
BACK *from the* BRINK

Real Help for the Walking Wounded: Healing Post-Traumatic Stress

by JUDITH ACOSTA, LISW

“THE RAPE CRISIS CENTER IS IN DESPERATE NEED OF volunteers! Can you help us?” pleaded the Center’s director at a workshop I happened to be attending on a lark. It was the early 1980s. I was young and working in advertising, but searching for a new path, so a few days later I gave them a call.





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“Just come to one meeting,” the woman on the phone said. “No obligations.” Before I could say “sure,” I was in the middle of an 8-week intensive training in crisis counseling and, in short order, found myself taking shifts on the hotline at 3 a.m.

It was an initiation that, in retrospect, reminds me of the polar bear club—those insane men and women who jump into icy waters in the middle of winter. They call it brisk. I call it shocking.

And I was shocked—by what I heard, by what I felt, by the incomprehensible ways that people hurt one another, and by the long, lonely road to recovery so many had to walk in those days. Post-Traumatic Stress Disorder, now part of our common parlance, was then a very new addition to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

In fact, before my stint on the crisis hotline and while still in college, I had proposed a research study on the long-term effects of severe stress on Holocaust survivors. The chair of the psychology department at this prestigious university laughed and told me, “There is no such thing as ‘stress disease.’” There wasn’t even a diagnosis for it at that point.

Yet, those people who didn’t exist for that department chairman managed to find me—first on the hotline and later in my office after I finished social work graduate school. And what I came to find in them was a variety and complexity much broader than my training had prepared me for.

No two traumas alike

Post-Traumatic Stress Disorder (PTSD) is rarely the result of one horrifying moment. It is almost always compounded by causality (was the event precipitated by a loved one?), consequences (was the person ignored, dismissed after the trauma?), and constitution (how is their general health and what are their susceptibilities?).



What is Post-Traumatic Stress Disorder?

Symptoms vary from person to person, but in order to qualify for a PTSD diagnosis, some of the following must apply:

- A. The person has been exposed to a traumatic event in which their life or others' lives or safety were in serious jeopardy.
- B. The person re-experiences the event with recurrent and intrusive thoughts, nightmares, flashbacks, emotional revivifications, acute distress, psychological, and/or physiological symptoms when prompted by cues that recall the event.
- C. The person persistently avoids situations, stimuli, and persons associated with the trauma to the extent that they are willing to change their life to do so. They become numb (for example with detachment, dissociation, amnesia, restricted affect, or diminished interest in life).
- D. The person has increased sympathetic nervous system reactivity, such as sleep disorders, irritability or unreasonable anger, concentration loss, hypervigilance, and a heightened startle response.

PTSD is considered acute if these symptoms are present for less than three months and chronic if three months or more. Symptoms can be delayed and appear up to six months (sometimes more) after the stressor.

Source: adapted from *Diagnostic and Statistical Manual of Mental Disorders IV*.

Every individual is unique. Every event is received and integrated differently, and every person must be approached with that understanding. No two people—and no two traumas—are alike.

For that reason, the techniques I had learned in graduate school and in post-graduate study were good, but the results weren't as deep or long-lasting as I wanted. Hypnosis was great, but only to a point. Neuro-Linguistic Programming helped but, again, just so far and for so long. Eye Movement Desensitization Reprocessing was terrific for short-term relief, but so many variables had to be addressed that it took forever. While these modalities were invaluable, they never seemed to go far enough, reach widely enough, or sink deeply enough to cure a case completely.

I struggled and juggled technique after technique until I gratefully found homeopathy. Then I started seeing real miracles.

Again and again, I've seen homeopathy work wonders in helping people with mental and emotional trauma—but only when I keep my mind open and when I individualize the remedy to the person. The following cases from my practice show just how unpredictable and varied individual responses to traumatic events can be—and how homeopathy can help.

Lena's Mysterious Hysteria

Not long ago, a 17-year-old girl I'll call Lena came to my office in acute distress. Her mother brought her the day after her discharge from a psychiatric facility. Lena's face was expressionless. She spoke incomprehensibly and maintained that she was pregnant despite medical evidence to the contrary. I noted that her abdomen was quite distended. In the hospital, she had started taking a host of anti-psychotic and anti-anxiety medications including Abilify®, Cogentin®, Risperdal®, and benzodiazepines.

Lena's troubles had begun suddenly. One night she returned from a party in what her mother called a "euphoric" state, "completely changed." Prior to the party, she had been a conscientious A+ student—athletic, popular, responsible, and socially adept. "Everyone wanted to sit next to Lena," her mother said.

Several days after the party, Lena began speaking unintelligibly and complaining

of an inability to urinate. She was taken to a physician's office and then to the emergency room, where her case was turned over to the psychiatric department. She insisted that she was pregnant despite sonograms and blood tests to the contrary. She was so sure of her pregnancy that she slept with her hand positioned "to keep the baby from falling out."

Lena hated the hospital, often resisting hospital workers who would have to restrain her. She was put on fentanyl (a narcotic analgesic) and later recalled feeling paralyzed, "raped," and hysterical as they catheterized her to release retained urine. All of Lena's medical tests came back normal.

When asked about the party, Lena was incoherent, answering in rambling, irrelevant monologues. I asked if she understood what she was saying and she responded, "I'm confused. I'm having so much word salad." She seemed genuinely frustrated.

Although she couldn't describe what had happened at the party, she did say, "All I want to do is be with my boyfriend." She had been dating the same boy since she was 15.

Getting the whole picture

Lena's current state was very different from her previous "normal" self, yet I had to flesh out *all* her symptoms in order to have a complete homeopathic case. I learned that Lena tended to be chilly and preferred spring and fall for their temperate climates. She liked ice cream and ices. She had left-sided ovarian pain with ovulation and a cyst on the right ovary. She often felt faint during her menstrual period and sometimes passed out. She had a vivid imagination, was artistic, and liked drawing quirky images. She played the piano, loved animals, had nightmares as a child, and sometimes reported seeing angels or spirits.

Lena seemed very sympathetic and personable. In fact, the only coherent thing she said during our first visit was, "You look good. Nice outfit," as she hugged me upon entering. She had excelled in academics and had been quite diligent in her studies, with great attention to detail. She was just about to graduate with additional certification as a dental assistant and get to work right out of high school.

Here is how I repertorized Lena's symptoms:

- Mind, delusions, pregnant
- Mind, sympathetic
- Generals, faintness, menses
- Mind, delusions, specters
- Mind, insanity
- Mind, thoughts, rush of

like Lena who was experiencing a serious psychotic break from reality?

Missing a key detail

Because I was not sure, I did not give Lena a homeopathic remedy at the end of the first psychotherapy session. I told her and her mother I needed to review my notes and

Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
1. MIND - DELUSIONS - pregnant (23) 1																															
2. MIND - SYMPATHETIC (84) 1																															
3. GENERALS - FAINTNESS - n. (38) 1																															
4. MIND - DELUSIONS - specter (58) 1																															
5. MIND - INSANITY (186) 1																															
6. MIND - THOUGHTS - rush (96) 1																															

would see them in a week. Meanwhile, I called my friend and mentor Dr. Karl Robinson. Once he'd heard the case, he asked:

“So, what happened at the party?”

To my utter chagrin I had to reply, “I don't know. I couldn't get much detail out of anyone.”

In no uncertain terms, he gave me my work orders: “You need to know what happened at that party! That's where the case is!” And he was absolutely right.

By the time I saw Lena next, her emotions and thought processes were still compromised, but she was slightly more coherent. In response to my patient but determined questioning, she began to recall what had happened before her hospital

Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
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5. MIND - INSANITY - grief, from (6) 1																															
6. MIND - INSANITY - cheerful, gay (9) 1																															
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9. MIND - SPEECH - wandering (52) 1																															
10. MIND - THOUGHTS - wander. (82) 1																															
11. MIND - DELUSIONS - specter (58) 1																															
12. BLADDER - RETENTION c (171) 1																															
13. GENERALS - FAINTNESS - (36) 1																															
14. GENERALS - HEAT - lack (278) 1																															

admission. At the party, she had learned that her boyfriend was cheating on her. She remembered that she began “yelling and screaming” until she “couldn't breathe”—and the hysteria had never abated. Now I knew the cause of her insanity: it was trauma. She had succumbed to the effects of disappointed love and mental shock.

PTSD, when strictly diagnosed, has to involve threat of bodily harm, intense emotional upheaval (such as being forced to leave one's home in war time), or witnessing accidents or harm to others. But

people vary in what they experience as trauma. In Lena's case, for example, her life was inextricably linked with her boyfriend's, so the potential loss of that relationship was quite traumatic. This is a looser application of the diagnostic term, but in homeopathy, the diagnosis is far less important than the actual symptoms.

So I expanded the repertorization of Lena's case with the following symptoms:

- Mind, delusions, pregnant
- Mind, sympathetic
- Mind, ailments from, disappointed love
- Mind, ailments from, shock, mental
- Mind, insanity, grief,
- Mind, insanity, cheerful, gay
- Mind, sentimental
- Mind, conscientious about trifles
- Mind, speech, wandering
- Mind, thoughts, wandering
- Mind, delusions, specters
- Bladder, retention of urine
- Generals, faintness, menses
- Generals, lack of vital heat

This new repertorization overwhelmingly pointed to *Ignatia*. Vermeulen's *Concordant Materia Medica* offers these descriptions that fit Lena's condition: “The emotional element is uppermost and coordination is interfered with... tendency to spasms... one of the chief remedies for hysteria... not communicative... incredible change of mood; jesting and laughter changing to sadness and tears... ailments from disappointed love... inability to pass urine.” I chose a high (10M) potency because of the intensity of Lena's symptoms and because she was physically very healthy.

I thought of it as a remedy for people who were mild-mannered and heartbroken ... could it really help a serious psychotic break from reality?



Lena is liberated

Within 24 hours of the first dose, Lena broke out in hives and went to the bathroom until her bowels were emptied of what appeared to be two weeks' worth of stool. Although her doctors at the hospital had treated her for urine retention, no one had noticed her retained stool. In her first visit with me, neither she nor her mother had mentioned any constipation when asked about stool regularity. Yet, there it was. (This also matched *Ignatia's* indications for spasmodic complaints

and interference with coordination of bodily systems.)

When she came back to the office a week later, Lena seemed like a new person—calmer and expressing a wider range of emotions. She could remember things better and communicate them clearly. Her psychiatrist had started reducing Lena's allopathic medications at her mother's request, and Lena's well-being was continuing to improve.

Within a month, Lena displayed the insight appropriate for a young woman of

her intelligence and sensitivity. When she discussed the bowel movements that followed her dose of *Ignatia*, she said, "It was like having a miscarriage." When asked how it made her feel, she said, "Sad." When asked why, she explained that she would have liked to have had a baby and wondered if maybe the false pregnancy was a way of keeping her boyfriend close to her.

Over the next several months, Lena continued to blossom. She broke up with her boyfriend, went back to school, and began looking for work. She became mentally clearer, emotionally more expressive, and more peaceful in herself.

Seeing *Ignatia's* effect in such a serious psychological case reminded me not to listen to my preconceptions. It is very easy to pigeonhole a remedy, such as, "*Arnica* is for bruises," "*Belladonna* is for fever," or "*Ignatia* is for grief." Lena's case demonstrates that there's more to each remedy than meets the eye, and that any remedy can be used to address any condition, if the symptoms fit.

An unexpected turn

Four months after taking *Ignatia*, Lena was doing beautifully but still spoke slowly, exhibiting some subtle confusion. She was also showing a new side of her personality by getting angry with people she normally liked. She had started running, exercising, and dancing vigorously. She felt estranged from her family and was taking every opportunity to leave the house, visiting friends for days on end. I wondered if perhaps she needed a different remedy now.

Then one day, Lena came in for her weekly appointment, and one look at her stopped me in my tracks: her right cheek was bright red, her left one perfectly normal. Her skin was burning hot to the touch but she didn't have a fever and didn't feel warm internally. She said she was alienated from her family and wanted to leave home but felt painfully confused by her desire to stay close to her mother.

I chose these repertory rubrics to represent her current symptoms:

- Skin, Heat, without fever
- Face, Discoloration, red, cheeks, one side
- Mind, Antagonism with herself
- Mind, Speech, slow
- Mind, Contradictory

Traumatic Stress

More Common Than You Think



An estimated 7% of people in the U.S. suffer with post-traumatic stress disorder, experts say; that's roughly equal to those suffering with diabetes or coronary artery disease! Traumas that may lead to PTSD include rape, sexual molestation, physical abuse or attack, natural or manmade disasters, being threatened with a weapon, and combat exposure.

The *Cortlandt Forum*, a medical journal, warns healthcare workers that PTSD "can be easy to miss because the workup for medical disorders commonly associated with PTSD—arthritis, anemia, back pain, asthma, and renal and lung disease—doesn't usually take into account traumatic experiences. For example, early in the course of their illness, fibromyalgia patients may complain that something is 'wrong ... lurking just beyond [their] awareness, something unknown and threatening.' These symptoms often represent the action of psychological factors, such as trauma, activating the body's stress response. Failure to address the psychological elements in such presentations may lead to a false diagnosis, one that is exclusively medical and dooms the patient to a long course of, at best, partially effective care." [March 2006, p. 35. "Post-traumatic stress disorder: will you recognize the signs?"]

Because homeopathy addresses the whole person—body, mind, and spirit—and because it pays special attention to the mental/emotional root causes of physical illness (e.g., think of all the repertory rubrics beginning with "Mind, Ailments from..."), it is an excellent therapy for helping people suffering with PTSD.

She released her memories about the abortion and her feelings of abandonment over the next few weeks in dreams, long-overdue crying, and productive talks during our counseling sessions—and she felt great relief. Her next period came at precisely 28 days with none of the usual pain or clotting. Migraine symptoms, which she hadn't experienced since the abortion, returned and then promptly disappeared. (When a homeopathic remedy is given and “old” symptoms, such as Stacy's migraines, reappear for a while, this indicates a deep curative action.) Over the ensuing months, Stacy continued to feel better physically, with more energy and

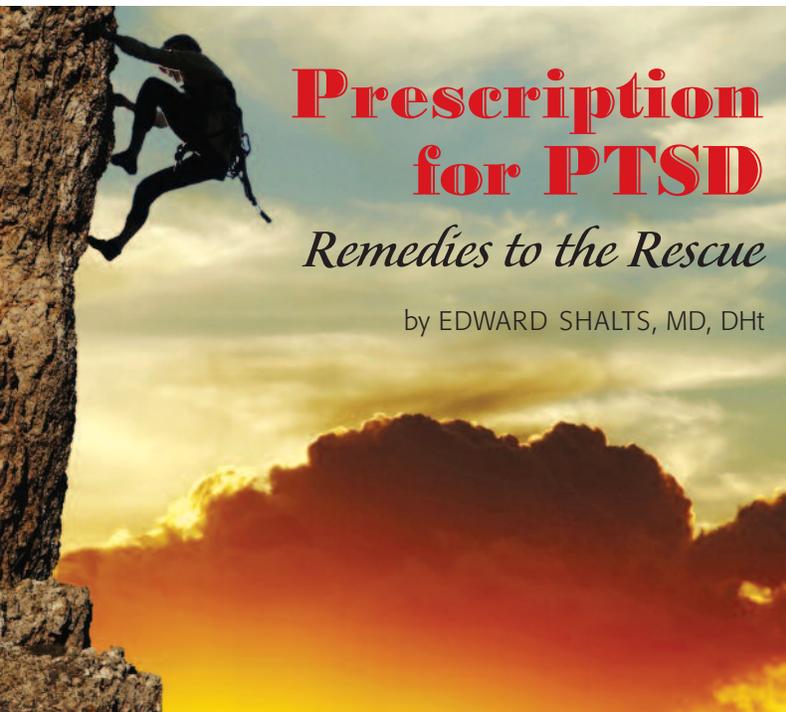
regular menstrual periods. She also continued to improve emotionally, making steady progress in our therapy sessions.

Like Lena, Stacy eventually exhibited the need for a different remedy, less directly related to the abortion trauma, as she processed her loss and came to a deeper level of self-understanding. She shed her fears and learned to handle her work with abandoned children with just as much compassion but with a healthier detachment. It has been two years since her homeopathic treatment, and Stacy regularly stays in touch to let me know how well she is and how different her experience of life has become.

Melissa, stuck in a nightmare

A slight woman in her mid-20s sat in my office, hunched over. She seemed to be cowering, avoiding eye contact. She breathed in puffs, barely able to talk. She looked genuinely horrified, as if she'd just seen a ghost.

When Melissa finally started talking, she hurriedly and haltingly described being used from very early childhood as a sex slave in a rural region of northern Nevada. The word she used over and over was “nightmare.” And to my eyes, she was still back there, a child, lost, bewildered, horrified, barely able to breathe from ter-



Prescription for PTSD

Remedies to the Rescue

by EDWARD SHALTS, MD, DHT

It is okay for the home prescriber to treat an acute post-traumatic reaction, but serious and/or chronic cases should be treated by a professional. Here are some of the most commonly-indicated homeopathic remedies for Post-Traumatic Stress Disorder (PTSD). Remember, there are many other remedies that might be chosen to help a patient with PTSD, so if one of the remedies below doesn't fit the situation, do some more research or seek professional help.

Aconite. The most characteristic symptoms of an *Aconite* state are extreme fear, frequently accompanied by an unexplainable, vivid sense—even certainty—of imminent death, along with restlessness and agitation. The victim looks scared and has very small pupils. Although *Aconite* is most often indicated during the first hours after a traumatic event (especially disasters), it might also be indicated many years later. I've seen a number of cases in which the person

remained in an *Aconite* state for years after a trauma, before being cured with a dose or two of this remedy.

Arnica montana. In my experience, this remedy is frequently indicated for people who suffer from PTSD as a result of a terrible car or motorcycle accident. Those who need *Arnica* may be morbidly afraid to ride a bike or drive a car. When other, apparently well-indicated remedies fail, *Arnica* may come to the rescue.

Arsenicum album. Anxiety is the keynote symptom of this remedy: victims are anxious, restless, and fidgety. They constantly call for help, need to be reassured, and crave company. They may become chilly and may feel much worse after midnight. They're unable to sleep and may develop diarrhea from severe anxiety. They're also thirsty for small amounts of cold drinks.

Stramonium. Indications for this remedy include nightmares (when a child wakes up terrified and remembers the dream) and night terrors (when a child wakes up morbidly frightened but doesn't remember the dream). Some children develop violent behavior after a terrorizing experience. This violence seems to come in outbursts, without any apparent premeditation. They may become afraid of the dark, of dogs or other animals, and of water. Some children begin to stammer; others may exhibit various grimaces and twitches.

Taking a remedy

For home use, 30c or lower potencies are appropriate. Follow dosing instructions on the container; decrease the frequency of the dosing as the person responds. If no relief is experienced after three or four doses, do further research or seek professional help.

ABOUT THE AUTHOR

Edward Shalts, MD, DHT, is author of two books, *The American Institute of Homeopathy Handbook for Parents: A Guide to Healthy Treatment For Everything From Colds and Allergies to ADHD, Obesity, and Depression*, and *Easy Homeopathy, The 7 Essential Remedies You Need for Common Illnesses and First Aid*. A past board member of the National Center for Homeopathy and the American Institute of Homeopathy, he practices in New York City. www.HomeopathyNewYork.com

