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Patient Exhibit Symptoms of Comorbid Disorders

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Abstract

In addition to PTSD, the patient may only exhibit symptoms of one or more comorbid disorders, and these symptoms may or may not indicate a connection between the patient's condition and the traumatic event. There are significantly fewer cases of "life-long" PTSD in Europe than there are in the United States, according to a 2004 study by ESEMeD on a sample of 21,425 people in six European countries, with 2.9% of women and 0.9% of men experiencing the condition. Therefore, a patient's trauma history should be routinely inquired about in order to treat the underlying cause of a problem rather than just its symptoms. Fear and an unanticipated emotion render the patient speechless, making them appear insensitive and unresponsive. They also exhibit feelings of sadness, stupor, lethargy, laziness, and a general lack of reactivity.

Keywords: Stress • PTST • Psychological syndrome • Trauma

Introduction

However, it can be medically treated. To effectively manage the symptoms in this manner, it is necessary to recognize them. The entire body tense up when under stress. It costs energy and alters brain structures, particularly those related to memory, which harms various parts of the nervous system. One of the effects of psychological trauma is memory loss. The brain, which is currently overloaded with information, will then replay the assault exactly as it happened. Since 1915, specialists in the Military Health Service have recognized that PTSD is distressing for both the patient and those around him. Psychological trauma syndrome is distinct from other mental or physical conditions. A person can experience physical and mental stress when they are confronted with an unanticipated violent situation in which their own safety, the safety of others, or even their life could be in danger. Multidisciplinary medical approach that incorporates a specialist in physical and psychological medicine, a general practitioner, physical therapy and physiotherapy, and homoeopathy, by taking the patient as a whole into consideration and paying attention to all of their more peculiar, specific, and unusual symptoms.This illness can be lived with, experienced as a real handicap, and have long-lasting effects on a person's social, family, or professional life [1].

Literature Review

When the assault's images come back to the patient's mind like a conditioned reflex when they hear or smell something, this disrupts the patient's normal psychic activity throughout the day. Also known as ecmnesia, these are flashbacks. When you're sleeping, the same things keep happening. The management of personnel with psychic injuries is one of the Ministry of Defense's top priorities. A comprehensive system for service members and their families that relies on a network of preventive services and care has been strengthened since 2010. The unit doctors are crucial links in this program. They teach, perceive, and direct PTSD casualties who have been harmed. The latter is then assisted by a civilian psychiatrist or the psychiatric ward of a military teaching hospital. These are the so-called traumatic dreams, and they include awakenings filled with sweat, fighting, and yelling. These ecmnesia and nightmares are signs of PTSD [2].

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Discussion

The nightmare comes back night after night, occasionally multiple times. In the dream, the traumatic event is fully experienced, including all of the senses (smell, touch, taste, and so on). A person can experience physical and mental stress when they are confronted with an unanticipated violent situation in which their own safety, the safety of others, or even their life could be in danger. The sufferer is physically and morally hopeless, and he or she has the impression that his entire body has been bruised. He is depressed, longs to be by himself, is afraid of being touched, and most of all, he doesn't want to talk to anyone. He may be agitated, nervous, scared, or even delusional. He is worn out during the day and may be restless at night due to the bed's excessive firmness, which prevents him from lying down. He sleeps through his agonizing dreams, and when he wakes up, he is terrified of dying because he is afraid of the worst. He remembers the accident vividly, particularly at night. Because the bed is too hard, he can't sleep, so he stays awake until two or three in the morning. This sleep gradually becomes unsatisfying and anxious. Some people even develop a fear of sleeping. In an effort to get as much sleep as possible, they will then "knock themselves out" with alcohol or sleeping pills [3].

Memories from the day: The patient relives the painful experience, but this time he is awake on his own and the scene unfolds without their intervention. The victim should replay it to its terrible decision to them end the force of the memory shifts. On the other hand, the sufferer may experience sounds, temperatures, and odors in their nightmares. Even though these flashbacks are intense, it is possible to mistake being awake for hallucinations. The reconstruction is flawless in every way. Traumatic recollections and memories are extremely unpleasant and frequently cause significant distress. Because of this, the Subjects prefer to stay away from things, people, or situations that make them remember the trauma. They often try to ignore the event, avoid talking about it, and try to get away from the bad feelings that come with these memories. Subsequently, they pull out from their family members, companions, and society, and become less and less dynamic [4].

It varies depending on whether we are dealing with individual or societal trauma. Crisis care and security measures are pivotal in case of an aggregate injury, like a cataclysmic event, air, rail, or land mishap, or a psychological oppressor assault. These actions incorporate triaging casualties and moving them to a protected spot, offering help for habitually dangerous crises, and in a subsequent stage, conveying a clinical and mental unit fully intent on distinguishing crisis mental decompensation, consoling the people who are encountering intense PTSD, and suggesting a possible multidisciplinary. However, assistance in the event of a personal injury is uncommon. The patient is left to deal with this upsetting situation on his own, and he will be treated at his request when his physical condition allows. Later, the patient's integrity is restored, and he notices memory issues as signs of PTSD, which are often persistent by this point. However, he must recognize that an interdisciplinary approach may enable him to better live in an integrative care setting and use psychotherapy to make sense of the trauma [5].

Conclusion

This condition urges us to humility and modesty in order to comprehend the circumstances and causes of post-traumatic stress disorder's manifestation and to get closer to the homoeopathic Materia Medica, whose existence precedes the description of the disease's symptoms. Apart from major known causes like a terrorist attack, an aircraft or train tragedy, a state of war, or an act of family or domestic abuse, the tremendous polymorphism of what can be experienced as trauma meets the extreme polymorphism of reactive events in both time and location. Since the patient wants to be left alone and has no desire to do anything, he is "delirious with a joyful frame of mind". Despite the patient's vivid imagination, the terrifying image may continue to flash before their eyes, causing them to be afraid. He might snore while sleeping with his mouth open, experience hot flashes, twitch his facial muscles, or suffer from insomnia with acute hearing that keeps him awake when he's really asleep.

Acknowledgement

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Conflict of Interest

None.

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