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TITLE: Homeopathic Management of Adjustment disorder: A Case Report

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Abstract: Adjustment disorder is emotional or behaviour symptoms that are caused by an identifiable stressor and occur within three months of the stressor's onset. This is a substantial symptom that is demonstrated by excess distress out of proportion to the stressor's severity or intensity or a major impairment in work, social, or other areas of function according to DSM-5.The disturbance is not a normal bereavement and the symptoms do not last for longer than six months following the termination of the stressor or its effects. Adjustment disorders can be specified on the basis of the most prominent symptoms, either depressed mood, anxiety, mixed depressed and anxiety mood, disturbance of conduct, or any combination thereof.

Homoeopathy, with its individualized and holistic approach, offers a promising alternative in such cases. This case report preseenting 24-year-old female diagnosed with adjustment disorder for the past six months , presenting with headache, breathing difficulty, and a constrictive sensation in the chest, anxiety, lact of concentration . Detailed case analysis revealed

characteristic mental generals, physical generals, and particulars. Repertorial analysis indicated as the most suitable remedy. The patient was treated with kali sulph , followed by higher potencies on follow-up, resulting in significant clinical improvement. This case highlights the effectiveness of individualized homoeopathic treatment in the management of adjustment disorder

Keywords: *Homeopathy, adjustment disorder , kali sulph, Case report, anxiety,*

INTRODUCTION:

Adjustment disorder is maladaptive reaction to a major stressor, to a continuous series of psychosocial challenges, or the confluence of several stressful situations. Usually, this reaction starts a month after or 3 months after the event that triggered it and, in most situations, there are noticeable signs of recovery within six months if the stressor is not prolonged. When the person faces the stressor, the reaction is marked by a persistent preoccupation: nonstop worry, repeating distressing thoughts, and a spiralling rumination on what the stressor might mean for the future. The hallmark is a failure to regain a sense of balance; these thoughts and emotions keep the person from managing daily life. Concentrating becomes a chore, sleep is fitful, and these performance gaps start to show up at work, at school, and in other routines Adjustment Disorder (AJD) is identified as the occurrence of emotional or behavioral symptoms that occur due to an identifiable psychosocial stressor, within three months following exposure.Clinically, adjustment disorder individuals typically present marked distress out of proportion to the severity or intensity of the stressor and impairment in social, occupational, or academic functioning. General symptoms include low mood, anxiety, tearfulness, irritability, sleep disturbances, and conduct disturbance such as aggression or rule-breaking, particularly in adolescents.

DIAGNOSIS FACTORS TO ADJUSTMENT DISORDER

Following DSM-5 (diagnostic and Statistical Manual 5th ediedition

Onset :The symptoms happen within 3 months of a recognisable stressor.

Clinical Significance:Either one or both of the following:Distress which is out of proportion relative to the stressor.Impairment in social, occupational, or daily functioning.The symptoms are resolved within 6 months after the end of the stressor or its consequences.DSM-5 Subtypes (Specifiers):With Depressed Mood – Sadness, low motivation, less pleasure.With Anxiety – Worry, helplessness, feeling overwhelmed.With Mixed Anxiety and Depressed Mood – Combination of depression and anxiety symptoms.With Disturbance of Conduct – Behavioral problems (e.g., aggression, substance abuse).With Mixed Disturbance of Emotions and Conduct – Emotional symptoms together with conduct problems.Unspecified – Maladaptive reactions that do not fit the above categories.

TREATMENT:

Conventional Treatment:

- The aim of treatment is to control symptoms, prevent exacerbations, and maintain normal mental and body function. Antidepressants (SSRIs, SNRIs): For patients with major depressive symptoms.
- Anxiolytics (e.g., benzodiazepines): Used for short-term treatment of acute anxiety or insomnia.
- Beta-blockers (e.g., propranolol): Occasionally used off-label to manage physical symptoms of anxiety like tachycardia or tremors.
- Best outcomes are often achieved when pharmacotherapy is combined with psychotherapy, such as cognitive behavioral therapy (CBT).

Precaution

Avoidance of triggering factors.Regular follow-up and monitoring of body and mental function.Patient education regarding mental health.lifestyle modification

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CASE RECORD

- **PERSONAL DATA:**

  Name: XYZ

  Age: 24

  Sex:female

  Occupation: student

  Religion: Hindu

- **CHIEF COMPLANITS:** A 24 year old male presented with lack of concentration, anxiety breathing difficulty since 6 months with Constrictive sensation throughout day.

- **H/O PRESENTING ILLNESS:** Patients was well before 6 months and then above complaints sstarted. She was prescribed with antidepressants. She moved bcs of study .

- **FAMILY HISTROY:** Nothing Specific

- **GENERALS:**

  A. PHYSICAL GENERAL:

  Constitutions: Patient was tall, lean, thin, emaciated in appearance

  Appetite: decrease, can't eat properly

  Desire: Spicy food

  Aversion: Nothing specific

  Thirst: Decreased

  Stool: Satisfactory, once in day

  Urine: 7-8/day, No burning, pale yellow in colour

  Perspiration: Moderate, Offensive odour

  Sleep: disturbed

  Dream: Nothing specific

  Thermal Reaction: Chilly patient

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B. MENTAL GENERAL:

Anxiety

Company desire

Forgetful

Easily Irritable

Lack of concentration

Feeling of lonely

- **EXAMINATIONS:**

A. GENERAL PHYSICAL EXAM:

Weight – 50kg

BP-128/72mmHg

Pulse- 70/min

RR- 16/min

Temperature-95F

B. SYSTEMATIC EXAMINATION:

Normal

- **D/D**

PTSD

DEPRESSION

- **PROVISIONAL DIAGNOSIS:** Adjustment disorder
- **ANALYSIS AND EVALUATION OF CASE:**

MENTAL GENERAL	PHYSICAL GENERAL	PARTICULARS
Anxiety Company desire Forgetful Easily Irritable Lack of concentration Feeling of lonely	Desire spicy food Thirst Decreased Appetite decreased T/R- Chilly patient	Lack of concentration, anxiety, breathing difficulty Constrictive sensation throughout day.

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- **TOTALITY OF SYMPTOMS:**

1. Anxiety
2. Company desire
3. Forgetful
4. Easily Irritable
5. Lack of concentration
6. Constrictive feeling in chest.
7. Desire spicy food
8. Appetite decreased
9. Thirst Decreased
10. T/R- Chilly patient

REPERTORIZATION SHEET/TOTALITY:

MIND
1 MIND - ANXIETY
2 MIND - COMPANY - desire for
3 MIND - CONCENTRATION - lack of
4 MIND - FORGETFUL
5 MIND - IRRITABILITY - easily
STOMACH
6 STOMACH - APPETITE - wanting
GENERALS
7 GENERALS - FOOD and DRINKS - spices - desire
8 GENERALS - HEAT - lack of vital heat

Remedies	∑Sym	∑Deg	Symptoms
kali-s.	7	11	1, 2, 4, 5, 6, 7, 8
dulc.	7	10	1, 2, 4, 5, 6, 7, 8
bit-ar.	7	8	1, 2, 4, 5, 6, 7, 8
phos.	6	19	1, 2, 4, 6, 7, 8
lyc.	6	15	1, 2, 4, 6, 7, 8

- **REPERTORIAL ANALYSIS:**

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1. Kali sulph- 11/7
2. Dulcamara- 10/7
3. Bit-ar- 8/7
4. Phos- 19/6

- **SELECTION OF MEDICINE:** Kali.sulph
- **SELECTION OF DOSE AND POTENCY:** 200 C
- **PRESCRIPTION:**

Rx. Kali.sulph 200 C, BD x 2 days

SL BD x 15 days

- **AUXILLARY MANAGEMENTS:**

Do yoga and exercise

Do whatever u like .dancing singing etc

- **PROGRESS AND FOLLOW UP:**

FOLLOW UP	CHANGES IN SYMPTOMATOLOGY	PRESCRIPTION
1ST follow up	Breathing difficulty , constriction in chest Lack of concentration, irritability, Forgetful.	Rx. Kali sulph 200 BD x2days SL BD x15 days
2nd follow up	Breathing difficulty slightly reduced .Anxiety as it is , irritability Decreased	Rx. SL BD x 15days
3rd follow up	Breathing difficulty better, patient feel good . Feeling crying , constriction in chest better	Rx, kali sulph 1M 3dose SL BD x 15days
4th follow up	Breathing difficulty better, anxiety better Patient feeling better	Rx.SL BD x1month
5th follow up	Reduction in complaints but few symptoms are there. Now patient feeling happy and open up for her Feeling	Rx.kali.sulph 10M/3dose SL BD

6th follow up	Reduction in all the complaints patient	Rx. SL BD x1month

➢ DISCUSSION:

The presented case involved a 24-year-old female with six monthsr history of adjustment disorder , manifesting as anxiety , breathing difficulty, and a persistent constrictive sensation in the chest. The patient had been on continuous conventional medication, including antidepressant, without complete relief.

The case showed prominent mental generals such as anxiety, desire for company, forgetfulness, and easy irritability, indicating significant mental involvement. Physical generals included desire for spicy food, decreased thirst, decreased Appetite, and a chilly thermal reaction. These features played a crucial role in remedy selection.

Repertorial analysis revealed kali sulph, dulcamara, bit-ar, and phosphorus as leading remedies. Kali sulph was selected based on its strong correspondence with the patient's mental state, chilly constitution, irritability, hypersensitivity, Appetite decreased. .

Administration of kali. Sulph 200C resulted in marked improvement in breathing difficulty, and chest constriction, lack of concentration,irritability, Forgetful. Follow-up with higher potencies of the same remedy ensured sustained improvement, demonstrating the importance of remedy continuity and potency selection in adjustment disorder.

This case supports the homoeopathic principle that correct constitutional prescribing, based on the totality of symptoms, can bring significant relief even in chronic respiratory disorders like adjustment disorder .

➢ CONCLUSION:

This case report demonstrates the effective management of adjustment disorder through individualized homoeopathic treatment. The selection of kali sulph based on comprehensive case analysis and repertorial evaluation resulted in significant clinical improvement and reduction in symptom severity. Homoeopathy offers a safe, holistic, and effective therapeutic approach for chronic respiratory diseases by addressing both physical and mental dimensions of illness. Further systematic clinical studies are

recommended to substantiate the role of homoeopathy in the management of asjustment disorder .

- **DECLARATION OF PATIENTS CONSENT:**

Informed consent was obtained from patient, and his father a witness for publication of his clinical details.

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