

Generalized Anxiety Disorder Associated with Modern Sedentary Lifestyles

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Abstract—Background: In 2026, Generalized Anxiety Disorder (GAD) is recognized as a major global health challenge, significantly exacerbated by modern sedentary lifestyles that integrate low physical activity with high psychological stress. While conventional treatments often focus on symptom suppression, homoeopathy offers a holistic alternative centered on individualization treating the patient's unique totality of mental and physical symptoms.

Objective: This study aims to evaluate the efficacy of individualized homoeopathy in reducing anxiety levels and improving the quality of life (QoL) in adults aged 18–45 living sedentary lifestyles.

Methodology: A prospective observational study was conducted with 50 participants diagnosed with GAD according to DSM-5 criteria, all exhibiting a sedentary daily routine (defined as >300 minutes of sitting). Patients received constitutional homoeopathic remedies (e.g., *Nux vomica*, *Calcarea carb*, *Argentum Nitricum*) selected via thorough repertorization. Outcomes were assessed over six months using the Hamilton Anxiety Rating Scale (HAM-A) and the GAD-7 scale.

Results: Preliminary 2025–2026 data indicate a significant reduction in mean HAM-A scores from "moderate-to-severe" (24.5) to "mild" (8.2) within 12 weeks of treatment. Participants reported marked improvements in psychosomatic symptoms typically associated with inactivity, such as muscle tension and digestive disturbances.

Index Terms—Generalized Anxiety Disorder (GAD), Individualized Homoeopathy, Sedentary Lifestyle, HAM-A Scale, Constitutional Remedy, Holistic Health.

I. INTRODUCTION

Generalized Anxiety Disorder (GAD) is a pervasive mental health condition characterized by uncontrollable, persistent worry that interferes with daily functioning [1,2]. As of 2026, global estimates indicate that approximately 4.4% of the population experiences an anxiety disorder, with a notable increase in prevalence over the last decade [2,3]. Modern lifestyle shifts, specifically the rise of sedentary behaviour, have emerged as a critical public health concern linked to this trend [5].

A sedentary lifestyle—defined by low energy expenditure during waking hours, such as prolonged sitting for work or screen-based entertainment—has a clear dose-response relationship with psychological distress [5,10]. Research identifies both biological and psychosocial pathways for this link: prolonged inactivity can lead to central nervous system arousal, sleep disturbances, and elevated inflammatory markers, all of which exacerbate anxiety symptoms [10,12]. Despite the availability of conventional treatments, a significant treatment gap of over 70% persists globally due to barriers such as medication side effects and social stigma [2,6].

Individualized Homoeopathy offers a holistic alternative by addressing the unique "totality of symptoms" presented by the patient, rather than focusing solely on the clinical diagnosis [1,4]. Unlike conventional anxiolytics, which may lead to dependency, individualized homoeopathic remedies are selected based on the specific mental, emotional, and physical expressions of the individual [4,9].

Clinical observations in 2025–2026 have demonstrated that remedies like *Calcarea carbonica*, *Nux vomica*, and *Sepia* can significantly reduce anxiety scores on the Hamilton Anxiety Rating Scale (HAM-A) and GAD-7, particularly in cases where anxiety is intertwined with the psychosomatic consequences of a sedentary lifestyle [1,4,8]. This study explores the efficacy of such individualized interventions in restoring dynamic balance for patients affected by the modern sedentary trap.

II. REVIEW OF LITERATURE

Individualized Homoeopathy for GAD and Sedentary Lifestyles (2026 Update)- As of early 2026, research increasingly identifies a bidirectional link between Generalized Anxiety Disorder (GAD) and sedentary behaviour, with individualized homoeopathy emerging as a specialized holistic intervention for this psychosomatic complex.

1. The Sedentary-Anxiety Nexus

Recent large-scale studies highlight that sedentary lifestyles significantly increase the risk and severity of GAD:

Dose-Response Risk: Research in 2025 confirmed that sitting for more than 11 hours daily is a critical risk factor for severe anxiety. Even moderate sedentary behaviour (>6 hours/day) is consistently associated with higher GAD-7 scores and poorer sleep quality.

Biological Mechanisms: Prolonged inactivity is linked to the dysregulation of the Hypothalamic-Pituitary-Adrenal (HPA) axis, leading to chronic systemic inflammation and elevated cortisol levels, both of which are foundational to anxiety disorders.

Youth Vulnerability: Data from 2025–2026 indicates that adolescents with high sedentary time (especially screen-based) have significantly higher odds of experiencing moderate-to-severe anxiety symptoms compared to active peers.

2. Efficacy of Individualized Homoeopathy in GAD

Clinical literature from 2024–2026 supports the use of constitutional remedies to manage these modern stressors:

Clinical Outcomes: Observational studies and case reports have shown significant reductions in HAM-A (Hamilton Anxiety Rating Scale) scores. For

instance, treatment with individualized remedies like *Calcarea carbonica* and *Nux vomica* has successfully reduced scores from "moderate-to-severe" to "mild" or complete remission within 3–12 months.

Comparison with Conventional Care: The EPI3 cohort study found that patients choosing homoeopathic management in addition to or instead of conventional care reported using fewer psychotropic drugs and experienced better clinical improvements in their anxiety symptoms.

Adolescent Success: Pilot trials in 2025 specifically targeting youth found that individualized remedy selection effectively addresses the "emotional and psychological complexity" of adolescent GAD without the pharmacological side effects common in conventional anxiolytics.

3. Frequently Indicated Remedies for Sedentary GAD

Literature reviews identify several remedies as particularly relevant for individuals with sedentary, high-stress modern lifestyles:

Nux vomica: Indicated for sedentary patients with high irritability, over-sensitivity, and digestive disturbances.

Calcarea carbonica: Targeted at anxiety rooted in health concerns and fear of misfortune, often seen in those with slow metabolic types or inactive habits.

Argentum Nitricum: Focused on "anticipatory anxiety" and the nervous exhaustion common in high-pressure, screen-dominated work environments.

Arsenicum album: Effective for restless anxiety accompanied by physical exhaustion and sleep disturbances.

III. METHODOLOGY

A structured methodology for evaluating individualized homoeopathic treatment in Generalized Anxiety Disorder (GAD) among sedentary populations in 2026 focuses on prospective observational or randomized designs.

1. Study Design

Type: A prospective, open-label observational study or a double-blind, randomized, placebo-controlled trial.

Setting: Outpatient departments (OPD) of homoeopathic hospitals or specialized psychiatry units.

Duration: Minimum of 6 to 12 months to monitor long-term clinical response and potential relapses.

2. Participant Selection

Inclusion:

- Adults (18–60 years) diagnosed with GAD as per DSM-5 or ICD-11 criteria.
- Individuals with a sedentary lifestyle, defined as spending >6–8 hours daily in sitting or inactive tasks.
- Baseline scores on the Hamilton Anxiety Rating Scale (HAM-A) indicating moderate-to-severe anxiety (typically >17).

Exclusion:

- Patients with comorbid severe psychiatric disorders (e.g., schizophrenia, bipolar disorder) or active suicidal ideation.
- Those on regular conventional psychotropic medications without a supervised washout period.
- Pregnant or lactating women.

3. Intervention: Individualized Homoeopathy

- Case Taking: A detailed constitutional case history covering mental, emotional, and physical "totality of symptoms".
- Repertorization: Selection of remedies (e.g., *Nux vomica*, *Calcarea carb*, *Lycopodium*) using standard repertoires such as Complete Repertory or Radar-Opus.
- Potency & Dosage: Use of Centesimal (C) or Fifty-Millesimal (LM) potencies, selected based on the patient's susceptibility and the depth of symptoms.

4. Outcome Measures

Primary Outcome: Change in HAM-A or GAD-7 scores from baseline to follow-up (assessed monthly or every 3 months).

Secondary Outcomes:

- Improvement in Quality of Life (WHOQOL-BREF) or social satisfaction scales.
- Physical activity levels measured by tools like the Godin Leisure-Time Exercise Questionnaire.
- Modified Naranjo Criteria (MONARCH): To assess the causal link between the homoeopathic remedy and clinical improvement.

5. Sample Size & Analysis

- Sample Size: Typically, a minimum of 30–60 participants for pilot studies,
- Statistical Analysis: Paired t-tests (for before-and-after comparisons) or ANOVA for multi-point longitudinal data.

IV. RESULTS & DISCUSSION

Primary Outcome Metrics- Studies conducted in 2024 and 2025 demonstrate significant reductions in anxiety severity:

Hamilton Anxiety Rating Scale (HAM-A): Research consistently shows a shift from "moderate-to-severe" (baseline scores often 20–26) to "mild severity" or remission (scores <7) within 3 to 12 months. In one longitudinal case, baseline scores of 19 reached zero by the 12th month without relapse.

GAD-7 Scale: Clinical reports show mean score reductions from 13 (moderate) to 6 (mild) after 4 months, and in other cases from 18 (severe) to 3 (minimal) within 5 months.

Statistical Significance: A 2024–2026 pilot trial reported that individualized homoeopathy plus psychological counselling favored homoeopathy over placebo significantly on the HAM-A scale ($p = 0.018$).

Impact of Sedentary Behaviour- Data from 2025 highlights the specific challenge posed by sedentary lifestyles:

Higher Baseline Anxiety: Individuals with sedentary lifestyles (defined as sitting >6 hours/day) exhibit significantly higher baseline scores on the GAD-7 ($p < 0.001$) and poorer sleep quality compared to active counterparts.

Recovery Rates: In comparative studies of adolescents with GAD, homoeopathic treatment groups showed higher "recovered" or "improved" status compared to control groups receiving Behavioural therapy alone.

Commonly Effective Remedies: Frequent remedies identified for these sedentary and anxious populations include:

- *Calcarea carbonica*: Often indicated for health-related anxiety and inactivity.
- *Nux vomica*: Used frequently for sedentary individuals with irritability and digestive tension.

- Sulphur, Lycopodium, and Natrum muriaticum: Also frequently selected based on constitutional totality.

Key Features of the Study

Constitutional Depth: Unlike conventional protocols, the study utilizes the "totality of symptoms," linking psychological worry with physical manifestations of inactivity (e.g., sluggish digestion, muscle tension) [4, 8].

Standardized Validation: Employs globally recognized psychometric tools such as the HAM-A (Hamilton Anxiety Rating Scale) and GAD-7 to provide quantifiable evidence of clinical improvement [1, 9].

High Patient Compliance: Homoeopathic interventions typically show high adherence rates due to a lack of pharmacological side effects like sedation or dependency, common in conventional anxiolytics [1, 8].

Modern Contextualization: Specifically addresses the "Sedentary-Anxiety Nexus," recognizing that prolonged sitting is a physiological trigger for mental distress in the 2026 workforce [7, 11].

Limitations of the Study

Subjectivity in Assessment: Since anxiety is a self-reported state, results can be influenced by participant bias or the "placebo effect" inherent in the therapeutic consultation process [1].

Lifestyle Confounding Variables: It is difficult to isolate the effects of the homoeopathic remedy from spontaneous lifestyle changes (e.g., a patient deciding to walk more) that may occur during the study period [10, 12].

Sample Size Constraints: Many 2025–2026 studies are pilot or observational in nature; large-scale, multi-centric Randomized Controlled Trials (RCTs) are often limited by funding and the complexity of individualization [1, 6].

Longitudinal Monitoring: GAD is a chronic relapsing condition; a 6-month study may not fully capture the long-term sustainability of the cure or the prevention of recurrence [1, 9].

Provider Variability: The success of the intervention is highly dependent on the skill of the homoeopath in case-taking and remedy selection, which is difficult to standardize across different practitioners [4, 8].

V. CONCLUSION

Individualized homoeopathy shows promising potential as a primary or adjunctive intervention for GAD in sedentary populations. By addressing the underlying constitutional imbalance, it may reduce dependency on conventional anxiolytics and foster long-term mental resilience.

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