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Anxiety Type	***Intervention***	***Study Design***	***Sample Population***	***Length of Treatment***	***Outcome***	***Adverse Effects***
Generalised Anxiety Disorder(GAD) Akhondzadeh (2001)	Passionflower Extract (45 drops)	Randomised Double Blind – Parallel Group (Serepax)	36 patients with DSM –IV for GAD	4 Weeks	Decrease in HAMA for both treatments	No significant difference in total side effect
Generalised Anxiety Disorder (GAD) Boerner (2003)	Kava (400 milligrams/day) (standardised to 30 % kavapyrones extraction solvent 96 % ethanol in water; drug extract ratio 13-20:1)	Randomised Double-Blind Parallel Group (Buspirone – Buspar 10 milligrams; 100 milligrams of metoprolol)	129 outpatients diagnosed with GAD	8 Weeks	75 percent of patients responded – 50 percent reduction in HAMA score	1 treatment related adverse event. No liver toxicity reported.
Generalised Anxiety Disorder (GAD) Kobak (2005)	St. John's Wort Flexible Dosage 600-1800 milligrams per day. Mean dosage of 1676 milligrams.	Randomised Double Blind – Parallel Group Placebo	40 subjects with GAD	12 Weeks	No significant difference compared to placebo	Mild/Moderate Gastrointestinal Upset, Dizziness, Insomnia and Fatigue
Generalised Anxiety Disorder (GAD) Cooley, Szczurko, Perri (2009)	Withania Somnifera 300 milligrams twice daily	Double Blind Randomised Control Whole Systems Approach inclusive of psychotherapy, deep breathing relaxation techniques – Against above techniques with the exception of placebo	87 subjects with GAD	12 Weeks	56.5 percent reduction in Beck Anxiety Inventory scores for Whole Intervention vs 30.5 percent in control group. Whole Intervention also experienced greater clinical benefit in mental health, concentration, fatigue, social functioning and quality of life.	No Adverse Effects Reported.
Generalised Anxiety Disorder Thesing et al. (2018)	Low Levels of Omega 3 and Omega 6 Fatty Acids in conjunction with MDD	Longitudinal Observational Cohort Study	584 patients of which 28.3 percent presented with GAD alone.	Immediate	Results confirmed that omega 3 and omega 6 fatty acids were not associated with GAD alone.	N/A
Generalised Anxiety Disorder Strawn and Saldana (2012)	Uncontrolled Study	Case Report 1.2 grams for 4 weeks, followed by 2.4 grams for 4 weeks	1 participant 17 year old man refractory to SSRI and CBT	8 Weeks	Significant improvement – drop in CGI-S from 5 to 2. Reduction in subjective anxiety scores	No Adverse Effects Reported.

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Generalised Anxiety Disorder *Gautam (2012)*	Group A – GAD (20 in control group and 20 in treatment group) The control group were given escitalopram (Lexapro) 10-20 mg per day by psychiatrists while patients included in the experimental group were given similar dosages of antidepressant and supplementation of Vitamin A (600 mg daily), Vitamin E (800mg daily) and Vitamin C (1000mg daily)	Statistical Comparison Study – Randomised Control Trial Examining serum levels of vitamin C, vitamin E and Beta-carotene in individuals diagnosed with GAD, Depression and healthy controls. To identify if supplementation of vitamin C, Vitamin E and Beta-carotene could combat the biochemical changes which occur as a result of stress	80 subjects (20-60 years) 40 patients diagnosed with GAD 40 patients diagnosed with depression 20 healthy controls	6 Weeks	There was a significant increase in blood antioxidant levels for patients diagnosed with GAD when undertaking antioxidant treatment. HAMA GAD scores significantly changes lowering from 36.57 to 3.57 in the treatment group compared to 37.29 and 13.76 respectively for the control group.	No Adverse Effects Reported.
Generalised Anxiety Disorder *Sarris (2009)*	Kava Tablets (250 mg per day kavalactones)	Randomised Double Blind Crossover Control -Placebo	41 participants with 1 month or more of GAD	3 weeks	Highly significant reduction in anxiety HAMA, BAI, MADRS in Kava-treated group	No serious adverse events. Mild dizziness and nausea. No liver toxicity.
Generalised Anxiety Disorder Hanus (2004)	Sympathyl – including hawthorn 75 mg, magnesium oxide 124.3 mg and California poppy 20 mg	Randomised Double Blind Parallel Group Control - Placebo	264 patients with GAD of mild to moderate intensity	3 months	Significant clinical improvement in anxiety in favour of the combination treatment	No serious adverse events related to treatment.
Social Anxiety and Social Phobias *Kobak (2005)*	St. John's Wort Flexible Dosage 600-1800 milligrams per day. Mean dosage of 1676 milligrams.	Randomised Double Blind – Parallel Group Placebo	40 subjects with GAD	12 Weeks	No significant difference compared to placebo	Mild/Moderate Gastrointestinal Upset, Dizziness, Insomnia and Fatigue
Social Anxiety and Social Phobias Boerner (2001)	Kava (400 milligrams/day) (standardised to 30 % kavapyrones extraction solvent 96 % ethanol in water; drug extract ratio 13-20:1)	Case Study	37 year old female outpatient with GAD, a simple phobia and specific social phobia	4 Weeks	75 percent improvement in presentation of GAD, simple phobia and social phobia. 6 months of treatment resulted in close to total remission of symptoms.	No Adverse Events Reported.

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Social Anxiety and Social Phobias Malsch (2001)	Pre-treatment with benzodiazepines (tapered off over two weeks) followed by capsules of 50mg daily of dry extract standardised to 35 mg kava lactone for three weeks. Placebo received the same pre-treatment without the follow-up of Kava.	Randomised Double Blind Parallel Group	40 adult outpatients with non-psychotic nervous anxiety, tension and restlessness, impairing work performance, normal social activities and relationships	5 weeks	Significant reduction in anxiety (HAMA, Bf-S, EAAS, CGI) in kava-treated group.	No serious adverse effects.
Social Anxiety and Social Phobias Volz (1997)	Kava-Kava extract WS 1490 (90-110 mg dry extract = 70 mg Kl per capsule)	Randomised Double-Blind Parallel Group	101 outpatients with anxiety of non-psychotic origin	24 weeks	Significant reduction in anxiety (HAMA, CGI, SCL-90-R AMS) in favour of Kava-Kava treatment.	Excellent tolerability, similar to placebo. Stomach upset.
Anxiety Ari et al (2016)	Exogenous ketone supplement	Experimental Parallel Group	Sprague-Dawley (48) Wistar Albino Glaxo/Rijswijk rats (32)	7 days	Reduced Anxiety related behaviour	No Adverse Effects Reported
Anxiety Murphy & Mercer (2013)	Animal Models examining the effects of high fat and high sugar diets on anxiety	Critical Review	N/A	N/A	High Fat intake is considered anxiolytic whereas High Sugar intake is considered anxiogenic.	N/A
Panic Disorder Jezova (2005)	Mixture of L-lysine and L-arginine (3 grams each/day)	Randomised Double-Blind Parallel Group	29 healthy male subjects at the upper limit of the normal range of an trait anxiety scale	10 days	Amino Acid Treatment enhanced adrenocorticotropic hormone, adrenaline and noradrenaline levels and galvanic skin responses during stress; no effect on heart rate or blood pressure.	None
Panic Disorder Schruers et al. (2002)	Acute Administration of 200 mg of 5HTP Measure – Serum Cortisol Levels	35% CO2 Challenge Double-Blind Parallel Group	24 (11 Female) PD patients, mean age 40.0 +/_ 10.7 years	Acute Administration under stress	Significant reduction in both panic and anxiety responses in patients, but not in control group. Significant rise in cortisol levels in both groups following 5HTP administration	None

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Anxiety Type	***Intervention***	***Study Design***	***Sample Population***	***Length of Treatment***	***Outcome***	***Adverse Effects***
Panic Disorder *Palatnik et al. (2001)*	Twenty patients completed 1 month of inositol up to 18 grams/daily and 1 month of fluvoxamine up to 150 mg/day.	Double-Blind Controlled Random-Order Crossover Study	20 patients diagnosed with panic disorder according to DSMIV	1 month	Improvements to Hamilton Rating Scale for anxiety Scores, Agoraphobia scores and clinical global impression scores for both groups. Inositol reduced the number of panic attacks per week by 4.0 compared with fluvoxamine (Luvox –SSRI) compared with a reduction of 2.4 with fluvoxamine.	No Serious Adverse Side Effects for Inositol
Obsessive Compulsive Disorder *Oliver et al. (2015)*	2400 – 3000 mg/day of N-Acetyl Cysteine	Systematic Review	4 Clinical Trials and 5 Case Reports Mean age of participants 30.93 years Cohorts consisted predominately of women	Average Study Duration of 12 weeks	Reduction in the severity of OCD symptoms including Y-BOCS, CGI-S and CGI-I Treatment groups demonstrated a significant effect over placebo for ameliorating OCD symptoms according to Y-BOCS. Evident improvement noted from week 4 onwards.	Good Tolerability Minimal Adverse Effects i.e. Nausea
Obsessive Compulsive Disorder *Szegedi et al. (2005)* *Fava et al. (2005)*	St John's Wort – 900 mg daily compared to SSRI's Paxil/Fluoxetine 20mg respectively.	Two Double Blind Placebo Controlled Studies ***NB***: In Kobak (2005) no significant change observed in OCD symptoms of 60 outpatients.	251 patients outpatients 135 patients	12 weeks	57 percent decrease and 48 percent reduction in OCD symptoms, respectively, at a dose of 900 mg per day.	Good Tolerability No Adverse Effects Reported.
Obsessive Compulsive Disorder Levine (1997)	Inositol 18 grams daily for 6 weeks	Systematic Review	20 patients diagnosed with OCD according to DSMIV	6 weeks	Significant reduction in scores of OCD symptoms compared with placebo.	No Serious Adverse Side Effects for Inositol
Post-Traumatic Stress Disorder in conjunction with Substance Use Disorder (SUD) Back et al. (2016)	2400 mg/daily or placebo plus cognitive behavioural therapy for SUD	Randomised Double-Blind Placebo Trial	35 patients meeting DSMIV criteria	8 week	Participants treated with NAC compared to placebo evidenced significant improvements in PTSD symptoms, craving and depression. Substance use was lower for both groups.	Well Tolerated – High Retention.

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