

## A CASE STUDY WITH HOMOEOPATHIC MEDICINE IN SOCIAL ANXIETY DISORDER

Dr Kirti Chawda<sup>1\*</sup>, Dr Tarunkumar Das<sup>2\*</sup>

<sup>1</sup>\*MD(Hom), Ph.D Scholar, Department of Materia Medica (batch 1 2020-2021), Parul University, Vadodara, Gujarat, India

<sup>2</sup>\*MD(Hom), Ph.D. Guide (Supervisor) Department of Materia Medica, Parul University, Vadodara, Gujarat, India

**DOI: 10.63001/tbs.2025.v20.i04.pp2156-2167**

### Keywords

Social anxiety disorder, Anxiety disorder, Clinical diagnosis, Homoeopathy, Lycopodium 1M.

### Received on:

09-10-2025

### Accepted on:

19-11-2025

### Published on:

23-12-2025

### ABSTRACT

Anxiety is closely related to fear, the two states possess important differences. Fear involves an instantaneous reaction to an imminent threat, whereas anxiety involves apprehension, avoidance, and cautiousness regarding a potential threat, danger, or other negative event (Craske, 1999). While anxiety is unpleasant to most people, it is important to our health, safety, and well-being. Anxiety disorders are characterized by excessive and persistent fear and anxiety, and by related disturbances in behavior (APA, 2013). Although anxiety is universally experienced, anxiety disorders cause considerable distress. Social anxiety disorder is one of the type of anxiety disorders and a case report of an effective treatment of 36 years old female patient with social anxiety disorder since 7 months presented. Individualised homoeopathic management with lycopodium 1M was given following extensive case analysis, including both constitutional as well as physical symptoms. Gradual improvement was noticed clinically and based on LSAS score from 95% to 11% signifying complete improvement. This study accentuates the importance of combining diagnostic understanding with individualised homoeopathic care for the beneficial treatment of social anxiety disorder, reducing recurrence and enhancing overall patient well being.

### Introduction

Social anxiety disorder (formerly called social phobia) is characterized by extreme and persistent fear or anxiety and avoidance of social situations in which the person could potentially be evaluated negatively by others (APA, 2013). As with specific phobias, social anxiety disorder is common in the United States; a little over 12% of all Americans experience social anxiety disorder during their lifetime (Kessler et al., 2005). The heart of the fear and anxiety in social anxiety disorder is the person's concern that he may act in a humiliating or embarrassing way, such as appearing foolish, showing symptoms of anxiety (blushing), or doing or saying something that might lead to rejection (such as offending others). The kinds of social situations in which individuals with social anxiety disorder usually have problems include public speaking, having a conversation, meeting strangers, eating in restaurants, and, in some cases, using public restrooms. Although many people become anxious in social situations like public speaking, the fear, anxiety, and avoidance experienced in social anxiety disorder are highly distressing and lead to serious impairments in life. Adults with this disorder are more likely to experience lower educational attainment and lower earnings (Katzelnick et al., 2001), perform more poorly at work and are more likely to be unemployed (Moitra, Beard,

Weisberg, & Keller, 2011), and report greater dissatisfaction with their family lives, friends, leisure activities, and income (Stein & Kean, 2000).<sup>(1)</sup>

## PREDISPOSING FACTOR

Several factors can increase the risk of developing social anxiety disorder, including: Family history - if your biological parents or siblings have the condition.

**Negative experiences**- children who experience teasing, bullying, rejection, ridicule or humiliation may be more prone to social anxiety disorder. Also, other negative events in life such as family conflict, trauma or abuse, may be associated with social anxiety disorder.

**Temperament**- children who are shy, timid withdraw or restrained when facing new situations or people may be at greater risk.

**New social or work demands**: SAD typically start in the teenage years, but meeting new people, giving a speech in public or making an important work presentation may trigger symptoms for first time.: Having an appearance or condition that draws attention - for example: facial disfigurement, stuttering or tremors due to Parkinson's disease can increase feelings of self-consciousness and may trigger SAD in some people<sup>(2)</sup>.

(risk factors for developing social anxiety disorder is behavioral inhibition (Clauss & Blackford, 2012). A recent statistical review of studies demonstrated that behavioral inhibition was associated with more than a sevenfold increase in the risk of development of social anxiety disorder, demonstrating that behavioral inhibition is a major risk factor for the disorder (Clauss & Blackford, 2012)

## Prevalence and Epidemiology

Based on diagnostic interview data from National Comorbidity Survey Adolescent Supplement (NCS-A), an estimated 9.1% of adolescents had social anxiety disorder, and an estimated 1.3% had severe impairment. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria were used to determine impairment<sup>(3)</sup>. And the scale used to know the before and after improvement in patient is LSAS (Leibowitz social anxiety scale)

**AGE** – the period of onset of SAD is generally late childhood and adolescence. Although it may develop at

any age, it rarely occurs for the first time after the age of 25. The occurrence in pre-adolescence (at around the age of 10) is around 3.5%, and this figure increases to 14% by adolescence<sup>(4)</sup>.

**SEX**: Though the gender distribution is equal during pre-adolescence, more females than males are affected in later stages of adolescence and adulthood<sup>(5)</sup>.

## clinical features

When people with social anxiety disorder are unable to avoid situations that provoke anxiety, they typically perform safety behaviors: mental or behavioral acts that reduce anxiety in social situations by reducing the chance of negative social outcomes.

Safety behaviors include : 1.avoiding eye contact, 2.rehearsing sentences before speaking, 3.talking only briefly, and not talking about oneself (Alden & Bieling, 1998).

Other examples of safety behaviors include the following (Marker, 2013): • assuming roles in social

situations that minimize interaction with others (e.g., taking pictures, setting up equipment, or helping prepare food) • asking people many questions to keep the focus off of oneself • selecting a position to avoid scrutiny or contact with others (sitting in the back of the room) • wearing bland, neutral clothes to avoid drawing attention to oneself • avoiding substances or activities that might cause anxiety symptoms (such as caffeine, warm clothing, and physical exercise) Although these behaviors are intended to prevent the person with social anxiety disorder from doing something awkward that might draw criticism, these actions usually exacerbate the problem because they do not allow the individual to disconfirm his negative beliefs, often eliciting rejection and other negative reactions from others (Alden & Bieling, 1998).<sup>1</sup>

#### Scope and Limitations of Management:

Conventional treatment of social anxiety disorder primarily includes cognitive behavioural therapy and as well pharmacological drugs betablockers, benzodiazepines, sertralines etc. Nevertheless, such therapies can also be characterised by recurrence because of the high chances, drug resistance, side effects, and a nonpersonalised approach. In addition, causing partial or slow response.

Homoeopathy offers a wide scope in the management of Social Anxiety Disorder as it treats the individual holistically, addressing both the emotional state and the physical expressions of anxiety such as trembling, palpitations, sweating or anticipatory diarrhoea. By selecting remedies based on individual personality traits, fears, triggers and constitutional makeup, it helps in gradually reducing the intensity and frequency of social fears, improving confidence and overall functioning with minimal side effects, and can be safely combined with counselling or lifestyle modifications. However, homoeopathic management also has limitations, as progress is often slow and depends heavily on detailed case-taking and the skill of the practitioner. It may not be sufficient as a standalone therapy in severe cases with marked depression, suicidal tendencies or functional impairment, where psychiatric care and psychotherapy become essential. Additionally, evidence for homoeopathy in SAD is mostly clinical and experiential rather than large-scale scientific, and irregular follow-ups or avoidance behaviour by the patient can further delay results.

The presented case report indicates how an individualised homoeopathic management could play a positive role in the treatment of the social Anxiety disorder and stresses the importance of research and a clinical trial aimed at investigating the more universal applicability of this method.

---

#### Case Report

##### Preliminary Data

Name: Mrs. R.K.

Age: 36 years

Gender: female

Occupation: Software Engineer

Date of First Consultation: 04/01/2024

Chief Complaint: Fear of meeting people and avoiding social interactions with unfamiliar people since 7months.

Diagnosis: - Clinically diagnosed as SOCIAL ANXIETY DISORDER

Duration of Complaint: 7 months

Previous Treatments (if any) and their Outcome: nil

History of Present

---

## Illness

### PATIENT'S NARRATION :

The patient presented with complaints of anxiety and social avoidance, which were noted to be significantly less when she was around familiar individuals, particularly her parents and children. Over the past two months, there has been a marked increase in social phobia and avoidance

behavior. Her social interactions have progressively reduced and are currently limited to her husband and children.

She expressed a strong reluctance to go to work, reporting intense anxiety in work-related situations. She described persistent feelings of being responsible for causing discomfort to others, which further contributed to her avoidance of social and occupational settings. Additionally, she avoids engaging in prolonged telephone conversations, as these tend to precipitate sudden episodes of intense fear.

The patient reported a constant concern that others would notice her physical and emotional discomfort, which heightened her anxiety in social situations. She stated that during the initial phase, she was unable to understand what was happening to her and felt confused about the nature of her symptoms.

### B} PHYSICIAN'S OBSERVATION:

She described a sudden onset of nervousness accompanied by excessive sweating when exposed to unfamiliar people. Gradually, she became increasingly comfortable staying at home and developed a fear of going outside. In an attempt to manage her symptoms, she initiated meditation practices; however, she reported minimal relief from her anxiety and fear.

During the narration of her complaints, the patient appeared markedly anxious. She was visibly nervous and had profuse sweating over the face. She repeatedly expressed concern about whether her fears and anxiety would ever subside. The patient found it difficult to accept that she was suffering from anxiety, stating that she had previously been a bold, confident individual who was capable of handling all life situations effectively.

She conveyed a strong desire to overcome her fears at the earliest and expressed motivation to resume her occupational functioning comfortably and confidently. Her distress was evident, and she demonstrated significant apprehension regarding her current mental state and its impact on her personal and professional life.

### HISTORY OF PAST ILLNESS & TREATMENT ADOPTED:

- Tonsillectomy at the age of 12yrs took allopathic treatment Recovered.
- Fracture of Rt knee 5 yrs. ago. Took Allopathic treatment Recovered.

### Family History

- Father-DM
- Mother –Hypothyroidism

Brother-HTN

### PersonalHistory

- Diet: Mixed diet, Craving for sweets, Aversion to Eggs

- **Thirst:** Thirsty(4-5litres/day).
- **Bowels:** Regular, once daily, morning. Stool consistency is normal.
- **Urination:** Normal frequency and quantity.
- **Sleep:** Generally sound, but sometimes disturbed with thoughts
- **Thermal Reaction:** towards hot
- **Sweat:** Profuse, esp on forehead

• **MENSTRUAL HISTORY:**

MENARCHE AT: 14 years of age

LMP: 22/12/2022

**MENSTRUATION:**

• CYCLE: Regular	FLOW: Heavy	DURATION: 6-7 days
COLOUR: dark red		
CLOTS: present 1-2 days of cycle		
ODOUR: slight smell		
STAIN: no		
ANY OTHER COMPLAINTS: no		
CONCOMITANTS: pain in abdomen 1 <sup>st</sup> and 2 <sup>nd</sup> day of the cycle.		

**OBSTETRIC HISTORY:**

GRAVIDA: 0

PARA: 2

ABORTIONS: 0

STILL BIRTHS: 0

ANY OTHER COMPLAINTS: no

**Life space investigation.**

Born and brought up in a middle-class family. Having 2 siblings 1 elder brother and elder sister, she is youngest among them.

Very shy by nature since childhood, very intelligent, never missed or absent to the class. Introvert, takes time to mix with people and had very few friends.

Completed her engineering with good percentage and also got job selected through campus selection.

Got married at age 26, husband also engineer, has 2 kids son – 7 yrs, daughter- 5 yrs old.

Now she is not shy, mix well with people, likes to travel a lot.

**Stress-** after her marriage, she was scared of the new change happening after the marriage. Was difficult to manage job and home. In-laws very strict. Husband gets along well and understands her.

8 months ago she heard some gossips related to her in the work place, that stressed her a lot later she started getting anxieties and was trying to avoid people.

She is more religious now than before, and thinks God will help her to come out of this situation and she also meditate early morning.

**Physical Examination**

- **General Appearance:** lean, thin, tall and moderately built.
- Skin colour: fair complexion Discolouration: no
- Height: 5.4 feet Skin eruption: no
- Weight: 65kg B.M.I:
- Pulse rate: 74b/ B.P: 120/80mm of hg min Resp.rate: 16 /min Temp: 98-degree F

**Table1:Leibowitz scale used before treatment**

Name: Mrs R.K

Date: 2024/01/04

FEAR OR ANXIETY	AVOIDANCE
0 = NONE	0 = NEVER (0%)
1 = MILD	1 = OCCASIONALLY (1% - 33% OF THE TIME)
2 = MODERATE	2 = OFTEN (33% - 67% OF THE TIME)
3 = SEVERE	3 = USUALLY (67% - 100% OF THE TIME)

Fill out the following questionnaire with the most suitable answer listed below. Base your answers on your experience in the past week and, if you have completed the scale previously, be as consistent as possible in your perception of the situation and described. Be sure to answer all the items mentioned.

S.NO	UNDERSTANDING THE SITUATIONS	FEAR OR ANXIETY	AVOIDANCE
1.	Telephoning in public – speaking on the telephone in a public place	3	2
2.	Participating in small groups – having a discussion with a few others	3	3
3.	Eating in public places – do you tremble or feel awkward handling food	1	1
4.	Drinking with others in public places – refers to any beverage including alcohol	1	1
5.	Talking to people in authority – for example, a boss or teacher	3	2
6.	Acting, performing or giving a talk in front of an audience – refers to a large audience	3	2
7.	Going to a party – an average party to which you may be invited; assume you know some but not all people at the party	3	3
8.	Working while being observed – any type of work you might do including school work or housework	2	1
9.	Writing while being observed – for example, signing a check in a bank	1	1
11.	Talking with people you don't know very well	3	3
12.	Meeting strangers – assume others are of average importance to you	3	3
13.	Urinating in a public bathroom – assume that others are sometimes present, as might normally be expected	0	0
14.	Entering a room when others are already seated – refers to a small group, and nobody has to move seats for you	2	2
15.	Being the center of attention – telling a story to a group of people	3	3
16.	Speaking up at a meeting – speaking from your seat in a small meeting or standing up in place in a large meeting	3	2
17.	Taking a written test	0	0
18.	Expressing appropriate disagreement or disapproval to people you don't know very well	3	2
19.	Looking at people you don't know very well in the eyes – refers to appropriate eye contact	3	3

20.	<b>Giving a report to a group</b> – refers to an oral report to a small group	3	2
21.	<b>Trying to pick up someone</b> – refers to a single person attempting to initiate a relationship with a stranger	2	2
22.	<b>Returning goods to a store where returns are normally accepted</b>	1	1
23.	<b>Giving an average party</b>	2	2
24.	<b>Resisting a high-pressure salesperson</b> – avoidance refers to listening to the salesperson for too long	3	3

**FEAR OR ANXIETY – SCORE 51**

**AVOIDANCE – SCORE 44**

**TOTAL SCORE- 95 – Which comes under severe social phobia**

The LSAS is scored by summing the item ratings. Below are the suggested interpretations for various score ranges.

- 55–65: Mild social phobia
- 65–80: Moderate social phobia
- 80–95: Severe social phobia
- Greater than 95: Very severe social phobia

#### **RepertorisationandAnalysis**

1. Mind: fears, phobias, general, people in
2. Mind: sensitive, mental, oversensitive, emotional, opinions, what others, say about her
3. anxiety, general: diseases about: concerning recovery
4. food: sweets, general: desires
5. food: eggs, general: aversion, to

#### **Differential RemedialDiagnosis**

- Lycopodium
- Aconite
- Calcarea carb

#### **Differentiatedandfinalremedyselection**

Based on the totality of symptoms, Lycopodium shows as the most prominent simillimum.

**Final Prescribed Remedy: Lycopodium**

- **Potency and Dose:** , single dose.1M
- **First Prescription:**

Date -04/01/2024

Lycopodium 1M , 1 dose,

- Advised to avoid strong odours, coffee, and camphor.  
FollowUp

**1<sup>ST</sup>FOLLOW-UP DATE: 2024/01/28**

**SYMPTOM CHANGES:** fear of meeting people is still persisting, but she is able to go out, 5% of her anxieties have reduced, sweating while speaking to people has reduced.

B.P- 120/80 mm of hg

P.R – 76b/min

**INFERENCE:** improving

**PRESCRIPTION:** Sac lac – 21 days

4– 4 – 4 pills

**2<sup>ND</sup>FOLLOWUP-DATE: 2024/02/21**

**SYMPTOM CHANGES:** fear of meeting people 10 % better  
Able to go out to work , sweating on the face reduced.

Feeling better, was worried that her condition would remain and never go away.

B.P- 120/80 mm of hg  
P.R – 78b/min

**INFERENCE:**

**PRESCRIPTION:** Sac lac – 21 days  
4 – 4 – 4 pills

**3<sup>RD</sup> Follow up DATE: 2024/03/18**

**SYMPTOM CHANGES:** she is able to speak to strangers. Anxiousness has reduced while going out. 25% better in complaints.Feeling happy that she is able to overcome these fears and social phobias which she has been suffering in the past 7-8months.

B.P- 110/80 mm of hg  
P.R – 78b/min  
Weight – 68 kg

**INFERENCE:**improving

**PRESCRIPTION:** Sac lac – 21days .

4 – 4 – 4 pills

**4<sup>TH</sup> FOLLOW UP DATE: 2024/04/10**

**SYMPTOM CHANGES:** missed her appointment, was having function at home. Anxiousness has reduced as compared to last time .Feels her complaints are 40% better now She is able to talk to unfamiliar people comfortably, no fears. Able to speak on phone longer time. Restlessness has reduced.No sweating and discomfort while speaking.

B.P- 120/80 mm of hg

P.R – 78b/min

**INFERENCE:**

**PRESCRIPTION:** Sac lac – 21 days.

4 – 4 – 4 pills

**5<sup>TH</sup> FOLLOW UP DATE: 2024/05/1**

**SYMPTOM CHANGES:** Anxiousness has reduced as compared to last time .Feels her complaints are 60% better now She is able to talk to people comfortably, no fears. Restlessness has reduced.No discomfort while speaking.

B.P- 120/80 mm of hg

P.R – 80b/min

**INFERENCE:**

**PRESCRIPTION:** Sac lac – 21 days.

4 – 4 – 4 pills

**6<sup>TH</sup> FOLLOW UP DATE: 2024/05/23**

**SYMPTOM CHANGES:**patient is feeling confident enough and able to go out and speak to strangers as well. No sweating and worried.

Better 85%

B.P- 120/80 mm of hg

P.R – 76b/min

**INFERENCE:**

**PRESCRIPTION:** Sac lac – 21 days.

4 – 4 – 4 pills

## Table2:Post-Treatment

### Leibowitz scale used after treatment

Name: Mrs R.K

Date: 2024/06/16

Fill out the following questionnaire with the most suitable answer listed below. Base your answers on your experience in the past week and, if you have completed the scale previously,

be as consistent as possible in your perception of the situation and described. Be sure to answer all the items mentioned.

FEAR OR ANXIETY	AVOIDANCE
0 = NONE	0 = NEVER (0%)
1 = MILD	1 = OCCASIONALLY (1% - 33% OF THE TIME)
2 = MODERATE	2 = OFTEN (33% - 67% OF THE TIME)
3 = SEVERE	3 = USUALLY (67% - 100% OF THE TIME)

S.NO	UNDERSTANDING THE SITUATIONS	FEAR OR ANXIETY	AVOIDANCE
1.	Telephoning in public – speaking on the telephone in a public place	0	0
2.	Participating in small groups – having a discussion with a few others	1	0
3.	Eating in public places – do you tremble or feel awkward handling food	0	0
4.	Drinking with others in public places – refers to any beverage including alcohol	0	0
5.	Talking to people in authority – for example, a boss or teacher	1	0
6.	Acting, performing or giving a talk in front of an audience – refers to a large audience	1	0
7.	Going to a party – an average party to which you may be invited; assume you know some but not all people at the party	1	0
8.	Working while being observed – any type of work you might do including school work or housework	0	0
9.	Writing while being observed – for example, signing a check in a bank	0	0
11.	Talking with people you don't know very well	1	0
12.	Meeting strangers – assume others are of average importance to you	1	0
13.	Urinating in a public bathroom – assume that others are sometimes present, as might normally be expected	0	0
14.	Entering a room when others are already seated – refers to a small group, and nobody has to move seats for you	0	0
15.	Being the center of attention – telling a story to a group of people	1	0
16.	Speaking up at a meeting – speaking from your seat in a small meeting or standing up in place in a large meeting	1	0
17.	Taking a written test	0	0
18.	Expressing appropriate disagreement or disapproval to people you don't know very well	1	0
19.	Looking at people you don't know very well in the eyes – refers to appropriate eye contact	1	0
20.	Giving a report to a group – refers to an oral report to a small group	0	0
21.	Trying to pick up someone – refers to a single person attempting to initiate a relationship with a stranger	0	0
22.	Returning goods to a store where returns are normally accepted	0	0

23.	Giving an average party	0	0
24.	Resisting a high-pressure salesperson – avoidance refers to listening to the salesperson for too long	1	0

## FEAR OR ANXIETY – SCORE 11

### AVOIDANCE – SCORE 00

TOTAL SCORE- 11 – Which shows complete resolution of symptoms

**Analysis and Prescription:** Complete resolution of symptoms.

### Discussion

Social Anxiety Disorder (SAD) is a chronic and disabling condition characterized by persistent fear of social situations and avoidance behaviors, often leading to significant impairment in occupational, social, and emotional functioning. The present case highlights the clinical presentation of SAD in an adult female, with symptoms such as fear of meeting unfamiliar people, anticipatory anxiety, avoidance of social and work-related interactions, excessive sweating, and apprehension about being negatively evaluated by others. These features are consistent with the diagnostic criteria described in DSM-5.

In this case, the patient exhibited classical predisposing and maintaining factors of social anxiety disorder, including a shy and inhibited temperament since childhood, heightened sensitivity to others' opinions, and a triggering psychosocial stressor in the form of workplace gossip. The gradual progression of symptoms, restriction of social interactions, and avoidance behaviors further support the diagnosis. The patient's anxiety was notably reduced in the presence of familiar individuals, which is a commonly reported feature in SAD.

The homoeopathic approach emphasizes individualized treatment based on the totality of symptoms, encompassing mental, emotional, and physical characteristics. The selection of *Lycopodium* was based on prominent features such as fear of social interaction, anticipatory anxiety, hypersensitivity to others' opinions, lack of self-confidence despite adequate intellectual capacity, and associated physical symptoms like profuse sweating and craving for sweets. These features correspond well with the known clinical profile of *Lycopodium* in homoeopathic literature.

Following the administration of a single dose of *Lycopodium* 10M, the patient demonstrated gradual and sustained improvement over successive follow-ups. There was a noticeable reduction in anticipatory anxiety, fear of meeting people, and avoidance behavior. The patient gradually regained confidence, resumed occupational activities, and was able to interact comfortably with unfamiliar individuals and engage in longer telephone conversations without distress. The improvement was progressive, with approximately 40% symptomatic relief reported by the fourth follow-up, along with improvement in overall emotional stability and quality of life.

The outcome in this case suggests that individualized homoeopathic management may have a supportive role in reducing the intensity and frequency of symptoms in social anxiety disorder. However, it is important to acknowledge that this is a single case report, and the improvement

cannot be generalized. Factors such as patient motivation, regular follow-ups, psychosocial support, and placebo response may also have contributed to the observed improvement.

## **CONCLUSION**

This case report demonstrates the potential role of individualized homoeopathic treatment in the management of Social Anxiety Disorder. The patient showed gradual and sustained improvement in social fears, anxiety symptoms, and functional abilities following homoeopathic intervention, with no reported adverse effects. The holistic approach of homoeopathy, addressing both psychological and physical aspects of the individual, may offer a complementary option in the management of anxiety disorders.

Nevertheless, larger-scale clinical studies, controlled trials, and long-term follow-up data are required to establish the efficacy and reproducibility of homoeopathic treatment in social anxiety disorder. This case underscores the need for further systematic research to explore the scope, limitations, and evidence base of individualized homoeopathic management in psychiatric condition.

**Conflict of Interest:** Nil

**Acknowledgement:** Nil

## **References**

1. Rosie M. Spielman, Formerly of Quinnipiac university. Psychology
2. <https://www.mayoclinic.org/diseases-conditions/social-anxiety-disorder/symptoms-causes/syc-20353561>;26/07/2020.11.00AM
3.  
<https://www.nimh.nih.gov/health/statistics/social-anxiety-disorders>.statml.22/08/2020.11:30AM
4. <http://www.news-medical.net/health/social-anxiety.epidemiology.aspx>.  
02/09/2020.10:45AM
5. <https://www.news-medical-net/health/social-anxiety-epidemiology.aspx>;10/09/2020.06.00PM