

# EFFECTIVE TREATMENT OF PTSD BY INDIVIDUALISTIC HOMOEOPATHIC TREATMENT: A CASE REPORT

## Title:

Effective treatment of PTSD by individualistic homoeopathic treatment: a case report

## Authors:

**Dr. Sandip Samanta**

MD(Hom), WBUHS, Associate Professor, Dept. of Pathology, Madhav University

**Dr. Jaydebi Sarkar**

MD(Hom), WBUHS, Associate Professor, Dept. of Gynae & Obs, Madhav University

## Abstract:

*PTSD or Post Traumatic Stress Disorder is a psychological condition presented with continued anxiety & depression symptoms arising from severe kind of trauma. It may disrupt the patient's lifestyle, occupation & family completely. Conventionally it is treated by anti-depressive, anti-anxiety medication along with counselling & behavioural therapies with varied results. Here we have treated a PTSD case of a 51yr old male teacher effectively through individualised homoeopathic treatment which causes removal of all severe anxiety & depression symptoms as well as improvement of overall health. CAPS scale is used for comparing pre & post treatment results & Chi square test is used to detect significance of the results. In above case chi-square value found 24.86 which is found to be significant in probability level .75 but not significant in probability level .5 & below. After successful treatment the case is observed for 1 year, in the meantime the symptoms of PTSD never reappeared & patient is now leading a healthy social & economic life.*

## Keywords:

*PTSD, Trauma, Stress, Anxiety, Depression, Case report, Homoeopathy, Individualised treatment, Counselling, Anti-depressive, Anti-anxiety*

## Introduction:

PTSD or Post Traumatic Stress Disorder is a psychological disorder which occur towards the patient who have experience severe disturbing traumatic event or a series of events in his/her life. It disturbs the patient's overall well-being include physical, mental, social & spiritual well-being.<sup>[1]</sup> The examples of stressors that causes PTSD include serious road accident, war exposure, violent assault include sexual assault, robbery, attempt to murder, vitriolage, bullying, serious health problem, intimate person's violence etc.<sup>[2]</sup> In PTSD recurrent episodes of severe anxiety accompanied by vivid reminiscences or flashbacks of initial traumatic events found.<sup>[3]</sup> Primary aim of the treatment should be focused to mitigate the effects of disaster completely so that no consequence from that disaster follows. Then it should be treated with Cognitive behavioural therapy & Drug therapy.<sup>[4]</sup> First line drug therapy for PTSD includes antidepressants like selective serotonin reuptake inhibitors & serotonergic TCA. Alternative drug therapy include Mirtazapine, venlafaxine, anticonvulsants, antipsychotics, clonidine etc.<sup>[5]</sup> It is found that PTSD is more common in females as they are more prone to suffer from interpersonal violence especially sexual abuse with median age of onset is 22 years in India.<sup>[6]</sup> Clinician-administered-ptsd-scale-(caps-5) is a structured questionnaire to judge the symptoms of PTSD which is considered the gold standard in PTSD assessment. It is a 30 item structured interview that is useful to make current diagnosis & assessment of symptoms over past weeks.<sup>[7]</sup>

In homoeopathy mental diseases are originated from *psora*. PTSD belongs to type-IV mental disease where continuous stress, worry, anxiety, vexation is the cause of the disease.<sup>[8]</sup> In PTSD the origin is mostly sudden but sometimes it is a long acting trigger & its reaction is always chronic & long continued. In case of type-IV mental disease Hahnemann recommends counselling, but after that he also recommends the application of antipsoric remedy to complete the cure as without psora no mental disease can sustain for long time.<sup>[9]</sup> Here we are presenting a case of PTSD successfully treated by individualistic homoeopathic treatment and followed up for 2 years, including 1 year & 6 months after treatment when no medicine is given. No symptoms of PTSD reappeared during this time period & the overall mental & physical health of the patient is also improved. The pre & post treatment symptoms of PTSD is compared with CAPS-5 past week scale for PTSD.

## Materials & Methods

CAPS-5 past week scale is used to determine the severity of PTSD & chi-square test is used to compare the pre & post treatment results where global improvement question is omitted as only pre & post data is compared so only effectivity of recent treatment are to be assessed. Individualised homoeopathic treatment is done for treatment without any counselling or other accessory treatment. Kent repertory is used for repertorisation.

## Case Presentation

A male patient of 51yr came to our clinic with her daughter with complaint of loss of memory, difficulty in attention, too much anxiety in trifling things, hallucinations about some terrible incident, trembling of limbs with unable to perform day to day activities, without assistance; could not even hold pen. It was previously treated with allopathic medications along with counselling, but gradual worsening of symptoms continues for last 3 years. He was a headmaster by profession & now unable to attend duties for last 6 months. The problem started after a 12<sup>th</sup> standard student was not allowed to sit in exam by him for poor attendance & the student filed sexual harassment complaint against him. The lawsuit continued for 6 months, then it was dismissed by mutual agreement. But the event produced profound impact over him & he gradually developed above symptoms.

Past history: chicken pox in childhood

Family history: Father has hypertension; Mother has hypertension & arthritis; Brother has hypertension. Mother had suffered from anxiety disorder.

Personal history: Patient was always anxious type, but used to accomplish all his work in orderly manner, belongs to middle-class socio-economic background & only earning member in the family.

### Generalities

Patient is tall, lean, thin. His appetite is less. He has desire of pungent things. Thirst is moderate, drinks small quantity at a time. Perspiration is less, non-offensive. Bowel movement regular, no complaint about urination. Patient is chilly.

Patient does not want to talk, answers only when asked repeatedly & then in short syllables. He was used to do his day to day work in routine manner, slightest disarrangement made him irritable.

Delusion that people had offended by him. Fearful when left alone. Too much anxiety for everything especially at night.

## Repertorial analysis

1. **MIND, SULKY:** *Agar., Ant-c., ars., aur., bov., calc., canth., carb-an., carb-s., carl., caust., chel., con., dulc., hura., kali-br., kali-c., kali-n., mag-c., mag-m., mang., mur-ac., nux-v., op., petr., ph-ac., plat., sars., stann., stront., sul-ac., sulph., zinc.*
2. **MIND, ANSWERS,** abruptly, shortly, curtly: *Ars-h., ars., cic., coff., gels., hyos., jatr., mur-ac., ph-ac., phos., plb., rhus-t., sec., sin-a., stann., sulph., tarent.*
3. **MIND, ANXIETY,** night : *Acon., agar., alum., alumn., am-c., am-m., ambr., ant-c., arg-m., arg-n., arn., Ars., aster., bar-c., bell., bor., bov., bry., cact., calc-s., calc., camph., cann-s., canth., carb-an., carb-s., carb-v., cast., caust., cham., chin-a., chin-s., chin., cina., clem., cocc., coff., con., cycl., dig., dros., dulc., ferr-ar., ferr-p., ferr., graph., haem., hep., hyos., ign., jatr., kali-ar., kali-bi., kali-c., kali-p., kali-s., lach., lact-ac., lact., lil-t., lith., lyc., mag-c., mag-m., mang., merc-c., merc., nat-a., nat-*

- c., *nat-m.*, *nat-p.*, *nit-ac.*, *nux-v.*, *petr.*, *phos.*, *plan.*, *plat.*, *plb.*, **Puls.**, *ran-b.*, *rhus-t.*, *sabad.*, *samb.*, *sep.*, *sil.*, *spong.*, *squil.*, *stront.*, *sulph.*, *tab.*, *thuj.*, *verat.*, *zinc.*
- MIND, CARES**, full of, trifles, about: *Ars.*
  - MIND. FEAR**, alone, of being: *Act-sp.*, *all-s.*, *ant-t.*, *apis.*, **Arg-n.**, **Ars.**, *asaf.*, *bell.*, *bism.*, *brom.*, *bry.*, *bufo.*, *cadm.*, *calc.*, *camph.*, *clem.*, *con.*, **Crot-c.**, *dros.*, *elaps.*, *gels.*, *hep.*, **Hyos.**, *kali-ar.*, *kali-br.*, **Kali-c.**, *kali-p.*, *lac-c.*, **Lyc.**, *lyss.*, *merc.*, *mez.*, *nux-v.*, **Phos.**, *plb.*, *puls.*, *ran-b.*, *rat.*, *sep.*, *stram.*, *tab.*, *tarent.*, *verat.*
  - MIND, DELUSION**, Offended people, that he has: *Ars.*
  - STOMACH, DESIRE**, pungent things: *Ars.*, *aster.*, *cist.*, *fl-ac.*, *hep.*, *lac-c.*, *nat-p.*, *ph-ac.*, *sang.*
  - STOMACH, THIRST**, small quantities, for: *Ant-t.*, *apis.*, **Ars.**, *arum-t.*, *bell.*, *cact.*, *chin.*, *cupr-ar.*, *cupr.*, *hell.*, *hyos.*, *lac-c.*, *lach.*, **Lyc.**, *merc-i-r.*, *phos.*, *rhus-t.*, *squil.*, *sulph.*, *tab.*
  - GENERALITIES, HEAT**, vital, lack of: *Aesc.*, *agar.*, *alum.*, *alumn.*, *am-c.*, *am-m.*, *ant-c.*, **Aran.**, *arg-m.*, *arg-n.*, *ars-i.*, **Ars.**, *asar.*, *aur.*, **Bar-c.**, *bar-m.*, *bor.*, *brom.*, *bufo.*, *cact.*, *cadm.*, **Calc-ar.**, *calc-f.*, **Calc-p.**, *calc-s.*, **Calc.**, **Camph.**, *caps.*, **Carb-an.**, *carb-s.*, *carb-v.*, *caul.*, **Caust.**, *chel.*, *chin.*, *cimic.*, *cimmb.*, **Cist.**, *cocc.*, *con.*, **Crot-c.**, *cycl.*, *dig.*, **Dulc.**, *elaps.*, *ferr-ar.*, **Ferr.**, **Graph.**, *guai.*, **Helod.**, **Hep.**, *ip.*, **Kali-ar.**, **Kali-bi.**, **Kali-c.**, **Kali-p.**, *kalm.*, *kreos.*, *lac-d.*, *lach.*, *lact-ac.*, *laur.*, **Led.**, *lyc.*, *mag-c.*, *mag-m.*, **Mag-p.**, *mang.*, *med.*, *merc.*, *mez.*, *mosch.*, *naja.*, *nat-a.*, *nat-c.*, *nat-m.*, *nat-p.*, **Nit-ac.**, *nux-m.*, **Nux-v.**, *ol-j.*, *petr.*, **Ph-ac.**, **Phos.**, *plb.*, **Psor.**, **Pyrog.**, *ran-b.*, *rhod.*, **Rhus-t.**, *rumx.*, *sabad.*, *sars.*, *senec.*, *sep.*, **Sil.**, *spig.*, *stann.*, *staph.*, *stront.*, *sul-ac.*, *sulph.*, *sumb.*, *tarent.*, *ther.*, *thuj.*, *tub.*, *zinc.*

The reportorial analysis from Kent repertory<sup>[10]</sup> shows Arsenic covering all rubrics getting score 18/9. Next close is Sulphur scoring 9/5.

### Therapeutic intervention & follow up

On the basis reportorial analysis & after the consultation of materia medica **Arsenic 200** 2 doses were given. After 3-month his daughter reported symptoms have much improved. 6 months after initial prescription improvement continues with increased appetite, thirst, no trembling, no delusion or hallucination, started going to school & taking classes, but excessive anxiety & episodes of attention deficit still there. Then 9 months after initial prescription improvement halted, so **Arsenic 200** 1 dose repeated. After 3 months of 2<sup>nd</sup> prescription anxiety & inattentiveness much reduced, normal appetite, thirst & sleep ensues. After 1 year of 2<sup>nd</sup> prescription, patient was asked if any recurrence is there or any other symptom occur, but patient says he is completely fit now.

### Data analysis & Result

- Pre-test “CAPS-5 past week” scale data:

Questionnaire						
1. In the past week, have you had any unwanted memories of (EVENT) while you were awake?	0	1	2	3	4	5
2. In the past week, have you had any unpleasant dreams about (EVENT)?	0	1	2	3	4	5
3. In the past week, have there been times when you suddenly acted or felt as if (EVENT) were actually happening again?	0	1	2	3	4	5
4. In the past week, have you gotten emotionally upset when something reminded you of (EVENT)?	0	1	2	3	4	5
5. In the past week, have you had any physical reactions when something reminded you of (EVENT)?	0	1	2	3	4	5
6. In the past week, have you tried to avoid thoughts or feelings about (EVENT)?	0	1	2	3	4	5
7. In the past week, have you tried to avoid things that remind you of (EVENT), like certain people, places, or situations?	0	1	2	3	4	5
8. In the past week, have you had difficulty remembering some important parts of (EVENT)? (Do you feel there are gaps in your memory of (EVENT)?)	0	1	2	3	4	5

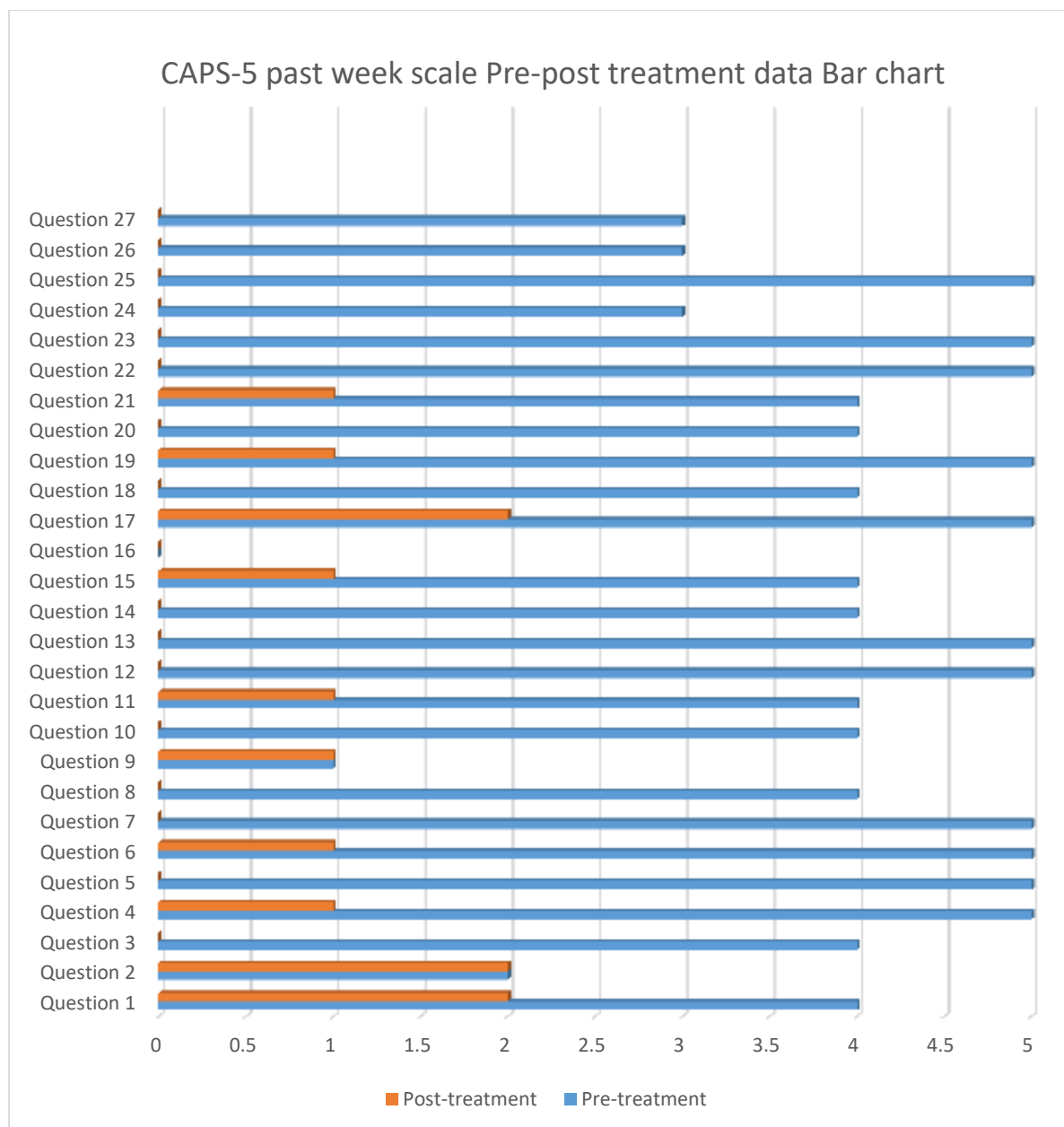
9. In the past week, have you had strong negative beliefs about yourself, other people, or the world?	0	1	2	3	4	5
10. In the past week, have you blamed yourself for (EVENT) or what happened as a result of it?	0	1	2	3	4	5
11. In the past week, have you had any strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4	5
12. In the past week, have you been less interested in activities that you used to enjoy?	0	1	2	3	4	5
13. In the past week, have you felt distant or cut off from other people?	0	1	2	3	4	5
14. In the past week, have there been times when you had difficulty experiencing positive feelings like love or happiness?	0	1	2	3	4	5
15. In the past week, have there been times when you felt especially irritable or angry and showed it in your behaviour?	0	1	2	3	4	5
16. In the past week, have there been times when you were taking more risks or doing things that might have caused you harm?	0	1	2	3	4	5
17. In the past week, have you been especially alert or watchful, even when there was no specific threat or danger? (Have you felt as if you had to be on guard?)	0	1	2	3	4	5
18. In the past week, have you had any strong startle reactions?	0	1	2	3	4	5
19. In the past week, have you had any problems with concentration?	0	1	2	3	4	5
20. In the past week, have you had any problems falling or staying asleep?	0	1	2	3	4	5
21. Overall, in the past week, how much have you been bothered by these (PTSD SYMPTOMS) you've told me about?	0	1	2	3	4	5
22. In the past week, have these (PTSD SYMPTOMS) affected your relationships with other people?	0	1	2	3	4	5
23. In the past week, have these (PTSD SYMPTOMS) affected your work or your ability to work?	0	1	2	3	4	5
24. Problems with concentration, comprehension of items, dissociation), and evidence of efforts to exaggerate or minimize symptoms.	0	1	2	3	4	5
25. Consider degree of subjective distress, degree of functional impairment, observations of behaviours in interview, and judgment regarding reporting style.	0	1	2	3	4	5
26. In the past week, have there been times when you felt as if you were separated from yourself, like you were watching yourself from the outside or observing your thoughts and feelings as if you were another person?	0	1	2	3	4	5
27. In the past week, have there been times when things going on around you seemed unreal or very strange and unfamiliar? [If no:] (Do things going on around you seem like a dream or like a scene from a movie? Do they seem distant or distorted?)	0	1	2	3	4	5

- Post-test CAPS-5 past week data: (1 year after initial treatment)

Questionnaire						
1. In the past week, have you had any unwanted memories of (EVENT) while you were awake?	0	1	2	3	4	5
2. In the past week, have you had any unpleasant dreams about (EVENT)?	0	1	2	3	4	5
3. In the past week, have there been times when you suddenly acted or felt as if (EVENT) were actually happening again?	0	1	2	3	4	5
4. In the past week, have you gotten emotionally upset when something reminded you of (EVENT)?	0	1	2	3	4	5
5. In the past week, have you had any physical reactions when something reminded you of (EVENT)?	0	1	2	3	4	5

6. In the past week, have you tried to avoid thoughts or feelings about (EVENT)?	0	1	2	3	4	5
7. In the past week, have you tried to avoid things that remind you of (EVENT), like certain people, places, or situations?	0	1	2	3	4	5
8. In the past week, have you had difficulty remembering some important parts of (EVENT)? (Do you feel there are gaps in your memory of (EVENT)?)	0	1	2	3	4	5
9. In the past week, have you had strong negative beliefs about yourself, other people, or the world?	0	1	2	3	4	5
10. In the past week, have you blamed yourself for (EVENT) or what happened as a result of it?	0	1	2	3	4	5
11. In the past week, have you had any strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4	5
12. In the past week, have you been less interested in activities that you used to enjoy?	0	1	2	3	4	5
13. In the past week, have you felt distant or cut off from other people?	0	1	2	3	4	5
14. In the past week, have there been times when you had difficulty experiencing positive feelings like love or happiness?	0	1	2	3	4	5
15. In the past week, have there been times when you felt especially irritable or angry and showed it in your behaviour?	0	1	2	3	4	5
16. In the past week, have there been times when you were taking more risks or doing things that might have caused you harm?	0	1	2	3	4	5
17. In the past week, have you been especially alert or watchful, even when there was no specific threat or danger? (Have you felt as if you had to be on guard?)	0	1	2	3	4	5
18. In the past week, have you had any strong startle reactions?	0	1	2	3	4	5
19. In the past week, have you had any problems with concentration?	0	1	2	3	4	5
20. In the past week, have you had any problems falling or staying asleep?	0	1	2	3	4	5
21. Overall, in the past week, how much have you been bothered by these (PTSD SYMPTOMS) you've told me about?	0	1	2	3	4	5
22. In the past week, have these (PTSD SYMPTOMS) affected your relationships with other people?	0	1	2	3	4	5
23. In the past week, have these (PTSD SYMPTOMS) affected your work or your ability to work?	0	1	2	3	4	5
24. Problems with concentration, comprehension of items, dissociation), and evidence of efforts to exaggerate or minimize symptoms.	0	1	2	3	4	5
25. Consider degree of subjective distress, degree of functional impairment, observations of behaviours in interview, and judgment regarding reporting style.	0	1	2	3	4	5
26. In the past week, have there been times when you felt as if you were separated from yourself, like you were watching yourself from the outside or observing your thoughts and feelings as if you were another person?	0	1	2	3	4	5
27. In the past week, have there been times when things going on around you seemed unreal or very strange and unfamiliar? [If no:] (Do things going on around you seem like a dream or like a scene from a movie? Do they seem distant or distorted?)	0	1	2	3	4	5

- Data presentation:



Questionnaire	Pre-treatment	X <sup>2</sup> value	Post-treatment	X <sup>2</sup> value	Total
Question 1	4	0.34	2	2.8	6
Question 2	2	0.7	2	5.7	4
Question 3	4	0.05	0	0.43	4
Question 4	5	0.02	1	0.19	6
Question 5	5	0.07	0	0.54	5
Question 6	5	0.02	1	0.19	6
Question 7	5	0.07	0	0.43	5
Question 8	4	0.09	0	0.43	4
Question 9	1	0.34	1	2.77	2
Question 10	4	0.05	0	0.43	4
Question 11	4	0.05	1	0.4	5
Question 12	5	0.07	0	0.54	5
Question 13	5	0.07	0	0.54	5
Question 14	4	0.05	0	0.54	4
Question 15	4	0.05	1	0.4	5
Question 16	0	0	0	0	0

Question 17	5	0.2	2	2.02	7
Question 18	4	0.05	0	0.43	4
Question 19	5	0.02	1	0.19	6
Question 20	4	0.09	0	0.43	4
Question 21	4	0.05	1	0.4	5
Question 22	5	0.07	0	0.43	5
Question 23	5	0.07	0	0.43	5
Question 24	3	0.04	0	0.33	3
Question 25	5	0.07	0	0.43	5
Question 26	3	0.04	0	0.33	3
Question 27	3	0.04	0	0.33	3
<b>Total</b>	<b>107</b>	<b>2.78</b>	<b>13</b>	<b>22.08</b>	<b>120</b>

- **Chi-square test for significance:**

$$X^2 = \sum (f_e - f_o)^2 / f_e$$

In above case  $X^2 = 24.86$  which is significant in probability level .75 but not significant in probability level .5 & below with degree of freedom 26.

### Discussion

Hereby we showed that a proper individualised homoeopathic treatment without any counselling or other therapeutic measure can bring disappearance of the symptoms of PTSD without any reminiscence. After extensive search of international databases, we found some evidence based cases of PTSD & anxiety disorder treated by Individualised Homoeopathic treatment. One case report of 32 year old female suffering from PTSD published in IJHS, by Chattopadhyay et al. which is successfully treated by Individualistic homoeopathic treatment with medicine Sepia along with supportive psychotherapy.<sup>[10]</sup> Pilkington K. et al. demonstrated in a systemic review research about effectiveness of homoeopathy in anxiety disorders that homoeopathy is quite frequently used & gives high level patient satisfaction in anxiety disorder, but controlled study is lacking in this field.<sup>[11]</sup> Sneha Subhash and CR Krishna Kumari Amma has shown 5 cases of stress related disorder treated by individualistic homoeopathic treatment successfully & result is compared with DASS 21 scale.<sup>[12]</sup> In homoeopathy rightly chosen internal medication with very small dose can bring total recovery from these mental conditions without recurrences as shown above.

### Conclusion

The above illustrated case is an example of successful treatment of PTSD. Hereby we can assert that through right homoeopathic medications we can give positive result to such mental disorders without recurrence & any side effects.

### Consent

Author has taken necessary consent from patient before publishing his case & associated documents. The necessary efforts are taken to conceal the patient's identity also, but anonymity cannot be guaranteed.

### Financial support or sponsorship

None

### Conflict of interest

Nothing declared

### References

1. <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>, retrieved on 7<sup>th</sup> October, 2023.
2. <https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/overview/>, retrieved on 7<sup>th</sup> October, 2023.
3. Mathew & Agarwal, Medicine, 5<sup>th</sup> edition, ELSEVIER India, ISBN: 978-81-312-4235-3; p795
4. Ahuja Neeraj, A Short Textbook of Psychiatry, 7<sup>th</sup> edition, Jaypee Brothers Medical Publishers, ISBN: 978-93-8074-66-1; p112

5. Munjal YP, API Textbook of Medicine, 10<sup>th</sup> edition, Vol-1, Jaypee Brothers Medical Publishers, ISBN: 978-93-5152-415-1; p2279
6. Krishnakumari et al., A Systematic Chart Review of Adults with Post-Traumatic Stress Disorder: Data from a Tertiary Care Psychiatry Center in India; Indian J Psychol Med. 2022 Jul; 44(4): 378–383. Published online 2021 Oct 3. doi: 10.1177/02537176211035074
7. <https://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp>; retrieved on 7<sup>th</sup> October, 2023.
8. Hahnemann S., Organon of medicine, 5<sup>th</sup> & 6<sup>th</sup> ed. Combined, translated by Dudgeon R.E., B. Jain Publishers, ISBN: 9788131903117; p93-94
9. Sarkar BK, Organon of Medicine, B. Jain Publishers, ISBN: 979-8186270829; p114-115
10. S Priya, B Ankit, C Kathika. Managing post traumatic stress disorder with homoeopathy: A case report. International Journal of Homoeopathic Sciences. 2022;6(4):524-531.
11. Pilkington K, Kirkwood G, Ramps H, Fisher P, Richardson J. Homeopathy for anxiety and anxiety disorders: a systematic review of the research. Homeopathy. 2006 Jul;95(3):151-62. doi: 10.1016/j.homp.2006.05.005. PMID: 16815519.
12. Subhash S, KK Amma CR. A case series on efficacy of individualized homoeopathic medicine in the management of anxiety, depression and stress disorder using DASS 21. International Journal of Homoeopathic Sciences. 2022;6(4):235-241. DOI: <https://doi.org/10.33545/26164485.2022.v6.i4d.665>

