Calming the Storm Within: Individualized Homoeopathic Management of Panic Disorder with Conduct Disorder in an Adolescent – A Case Report

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***Abstract*—Background: Anxiety disorders are the most common mental health conditions of childhood and adolescence, and they often occur together with disruptive behaviour disorders such as conduct disorder. This combination is difficult to manage, because suspicion, anger and fear of treatment can lead young people to refuse medication and disengage from care, with lasting effects on schooling, family life and peer relationships. Individualized homoeopathy, which selects a remedy on the totality of mental and physical general symptoms, is used by many families as an option in such situations. This report describes an adolescent with panic disorder and comorbid conduct disorder managed with individualized homoeopathic treatment over about one year, and discusses the findings, strengths and limitations of the case as part of a thesis on anxiety disorders.**

***Index Terms*—Anxiety disorders; Panic Disorder; Conduct Disorder; Adolescent; SCARED; Lachesis; Individualized Homoeopathy; Case Report**

I. INTRODUCTION

Anxiety disorders are the most common group of psychiatric conditions in young people. They typically begin early, with a median age of onset of around 11 years in a large national survey [1], and they can interfere with schooling, family life and friendships well into adulthood [2]. A meta-analysis of studies from many countries estimated that roughly one in eight children and adolescents has a mental disorder, with anxiety and disruptive behaviour disorders among the most frequent [3]. In India, mental disorders account for a substantial and rising share of the disease burden, and most affected young people never reach specialist care [4].

Panic disorder is defined by recurrent unexpected panic attacks, followed by persistent worry about further attacks or a change in behaviour because of them [5]. In adolescents it is often under-recognised, because the anxiety may appear as irritability, anger, avoidance or restlessness rather than as fear. Conduct disorder, characterised by a repetitive pattern of aggression, rule-breaking and violation of the rights of others [5], frequently coexists with anxiety disorders. Comorbidity of this kind is the rule rather than the exception in child psychiatry [6], and it makes assessment and treatment more complex. Such adolescents often do poorly at school and with peers, and parents and teachers may see only the behaviour and not the underlying anxiety.

Cognitive behavioural therapy and selective serotonin reuptake inhibitors are the best-supported treatments for anxiety disorders in young people [7]. Their success, however, depends on the patient and family accepting treatment. Where suspicion is marked, as in the present case, medicines may be refused or secretly stopped, and many families look for other options.

Homoeopathy treats the person as a whole. The prescription rests on the totality of symptoms, giving particular weight to the mental generals, the physical generals and the individual peculiarities of the patient rather than on the disease label alone [8]. This report describes a 15-year-old boy with panic disorder and comorbid conduct disorder, treated with individualized homoeopathic medicine and followed for about a year. It forms part of a thesis on anxiety

disorders and is presented in line with the CARE guidelines for case reporting [9].

II. CASE REPORT

2.1 Patient information and presenting complaints

A 15-year-old male student of class 9, the eldest of six siblings (four brothers and one sister), was brought to the outpatient department by his parent/guardian in June 2025. He belonged to a strictly religious joint family of sixteen members and followed a non-vegetarian diet.

The main complaint, present for eight to nine years, was that he had been excessively mischievous and disruptive since childhood. He had frequent fights with classmates, had been suspended from school several times, and became revengeful and violent whenever he was contradicted. His examination scores were very low, he had poor concentration and little interest in studies, and he did not talk to his classmates. His teachers were exhausted by his behaviour and had advised his parents either to seek psychiatric treatment or to withdraw him from the school.

He was intensely suspicious. He felt that everyone regarded him as mentally ill, believed that every medicine given to him was intended to make him impotent, and kept questioning teachers and others repeatedly. His complaints were worse with new situations and new teachers. He was rigid, strongly religious and haughty, and looked down on others. He laughed, with some embarrassment, when others cried, and he was happy after taking revenge. His dreams were of revenge. He also had a history of a panic attack after earlier psychiatric treatment.

2.2 Past, birth, developmental and family history

- He had received psychiatric treatment for three to four years, first unani medicines and then allopathic medicines including tranquilizers. No diagnosis was recorded in his file, and he refused further medication because of his suspicion.
- He was the first child. There were no delivery complications, but developmental milestones were delayed. He grew up in a crowded joint family, and immunization had not been given.
- Family history: mother – depression; father – hypertension and heart disease; grandfather – bidi smoking and chronic obstructive pulmonary disease; grandmother – hypertension; one sister – an extra finger (polydactyly).

2.3 Personal history and mental state

He had a voracious appetite, a craving for non-vegetarian food, increased thirst with a desire for cold drinks, and a tendency to eat inedible things (pica). Urine was profuse, stool constipated and offensive, and sleep disturbed. He was a hot patient who disliked warmth. He did not take part in sports, hobbies or creative activities, had only one or two friends of the same religion, and worked in a bakery or garage in his free time.

On mental state examination he was moody and fidgety, with hasty speech. His reaction to consolation was aggravation, and he was not sensitive to external impressions or to the pain of others. Cognitive functioning, insight and judgment were poor. He carried a risk of depression and suicidal disposition, and of very disruptive behaviour.

2.4 General and systemic examination

He was well built, with a height of 5’4” and weight of 60 kg. The face was pale with white spots. Nails were pink, and there was no anaemia, pallor or cyanosis. Respiratory rate was 22/min and blood pressure 122/70 mmHg. Respiratory, cardiovascular, gastrointestinal, nervous (all reflexes normal) and locomotor systems were within normal limits.

2.5 Diagnostic assessment

Psychometric testing and behavioural analysis were carried out. The SCARED questionnaire gave a baseline total score of 38; a total of 25 or more is considered to suggest a possible anxiety disorder [10,11]. The provisional diagnosis was panic disorder with conduct disorder. Paranoid trait and a simple behavioural disturbance were considered as differential diagnoses. After case analysis the final diagnosis was panic disorder with conduct disorder. The miasmatic background was assessed as psycho-syphilitic.

2.6 Analysis, evaluation and repertorization

The symptoms were classified into mental generals and physical generals and graded by intensity. Suspiciousness, suspicion of medicine and revengefulness were graded three plus; fear of being considered mad, violence, religiousness, aversion to

contradiction, loquacity, violent anger, looking down upon others and laughing at others' pain were graded two plus; haughtiness and social isolation one plus. Among the physical generals, a ravenous appetite, a hot thermal state, desire for cold drinks and pica were noted.

The totality of symptoms was converted into the following rubrics, and repertorization was carried out using the Complete Repertory [12]

- Mind – suspiciousness
- Mind – anger, violent
- Mind – contradiction, ailments from, agg.
- Mind – delirium, conspiracies against him, thinks
- Mind – medicine, aversion to
- Mind – religious affections
- Generalities – food and drinks – inedible things, pica
- Generalities – food and drinks – cold drinks, desire
- Stomach – appetite, ravenous

Repertorization Chart

Remedy Name	Lach	Bell	Sulph	Sep
Totality	31	31	28	28
Symptoms Covered	12	9	9	8
Kingdom				
[Complete] [Mind]Suspiciousness, mistrustfulness: (192)	4	4	4	3
[Complete] [Mind]Anger:Violent: (198)	1	4	3	3
[Complete] [Mind]Contradiction:Ailments from, agg.: (185)	3	3	3	4
[Complete] [Generalities]Food and drinks:Cold:Drinks:Desires: (341)	1	3	3	3
[Complete] [Stomach]Appetite:Ravenous, canine, excessive: (463)	3	3	4	4
[Complete] [Perspiration]Hot: (107)	1	3	3	4
[Complete] [Mind]Plans:Revengeful: (5)				
[Complete] [Mind]Delirium:Loquacious: (77)	4	4	3	
[Complete] [Mind]Delusions, imaginations:Conspiracies against:Him,...	1			
[Complete] [Mind]Medicine, drugs:Averse to: (21)	4			
[Complete] [Generalities]Food and drinks:Inedible things:Desires, pic...	4	3	1	3

Table 1. Repertorial result (total score / number of rubrics covered)

Remedy	Total score	Rubrics covered
Lachesis	31	12
Belladonna	31	9
Sulphur	28	9

Selection of the remedy. Lachesis and Belladonna obtained the same total score, but Lachesis covered more rubrics (12 against 9) and matched the dominant mental picture of marked suspicion, vindictiveness, loquacity, religiosity and intolerance of contradiction, together with the hot thermal state and the strong appetite [13,14]. It was therefore selected as the similimum.

2.7 Therapeutic intervention

The first prescription on 6 June 2025 was Lachesis 200C, two doses, with placebo (sac lac) twice daily for 30 days. Potency and the number of doses were then adjusted at each follow-up according to the response (Table 2). The patient received Lachesis in 200C, 1M and LM 1 (0/1) potencies. At the last recorded visit on 25 June 2026 the prescription was changed to Crotalus horridus 1M, three doses, with placebo as complementary medicine to Lachesis

2.8 Follow-up and outcome

The patient was followed regularly for about twelve months. The course is summarised in Table 2.

Table 2. Follow-up and prescriptions

Date	Follow-up findings	Prescription
06 Jun 2025	First visit. SCARED score 38. Baseline picture as described above.	Lachesis 200C, 2 doses; sac lac BD × 30 days
26 Jun 2025	Still very suspicious; took medicines on his own. First-semester marks 39%. Teachers fed up and wanted him to change school.	Lachesis 1M, 3 doses; sac lac BD × 30 days

08 Jul 2025	5–10% improvement. Violence and teachers' complaints unchanged. Mischievous (++), could not sit still.	Lachesis 200C, 3 doses; sac lac BD × 30 days
19 Aug 2025	Mood better, less fidgeting, inclination to read new things. A good change.	Lachesis 200C, 3 doses; sac lac BD × 30 days
19 Sep 2025	Appetite controlled, sleep improved. Complaints from school 10–15% fewer; less disruptive behaviour.	Lachesis 200C, 4 doses; sac lac BD × 30 days
18 Oct 2025	SCARED score 30. Started going to tuition. Frequent throbbing frontal headache.	Lachesis 200C, 4 doses; sac lac BD × 30 days
26 Dec 2025	Still very suspicious; took medicines on his own. Marks 43%.	Lachesis 1M, 3 doses; sac lac BD × 30 days
24 Jan 2026	20–25% improved. Able to sit still. Anger down by 20–30%. Thirst improved. Behaviour better in school.	Lachesis 1M, 3 doses; sac lac BD × 30 days
26 Feb 2026	SCARED score 35. Pica better; no longer ate the stone mouth-freshener. Disruptive behaviour down by 30–35%. Sleep better.	Lachesis LM 1 (0/1), 6 doses; sac lac BD × 30 days
26 Mar 2026	Much improvement. General behaviour better, malicious behaviour reduced. Made 2–3 friends. Mid-semester marks 48%. Anger still present but violence down by 50%.	Lachesis LM 1 (0/1), 6 doses; sac lac BD × 30 days
30 Apr 2026	Thinks before being revengeful. Anger controlled. No thoughts of conspiracies. Fights down by 70–80%.	Lachesis LM 1 (0/1), 6 doses; sac lac BD × 30 days
25 Jun 2026	SCARED score 15. Much better; school marks improved. Complaints reduced by 60–70%. Behaves well; made friends and goes to tuition with them.	Crotalus horridus 1M, 3 doses; sac lac BD × 30 days

Table 3. Summary of change between baseline and last follow-up

Parameter	Baseline (June 2025)	Last visit (June 2026)
SCARED total score	38	15
School marks	39% (first semester)	48% (mid-semester, Mar 2026)
Fights / violence	Frequent; repeated suspensions	Reduced by 70–80%
Suspicion and conspiracy thoughts	Marked (+++)	No conspiracy thoughts; thinks before acting on revenge
Peer relationships	Isolated; 1–2 friends	Several friends; attends tuition with them
Sleep, appetite, pica	Disturbed; ravenous; pica	Sleep better; appetite controlled; pica resolved

III. DISCUSSION

This adolescent had a long-standing mixture of panic symptoms, suspicion, aggression and vengefulness. Earlier unani and allopathic treatment had not helped, and he had stopped taking medicines because he distrusted them. Over about twelve months of individualized homoeopathic treatment his SCARED score fell from 38 to 15, below the commonly used cut-off of 25 [10,11]. During the same period his school performance improved, fights decreased substantially, his thoughts of conspiracy faded, and he began to form friendships. Improvement was seen in several areas at once: anxiety, behaviour, thinking, sleep, appetite and social life.

3.1 panic disorder and conduct disorder together

The case shows how anxiety and conduct problems can feed each other. The boy's suspicion, fear of being considered mad and panic after earlier treatment appear to have driven much of his defensiveness, anger and revenge-seeking, and his behaviour in turn led to suspension, rejection and further isolation. Treating only the behaviour, or only the anxiety, would have left half of the picture untouched. It is therefore of interest that, as the SCARED score fell, aggression and disruptive behaviour fell with it, and the patient reached a point where he "thinks before being revengeful". This is consistent with the view that in comorbid presentations the anxiety component deserves specific attention [6].

3.2 Choice of remedy and course of response

The choice of Lachesis was based on strong suspiciousness, vindictiveness, loquacity, a religious tendency, aggravation from contradiction, a hot constitution and a ravenous appetite, which are

characteristic of this remedy in the classical materia medica [13,14]. Lachesis and Belladonna obtained the same total score on repertorization, but Lachesis covered more rubrics and fitted the overall mental picture better. The psycho-syphilitic miasmatic assessment, with its suspicious and destructive tendency, was consistent with this choice. The case also illustrates how the totality of symptoms can be used to select one remedy from close competitors.

The response was gradual and not always smooth. Improvement was first noted in mood and restlessness (August 2025), then appetite and sleep (September 2025), followed by anger, pica and disruptive behaviour, and finally the suspicious and revengeful state (March–April 2026). There were setbacks: a throbbing frontal headache in October 2025, persisting suspicion and self-medication as late as December 2025, and a rise of the SCARED score from 30 to 35 in February 2026 before it fell to 15 in June 2026. The recovery of the mental symptoms after the physical and general ones, and the adjustment of potency at each visit in response to the course, are in keeping with the usual homoeopathic approach to follow-up [8].

3.3 Strengths of the report

- The follow-up was long and regular, with twelve visits over about one year and dated, symptom-wise records.
- A validated screening instrument, the SCARED, was used at the start and again at three later points, giving an objective measure that fell from 38 to 15 and ended below the cut-off.
- Improvement was seen across several independent domains (anxiety score, school marks, behaviour reports, sleep, appetite, peer relationships), not in one symptom alone.
- The patient had not accepted conventional treatment, so the case also shows a way of keeping a suspicious adolescent in regular care, which is valuable in its own right.
- The remedy was chosen by a transparent, reproducible method of case analysis, evaluation of symptoms and reperforation.

3.4 Limitations

The findings should be read with the usual caution that applies to a single case. Improvement may be partly due to other influences, such as natural maturation in adolescence, the regular supportive contact with the clinician, the placebo given with each prescription, and parallel changes such as starting tuition and forming friendships. Behavioural changes were recorded as estimated percentages reported at visits, rather than on a standardised conduct scale, and the SCARED measures anxiety rather than conduct symptoms; the panic subscale was not reported separately. The diagnoses were clinical impressions, and the earlier psychiatric diagnosis was not available. The remedy was also changed at the last visit, so the later course remains to be seen. None of these points reduces the value of the observed change for the patient, but they mean that the case supports a hypothesis rather than proves a treatment effect.

3.5 Place of homoeopathy in anxiety disorders and the need for further study

Cognitive behavioural therapy and medication remain the best-supported treatments for anxiety disorders in young people [7], and nothing in this report suggests that they should be replaced. The evidence for homoeopathy in anxiety is limited and mixed. A systematic review of randomised placebo-controlled trials in psychiatric conditions found some positive signals but concluded that the trials were too few and too small to be conclusive [15], and a broader review of individualised homoeopathy found a small pooled effect over placebo, with most trials at risk of bias [16]. Within this context, a case such as this one is useful as a pointer: it shows that a well-recorded individualized approach is feasible in an adolescent with comorbid panic and conduct symptoms, and it suggests outcome measures (SCARED plus a conduct-problem rating scale) and follow-up intervals that could be used in larger case series and controlled studies.

IV. CONCLUSION

In this adolescent with panic disorder and comorbid conduct disorder, individualized homoeopathic treatment with Lachesis, chosen on the totality of mental and physical general symptoms, was followed over twelve months by a fall in the SCARED score from 38 to 15, a reduction in aggression and fighting, better school performance and a more settled social life. These changes occurred in a patient who had been resistant to earlier conventional treatment and who remained in regular care throughout.

The report has real strengths: a long and regular follow-up, a validated anxiety scale, improvement in several domains and a clear method of case analysis. As a single case without a control, it cannot by itself show that the remedy caused the improvement, and other factors may have contributed. It is best regarded as encouraging, hypothesis-generating evidence that adds to the clinical literature on anxiety disorders with comorbid conduct problems in adolescents. Larger case series and controlled studies using validated anxiety and conduct scales and longer follow-up are the logical next step, and any such work should sit alongside, and not in place of, established psychological and medical care.

Patient Consent and Ethics

Written informed consent was obtained from the patient's parent/guardian, and assent from the patient, for publication of this case. Personal identifiers have been removed. – Author to confirm before submission.

Conflict Of Interest and Funding

None

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