

Homoeopathic Treatment of PTSD

This compilation deals with homoeopathic treatment of Post Traumatic Stress Disorder (PTSD) arising mainly from sexual abuse, though it can arise from other causes such as earthquakes, floods, major fire and natural calamities like Tsunami. Mostly the children and women are the victims of such sexual and physical abuse. Substantial part of this compilation is extracted from a comprehensive issue on sexual and physical abuse related PTSD, from the Journal of the American Institute of Homoeopathy (Vol 86, NO 2 Summer 1993).

PTSD has been defined in the DMS III (3rd Edition of the Diagnostic and Statistical Manual of Mental Disorders by American Psychiatric Association 1980) and has the following features:

- a) In a person who has experienced an event outside the range of usual human experience and that would be markedly distressing to anyone; (this can include such experiences as being a victim, witnessing domestic and community violence and experiencing natural and man-made disasters etc)
- b) The experience is persistently re-experienced (in ways such as recurrent and intrusive recollections, recurrent dreams, sudden acting or feeling that the traumatic event was recurring and intense psychological distress at exposure to events that symbolize or resemble an aspect of traumatic event) and there is-
- c) The persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness together (actions such as efforts to avoid thoughts or feelings associated with the trauma, diminished interest in significant activities, feelings of detachment

and estrangement from others) along with-

- d) Persistent symptoms of increased arousal and disturbances lasting more than a month, such as insomnia, irritability, poor concentration, hyper vigilance and exaggerated startle response

Note that PTSD may include both symptoms of numbing, amnesia and avoidance as well as symptoms of increased activity, such as flashbacks, nightmares and hyper vigilance.

Dr Edward Chapman says, "My experience, possibly yours, is supported by growing literature on the somatic consequences of sexual abuse: PTSD may mimic or rather be at the root of much of the distress that we meet in our patients in both functional and organic illnesses. My personal interest in this subject came from the unavoidable observation of sexual abuse in a majority of the patients I saw in a study I was conducting in my practice on Premenstrual Syndrome (PMS). 60% of the women, who entered the study, turned out to be *survivors of abuse*. My experiences sensitized me to the issue of PTSD and I now routinely ask about abuse and find it commonly present in many patients. Yet battery or abuse is rarely the presenting complaint, more common clinical presentations include anxiety, depression, chemical dependency, chronic headaches, abdominal and pelvic pains, sexual dysfunction, recurrent vaginitis, joint pains, sleeping and eating disorders and suicide attempts. Victimized women experienced more symptoms across virtually all body systems except skin and eye and report higher levels of injurious health behaviours (smoking, not using seat belts while driving and sexual promiscuity). I would like to add some of the trendier diagnoses: environmental illness, chronic fatigue syndrome, fibrositis, chronic interstitial cystitis and PMS. These are the conditions we see daily and in higher incidence than the average practitioner."



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He emphasizes the fact that in a natural disaster like earthquake or flood or fire the society rallies round the affected victims and provides the needed resources and solace and help. On the contrary, "In the case of victims of prolonged trauma we usually see that the support system at best fail to recognize, or more likely ignores and often participates in the trauma. *In these patients the trauma is hidden in the core of the being, hidden from the world and often the patient manifesting as distress on mental emotional and physical levels.*" He draws attention to the fact that it is those threatened over long periods of time, who suffer the long-standing severe personality disorders. We may see patients with repeated and sustained trauma over long periods, often as children, that leave permanent scars and personality effects, which are difficult to heal. These range from the simple dissociative disorders to multiple personality disorder with all the associated complications and disabilities, violence, substance abuse and somatization disorders.

While in USA there are reliable statistics of such sexual abuses, in India 95% of the cases are not reported and /or not acted upon. The other day there was a press report about the assault on a gang rape victim inside a court premises by the accused.

GUIDELINES FOR TREATING PTSD VICTIMS

TIPS suggested by some experienced homoeopaths for treating victims of PTSD

- a) The basic objective of the treatment is to restore the women victims to balance and to interrupt the cycle of violence in women, men and children so that the patterns of abuse do not continue to succeeding generations.
- b) Psychotherapy and peer support are invaluable adjuncts to homeopathic treatment, especially for female abuse survivors. (Sidney Skinner). Both the Homoeopath and therapist will have to work in tandem. There is no such system in vogue in India or in USA. There are several cases where the therapist himself took

advantage of the PTSD patients and perpetrated the abuse.

- **Dr K HRUBY, IBID**

- c) There will be an understandable reluctance or even denial of sexual or physical abuse by these patients. Only when the Homoeopath has gained the confidence of the patient will she disclose these details, "Abuse survivors have boundary problems and if they trust you, disclose a lot of abuse to the practitioner very rapidly, without any boundary around it; subsequently they end up feeling incredibly vulnerable, wonder if they have overburdened the practitioner and in some cases may feel the need to get away from her or him because of how much they have disclosed. If they have been severely abused or ritually abused, they may have been involved in perpetration incidents in which they were forced to perpetrate the abuse; they may even have murdered either in self-defense or as part of a ritual and they will have a hard time remaining with the Homoeopath if they disclose that information before a sufficient trust is established." (**KACENKA HRUBY**)
- d) "Trust is supported by empathy, authenticity, and mirroring. Letting your clients know that you understand something of how they feel, being yourself, and telling them what you understand about how they experience their lives will help them feel good. Being open and being yourself will help people feel safe. Expressing doubt about their experience, minimizing its impact, or being cold or arrogant will reduce trust. It may take a long time for a trauma client to come to trust you."

- **Dr HRUBY**

- e) Dr Hruby emphasizes the need for *prioritizing* what is to be treated in such patients. She would put *safety* first ie to evaluate the potential for suicide and self-injury, including drug and alcohol abuse and unprotected sexual behaviour and for the existence of on-going abuse, physical or emotional from the family or from the contact with a cult or a lover towards the patient. She says that we must ask about these things, as they are very common among abuse survivors. Secondly, ascertain what "*limits the patient most?*" Is it insomnia, the body memories, constant weeping,

poorly controlled rage, physical sequelae of abuse, etc or core symptoms of dissociation such as amnesia, fluctuating abilities, inner conflict or leaving the body? Also we must be careful not to treat the dramatic presenting issues, the crises too long without getting to the root dissociative issues. In other words, the Homoeopath should have a *unified perspective* of the patient's position.

f) When the correct constitutional remedy is given, these victims often start having flashbacks and memories, usually 7-10 days after the dose. This could be considered as suppressive but in my experience the reliving of some of the feelings of the old trauma is a very positive sign for the long-term health. (Dr Skinner) (See the *Sepia* case in the article on PTSD cases from our heritage published separately) But it is essential for the Homoeopath to forewarn the patient of this and ensure that they cope with the crisis.

g) A word about crisis management: in these patients crisis can be expected to occur with dismaying regularity. Treatment is *traumatizing* in its own way and "getting well represents an immense loss to the patient" (Clifford Passen). It is usual for the patients with MPD to create chaos and confusion in their environments because they struggle with internal chaos, depression and suicidal tendencies. They often unconsciously recreate and re-enact traumatic situations from the past again and again." (Turks)

h) Dr Skinner categorizes women PTSD patients, who have survived childhood abuse and come for homoeopathic treatment into three categories.

- i) Those in denial ie those who have suppressed part or all of the memory of the abuse or its impact
- ii) Those in acute crisis with overt signs of post-traumatic stress
- iii) Those that are advanced in their recovery before the commencement of the homoeopathic treatment.

CATEGORY (i): May exhibit symptoms such as difficulty with intimacy with people around, low self-esteem, hyper sexuality and having multiple sexual partners,

depression, suicidal thoughts and tendencies, anorexia and bulimia, prostitution and becoming a perpetrator herself.

Dr Skinner says that women in this category are the most difficult as she cannot tell the Homoeopath verbally what is really going on. But if a woman's face and posture, look as though she is chronically ashamed, angry, frightened or holding back tears, something has happened to her though she might have come for some other complaint. (*Use the non-verbals well*- Editor) "Some children react to abuse by believing what the abuser has told them about being all their fault and feel ashamed. Some feel that tremendous injustice was done to them and fight back. Some hide, some run away, some become stoic and some refuse to eat. These are coping behaviours which are determined both by their previous constitutional type and by family dynamics." (S Skinner, IBID)

CATEGORY (ii): Aware of their abuse and its impact on their lives and exhibit vivid post-traumatic stress symptoms. The symptoms they may show, cover increased hyper vigilance, an inward focus, ruminating about the abuse and process of healing, bonding only with incest or similar victims, aversion to sex, desire to cut or maim oneself or burn and desiring death, insomnia and fear and anger from being touched and nightmares of abuse and anxiety.

CATEGORY (iii): Patients who have been under treatment for several years with clear signs of recovery. They may not have frequent nightmares of their abuse and can sleep well; more extroverted and interested in other topics; can be intimate with few, may or may not be interested in sex with a partner; has belief in herself and no desire to hurt herself or die. She might come for some other complaint.

Dr Skinner again CLASSIFIES the PTSD patients into TWO OTHER CATEGORIES.

One set is IMPLODERS those who internalize their victimization, blaming and punishing themselves and withdrawing their vital force by leaving their bodies.

The other set is EXPLODERS who take on the role of their abusers and punish everyone but the actual perpetrator himself.

Most women PTSD patients are likely to be Imploders.

Homoeopath should look at the face of the patient more clearly and as Ananda Zaren says: a person's emotional state is written on his or her face. For instance a patient may say that she is mellow and contented but her looks and acts may show her to be an angry and indignant woman. Observe her hand gestures (Recall what Dr Rajan Sankaran said in his talk in the recent 10th Anniversary Sarla Sonawala Seminar about the importance of observing the hand gestures)

Dr Skinner says that many polycrests not commonly associated with trauma are useful in treatment. *Lyc* and *Ars-alb* are grief remedies; *Silicea* and *Phos* are fright remedies (See under PTSD two cases the different facet of *Phos*) and *Sulphur* and *Rhus-tox* are shame remedies. *Thuja*, *Medo* and *Nat-sulph* are more common in the daughters of sexual perpetrators than women in general.

Those who prey upon children sexually are PSYCHOTIC

One should not depend exclusively on mental and emotional symptoms alone and there should be a physical examination as well.

Some patients may exhibit childish trait often resembling a child of the age at which they were first abused and this trait is invaluable in finding the remedy and the rubric Mind-Childish behaviour will be useful.

When the patients fall in the second category ie those who are aware of their abuse may develop a crisis after taking the constitutional remedy or some other factor may trigger for re-experiencing the trauma of her abuse. Dr Skinner advises the following remedies to be prescribed to them, as if they are acute remedies

Aconite, Bell, Stram, Opium, Ignatia, Gels, Phos-acid, Platina and *Aur-met* depending on the symptoms.

“Interpersonal violence also disrupts the sense of self. Through violation, people experience helplessness and powerlessness. The usual impact of Interpersonal Trauma is a lowering of self-confidence and self-value. People feel bad about themselves. Very often this is experienced as shame. Being beaten or raped by another is a deeply shaming experience. In addition, people feel immense rage at being violated. The sense of self is marred and the relationship to others disturbed. Because trust, empowerment, and value have been so violated in Interpersonal Trauma, it is important for us as practitioners to treat such clients in a way that builds trust and supports empowerment. Even when the treatment is not psychotherapy, the relationship is essential in the healing process”.

“A homoeopath can help his/her clients feel empowered by including them in doctor's understanding of the healing process and allowing them as much choice as makes sense. Make sure that informed consent is complete, let them know what can happen from the remedies, and let them make choices about when and how they are to be treated. For example, some clients who have been abused by oral sex may prefer to take the remedy themselves rather than have the remedy put under the tongue by the practitioner.” (Schmookler <http://lyghtforce.com/HomeopathyOnline/Issue5/articles/schmookler2.html>)

Dr Roger Morrison says that in PTSD cases arising from sexual abuse the appropriate remedies can be from the following.

For fear and Phobias: *Stram, Merc, Ars-alb, Kali-br, Platina*

For Anger: *Stram, Ign, Staph, Caust, Anac, Nux-vom*

For dissociation: *Cann-ind, Nat-mur, Merc, Medo.*

CONCLUSION

A heroic effort is involved in treating sexual abuse related PTSD patients. It is to be emphasized that there are

many cases where homoeopathic remedies have not contained the terror and self-hatred locked in these patients and several patients discontinue treatment and revert to allopathic medication being unable to relive the trauma when the same feelings surface as a result of homoeopathic medicines. It is important that some benign additives in the nature of Bach flower remedies might reduce the impact of the distress, which the patients re-experience. A case of one of the patients treated by Dr Chapman well illustrates this point.

CASE: 42 yr female consulted Dr Chapman for chronic interstitial cystitis. She was an obsessive personality type with H/o anxiety and depression. She was in therapy and psychoanalysis for many years and opted to try homoeopathy. Dr Chapman explored her childhood and it included description of emotional abuse as a child. When asked about her anger she exploded, was red with rage as if a demon possessed her but it passed off peacefully in a short while. She was prescribed *Nitric acid* and under that she rapidly improved and connected well with her psychotherapist and gradually could taper of anti depressants. Four months later she developed sinusitis but recovered without anti-biotics. However shortly thereafter she began to have some return of her bladder symptoms accompanied by feelings that something had happened to her; she developed increased anxiety, insomnia and despair and return of memories of sexual abuse by her brother.

She could not cope with these memories of sexual abuse which was repugnant to her family values. The efforts of the therapist to contain the effects proved futile and she returned to allopathic medications and her old therapist. Six months later, she had a surgery for her intestinal obstruction. Dr Chapman says that this case had valuable lessons for him "as to the importance of safety, going slowly being exceedingly cautious when tapering off allopathic medicines and whether homoeopathic remedies can push the organism too fast or whether we can". He also draws attention to the keen observations of Dr Hahnemann in his *Organon*, Sixth edition, in Aphorism 224.

Recovery or cure is freedom and increased choices. Homoeopathic remedies enable the victims of abuse from hurting themselves and to get out of abusive relationships, to stop losing time. Survivors may be enabled to give vent to their suppressed anger more constructively and in some cases may forgive their abusers and get on with their life's goals and objectives. This section will be incomplete if one does not read the other compilation of mine on *Materia Medica* of some of the important remedies, which have cured such cases with case illustrations wherever possible so as to understand the efficacy of our treatment. (Source: Mainly the *Journal of the American Institute of Homoeopathy*, Volume 86, No2 Summer 1993) □

Readers Page

Ref: Letter of Dr Michael Mathew of Australia in NJH-78th issue–Nov–Dec'2004

In the remarks of the Australian doctor about "combination of high potency remedies" it is not clear if he means combination of high potencies of the same remedy or combination of different remedies. The editor's remarks speaks of the different potencies of same remedy. This may kindly be clarified.

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Editor: Dr Michael Mathew, please respond. □