

Homeopathy's Role in Post-traumatic Stress Disorder

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Abstract

In 15–35% of cases, depending on the specifics of the traumatic event and the subject's subjective experience, a scenario or stressful occurrence that is extraordinarily threatening or catastrophic and could result in clear distress symptoms in the majority of people "causes" PTSD.

Keywords: Stress • PTST

Introduction

The patient may only express symptoms of one or more comorbid disorders in addition to PTSD, and these symptoms do not always establish a causal relationship between the patient's condition and the traumatic incident. According to a 2004 study by ESEMeD on a sample of 21,425 people in six European countries, 2.9% of women and 0.9% of males, there are much fewer cases of "life-long" PTSD in Europe than there are in the US. Therefore, in order to treat the root of certain problems and not just their symptoms, one should routinely inquire about a patient's history of trauma.

PTSD, which has been recognized by Military Health Service specialists since 1915, is distressing for both the patient and those around him. Psychological trauma syndrome cannot be compared to other physical or mental conditions. This illness can be lived with, experienced as a true handicap, and permanently alter a person's life by having negative social, familial, or occupational effects [1-3].

However, it is treatable medically. Recognizing the symptoms is necessary to successfully manage them in this manner. When under stress, the entire body tenses up. It has an energy cost that harms different portions of the nervous system by altering brain structures, particularly those related to memory. Memory impairments are one of psychological trauma's repercussions. The assault will then be replayed exactly as it happened by the brain, which was overloaded with inputs at the moment.

The patient's normal psychic activity is interfered with throughout the day when the assault's images return to the mind like a conditioned reflex in response to a sound or smell. These are flashbacks, also referred to as *ecmnesia*. The same events keep happening at night when you're sleeping. These are the so-called traumatic dreams, which include yelling, fighting, and sweaty awakenings. PTSD is indicated by these nightmares and *ecmnesia* [4].

Literature Review

Infiltration signs

Recollections, pictures, sounds, smells, and feelings connected to the traumatic incident can "the patient's life is in danger. Typically, these "intrusions"

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induce severe distress, as well as other feelings like grief, remorse, anxiety, or anger on occasion.

Night after night, the nightmare comes again, and on occasion it does so multiple times. The traumatic experience is fully experienced in the dream, including all of the senses (smell, touch, taste, etc.). This sleep gradually becomes unrefreshing and induces apprehension. Some people even get a sleep phobia. They will then use booze or sleeping drugs to "knock themselves out" in an effort to get as much sleep as possible [5].

Flashbacks during the day: The patient re-enacts the painful event, this time, though, he is awake voluntarily and without the scene occurs without their being able to do anything about it. The sufferer must replay it to its awful conclusion in their minds conclusion the intensity of the recollection varies. Then again, the sufferer may experience odours, temperatures, and sounds throughout their nightmares. The reconstruction is flawless in every aspect these flashbacks, while intense, while it's possible to mistake being awake for hallucinations.

Avoidance symptoms

Traumatic memories and reminders are extremely unpleasant and frequently cause a great deal of distress. Due to this, the Subjects prefer to steer clear of things, people, or circumstances that trigger recollections of the trauma They frequently make an effort to ignore the occurrence, do not discuss it, and try to distance oneself from the terrible feelings connected to these recollections. Consequently, they they withdraw from their relatives, friends, and society, and become less and less active [6].

The person's family and friends may experience great suffering since they frequently believe that the person is being dishonest or being lethargic attempting to stay away from everything that might serve as a reminder of the trauma, such as ideas, feelings, conversations, activities, locations, and people;

Having trouble remembering certain details of the encounter;

Loss of interest in routine tasks; feeling estranged and distant from loved ones; being unable to feel emotions;

Having trouble picturing the future;

Signs of hyper arousal

Following the traumatic experience, it is typical for the individual to constantly be on guard and to see danger everywhere. They are on edge and on guard all the time. Sleep problems are common:

- Sleep disturbance
- Irritability and anger
- Difficulty concentrating
- You have a tendency to remain continually alert for danger
- Agitation, startle reaction

Disease development

The psycho-traumatic syndrome is unique in that it develops in stages and can occasionally go for long stretches without showing any symptoms.

Military assistance techniques

The Ministry of Defence's top priorities are on the management of personnel with psychic injuries. Since 2010, a thorough system that depends on a network of preventive and care for service members and their families has been strengthened. In this programme, the unit doctors are crucial linkages. They educate, recognise, and direct PTSD victims who have been hurt. The latter is then assisted by a military teaching hospital's psychiatric ward or, in the absence of that, by a civilian psychiatrist [7].

Treatment

Depending on whether we are addressing individual or societal trauma, it varies. Emergency care and safety measures are crucial in the event of a collective trauma, such as a natural disaster, air, rail, or land accident, or a terrorist attack. These measures include triaging victims and moving them to a safe place, providing support for frequently life-threatening emergencies, and in a second phase, deploying a medical and psychological unit with the goal of identifying emergency psychiatric decompensation, reassuring those who are experiencing acute PTSD, and recommending an eventual multidisciplinary.

However, it is uncommon for support to be provided for a personal injury instant. The patient is left alone to deal with this upsetting circumstance and will be treated at his request when his physical condition permits later integrity is recovered, and he becomes aware of memory problems indications of PTSD, which are frequently persistent by this time. But even so, he must understand that an interdisciplinary approach is he might be able to live better in an integrative care setting make sense of the trauma with the aid of psychotherapy [8].

Role of homoeopathy

As part of a multidisciplinary medical approach, which includes a physical and psychological medicine expert, a general practitioner, physical therapy and physiotherapy, and homoeopathy, by considering the entire patient and appreciating all of their more specific, unique, and odd symptoms.

Medicines

When confronted with an unanticipated violent circumstance where his safety, the safety of others, or even his life could be in danger, that individual may suffer physical and psychological stress.

Arnica montana: When confronted with an unanticipated violent circumstance where his safety, the safety of others, or even his life could be in danger, that individual may suffer physical and psychological stress. The sufferer feels broken, as though his entire body has been bruised, and is both physically and morally despondent. He is depressed, longs for alone, fears being touched, and most of all, does not want to be spoken to. He is agitated, scared, nervous, or even delusional [7]. He is tired during the day and may be restless at night because he cannot find a place to lay in the bed since it is too firm. His agonising dreams keep him up at night, and he wakes up terrified of dying because he fears the worst. He relives the accident specifically at night. He can't sleep because the bed is too hard, so he's restless till two or three in the morning.

Aconitum napellus: This medicine is used for severe as well as abrupt agitation, anxiety, and fear of death at a time the patient expects, as well as illogical fear that is still there and indefinable, fear of darkness, fear of crossing the street, and fear of crowds. He flinches at the slightest noise. The patient requests assistance, particularly given that he frequently experiences high blood pressure, palpitations, dyspnea, and tightness in his chest. Around midnight, nocturnal aggravation is noticeable as agitation, anxiety, and excruciating pain. The patient's mind is always racing, and he is far too heated, therefore he is unable to fall asleep. Nightmares, upsetting dreams, and jerky awakenings make sleep unsettling [8].

Opium: The patient is rendered speechless by fear and unexpected emotion, appearing insensitive and unresponsive, along with emotions of sadness, stupor, lethargy, laziness, and a general lack of reactivity. The patient is "delirious with a joyful frame of mind" since he has no desire to do anything and just wants to be left alone [9]. Although the patient's imagination may be highly vivid, he or she may still be afraid since the terrifying image continues flashing before their eyes. He may snore with his mouth open while falling asleep, have hot flashes and twitching of his facial muscles, or be an insomniac with acute hearing that keeps him awake while he is really sleepy.

Gelsemium sempervirens: Frequently found after a violent emotion in neurological diseases. The patient gets worse when he contemplates his issues. He can't focus his attention, his mental abilities are numb, he wants to be entirely silent and doesn't want to talk to anyone because he can't be bothered to speak or think, his body is utterly worn out, and his limbs appear to be too heavy [10,11]. Tremor, weakness, and involuntary bowel motions are some of the functional impairments brought on by the mental shock. Sleep is very restless, and while the excitement keeps him up, getting to sleep is challenging having the impression that your brain is being overloaded with hazy and disorganized ideas and is not working properly.

Conclusion

In order to comprehend the circumstances and causes of the manifestation of a post-traumatic stress disorder and to get closer to the homoeopathic Materia Medica, whose existence precedes the description of this disease's symptoms, this condition urges us to humility and modesty. The tremendous polymorphism of what can be experienced as trauma meets the extreme polymorphism of reactive events both in time and location, aside 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.

Conflict of Interest

The authors declare that there was no conflict of interest in the present study.

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