



HOMOEOPATHIC APPROACH IN THE MANAGEMENT OF POST-TRAUMATIC STRESS DISORDER

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ABSTRACT Post-Traumatic Stress Disorder (PTSD) is a psychological condition that develops after exposure to traumatic experiences such as accidents, violence, disasters, war, or other life-threatening situations. Individuals suffering from PTSD commonly experience intrusive memories, nightmares, avoidance of trauma-related stimuli, negative alterations in mood and cognition, and increased arousal. These symptoms may severely affect an individual's social, emotional, and occupational functioning. The diagnosis of PTSD is established according to the criteria described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Homoeopathy adopts a holistic and individualized therapeutic approach that considers the patient's mental, emotional, and physical characteristics. Remedies are selected according to the totality of symptoms with the aim of restoring psychological balance and improving overall well-being. This article reviews the causes, diagnostic criteria, clinical manifestations, and homoeopathic management of Post-Traumatic Stress Disorder.

KEYWORDS :

INTRODUCTION

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that arises following exposure to events involving severe stress, danger, or psychological trauma. Such events may include natural disasters, serious accidents, physical or sexual assault, war, or witnessing life-threatening incidents. These experiences may produce intense fear, helplessness, or horror and may result in persistent psychological disturbances.

Patients suffering from PTSD often experience intrusive recollections of the traumatic event, distressing dreams, avoidance of reminders related to the trauma, and negative changes in mood or behaviour. These symptoms may interfere with daily activities, interpersonal relationships, and occupational functioning.

Over the past decades, PTSD has gained recognition as a significant global mental health concern due to its long-term psychological consequences and its association with other psychiatric disorders such as depression, anxiety, and substance abuse. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), PTSD belongs to the category of trauma- and stressor-related disorders.

Early diagnosis and appropriate management are essential to prevent chronic psychological impairment and to improve the quality of life of affected individuals.

Causes of Post-Traumatic Stress Disorder

The development of PTSD is influenced by multiple interacting factors, including the severity of trauma, individual susceptibility, and environmental circumstances. The disorder generally occurs when a traumatic experience overwhelms the individual's ability to cope with stress.

Traumatic Events

Exposure to severe or life-threatening experiences is the most common cause of PTSD. These experiences may include physical assault, sexual violence, accidents, warfare, terrorist attacks, natural disasters, or the sudden death of a loved one. Such events may lead to intense emotional responses that persist long after the incident has occurred.

Childhood Adversity

Adverse experiences during childhood, such as emotional neglect, physical abuse, or domestic violence, can increase vulnerability to PTSD later in life. Early trauma may influence emotional development and affect the individual's capacity to handle stress.

Repeated Exposure to Trauma

Continuous or repeated exposure to traumatic situations, such as military combat or prolonged domestic violence, increases the likelihood of developing PTSD due to persistent psychological strain.

Biological and Genetic Factors

Research suggests that biological factors may contribute to the development of PTSD. Changes in brain structures responsible for emotional regulation, such as the amygdala and hippocampus, as well as alterations in stress hormone levels, may influence an individual's response to trauma. Genetic predisposition may also play a role in determining susceptibility.

Psychological Factors

Individuals who already suffer from anxiety disorders, depression, or other psychological conditions may be more vulnerable to PTSD following traumatic experiences.

Lack of Social Support

Insufficient emotional support from family, friends, or community members after a traumatic event may hinder recovery and increase the likelihood of persistent psychological distress.

Diagnostic Criteria of PTSD (DSM-5)

The diagnosis of PTSD is based on the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). For diagnosis, individuals must have experienced exposure to trauma and must demonstrate specific groups of symptoms lasting longer than one month.

Criterion A – Exposure to Trauma

Exposure to actual or threatened death, serious injury, or sexual violence may occur in one or more of the following ways:

1. Directly experiencing the traumatic event
2. Witnessing the event occurring to others
3. Learning that a traumatic event occurred to a close family member or friend
4. Repeated exposure to distressing details of traumatic events

Criterion B – Intrusion Symptoms

Individuals may experience recurrent memories, distressing dreams, flashbacks, or intense emotional reactions when exposed to reminders of the traumatic event.

Criterion C – Avoidance Symptoms

Patients often avoid thoughts, feelings, places, or activities associated with the trauma in an attempt to reduce psychological distress.

Criterion D – Negative Changes in Cognition and Mood

These changes may include persistent negative beliefs, distorted blame, emotional numbness, feelings of detachment from others, or loss of interest in previously enjoyable activities.

Criterion E – Alterations in Arousal and Reactivity

Symptoms may include irritability, angry outbursts, hypervigilance, exaggerated startle response, difficulty concentrating, and disturbances in sleep.

Criterion F – Duration

Symptoms must persist for longer than one month.

Criterion G – Functional Impairment

The symptoms must cause significant distress or impairment in social, occupational, or other important areas of functioning.

Criterion H – Exclusion

The symptoms should not be attributable to substance use or other medical conditions.

Clinical Features of PTSD

The clinical presentation of PTSD varies among individuals but typically includes a combination of psychological, emotional, and behavioural symptoms.

Intrusive Re-experiencing

Patients frequently relive the traumatic event through intrusive memories, distressing dreams, or flashbacks. These episodes may occur spontaneously or may be triggered by reminders related to the trauma.

Avoidance Behaviour

Individuals may actively avoid situations, conversations, or environments that remind them of the traumatic experience. This behaviour often results in social withdrawal and reduced participation in normal activities.

Negative Emotional Changes

Persistent negative emotions such as fear, guilt, anger, or shame are commonly observed in PTSD. Patients may develop negative beliefs about themselves or the world and may lose interest in previously enjoyable activities.

Hyperarousal

Many individuals with PTSD experience heightened physiological arousal. Symptoms may include irritability, exaggerated startle response, hypervigilance, sleep disturbances, and difficulty concentrating.

Associated Conditions

PTSD frequently occurs along with other mental health disorders such as depression, anxiety disorders, and substance abuse. These associated conditions may worsen the patient's overall mental health and quality of life.

Homoeopathic Approach in PTSD

Homoeopathy emphasizes a holistic and individualized approach to patient care. Treatment is based on the principle of *Similia Similibus Curentur*, which states that substances capable of producing symptoms in a healthy person may be used to treat similar symptoms in a diseased state.

In cases of PTSD, detailed case taking is essential to understand the patient's emotional state, personal experiences, mental symptoms, and behavioural patterns following trauma. Homoeopathic physicians consider factors such as fear, grief, anxiety, irritability, nightmares, and emotional shock while selecting the appropriate remedy.

The objective of homoeopathic treatment is not merely to suppress symptoms but to stimulate the body's natural healing capacity and restore emotional equilibrium.

Homoeopathic Medicines Frequently Used in PTSD

Various homoeopathic remedies may be indicated in the management of trauma-related psychological disturbances depending on the individual symptom picture.

Aconitum napellus is commonly indicated in cases of sudden fright or shock, particularly when the patient experiences intense fear, restlessness, and anxiety following a traumatic event.

Arnica montana may be useful when psychological trauma follows physical injury or accidents, especially when the patient feels mentally shocked and sensitive to touch.

Ignatia amara is frequently prescribed for emotional disturbances associated with grief, disappointment, or suppressed emotions. Patients requiring this remedy may exhibit mood changes, sighing, and emotional sensitivity. *Natrum muriaticum* is often indicated in individuals who have experienced long-standing emotional trauma and tend to suppress grief while dwelling on past events.

Stramonium may be considered in cases characterized by extreme fear, nightmares, and terror following frightening experiences. Opium may be indicated when emotional numbness follows shock or fright, with reduced responsiveness and disturbing dreams.

Pulsatilla is often useful in individuals who become emotionally dependent and seek sympathy and reassurance after traumatic experiences. *Staphysagria* may be indicated when psychological trauma results from humiliation, suppressed anger, or emotional abuse.

In certain acute situations, *Belladonna* may be prescribed when mental excitement, agitation, and sudden emotional disturbances appear after fright. *Calcarea carbonica* may be helpful in individuals who develop persistent anxiety, fearfulness, and lack of confidence following traumatic experiences.

Remedy selection in homoeopathy always depends on the individual patient's symptom profile rather than the disease diagnosis alone.

DISCUSSION

Post-Traumatic Stress Disorder is a complex mental health condition that can significantly impair psychological well-being and daily functioning. The disorder arises from a combination of traumatic exposure, individual vulnerability, and environmental influences.

Conventional management of PTSD generally involves psychotherapy, behavioural therapy, and pharmacological interventions. However, homoeopathic approach may provide supportive care by addressing emotional and psychological disturbances through individualized treatment.

Homoeopathy focuses on understanding the patient as a whole, considering both mental and physical symptoms. By selecting remedies based on the totality of symptoms, homoeopathic treatment aims to restore balance and improve emotional resilience. Although several remedies are traditionally used in trauma-related conditions, further clinical research is required to establish stronger scientific evidence for their role in the management of PTSD.

CONCLUSION

Post-Traumatic Stress Disorder is a significant mental health condition that develops after exposure to traumatic experiences and may have profound effects on emotional and social functioning. Early recognition and proper management are essential to prevent long-term psychological complications. Homoeopathy offers an individualized and holistic therapeutic approach aimed at addressing emotional disturbances associated with trauma. Through careful case taking and appropriate remedy selection, homoeopathic treatment may contribute to improving psychological health and overall well-being. Further clinical studies are necessary to evaluate the effectiveness of homoeopathic interventions in the management of PTSD.

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