

Comparative study of Centesimal and 50 Millesimal scale in cases of Generalized Anxiety Disorder: a pilot study

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Abstract—Background: Anxiety disorders are among the most prevalent mental health conditions worldwide. In Homoeopathy, both centesimal (C) and 50 millesimal (LM) potencies are widely used, yet comparative clinical evidence remains limited. **Objective:** To compare the effectiveness of centesimal and 50 millesimal potencies in patients with anxiety disorder using the Hamilton Anxiety Rating Scale (HAM-A). **Methods:** A pilot study was conducted on 10 patients diagnosed with anxiety disorder. Patients were divided into two groups: Group A (centesimal potency) and Group B (50 millesimal potency). Individualized Homoeopathic remedies were prescribed. **Results:** Both groups showed improvement in anxiety scores. The 50 millesimal group demonstrated more consistent reduction with fewer aggravations. **Conclusion:** LM potency appears to offer smoother and sustained improvement in anxiety disorders.

Index Terms—Homoeopathy, Generalized Anxiety Disorder, Centesimal Potency, 50 Millesimal Potency, Hamilton Anxiety Rating Scale.

I. INTRODUCTION

Anxiety disorders are among the leading psychiatric illnesses affecting quality of life and daily functioning. Generalized Anxiety Disorder (GAD) is characterized by persistent worry, restlessness, irritability, fatigue, and sleep disturbances. According to global epidemiological studies, anxiety disorders contribute significantly to Disability-adjusted life years worldwide.

Conventional management includes anxiolytic medications and psychotherapy. Although effective, prolonged pharmacological therapy may produce adverse effects such as dependency, sedation, and

withdrawal symptoms. These limitations encourage exploration of complementary and alternative systems of medicine. Homoeopathy, founded by Dr Samuel Hahnemann, he emphasizes individualized treatment based on symptom similarity. Hahnemann introduced different scales of potentization, including the centesimal scale (C) and the 50 millesimal (LM) scale described in the 6th edition of Organon of Medicine. LM potencies are considered Gentle, rapid, and suitable for chronic diseases with minimal aggravation.

Comparative clinical studies evaluating the effectiveness of centesimal and LM potencies in anxiety disorders remain limited. Therefore, this pilot study was undertaken to compare the therapeutic response of these potency scales in patients suffering from Generalized Anxiety Disorder.

II. METHODS

Study Design: Pilot comparative clinical study.

Sample Size: 10 patients.

Study Setting: OPD/IPD of a Homoeopathic Hospital.

Inclusion Criteria:

- Patients aged 20–50 years.
- Diagnosed with anxiety disorder.
- Both sexes included.
- Willing to participate.

Exclusion Criteria:

- Severe psychiatric illness requiring emergency care.
- Patients on long-term psychiatric medication.
- Substance abuse cases.

Grouping:

- Group A: Centesimal potency.
- Group B: 50 Millesimal potency.

Duration of Study: 4–8 weeks.

Assessment Tool:

Hamilton Anxiety Rating Scale (HAM-A) used before and after treatment.

Hamilton Anxiety Rating Scale (HAM-A)

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.

<p>1 Anxious mood 0 1 2 3 4 Worries, anticipation of the worst, fearful anticipation, irritability.</p> <p>2 Tension 0 1 2 3 4 Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.</p> <p>3 Fears 0 1 2 3 4 Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.</p> <p>4 Insomnia 0 1 2 3 4 Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.</p> <p>5 Intellectual 0 1 2 3 4 Difficulty in concentration, poor memory.</p> <p>6 Depressed mood 0 1 2 3 4 Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.</p> <p>7 Somatic (muscular) 0 1 2 3 4 Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.</p>	<p>8 Somatic (sensory) 0 1 2 3 4 Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.</p> <p>9 Cardiovascular symptoms 0 1 2 3 4 Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.</p> <p>10 Respiratory symptoms 0 1 2 3 4 Pressure or constriction in chest, choking feelings, sighing, dyspnea.</p> <p>11 Gastrointestinal symptoms 0 1 2 3 4 Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygni, looseness of bowels, loss of weight, constipation.</p> <p>12 Genitourinary symptoms 0 1 2 3 4 Frequency of micturition, urgency of micturition, amenorrhoea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.</p> <p>13 Autonomic symptoms 0 1 2 3 4 Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.</p> <p>14 Behavior at interview 0 1 2 3 4 Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.</p>
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III. RESULTS

All ten patients completed the study. Reduction in HAM-A scores was observed in both groups. The centesimal group showed faster initial improvement in some cases but mild aggravation was observed in two cases. The LM group demonstrated gradual and sustained improvement with better patient compliance and minimal aggravation.

Table 1: Comparative observations between centesimal and LM potency groups.

Group	Clinical Response	Observation
Centesimal	Rapid initial response	Mild aggravation in 2 cases
50 Millesimal	Gradual sustained response	Minimal aggravation

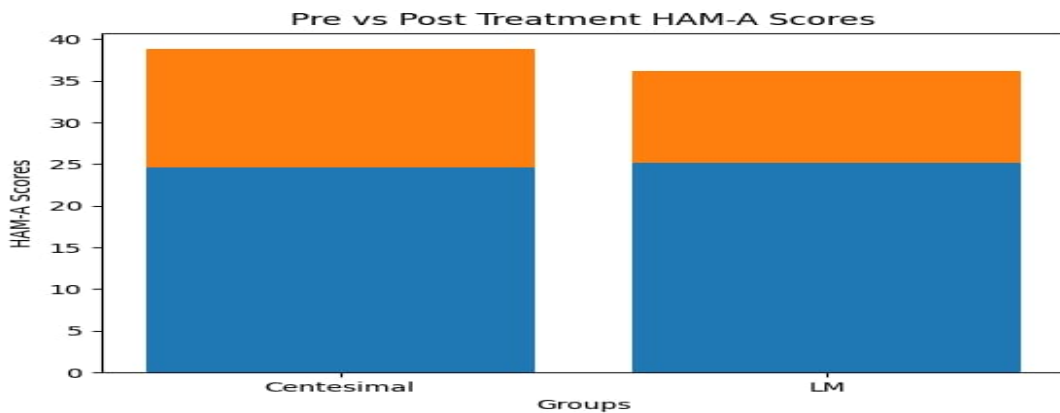


Fig. 1: Comparison of pre- and post-treatment HAM-A scores.

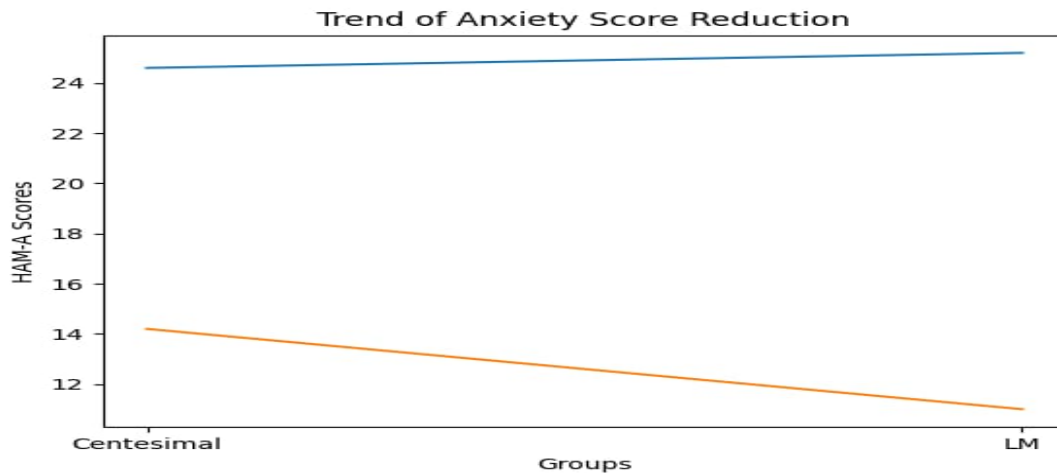


Fig. 2: Trend of anxiety score reduction between groups.

IV. DISCUSSION

The findings of this pilot study indicate that both centesimal and LM potency scales are effective in managing anxiety disorders. However, LM potencies demonstrated smoother action and sustained therapeutic improvement with fewer aggravations. These observations are consistent with Hahnemann's views regarding the gentle and dynamic action of LM potencies in chronic diseases.

The small sample size limits the generalizability of the findings; therefore, larger controlled trials are recommended.

V. CONCLUSION

Both centesimal and 50 millesimal potencies are effective in the treatment of Generalized anxiety disorders. The 50 millesimal scale demonstrated smoother improvement and better tolerability. Further large-scale studies are required to validate these findings.

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