the outcome should be regarded as a clinical observation rather than proof of therapeutic efficacy.

The evidence base concerning homoeopathy for anxiety disorders remains an area requiring further investigation. Well-designed randomized controlled trials, adequately powered studies, standardized outcome measures, long-term follow-up, and transparent reporting would be necessary to determine whether individualized homoeopathic treatment provides clinically meaningful benefits beyond placebo or nonspecific effects.

An important consideration in clinical practice is that individuals with significant anxiety should not be denied established evidence-based psychological or medical care.

Homoeopathy, when used by patients, should be considered within the broader context of comprehensive healthcare, with appropriate referral and collaboration when clinically indicated.

Limitations

The present article has several limitations.

First, the clinical component consists of a single case and therefore cannot be generalized to the wider population of patients with anxiety disorders.

Second, the original case description does not provide standardized anxiety assessment scores, detailed psychiatric diagnostic criteria, duration of symptoms, comorbidities, or objective outcome measurements.

Third, there was no comparison group or blinding, making it impossible to determine whether the reported improvement was attributable specifically to the homoeopathic intervention.

Finally, traditional descriptions of homoeopathic remedies should be distinguished from conclusions based on contemporary clinical evidence.

Future research should employ validated anxiety scales, clearly defined diagnostic criteria, adequate sample sizes, appropriate control groups, standardized reporting, and sufficient follow-up periods.

Conclusion

Anxiety disorders are common and potentially disabling mental health conditions that require appropriate assessment and individualized care. Their manifestations may involve psychological, behavioural, autonomic, gastrointestinal, and sleep-related symptoms.

Conventional management includes psychological interventions, pharmacological treatment when indicated, and supportive lifestyle measures. Early recognition and appropriate professional care can improve functioning and quality of life.

Homoeopathy provides an individualized therapeutic framework based on principles such as the principle of similars, individualization, minimum dose, and totality of symptoms.

Traditional homoeopathic materia medica describes remedies such as *Aconitum napellus*, *Argentum nitricum*, *Gelsemium sempervirens*, and *Arsenicum album* in association with different patterns of anxiety.

The clinical case presented demonstrates how a characteristic symptom pattern may be used for remedy selection within classical homoeopathic practice. However, the improvement observed in a single case cannot establish causality or treatment efficacy.

Therefore, while homoeopathy may be explored as a complementary approach within patient-centred healthcare, stronger clinical evidence is required before definitive conclusions can be drawn regarding its effectiveness in anxiety disorders. Future research should focus on rigorous, well-designed clinical studies that evaluate both efficacy and patient-centred outcomes

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