

BEREAVEMENT and TRAUMA

A sympathetic analysis by Dr Lesley Strutte

Bereavement is the deprivation of a relative, friend etc., usually by death. *Trauma* is any physical wound, injury, or physical shock following this or an emotional shock following a stressful event. Mental shock can sometimes lead to long-term neurosis and people suffering bereavement experience grief and they go through a period of mourning.

Grief can be defined as a personal experience of the loss, whereas *Mourning* is a particular process of grieving which occurs after the loss. Grief represents a departure from the normal state of health and well-being.

A period of healing and a period of mourning are necessary to re-establish normal psychological health. There are four well-recognised *phases of mourning or grief* and four *tasks of mourning* as follows:

Four phases of mourning.

1. A period of numbness which occurs shortly after the loss and which can even allow the bereaved to disregard the loss for a short time.
2. A period of yearning. Very often the loss is denied at this stage and anger usually plays a large part in this. The bereaved may ask, 'Why me?' or 'Why did it happen to him or her?' and often there is an expression of anger at the medical profession and, sometimes, anger with themselves. 'Did I do enough?' 'Could I have done more?'
3. A period of disorganisation and despair - neglecting the house, not bothering with meals and/or neglecting their appearance.
4. A period of re-organised behaviour having adjusted to the loss.

Four tasks of mourning.

1. To accept the reality of the loss and to accept that reunion is impossible (at least, in this life).

Manifestations of this need are:

a) Searching behaviour.

b) Not believing and denying the loss.

This can be normal for a short time but becomes abnormal and wrong over a long period. For instance - Queen Victoria's prolonged mourning for Prince Albert.

c) Denying the meaning of the loss and removing all remainders of the deceased (clothes, sports equipment etc.)

2. To work through the pain of grief. If this does not happen, various studies have shown that there is an increase in subsequent breakdown.

3. To adjust to an environment from which the deceased is now absent.

4. To emotionally relocate the deceased and move on with life.

To know when mourning is finished is like asking how long is a piece of string or how high is up. There is no real answer. It can be when the tasks of mourning are accomplished and when the survivor can reinvest himself back into life and the living.

The mean time is said to be two years but some people never stop grieving.

Manifestations of normal grief.

SADNESS.

This is the most common. Almost everyone feels sad when bereft.

NUMBNESS.

Lack of feelings, usually after the loss.

ANGER.

Bereavement is painful for the survivor and this often manifests itself in anger. Anger is thought to come from two sources: *see over ...*

- i) the sense of frustration that there was nothing that could be done by them or anyone else.
- ii) from remembered behaviour of being left as a child.

GUILT and SELF-REPROACH.

This is often irrational - 'Not done enough to ease their illness.' 'Did not call the doctor in time.' 'Did not realise that they were so close to death and so did not do or say many things.'

ANXIETY.

This, too, can have many manifestations - fear of being alone in the house etc. Anxiety can range from mild insecurity to full-blown panic attacks. The more intense and persistent the anxiety, the more it would suggest a pathological grief reaction.

HELPLESSNESS.

This can often be linked with anxiety and usually occurs at the end of a long partnership.

LONELINESS.

FATIGUE, APATHY AND LISTLESSNESS.

SHOCK.

Usually after a sudden death, but can happen frequently after a long illness.

All these feelings are normal. It is only the prolonged duration or intensity which makes them abnormal.

Physical sensations.

The most common of these are:

Hollowness of the stomach - an empty feeling. Tightness of the chest and throat. Over-sensitivity to noise. Breathlessness. Muscle weakness. Lack of energy. Dry mouth.

Sometimes, there are associated odd behavioural problems:

Social withdrawal and not wanting to meet anyone. Sleep disturbance. Difficulty in getting off to sleep with early morning awakening. These usually cure themselves but sometimes intervention from the General Practitioner is needed.

There may be disturbance of appetite - usually under-eating but occasionally over-eating. Absentminded behaviour like taking the car but coming home on the bus. Sighing. Restless over-activity - unable to stay in the house long, constantly cleaning, keeping on working, trying to distract themselves. Crying.

Treatment and management of Bereavement.

Of course, *Bereavement* is a situation often

encountered, unfortunately, in general practice. At all times in the grieving process the patient's

Quite often, patients are not aware of, or do not tell their doctors, their stage of grieving and their reactions to their bereavement

GP must be on the lookout for signs of distress. Dr. Strutte's practice was to visit the bereaved person as soon after the bereavement as possible within 2 days if she could, and assess them at that stage, then plan another visit, if possible, before the funeral. After this, she tries to follow the patient up herself or refers them to a Nurse Bereavement Counsellor or the District Nurse. Sometimes, it is appropriate to refer them to CRUSE (the national organisation for widows and their children.)

Before coming across homoeopathy, Dr. Strutte's 'armoury' was limited to 'sleepers and valium'! These could appear useful in the short term but, in the end, the patient has to face up to their problems and, often, the process is only postponed. In addition to this, of course, patients may become dependent on the drugs. Many patients are now aware of this danger and the possibility that treating them with sleeping tablets or valium may merely create another problem, or potential problem for them to have to try and cope with.

Using Homoeopathy, one has many approaches to try. cont/d over ...



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The first visit.

The patient is usually showing signs of, and complaining of, acute painful grief. Three remedies that are used with good effect are *Aconite*, *Arnica* and *Ignatia*.

In the 'proving' of *Arnica*, we find pain in the heart as if squeezed and as if it had got a shock, hopelessness, and indifference.

In the 'proving' of *Aconite*, there are inconsolable anxiety and piteous crying. *Aconite* is a quick-acting, superficial remedy for acute or distressing conditions.

In the 'proving' of *Ignatia*, there are headaches, trembling, weeping and sleeplessness. They are unable to control themselves and their grief has torn them to pieces.

Dr. Strutte finds *Ignatia* the remedy par excellence for acute grief. It is useful for the time between death and the funeral and it helps with anxiety about how the patient will behave at the funeral, and particularly with attacks of panic and acute sadness.

Another remedy used at this stage, occasionally, was homoeopathically prepared *Opium*. This is indicated if the patient is so numb that they refuse to talk or move. *Opium 6* can be very helpful. Other remedies are used in the 30th potency but, if the reaction is particularly acute, in the 200 or 1M potency, particularly if using *Ignatia*.

Subsequent visits.

As the situation evolves, other remedies play their part. Obviously, many remedies can be used for individuals but one must never forget the principle of trying to match the whole picture. Having said this, however, many patients trying to cope with bereavement often respond well to certain remedies. Some people, of course, do not require anything, preferring to 'go it alone' and it is important that their wishes should be respected.

Where *Ignatia* is indicated, but the condition is chronic, the remedy used is *Natrum. Mur.* It is a deeper, longer-acting remedy and, in its black letter symptoms, it has the following:

Very much inclined to weep and to be excited. Depression. Hurriedness with anxiety at heart. Sad and weeping mood. Involuntary weeping. Sad and weeping, consolation aggravates. Melancholy mood, prefers to be alone. The more he was consoled, the more he was affected. Hypochondriacal and tired of life. Trifles provoke anger. Indifferent. Distraction.

Disinclined for mental work.

These reactions cover many of the symptoms of a gradually evolving and more chronic depression and *Natrum Mur.* may be very good at dealing with the complicated spectrum of emotions often felt by patients, but rarely articulated clearly - a mixture of sadness, grief, resentment and anger. Incidentally, if the sufferer is complaining of hammering headaches, *Natrum Mur.* may help them quite dramatically. (compare *Bryonia*.)

Although *Aurum Met.* (Gold) is considered to be the homoeopathic antidepressant, Dr. Strutte has not had much success with it personally - possibly because, she says, she has not been brave enough! If the doctor thinks there is a possibility of suicide, other specialist help must be urgently called and methods, other than homoeopathic ones, are often needed. In the patient who weeps a lot and who tends to become shy and withdrawn, *Pulsatilla* can be of great help. Often, people find that their tendency to weep is one of the most inhibiting things in their recovery, especially if they are out, for instance, and are suddenly reminded of the person who has died. This will often cause them to weep. *Pulsatilla* may help such reactions.

Anger and irritability are part of the reaction and can often be dealt with by *Nux Vomica*. Patients who benefit are very often rather critical people, particularly of others, and this remedy can be helpful in getting them to re-focus their emotions.

Restless and acute anxiety, often imposed on a background of chronic anxiety, can be helped considerably by *Ars. Alb.* Clearly, if the person is obsessively tidy and chilly, this medicine is more likely to help.

Hahnemann always stressed that a good match of 'mentals' is an important task for the prescriber.

If the patient continues to be depressed, apathetic and physically exhausted, then *Phosphoric Acid* might be helpful. It's useful in cases of physical anxiety associated with mental exhaustion and this medicine is often useful in the major illness of this decade - Stress!

Quite often, if the patient complains of numerous physical complaints, the basis of which is almost certainly grief, *Causticum* would be given. One of the features of this remedy is that the patient, despite all their grief and suffering, is still intensely sympathetic to others.

Lastly, another remedy which often works well in bereavement, especially in females, is *Sepia*. *Sepia* is very closely related chemically to *Natrum Mur.* and so the symptom picture is, in many ways, very similar. *Sepia* may be worth considering if *Natrum Mur.* fails to bring about improvement. *Sepia* also weeps alone and is worse for consolation.

This regime would be able to help most people with their grieving processes. It must be backed up, also, by talking, counselling and general support - in fact, by 'being there'.

Sometimes, the process would go on too long or will be too intense and the above methods will not be enough.

Patients tend to get 'stuck' at a certain point and find it difficult to move on,

When this happens, it is time to take the full homoeopathic history again and try and see if there is a constitutional remedy begging to be used. Obviously, the approach to the patient must be considered, having weighed up their needs and wishes. In general practice, there is an ideal opportunity to try to help people in their bereavement. Often, they are people that the GP has known for some time and he or she knows the family and their background. He or she probably looked after the person who just died and this places them in a unique position to be supportive.

Bach Flower Remedies.

It would be difficult to talk about the subject of bereavement without referring to the *Bach Flower Remedies*.

Dr Bach was a physician at the London Homoeopathic Hospital who came to the conclusion that the mental reactions of the patient were the most important signs and symptoms on which to base the medicine. He went further than this and decided that many negative mental attitudes in themselves produce illness. He then embarked on producing a system based on using plant remedies to treat these negative mental attitudes. Dr. Strutte finds his *Rescue Remedy*

very useful in dealing with the emotional effects of shock from any cause.

Rescue Remedy consists of:

Star of Bethlehem for shock.

Rock Rose for terror and panic.

Impatiens for tension and stress.

Cherry Plum for depression.

Clematis for feeling faint.

She finds them very useful in very early stages of bereavement and always carried some in her bag with *Arnica* and *Aconite*.

Arnica, *Aconite* and the *Rescue Remedy* neatly introduced the subject of trauma. Dr Strutte said that she found these three good for both physical and psychological trauma.

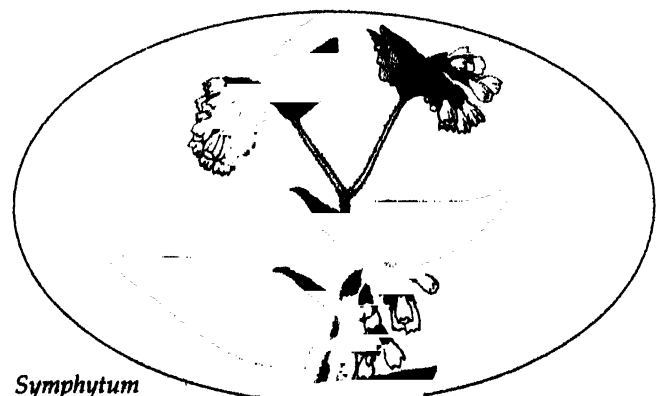
Physical trauma:

Aconite is given if the person feels frightened and is particularly good for sudden trauma. As mentioned before it is a quick acting superficial remedy but it could calm the patient down very effectively and quickly. Later, the patient may be treated as she had already outlined and/or given their constitutional medicine.

Arnica can also be given for emotional shocks but it really comes into its own in physical trauma where it can cut down pain and bruising dramatically. It can be taken by mouth but also applied as a tincture or as a cream.

These topical preparations however, should not be applied to broken skin. It is said that *Arnica* has converted more people to homoeopathy than any other remedy and of course it is very useful for surgical trauma and childbirth. Indeed, it should be used where there is any injury at all. The *Rescue Remedy* is another acute way to deal with trauma.

In the later stage of physical trauma other specific remedies may be used. A small selection are:



Symphytum

Symphytum- to assist bones to heal
 Ledum - puncture wounds
 Staphisagria - cuts and incised wounds
 Calendula - minor abrasions and cut; superficial burns
 Hypericum- nerve injuries
 Cantharis - burns; also stings and bites
 Ruta and Rhus Tox - sprains and strains

and so on.

Homoeopathy offers help and comfort in many situations where conventional medicine appears unable to do so. Obviously, when discussing patients who have sustained trauma, a conventional medical approach must also be considered. Often, a homoeopathic remedy is used adjunctively to speed healing which it usually does, much to the amazement of our conventional colleagues! Dr Strutte said that she thought it true to say that homoeopathy, given quickly after the trauma has occurred, minimizes the effects to such an extent that quite considerable injuries can be unseen and more importantly unfelt within 24 hours.

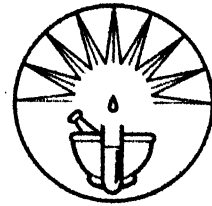
She ended by saying that she had found homoeopathy to be a great boon in medical practice and in fact did not know how she ever managed without it. In these two applications particularly, she thinks that homoeopathy works well, provides comfort and gives a truer cure in time.

Dr Hughes-Games thanked Dr Strutte for an extremely useful, practical and altogether excellent talk.

BHA

There followed a lively question and answer discussion when the treatment of a number of traumatic situations was discussed. Finally, Dr Hughes-Games again thanked Dr Strutte and said that on behalf of the Group he very much hoped that she would come and give another talk in the future.

From a talk by Dr Lesley Strutte, given to the Bristol Medical Homoeopathic Group, 20 April 1995.



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Grand Opening of the Homoeopathic Clinic in Okehampton

Enid Segall reports on this momentous occasion

June 22nd saw the official opening of the new homoeopathic clinic at the Riverside Centre, The Castle Hospital, Okehampton, Devon. The clinic is sponsored by the newly formed Okehampton and District Homoeopathic Group which has raised sufficient funds to get the clinic started by running a 'Fifty/fifty shop' and a Draw for an exquisite patchwork quilt, both of which have passed the £1000.00 mark at the time of writing.

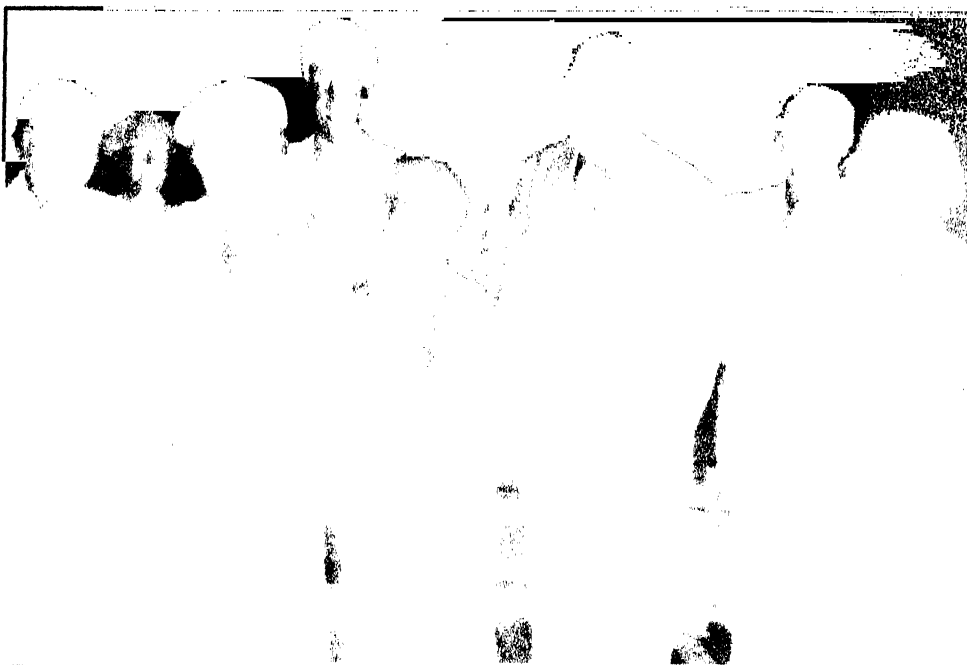
Castle Hospital is a small cottage hospital which has undergone considerable renovation so that it is bright and welcoming. Dr David Curtin, the homoeopathic

doctor at the clinic, was given the choice of rooms to use which enabled him to have his consultation room away from the busiest part of the hospital with a large, sunny waiting room looking onto a courtyard. The Homoeopathic Group also uses this room for their monthly meetings.

The BHA always likes to support groups seeking locally based NHS clinics but when, in 1994, Anita Sturton approached us about getting a clinic in Okehampton, I quaked a little because of the problems encountered in nearby Sidmouth and I knew it would involve the same Health Authority. Imagine my surprise, therefore, when she later told me how well plans

were progressing and that they had been offered a room, found a doctor willing to work there and were planning to open the clinic in March 1995. Leaflets, badges, car stickers, books and tea towels began to go to Okehampton at regular intervals as Anita and her husband Arthur got down to promoting the clinic at local events, leaving no stone unturned. Gradually membership of the Okehampton Group built up and the members became more and more involved in the clinic project, giving a hand in the shop and selling Draw tickets.

The Fifty/fifty shop is centrally located and has been generously loaned by a local builder. People can leave



Left: The Mayor of Okehampton, Councillor Miss Joan Pauly, poised to cut the ribbon the ribbon thereby officially opening the clinic.

L to R, Mr Trevor Fantoni (Group Treasurer), Dr David Curtin, Enid Segall, Dr Michael Hall, Arthur and Anita Sturton

unwanted articles there for sale on a 50/50 basis or they can donate them.

Beautifully organised, with every item priced, the Sturtions take full advantage of the shop, even having Arthur play Father Christmas in his Grotto in December. The Grotto was created with greenery by a lovely young Dutch florist, appropriately named Iris, who is a keen supporter of the group.

The Official Opening of the clinic was performed by the Mayor of Okehampton, Councillor Miss Joan Pauley who confessed that she had needed to get a book from the library to find out exactly what homoeopathy was and she rightly came to the conclusion that the idea went back as far as the Ancient Greeks. She cut the green ribbon with aplomb, pausing only to be photographed for the local papers. Dr Michael Hall, the Medical Director who was such a staunch supporter during the Sidmouth saga was there to wish the clinic well. He stated that the fact that the clinic was already booked till the end of the year spoke for itself and he hoped it would soon be integrated into the services on offer to the community. He underlined the need for further research into homoeopathy and how it worked. He revealed that the clinic would be part of a project to evaluate homoeopathy organised by Prof. Ernst of Exeter University. He went on to pay a well deserved tribute to Anita and Arthur Sturton for all they had done on behalf of the project. Dr David Curtin briefly traced the place of homoeopathy in the NHS and expressed the hope that the

clinic would soon be incorporated into the Service. He listed the various conditions he had treated which included catarrh. At this the patient concerned gave a very forced cough, having been cured long since but proud to have been the clinic's very first patient. Then it was my turn and I was delighted on behalf of the BHA to present them with a cheque for £1,000.00 as a grant towards their running costs. More photographs, with the local Press photographer kindly taking shots on my camera as well as his own, then patients, doctors, hospital staff, NHS Hospital Managers and Group members, all mingled to enjoy deliciously refreshing fruit cup and other beverages. The event was smoothly organised by the Hospital's Chief Administrator Marilyn Poat, ably assisted by Roger from Catering who knows a thing or two about fruit cup.

Having safely launched the clinic at the hospital, people moved on to a wine and cheese buffet at Cellars, prepared by the proprietress Vanga. Dips to die for and a wonderful array of cheeses were temptingly laid out in a room set aside for us. Fortunately, no fear of

indigestion for people who use homoeopathy.

What prompts people to give so much of their time to a cause? Anita explained how her interest in homoeopathy began when a vet said her beloved Old English Sheepdog, 'Puzzle' would be dead in six weeks. Distraught, Anita on the advice of someone in a health food shop, took him to a homoeopathic vet who soon seized up the problem and restored 'Puzzle,' to full health. Then Arthur had a heart attack and developed severe angina which did not respond to treatment. They consulted a homoeopath Gwyneth Robinson who'd studied homoeopathy with Dr. Dorothy Shepherd. She got him well and he has never looked back, leaping around like the proverbial two year old. I came away from Okehampton full of admiration for all that Anita and Arthur and their brilliant band of followers have achieved in 10 short months. Hearty congratulations are definitely in order, not least because of their ability to inspire others.

Below: Dr David Curtin, the Homoeopathic Consultant at the Okehampton Clinic with the first patient he treated when the clinic opened in March

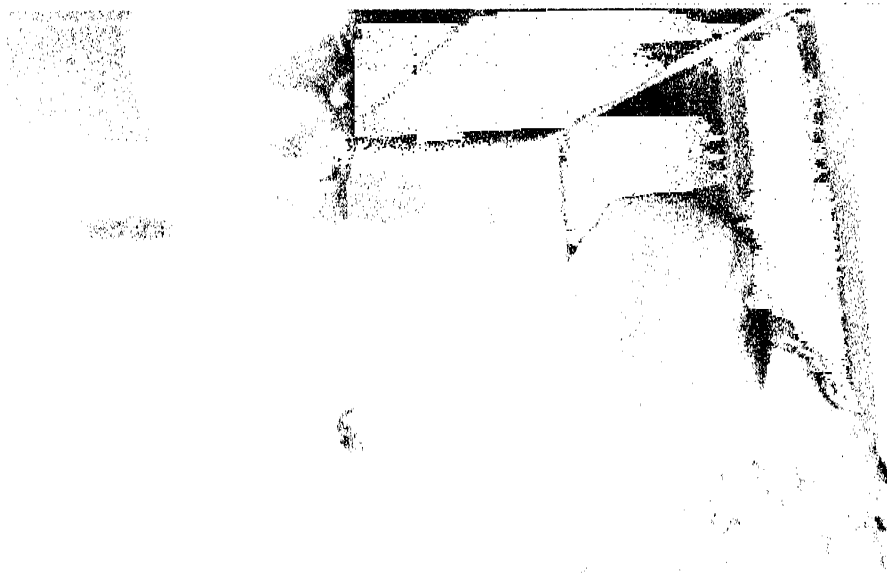


Photo: Enid Segall