



“Unveiling The Potential Of 50-Millesimal Potency In Homoeopathy For Generalized Anxiety Disorder Management: A Research Study”

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ABSTRACT

Generalized Anxiety Disorder (GAD) is a chronic condition causing excessive worry, restlessness, and physiological symptoms that disrupt daily life. This research evaluates the efficacy of 50 millesimal potency in alleviating GAD symptoms through a holistic homeopathic approach. Data from 101 patients were analyzed using pre- and post-treatment scores from the Hamilton Anxiety Scale, revealing significant symptom improvement.

Keywords: Generalized Anxiety Disorder, Homoeopathy, 50 Millesimal Potency, Hamilton Anxiety Scale

Introduction

Anxiety is a natural response essential for survival, preparing the body to face or escape danger. It can motivate action or provide excitement in controlled situations. However, when it becomes excessive or irrational, it leads to physical symptoms such as sweating, shaking, shortness of breath, and difficulty concentrating, significantly impairing daily life. Anxiety disorders, including GAD, are common mental health conditions, especially in urban areas and among females, often persisting into adulthood and increasing the risk of depression, substance abuse, and suicide.

A meta-analysis by Reddy and Chandrashekhara reported a 20.7% prevalence of neurotic disorders, with 5.8% specifically for GAD. GAD involves excessive, uncontrollable worry about routine events, lasting for over six months and accompanied by motor tension (e.g., restlessness), autonomic hyperactivity (e.g., palpitations, sweating), and cognitive vigilance (e.g., irritability).

Dr. Samuel Hahnemann's **Organon of Medicine** classifies anxiety under mental diseases and emphasizes individualized treatment. The selection of remedies and appropriate dosing, including the use of 50 millesimal potency, is critical to restoring balance. Remedies work by releasing potential energy through potentization, aligning treatment with the patient's symptoms and maintaining equilibrium.

This approach integrates clinical experience and the principles outlined in the 6th edition of the **Organon of Medicine**, focusing on patient-specific expressions and outcomes to manage GAD effectively.

Etiopathology

Causes of GAD:

1. Psychodynamic Theory: Anxiety signals psychological disturbance, prompting defense mechanisms. In GAD, these defenses fail.
2. Behavioral Theory: Anxiety arises from conditioned responses to neutral stimuli associated with danger.
3. Cognitive Behavioral Theory (CBT): GAD is linked to selective attention to threats, cognitive distortions, and reduced perceived control.
4. Biological Theory: Genetic predisposition (15–20%), chemical triggers (e.g., sodium lactate), and altered GABA levels contribute to anxiety.

Symptoms

GAD symptoms include excessive worry lasting over six months,

- Restlessness,
- Muscle Tension,
- Fatigue, Irritability,
- Difficulty Concentrating,
- And Sleep Disturbances.

The severity varies across individuals.

Aim

- To find out the efficacy of 50millesimal potency in cases of Generalized anxiety disorder
- **Improve the Quality of life in patients suffering from Generalized Anxiety Disorder**

Objectives

- Clinical Evaluation:

To document and analyze the demographic distribution (age, gender) and symptom patterns of patients diagnosed with GAD.

- Therapeutic Assessment:

To evaluate the response of GAD patients to individualized homeopathic remedies prescribed in 50 millesimal potency.

- Statistical Analysis:

To compare pre-treatment and post-treatment scores using appropriate statistical methods, determining the significance of symptom improvement.

- Miasmatic Analysis:

To identify the dominant miasm in GAD cases and its correlation with the treatment outcomes.

- Comorbidity Evaluation:

To study the effect of 50 millesimal potency in GAD cases with and without associated comorbid conditions.

- Treatment Outcome Assessment:

To classify and quantify the percentage of patients showing significant improvement versus those with minimal or no improvement.

- Remedy Potency Profiling:

To identify the most frequently used remedies & Potency, their alignment with the characteristic symptoms of GAD in this potency scale

Research Methodology

❖ **Studyarea– (Population/ Hospitalbased)** Nootan Homoeopathic Medical College & Hospital, Visnagar -opd,ipd, peripheral opds - kamana, kansa

❖ **StudyParticipants:(Healthy/Diseased/age/gender/pregnant/neonates.etc.)** Both sexes and all age groups were considered who are suffering from Generalized Anxiety Disorder

❖ **SampleSize:** 100 patients.

❖ **Samplingtechnique:**

- Simple Random Sampling

❖ **InclusionCriteria:**

- only diagnosed cases of generalized anxiety disorder.
- Both sexes and all age groups were considered.
- All socio-economical classes were taken for study.
- Patients, not falling under exclusion criteria were include in the study.

❖ **ExclusionCriteria:**

- Generalized Anxiety disorder due to general medical condition.
- Substance induced Generalized anxiety disorder.
- Generalized Anxiety Disorder not otherwise specified.

- Those who does not want to participate in research study.

❖ **Withdrawal criteria**

- Not taking follow up regularly every 15 days
- Those who does not want to participate in research study

❖ **StudyDesign:** Randomized , placebo controlled study.

Diagnostic & Assessment Criteria

▪ **DIAGNOSTIC CRITERIA:**

Diagnosis of Anxiety Disorders will be done on the basis of following points:

by interrogation of individual case and on the basis of details obtained regarding present complaints, past history, family history, personal history, General Physical Examination, Systemic Examination and Local examination.

Diagnostic criteria for cases are as per generalized anxiety disorder criteria DSM-5.(American psychiatric association):

Sr no.	Symptoms	Present (y/n)
01	Excessive anxiety and worry- which is uncontrollable about number of events or activities occurring more days at least 6 months	
02	The individual finds it difficult to control the worry.	
03	Anxiety associated with atleast 3 (or more) of the following six symptoms Note: Only one item is required in children	***
	i.Restlessness or feeling keyed up or on edge.	
	i.Being easily fatigued	
	i.Difficulty concentrating or mind going blank	
	v.Irritability.	
	v.Muscle tension.	
	i.Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).	
04	The disturbance is not attributable to physiological effects of substance or another medical condition	

❖ **Scoring & interpretation:**

DISEASE INTENSITY SCORES FOR GAD - HAMILTON ANXIETY SCALE –

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe

SR.NO.	SYMPTOM	GRADING
1	Anxious mood Worries, anticipation of the worst, fearful anticipation, irritability.	0 1 2 3 4
2	Tension Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.	0 1 2 3 4
3	Fears Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.	0 1 2 3 4
4	Insomnia Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.	0 1 2 3 4
5	Intellectual Difficulty in concentration, poor memory.	0 1 2 3 4
6	Depressed mood Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.	0 1 2 3 4
7	Somatic (muscular) Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.	0 1 2 3 4
8	Somatic (sensory) Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.	0 1 2 3 4
9	Cardiovascular symptoms Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.	0 1 2 3 4
10	Respiratory symptoms Pressure or constriction in chest, choking feelings, sighing, dyspnea.	0 1 2 3 4
11	Gastrointestinal symptoms Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal	0 1 2 3 4

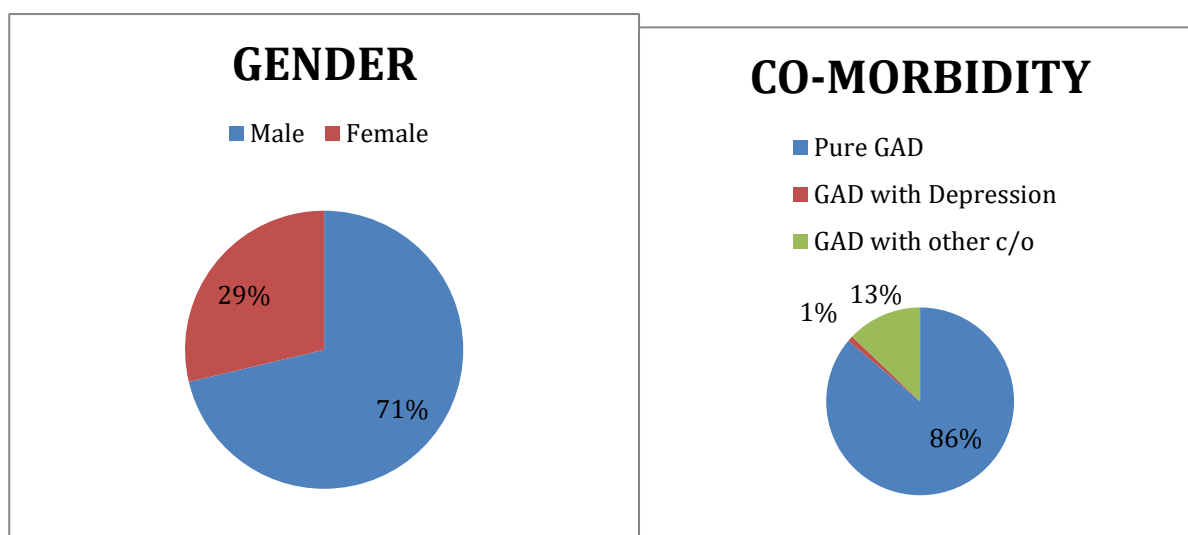
	fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.	
12	Genitourinary symptoms Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.	0 1 2 3 4
13	Autonomic symptoms Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair	0 1 2 3 4
14	Behavior at interview Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc	0 1 2 3 4

- Minimum score possible is zero.
- Maximum score possible is 56
- Range of score: A score of 17 or less indicates mild anxiety severity. A score from 18 to 24 indicates mild to moderate anxiety severity. Lastly, a score of 25 to 30 indicates a moderate to severe anxiety severity.
- ❖ **Any other related information related to your project:** in cases of organic anxiety suspects, investigations will be done and cases will be ruled out.
- ❖ **Data Analysis:** By using “Ms Excel” sheet, SSP software, T test data will be analyzed.

Observation

1. Demographic Overview

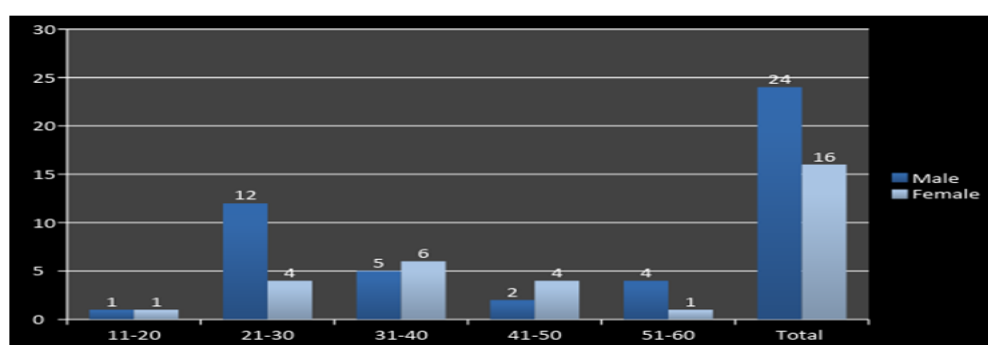
- **Gender Distribution:** Out of 101 patients, the majority were male, comprising 71.3% (72 cases), while females represented 28.7% (29 cases).



- **Implication:** This gender disparity could reflect a higher prevalence or greater inclination among men to seek homeopathic treatment for anxiety-related disorders. Further research might investigate whether social, cultural, or psychological factors influence treatment-seeking behavior in different genders.

- **Age Distribution:** The most prevalent age groups were “16–25 years” (38.61%) and “26–35 years” (35.64%). No cases were reported in the age groups “0–15 years” or “66 years and above”.

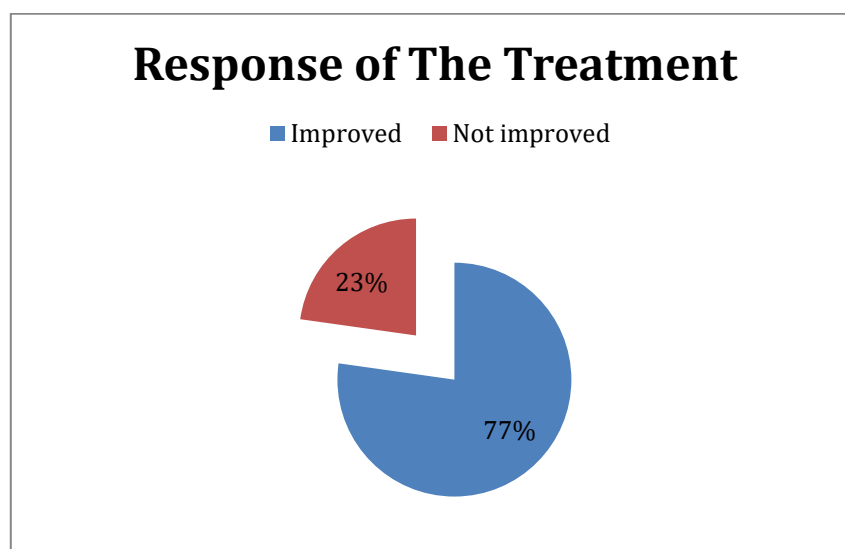
- **Implication:** The concentration of patients in younger adult age groups suggests that “GAD” is more commonly diagnosed in individuals facing academic, career, and family pressures. This aligns with current literature that links “stressful life events” to the onset of anxiety disorders in young adults.



2. “Comorbidity Patterns”

- The majority of the study sample (86.14%, 87 cases) presented with “pure GAD” without any comorbid conditions.
- “Comorbid Conditions:” “13 cases” (12.86%) had other complaints, such as ‘gastritis’ and ‘urticaria’, and ‘one case’ (1%) had ‘depression’ alongside GAD.
- “Implication: The high percentage of ‘pure GAD’ cases suggests that the 50 millesimal potency can be particularly effective when there are no complicating factors. However, the presence of comorbidities in some cases highlights the need for ‘personalized treatment approaches’, where multiple underlying conditions might need simultaneous attention.

3. “Treatment Response”:



- “Positive Response:” 77.4% of cases (78 patients) showed a noticeable improvement, indicating a favorable outcome with 50 millesimal potency treatment.

- “Non-improvement:” 22.6%(23 patients) did not exhibit significant improvements.

- ‘Implication’: The high success rate supports the efficacy of **50 millesimal potencies** in treating **GAD**. However, the non-improvement in some patients suggests that **individual variations** in response to homeopathic treatment may require alternative potencies or additional interventions.

4. **Efficacy Based on Hamilton Anxiety Rating Scale (HAM-A):

- ‘Before-After Scores’: The reduction in anxiety severity was statistically significant, with a mean difference of “-11.96” between pre- and post-treatment scores.

- “Statistical Significance:” t-value of -24.74 with $p < 0.00001$ confirms a substantial reduction in anxiety intensity, affirming the effectiveness of 50 millesimal potency for treating GAD.

- Implication: The significant improvement in “HAM-A scores” reinforces the role of “50 millesimal potency” in reducing “anxiety symptoms” and enhancing emotional well-being. Despite the general success, the variability in response suggests that “tailored prescribing” is necessary.

- “Score Distribution:”

- “56.43%” of patients showed post-treatment scores “ ≤ 10 ”, reflecting clear effectiveness in alleviating anxiety.

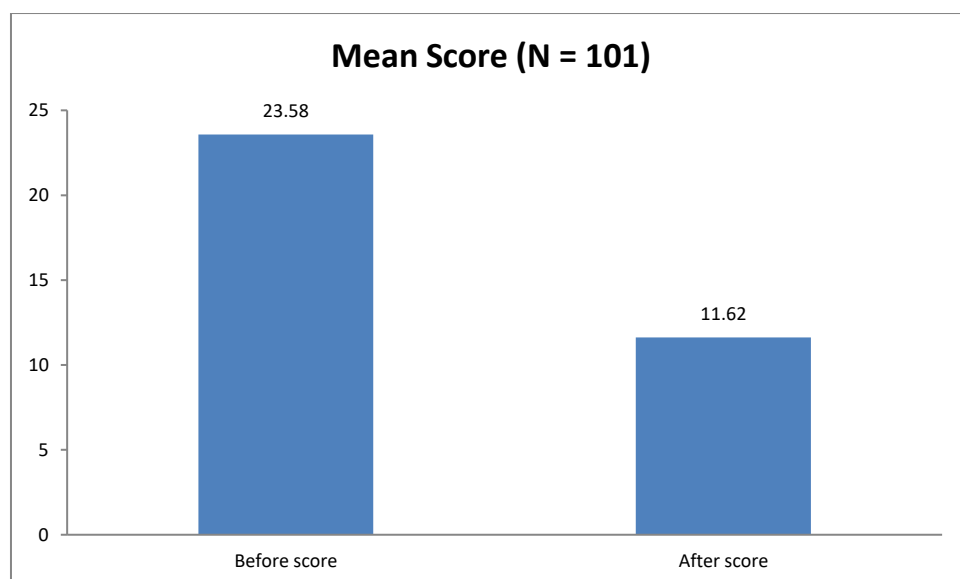
- “43.56%” had scores “ > 10 ”, suggesting the potential benefit of exploring other homeopathic scales or complementary therapies for these individuals.

We have used the paired sample t-test to check is there any statistically significance difference between the before and after score.

Null hypothesis: There is no statistical significance mean difference between the before and after score.

Alternative hypothesis: There is statistically significance mean difference between the before and after score

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	BEFORE SCORE	23.58	101	2.094	.208
	AFTER SCORE	11.62	101	4.242	.422



There were total 101 (N = 101) participant has been enrolled in the study.

The mean of before and after score is 23.58 and 11.62 respectively.

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	BEFOREScore - AFTERScore	-11.960	4.858	.483	11.001	12.919	24.744	100.000	

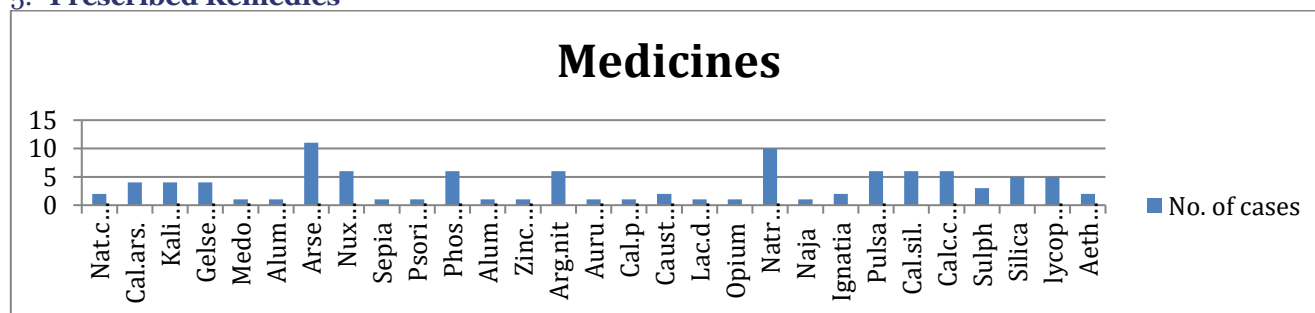
The paired sample t-test shows a statistically significant increase in the scores from before to after the intervention, with a mean improvement of 11.96 points.

The very small p-value of 0.000 ($p < 0.05$) allows us to reject the null hypothesis of no difference, confirming that the intervention had a significant positive effect on the scores.

Please note that SPSS version 21 has been used to perform the paired sample t-test.

- "Inference:" While most patients responded positively to "50Millesimal potencies", a subset of individuals with higher post-treatment scores may require "alternative potencies", longer treatment durations, or an integrated approach with conventional therapies.

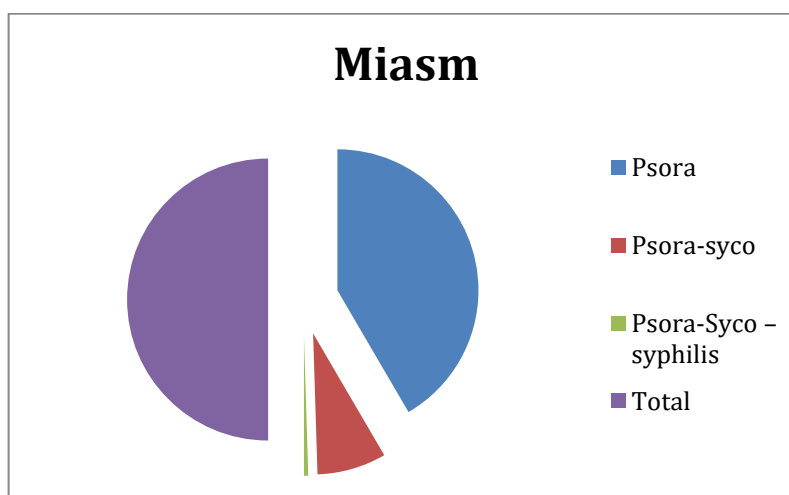
5. "Prescribed Remedies"



The most commonly used remedies in the study included:

- **Arsenicum album** (11 cases)
- **Natrum mur** (10 cases)
- **Calcarea carb** (6 cases)
- Other remedies: Calc. sil, Pulsatilla, Phosphorus, Nux vomica (6 cases each).
- Implication: These remedies reflect the "symptom totality" of "GAD", addressing both mental and physical aspects. The recurrence of these remedies supports the "personalized approach" in Homoeopathy, where treatment is closely aligned with the patient's constitutional and symptomatic profile.

6. “Miasmatic Analysis”:



- “Psora”: The largest proportion of cases (83.1%, 84 cases) were classified under the **Psora miasm**.
- “Psora-Sycotic Miasm:” 16.9% (16 cases) presented a combination of **Psora-Sycotic** miasms.
- “Psora-Syphilitic-Sycotic Miasm:” 1% (1 case).
- “Implication:” The predominance of ‘Psora miasm’ suggests that many patients with ‘GAD’ have underlying ‘constitutional weaknesses’ linked to this miasm. Understanding the role of miasms helps tailor the treatment more effectively to address deeper underlying causes of the disorder.

7. “Limitations of the Study”

Analysis

Statistical analysis revealed a significant reduction in HAM-A scores ($p < 0.00001$). This improvement underscores the potential of 50 millesimal potency in GAD management.

Discussion

The findings highlight the efficacy of 50 millesimal potency in GAD treatment. Its mild and sustained action aligns with Homoeopathy's holistic principles, offering an alternative to conventional therapies.

Conclusion

This study on anxiety disorders gives the following findings:

1. Generalized anxiety disorder is the commonest anxiety disorder.
2. Generalized anxiety disorders are found to be more prevalent in males (71.3%) than females (28.7%).
3. Prevalence of GAD is found more in the age groups, 16-25 yrs.
4. Amongst the GAD cases, pure GAD was (86.14%) ranked high and second was GAD with others 13 (12.86%).
5. 50 millesimal potency seems to be efficacious in reducing the frequency and intensity of generalized anxiety disorder.
6. Majority of the patients included in this study group showed a significant improvement after homoeopathic treatment.
7. The statistical scales used for the assessment of the effect of the treatment also showed significant improvement after the treatment.
8. In the study 78 cases show improvement from 50 Millesimal potency while 23 cases are not improved.
9. Majority of the patients of the study are representing with psora miasm i.e. 84 (83.1%) and another 16 (15.9%) patients are from psora-sycotic miasm.
10. The clinical studies show that the remedies more frequently match to the totality of symptoms is ars.alb-11 cases & Natrum Mur-10 cases.
11. The statistical data shows that 57 cases present 10 or less than 10 After score is more effective and markedly reduce the following Symptoms of GAD that is - Constant Anxiety & apprehension. - Fear - Sleep disturbance. - Restlessness - no interest in work. While 44 cases which have more than 10 after score will be more effective after other scale. So 50 Millesimal Potency shows effective help in treatment of the cases of Generalized anxiety disorders.

Limitations:

While this study offers significant insights into the treatment of GAD with 50 millesimal potency, several limitations must be considered:

1. Short Duration of Study: The study's time-bound nature limited the follow-up period, which is crucial for evaluating the long-term effects of treatment in GAD.
2. Sample Size: The study sample was limited to 101 cases, which may not be sufficient to generalize the findings to a larger population.
3. Lack of Control Group: Without a control group, it is difficult to isolate the effects of LM potency from other potential factors influencing patient improvement.
4. Absence of Blinding: Given the study's small sample size and limited resources, blinding was not feasible, potentially introducing bias in the assessment of outcomes.
5. Reliance on Patient History: In some cases, lack of reliable informants may have led to incomplete or less accurate patient histories, potentially affecting treatment selection.
6. Absence of Diagnostic Investigations: Routine diagnostic investigations were not used, which may have left some underlying organic conditions undetected.
7. Long-Term Observation Missing: Some cases may have required long-term observation to fully assess treatment outcomes, which was not possible due to the study's time constraints.

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