

Anxiety Neurosis & Homeopathy.

Research Paper On Anxiety Neurosis & Homeopathy by Dr. Arindam Roy. B.S.C, M.D(HOMO)
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01. - INTRODUCTION

Anxiety, emotional state in which people feel uneasy, apprehensive, or fearful. People usually experience anxiety about events they cannot control or predict, or about events that seem threatening or dangerous. For example, students taking an important test may feel anxious because they cannot predict the test questions or feel certain of a good grade. People often use the words fear and anxiety to describe the same thing. Fear also describes a reaction to immediate danger characterized by a strong desire to escape the situation.

The physical symptoms of anxiety reflect a chronic "readiness" to deal with some future threat. These symptoms may include fidgeting, muscle tension, sleeping problems, and headaches. Higher levels of anxiety may produce such symptoms as rapid heartbeat, sweating, increased blood pressure, nausea, and dizziness.

All people experience anxiety to some degree. Most people feel anxious when faced with a new situation, such as a first date, or when trying to do something well, such as give a public speech. A mild to moderate amount of anxiety in these situations is normal and even beneficial. Anxiety can motivate people to prepare for an upcoming event and can help keep them focused on the task at hand.

However, too little anxiety or too much anxiety can cause problems. Individuals who feel no anxiety when faced with an important situation may lack alertness and focus. On the other hand, individuals who experience an abnormally high amount of anxiety often feel overwhelmed, immobilized, and unable to accomplish the task at hand. People with too much anxiety often suffer from one of the anxiety disorders, a group of mental illnesses. In fact, more people experience anxiety disorders than any other type of mental illness. A survey of people aged 15 to 54 in the United States found that about 17 percent of this population suffers from an anxiety disorder during any given year.

II. - ANXIETY DISORDERS

The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, a handbook for mental health professionals, describes a variety of anxiety disorders. These include generalized anxiety disorder, phobias, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder.

A. Generalized Anxiety Disorder

People with generalized anxiety disorder feel anxious most of the time. They worry excessively about routine events or circumstances in their lives. Their worries often relate to finances, family, personal health, and relationships with others. Although they recognize their anxiety as irrational or out of proportion to actual events, they feel unable to control their worrying. For example, they may worry uncontrollably and intensely about money despite evidence that their financial situation is stable. Children with this disorder typically worry about their performance at school or about catastrophic events, such as tornadoes, earthquakes, and nuclear war.

People with generalized anxiety disorder often find that their worries interfere with their ability to function at work or concentrate on tasks. Physical symptoms, such as disturbed sleep, irritability, muscle aches, and tension, may accompany the anxiety. To receive a diagnosis of this disorder, individuals must have experienced its symptoms for at least six months.

Generalized anxiety disorder affects about 3 percent of people in the general population in any given year. From 55 to 66 percent of people with this disorder are female.

B. Phobias

A phobia is an excessive, enduring fear of clearly defined objects or situations that interferes with a person's normal functioning. Although they know their fear is irrational, people with phobias always try to avoid the source of their fear. Common phobias include fear of heights (acrophobia), fear of enclosed places (claustrophobia), fear of insects, snakes, or other animals, and fear of air travel. Social phobias involve a fear of performing, of critical evaluation, or of being embarrassed in front of other people.

C. Panic Disorder

Panic is an intense, overpowering surge of fear. People with panic disorder experience panic attacks—periods of quickly escalating, intense fear and discomfort accompanied by such physical symptoms as rapid heartbeat, trembling, shortness of breath, dizziness, and nausea. Because people with this disorder cannot predict when these attacks will strike, they develop anxiety about having additional panic attacks and may limit their activities outside the home.

D. Obsessive-Compulsive Disorder

In obsessive-compulsive disorder, people persistently experience certain intrusive thoughts or images (obsessions) or feel compelled to perform certain behaviors (compulsions). Obsessions may include unwanted thoughts about inadvertently poisoning others or injuring a pedestrian while driving. Common compulsions include repetitive hand washing or such mental acts as repeated counting. People with this disorder often perform compulsions to reduce the anxiety produced by their obsessions. The obsessions and compulsions significantly interfere with their ability to function and may consume a great deal of time.

E. Post-Traumatic Stress Disorder

Post-traumatic stress disorder sometimes occurs after people experience traumatic or catastrophic events, such as physical or sexual assaults, natural disasters, accidents, and wars. People with this disorder relive the traumatic event through recurrent dreams or intrusive memories called flashbacks. They avoid things or places associated with the trauma and may feel emotionally detached or estranged from others. Other symptoms may include difficulty sleeping, irritability, and trouble concentrating.

III. - CAUSES

Most anxiety disorders do not have an obvious cause. They result from a combination of biological, psychological, and social factors.

A. Genetics and Neurobiology

Studies suggest that anxiety disorders run in families. That is, children and close relatives of people with disorders are more likely than most to develop anxiety disorders. Some people may inherit genes that make them particularly vulnerable to anxiety. These genes do not necessarily cause people to be anxious, but the genes may increase the risk of anxiety disorders when certain psychological and social factors are also present.

Anxiety also appears to be related to certain brain functions. Chemicals in the brain called neurotransmitters enable neurons, or brain cells, to communicate with each other. One neurotransmitter, gamma-amino butyric acid (GABA), appears to play a role in regulating one's level of anxiety. Lower levels of GABA are associated with higher levels of anxiety. Some studies suggest that the neurotransmitters norepinephrine and serotonin play a role in panic disorder.

B. Psychological Factors

Psychologists have proposed a variety of models to explain anxiety. Austrian psychoanalyst Sigmund Freud suggested that anxiety results from internal, unconscious conflicts. He believed that a person's mind represses wishes and fantasies about which the person feels uncomfortable. This repression, Freud believed, results in anxiety disorders, which he called neuroses.

More recently, behavioral researchers have challenged Freud's model of anxiety. They believe one's anxiety level relates to how much a person believes events can be predicted or controlled. Children who have little control over events, perhaps because of overprotective parents, may have little confidence in their ability to handle problems as adults. This lack of confidence can lead to increased anxiety.

Behavioral theorists also believe that children may learn anxiety from a role model, such as a parent. By observing their parent's anxious response to difficult situations, the child may learn a similar anxious response. A child may also learn anxiety as a conditioned response. For example, an infant often startled by a loud noise while playing with a toy may become anxious just at the sight of the toy. Some experts suggest that people with a high level of anxiety misinterpret normal events as threatening. For instance, they may believe their rapid heartbeat indicates they are experiencing a panic attack when in reality it may be the result of exercise.

C. Social Factors

While some people may be biologically and psychologically predisposed to feel anxious, most anxiety is triggered by social factors. Many people feel anxious in response to stress, such as a divorce, starting a new job, or moving. Also, how a person expresses anxiety appears to be shaped by social factors. For example, many cultures accept the expression of anxiety and emotion in women, but expect more reserved emotional displays from men.

IV. - TREATMENT

Mental health professionals use a variety of methods to help people overcome anxiety disorders. These include psychoactive drugs and psychotherapy, particularly behavior therapy. Other techniques, such as exercise, hypnosis, meditation, and biofeedback, may also prove helpful.

A. Medications

Psychiatrists often prescribe benzodiazepines, a group of tranquilizing drugs, to reduce anxiety in people with high levels of anxiety. Benzodiazepines help to reduce anxiety by stimulating the GABA neurotransmitter system. Common benzodiazepines include alprazolam (Xanax), clonazepam (Klonopin), and diazepam (Valium). Two classes of

antidepressant drugs—tricyclics and selective serotonin reuptake inhibitors (SSRIs)—also have proven effective in treating certain anxiety disorders.

Benzodiazepines can work quickly with few unpleasant side effects, but they can also be addictive. In addition, benzodiazepines can slow down or impair motor behavior or thinking and must be used with caution, particularly in elderly persons. SSRIs take longer to work than the benzodiazepines but are not addictive. Some people experience anxiety symptoms again when they stop taking the medications.

B. Psychotherapy

Therapists who attribute the cause of anxiety to unconscious, internal conflicts may use psychoanalysis to help people understand and resolve their conflicts. Other types of psychotherapy, such as cognitive-behavioral therapy, have proven effective in treating anxiety disorders. In cognitive-behavioral therapy, the therapist often educates the person about the nature of his or her particular anxiety disorder. Then, the therapist may help the person challenge irrational thoughts that lead to anxiety. For example, to treat a person with a snake phobia, a therapist might gradually expose the person to snakes, beginning with pictures of snakes and progressing to rubber snakes and real snakes. The patient can use relaxation techniques acquired in therapy to overcome the fear of snakes.

Research has shown psychotherapy to be as effective or more effective than medications in treating many anxiety disorders. Psychotherapy may also provide more lasting benefits than medications when patients discontinue treatment.

HOMŒOPATHIC TREATMENT

Aconitum napellus:

A panic attack that comes on suddenly with very strong fear (even fear of death) may indicate this remedy. A state of immense anxiety may be accompanied by strong palpitations, shortness of breath, and flushing of the face. Sometimes a shaking experience will be the underlying cause. Strong feelings of anxiety may also occur when a person is just beginning to come down with a flu or cold.

Argentum nitricum:

This remedy can be helpful when anxiety develops before a big event: an exam, an important interview, a public appearance or social engagement. Dizziness and diarrhea may also be experienced. People who need this remedy are often enthusiastic and suggestible, with a tendency toward peculiar thoughts and impulses. They often crave sweets and salt (which usually make their symptoms worse).

Arsenicum album:

People who are deeply anxious about their health, and extremely concerned with order and security, often benefit from this remedy. Obsessive about small details and very neat, they may feel a desperate need to be in control of everything. Panic attacks often occur around midnight or the very early hours of the morning. The person may feel exhausted yet still be restless—fidgeting, pacing, and anxiously moving from place to place. These people may also have digestive problems or asthma attacks accompanied by anxiety.

Calcarea carbonica:

This remedy is usually indicated for dependable, solid people who become overwhelmed from physical illness or too much work and start to fear a breakdown. Their thoughts can be muddled and confused when tired, which adds to the anxiety. Worry and bad news may agitate them, and a nagging dread of disaster (to themselves or others) may develop. Fear of heights and claustrophobia are also common. A person who needs this remedy is often chilly and sluggish, has a craving for sweets, and is easily fatigued.

Gelsemium:

Feelings of weakness, trembling, and mental dullness (being "paralyzed by fear") suggest a need for this remedy. It is often helpful when a person has stage-fright about a public performance or interview, or feels anxious before a test, a visit to the dentist, or any stressful event. Chills, perspiration, diarrhea, and headaches will often occur with nervousness. Fear of crowds, a fear of falling, and even a fear that the heart might stop are other indications for Gelsemium.

Ignatia amara:

A sensitive person who is anxious because of grief, loss, disappointment, criticism, loneliness (or any stressful emotional experience) may benefit from this remedy. A defensive attitude, frequent sighing, and mood swings are other indications. The person may burst unexpectedly into either tears or laughter. Headaches that feel like a nail driven into the side of the head, and cramping pains in the abdomen or back, are often seen when this remedy is needed.

Kali phosphoricum:

When a person has been exhausted by overwork or illness and feels a deep anxiety and inability to cope, this remedy may help. The person is jumpy and oversensitive, and may be startled by ordinary sounds. Hearing unpleasant news or thinking of world events can aggravate the problems. Insomnia and an inability to concentrate may develop, increasing the sense of nervous dread. Eating, warmth, and rest often bring relief. Headaches, backaches, and nervous digestive upsets are often seen when this remedy is needed.

Lycopodium:

Individuals likely to respond to this remedy feel anxiety from mental stress and suffer from a lack of confidence. They can be self-conscious and feel intimidated by people they perceive as powerful (yet may also swagger or be domineering toward those with whom they feel

more comfortable). Taking on responsibility can cause a deep anxiety and fear of failure, although the person usually does well, once started on a task. Claustrophobia, irritability, digestive upsets with gas and bloating, and a craving for sweets are often seen when this remedy is needed.

Natrum muriaticum:

Deep emotions and a self-protective shyness can make these people seem reserved, aloof, and private. Even when feeling lonely, they tend to stay away from social situations, not knowing what to say or do. (Inhibitions sometimes leave completely if they turn to alcohol, which makes them feel embarrassed afterwards.) Easily hurt and offended, they can brood, bear grudges, dwell on unhappy feelings, and isolate themselves—refusing consolation even when they want it. However, they are often sympathetic listeners to other people's problems. Claustrophobia, anxiety at night (with fears of robbers or intruders), migraines, and insomnia are often seen when this remedy is needed.

Phosphorus:

People who need this remedy are openhearted, imaginative, excitable, easily startled, and full of intense and vivid fears. Strong anxiety can be triggered by thinking of almost anything. Nervous and sensitive to others, they can overextend themselves with sympathy to the point of feeling exhausted and "spaced out" or even getting ill. They want a lot of company and reassurance, often feeling better from conversation or a back-rub. Easy flushing of the face, palpitations, thirst, and a strong desire for cold, refreshing foods are other indications for Phosphorus.

Pulsatilla:

People who need this remedy often express anxiety as insecurity and clinginess, with a need for constant support and comforting. The person may be moody, tearful, whiny, even emotionally childish. (Pulsatilla is a very useful remedy for children.) Getting too warm or being in a stuffy room often increases anxiety. Fresh air and gentle exercise often bring relief. Anxiety around the time of hormonal changes (puberty, menstrual periods, or menopause) often is helped with Pulsatilla.

Silicea :

People who need this remedy are capable and serious, yet are also nervous, shy, and subject to bouts of temporary loss of confidence. Anxiety can be extreme when they are faced with a public appearance, interview, examination, or any new job or task. Worry and overwork can bring on headaches, difficulty concentrating, and states of exhaustion, oversensitivity, and dread. Responsible and diligent, they often overreact and devote attention to tiny details—making their worries (and their work) more difficult. They often have low stamina and come down with colds, sore throats, or other illnesses after working hard or being under stress.

