



# Homoeopathic Management Of Generalised Anxiety Disorder With Liliun Tigricum: A Case Report.

AUTHORS:

Dr J. SUNDARESHAN, M.D(Hom), PhD SCHOLAR, 2. Dr RUBATHARSHINI RAJASEKARAN, Dr  
SAJAIMAHENDRAN

ASSOCIATE PROFESSOR, CRRI OF 2024-2025, CRRI OF 2024-2025

DEPARTMENT OF HUMAN ANATOMY

Dr HAHNEMANN HOMOEOPATHIC MEDICAL COLLEGE AND RESEARCH CENTRE, RASIPURAM,  
NAMAKKAL DT, TAMIL NADU, INDIA.

## ABSTRACT:

Generalised anxiety disorder involves excessive worry in day-to-day life. The case report shows the usefulness of the homoeopathic remedy of the Liliun tigrinum for managing the symptoms of the generalised anxiety disorder<sup>[1]</sup>. A 31-year-old male diagnosed with generalised anxiety disorder. Presented with the symptoms of public anxiety, fear of ghosts, dark imaginary thoughts, dead bodies, overthinking, loss of confidence, delusion frequent change of thought. A person in both religious and sexual mania. He also had physical illness of hypothyroidism and pain in the right knee joint, trembling and numbness in both legs. The patient was administered Liliun tigrinum in the 1M Potency. The case was assessed with the Hamilton Anxiety Rating Scale (HAM-A)<sup>[2]</sup>. To note the public anxiety, enhance the self-esteem, in reduce the fear and increase life satisfaction.

## INTRODUCTION :

Generalized Anxiety Disorder (GAD) is one of the most prevalent and disabling anxiety disorders, characterized by excessive, persistent, and uncontrollable worry about various aspects of daily life, often disproportionate to the actual circumstances (American Psychiatric Association, 2013)<sup>[3]</sup>. Unlike normal anxiety, which can be adaptive in preparing individuals for potential threats, GAD is pathological and results in clinically significant distress or functional impairment. Generalized Anxiety Disorder was previously referred to as “anxiety neurosis”<sup>[4]</sup>.

It's normal to feel nervous occasionally, especially after a major life stressor. Many people worry about things like health, money or family, for example. But with GAD, those feelings happen more often and more intensely, even when there's little or no clear reason<sup>[5]</sup>.

These feelings can lead to physical symptoms like restlessness, headaches or unexplained aches and pains. It can make getting through the day very difficult<sup>[4]</sup>.

Generalized anxiety disorder is common. It currently affects about 3% of the adult U.S. population and 5% of people at any point during their lives. Only 43% of those affected are receiving treatment<sup>[7]</sup>.

A healthcare provider can help you manage GAD<sup>[8]</sup>.

Hypothyroidism, also known as an underactive thyroid, is an endocrine condition in which the thyroid gland does not produce enough thyroid hormones to meet the body's needs. Hypothyroidism can develop slowly over time and cause a variety of symptoms, including fatigue, muscle weakness and stiffness, cold intolerance, brain fog, anxiety, limb numbness or tingling sensation, and palpitations<sup>[9]</sup>. Regrettably, these symptoms and manifestations can closely resemble those of hypothyroidism, making accurate diagnosis and treatment more challenging. Anxiety itself can complicate the management of hypothyroidism<sup>[10]</sup>.

Hypothyroidism, though primarily an endocrine disorder, can exhibit psychiatric manifestations that closely mimic anxiety disorders, potentially leading to misdiagnosis and delayed treatment<sup>[11]</sup>.

## **ETIOLOGY:**

The cause was unknown. But it involves maximum factor<sup>[12]</sup>.

Brain function- There may be differences in how in the brain manages worry and stress.

Genetics- GAD may run in families. Genetic differences are thought to lead to changes in important chemical messengers in the brain (serotonin, dopamine, GABA), by which thought patterns are affected <sup>[13]</sup>.

Life experiences- Stressful or challenging experiences are believed to shape how everyday situations are responded to over time<sup>[13]</sup>.

## **Clinical features:**

- Along with excessive worry, generalised anxiety disorder can cause physical symptoms.
- Symptoms of generalised anxiety disorder (GAD)<sup>[13]</sup>.

The symptoms of generalised anxiety disorder may include:

- Excessive and persistent worry about everyday things.
- Trouble managing worries.
- Symptoms may come and go, but often feel worse when they are stressed<sup>[14]</sup>.

## **Objective symptom:**

- Difficulty falling asleep and/or staying asleep
- Fatigue
- Feeling on edge or irritable
- Headaches
- Heart palpitations
- Muscle tension
- Restlessness
- Shortness of breath
- Sweating
- Trouble concentrating
- Unexplained pains (like muscle aches, stomachaches)<sup>[15,16]</sup>

## Risk factors:

GAD can affect children and adults. The condition usually begins in childhood or adolescence but may start at any age<sup>[17]</sup>.

- Female<sup>[17]</sup>
- Biologically related to someone diagnosed with GAD.
- Experienced a traumatic event or significant stress in your life.
- Experienced child abuse.
- Live with another mental health condition, like panic attacks, depression or a strong fear (phobia).
- Manage a chronic illness.
- Frequently use substances like tobacco, alcohol.

Clinically, GAD presents with both psychological and somatic symptoms, including excessive worry, restlessness, irritability, difficulty concentrating, muscle tension, and sleep disturbances (National Institute for Health and Care Excellence [NICE], 2019). These symptoms often overlap with other psychiatric conditions, such as major depressive disorder and other anxiety disorders, complicating diagnosis and management<sup>[6,11]</sup>.

The pathophysiology of GAD is multifactorial, involving dysregulation of the hypothalamic–pituitary–adrenal (HPA) axis, abnormalities in  $\gamma$ -aminobutyric acid (GABA) and serotonergic neurotransmission, as well as psychosocial stressors and genetic vulnerability (Mennin et al., 2021). These biological and psychological mechanisms contribute to the chronic worry and heightened arousal states seen in affected individuals<sup>[6,8]</sup>.

## Diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5)<sup>[3]</sup>:

Excessive anxiety and worry for at least 6 months

Difficulty controlling the worrying<sup>[3]</sup>

The anxiety is associated with 3 or more of the below symptoms for at least 6 months:

- Restlessness, feeling keyed up or on edge
- Being easily fatigued
- Difficulty in concentrating or mind going blank, irritability
- Muscle tension
- Sleep disturbance
- Irritability<sup>[3]</sup>

The anxiety results in significant distress or impairment in social and occupational areas

The anxiety is not attributable to any physical cause<sup>[6]</sup>.

## Evaluation:

Initial assessment begins by addressing behavioural or somatic symptoms. Evaluate for psychosocial stress, psychosocial difficulties, and developmental issues. Review past medical history, including trauma, psychiatric conditions, and substance abuse<sup>[15]</sup>.

The following evaluation may be obtained to exclude organic causes:

1. Thyroid function tests
2. Blood glucose level
3. Echocardiography
4. Toxicology screen

The Generalised Anxiety Disorder 7-Item (GAD-7)[Questionnaire is a screening tool that can also be used to monitor patients with generalised anxiety disorder<sup>[18]</sup>.

### **Complications:**

Complications of generalised anxiety disorder can also lead to, or worsen, other mental and physical conditions:

- Depression (often presents concomitantly with an anxiety disorder)
- Insomnia
- Drug or alcohol use disorder
- Gastrointestinal problems
- Social isolation
- Issues functioning at work/school
- Impaired quality of life
- Suicide potential<sup>[1,3]</sup>

### **CASE STUDY:**

A 31-year-old male patient, employed as an electrician, presented with multiple psychological and physical complaints. He reported having an intense fear of his senior officer, father, and strangers. He tends to suppress his emotions and experiences marked anxiety when facing problems.

The patient complained of poor memory, particularly forgetting the names of his friends. He exhibited symptoms of both religious and sexual mania, along with loss of self-confidence. He also experienced delusions, including the belief that someone was following him. He desires to be alone. He appears to be in a persistent condition of confusion and disorientation.

He demonstrates marked suggestibility, readily accepting the statements of others without question. Additionally, he reported fear of the disease dark, ghosts, and dead bodies. He expressed feelings of inferiority, a tendency to cry easily, and marked suspiciousness.

Physical complaints included hypothyroidism, knee joint pain, and pain in the lumbar region.

### **Physical general:**

Appetite: Increased appetite. Takes 3 times per day. No nausea and vomiting.

Thirst : Takes 2L per day, dryness of mouth present.

Urine : Passes 5-6 times per day. No burning.

Stool : Passes 1 time per day. No straining.

Sleep: Disturbed sleep.

Sweat: Profuse sweat on the face.

### **Past history:**

The patient had a history of hypothyroidism for 3 years and had been taking allopathic treatment. At the age of 28, jaundice occurred and took a native treatment.

### **Life space investigation:**

The patient was introverted, shy, and fearful, with a history of childhood abuse by his alcoholic father. During his childhood, the father often quarrelled with and shouted at the mother, during which the patient would cover himself and react fearfully to his father's actions. He had a poor memory and frequently forgot even the names of his friends. Owing to this weakness, he studied only up to the



10th standard and later searched for jobs where there was no senior authority over him. He preferred solitude and exhibited multiple fears—of teachers, strangers, his father, darkness, ghosts, and of being questioned. He also harbored a fear of disease, with the belief that illnesses could not be cured. The patient suppressed his emotions and became angry when consoled. He remained unmarried, experienced guilt and anxiety in the presence of women, and yet had sexual thoughts, with occasional masturbation. He was religiously inclined. He frequently changed jobs and kept himself occupied. He became anxious in unfamiliar places, lacked courage, and had low self-confidence. He suppresses his emotion. He had fear of taking decision, as he believed they might lead to problems.

#### GAD -7 Anxiety chart<sup>[18]</sup>

S.No	Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half	Nearly every day
1	Feeling nervous, anxious, or on edge.	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it is hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid, as if something awful might happen	0	1	2	3

Column totals – 2+3+3+2+2+2+3=17

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at

All somewhat difficult

**Very difficult**

Extremely difficult

#### Scoring GAD-7 Anxiety Severity :

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.”

GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety<sup>[18]</sup>

**Totality of symptoms:***Mental Generals:*

- Religious mania alternating with sexual thoughts
- Guilt about sexual desire
- Suppressed emotions
- Ailments from fear
- Fear of imaginary things (ghosts, dead bodies, dark)
- Delusion that someone is following him
- Low confidence
- Company aversion
- Forgetfulness
- Anger when consoled
- Suggestibility

*Physical Generals:*

- Disturbed sleep
- Dreams of dead bodies
- Profuse facial sweating

*Particulars:*

Known hypothyroidism

**Evaluation of symptom:**

Religious alters with excessive sexual thought.

Guilt feeling for the sexual desire.

On repertoring the peculiar symptoms by using complete repertory,

**MIND- RELIGIOUS AFFECTION-** *alters with sexual excess*

**MIND- OFFENDED EASILY-** *Criticisms takes advice as*

**RESULT AND DISSCUSSION:**

GAD is characterized by an uncontrollable worry, for majority of the time, lasting greater than 6 months, and causing significant impairment. The worry must be associated with at least three of the following six symptoms: “restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension; or sleep disturbance<sup>[1]</sup>.

Hypothyroidism, though primarily an endocrine disorder, can exhibit psychiatric manifestations that closely mimic anxiety disorders, potentially leading to misdiagnosis and delayed treatment<sup>[9]</sup>.

The patient reported symptoms of the anxiety, fear of disease, palpitations, poor concentration and sleep disturbances. Based on religious alters with excessive sexual thought, guilt feeling for the sexual desire, *Lilium tigrum* is prescribed. The improvement is found in the symptoms.

**BIBLIOGRAPHY**

1. Niraj Ahuja. *a Short Textbook of Psychiatry*. 5th ed., New Delhi: Jaypee brothers publisher., 2011.
2. Sajatovic, Martha, and Luis F Ramirez. *Rating Scales in Mental Health*. Hudson, Oh, Lexi-Comp, 2003.
3. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed., Arlington, VA, American Psychiatric Publishing, 2013.
4. Weisberg, Risa B. "Overview of Generalized Anxiety Disorder: Epidemiology, Presentation, and Course." *PubMed*, vol. 70 Suppl 2, no. PMID: 19371500, 1 Jan. 2009, pp. 4–9. Accessed 9 Nov. 2025.
5. Weisberg, Risa B. "Overview of Generalized Anxiety Disorder." *The Journal of Clinical Psychiatry*, vol. 70, no. suppl 2, Apr. 2009, pp. 04–09, <https://doi.org/10.4088/jcp.s.7002.01>.
6. Dupuy, Jean-Bernard, and Robert Ladouceur. "Cognitive Processes of Generalized Anxiety Disorder in Comorbid Generalized Anxiety Disorder and Major Depressive Disorder." *Journal of Anxiety Disorders*, vol. 22, no. 3, Apr. 2008, pp. 505–514, <https://doi.org/10.1016/j.janxdis.2007.05.010>.
7. Hale III, William W., et al. "One Factor or Two Parallel Processes? Comorbidity and Development of Adolescent Anxiety and Depressive Disorder Symptoms." *Journal of Child Psychology and Psychiatry*, vol. 50, no. 10, Oct. 2009, pp. 1218–1226, Accessed 8 May 2022 <https://doi.org/10.1111/j.1469-7610.2009.02115.x>.
8. Hale, William W., et al. "Is the Generalized Anxiety Disorder Symptom of Worry Just Another Form of Neuroticism?" *The Journal of Clinical Psychiatry*, vol. 71, no. 07, 4 May 2010, pp. 942–948, <https://doi.org/10.4088/jcp.09m05506blu>.
9. Dampa, Eleftheria. "Anxiety Symptoms in Hypothyroidism: A Case for Causation or Co-Occurrence?" *Cureus*, 22 Jan. 2025, assets.cureus.com/uploads/case\_report/pdf/336606/20250122-72562-ohpyph.pdf, <https://doi.org/10.7759/cureus.77814>.
10. Mishra, Aditi, and Anuj Varma. "A Comprehensive Review of the Generalized Anxiety Disorder." *Cureus*, vol. 15, no. 9, 28 Sept. 2023, www.ncbi.nlm.nih.gov/pmc/articles/PMC10612137/, <https://doi.org/10.7759/cureus.46115>.
11. Stein, Murray B., and Jitender Sareen. "Generalized Anxiety Disorder." *New England Journal of Medicine*, vol. 373, no. 21, 19 Nov. 2015, pp. 2059–2068, <https://doi.org/10.1056/NEJMcp1502514>.
12. Lee, Sing, et al. "Generalized Anxiety Disorder with and without Excessive Worry in Hong Kong." *Depression and Anxiety*, vol. 26, no. 10, Oct. 2009, pp. 956–961, <https://doi.org/10.1002/da.20578>.
13. Leonel Cuamatzin García, et al. "Incidence of Anxiety Determined by the Hamilton Anxiety Scale in Post-COVID-19 Patients after the Pandemic." *Physiology*, vol. 39, no. S1, 1 May 2024, <https://doi.org/10.1152/physiol.2024.39.s1.2188>. Accessed 13 June 2024.
14. Khola Tahir, and None Fakhra Wakil. "Worrying about Worry: A Generalized Anxiety Disorder Case Study." *PJPPRP*, vol. 10, no. 1, 20 Feb. 2019, <https://doi.org/10.62663/pjpprp.v10i1.70>. Accessed 22 Sept. 2024.
15. "Psychotherapy for Major Depressive Disorder and Generalized Anxiety Disorder: A Health Technology Assessment." *PubMed*, vol. 17, no. 15, 1 Jan. 2017, pp. 1–167. Accessed 9 Nov. 2025.
16. Szuhany, Kristin L., and Naomi M. Simon. "Anxiety Disorders: A Review." *JAMA*, vol. 328, no. 24, 27 Dec. 2022, pp. 2431–2445, jamanetwork.com/journals/jama/article-abstract/2799904, <https://doi.org/10.1001/jama.2022.22744>.
17. Whitaker, Emily, et al. "Parent-Led Interventions for Anxiety Problems in Children and Young People in the Real World." *Psychiatric Clinics of North America*, vol. 48, no. 4, Dec. 2025, pp. 645–664, <https://doi.org/10.1016/j.psc.2025.07.003>. Accessed 9 Nov. 2025.
18. National HIV Curriculum. "Generalised Anxiety Disorder 7-Item (GAD-7) - Mental Disorders Screening - National HIV Curriculum." *Uw.edu*, 2024, www.hiv.uw.edu/page/mental-health-screening/gad-7.