



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2022; 6(4): 524-531  
Received: 07-08-2022  
Accepted: 08-09-2022

**Dr. Priya Singh**  
Assistant Professor,  
Department of Homoeopathic  
Pharmacy, Bakson  
Homoeopathic Medical College  
& Hospital, Gr. Noida, Uttar  
Pradesh, India

**Ankit Banerjee**  
M.A. Psychology, Mohanlal  
Sukhadia University, Udaipur,  
Rajasthan, India

**Dr. Kathika Chattopadhyay**  
Professor, Department of  
Psychiatry, Bakson  
Homoeopathic Medical College  
& Hospital, Gr. Noida, Uttar  
Pradesh, India

**Corresponding Author:**  
**Dr. Priya Singh**  
Assistant Professor,  
Department of Homoeopathic  
Pharmacy, Bakson  
Homoeopathic Medical College  
& Hospital, Gr. Noida, Uttar  
Pradesh, India

## Managing post traumatic stress disorder with homoeopathy: A case report

**Dr. Priya Singh, Ankit Banerjee and Dr. Kathika Chattopadhyay**

**DOI:** <https://doi.org/10.33545/26164485.2022.v6.i4h.706>

### Abstract

The reporting of Post-Traumatic Stress Disorder (PTSD) cases is less as the diagnosis is usually missed and considered under other diagnostic nomenclatures like depression, anxiety than actual PTSD, unless carefully interrogated. Such cases should be dealt with utmost care and with homoeopathy being the most gentle and rapid healing art, effective cures can be done. The present case was initially taken up as a case of depression, but after counselling and vigorous interrogation with the patient in successive follow-ups, it was diagnosed as a PTSD case. This highlights the importance of history taking and building a rapport with the patient. It is one-of-a-kind case where the patient's entire personality was altered after the trauma and homoeopathy helped her in retrieving her self-confidence and improving interpersonal and social relationships. The following case report presents a case of 32 years old female suffering from gradual weight loss and general weakness from the past 1 year. On detailed case history, it was found that the cause of her presenting complaints and disinterest in the husband and family was due to the past event of trauma which she suffered 4 years ago, before marriage. Following homoeopathic psycho-somatic disease treatment approach (HPDTA) along with supportive psychotherapy, the below mentioned case of PTSD was retrieved to health completely. Individualized homoeopathic medicine *Sepia officinalis* was prescribed based on the totality of symptoms and reportorial analysis. The clinical outcome was assessed by Hamilton depression rating scale (HDRS) and PTSD Scale-Self Report for DSM-5 (PSS-SR5). The case is a perfect demonstration of the usefulness of homoeopathy in cases predominantly presenting with symptoms of mind and disposition, even years after the actual event of trauma.

**Keywords:** Hamilton depression rating scale, Homoeopathy, post-traumatic stress disorder, PTSD scale-self report for DSM-5, *Sepia officinalis*

### Introduction

According to DSM-IV, Post-traumatic stress disorder (PTSD) was previously categorized under anxiety disorder. However, chances of PTSD after traumatic events is common and is one of the serious health concerns, considering which it has been lately included under a new category of Trauma and Stress related disorders in DSM-V<sup>[1]</sup>. The term PTSD has been tested as a valid clinical construct in both adults and adolescence in India. However, the available prevalence data for India is largely variable and is found to be 40.8 %<sup>[2]</sup>. The lifetime prevalence of PTSD is estimated at 8.3%<sup>[3]</sup>. The associated risk factors for PTSD has been linked to young age, female gender, no employment, less educational status and lower socio-economic class<sup>[4]</sup>. The pre and post-traumatic factors responsible for PTSD include intense negative emotions, dissociation, lower social support and a threat to life<sup>[3]</sup>. The exact pathogenesis behind the symptomatology of PTSD has not been elaborated precisely. There occurs alteration in neurotransmitter and neurohormonal functioning. The neurophysiology and anatomy of the brain is also affected, the size of the hippocampus gets reduced and amygdala becomes overly reactive. The medial prefrontal cortex also gets smaller and responses less in patients of PTSD. Some studies have also shown changes in the functions of neurotransmitters like CRF, GABA, glutamate, serotonin, neuropeptide Y, etc<sup>[1]</sup>. Symptoms of PTSD are characterized in group of four domains: Intrusion symptoms, Avoidance, Negative alterations in cognitions and mood, and Alterations in arousal and reactivity. The intrusive symptoms include recurrent and unwanted distressing memories of the traumatic event, flashbacks of the trauma, upsetting dreams or nightmares along with severe emotional distress or physical reactions. Symptoms of avoidance are mainly self-withdrawal from situations, people and places.

The symptoms like negative thoughts and negative perspective towards life situations, lack of interest in activities, numbness of emotions and memory issues fall in the category of negative alterations in cognitions and mood. Alterations in arousal and reactivity comprises of aggressive behaviour, irritability, outbursts of anger, guilt, shame and other issues like difficulty in concentrating, sleeping, etc. Experiencing such symptoms not only disturb a person's daily life tasks, but they also affect personal and social relationships<sup>[5]</sup>.

The presentation and duration of the symptoms are often useful in diagnosing PTSD accurately. The diagnosis of PTSD involves detailed personal history of the patient along with diagnostic criteria according to DSM-V which include presence of atleast one criteria in Criterion A,B, C and atleast two symptoms from Criterion C and D<sup>[6]</sup>. A thorough mental and physical examination should also be done to look for signs of trauma and rule out any medical or neurological disorder. CT scan and MRI of the brain along with other routine laboratory investigations as per the presenting history may be advised<sup>[1]</sup>. For planning and management of PTSD cases successfully, early detection and intervention are necessary. Conventional drug regime of Selective serotonin reuptake inhibitors (SSRI) and serotonin-nor epinephrine reuptake inhibitors (SNRI) are usually followed along with psychotherapy in such cases. Some studies also recommend the use of antipsychotic and antidepressants with favourable outcome in PTSD patients<sup>[3]</sup>. Chronic cases of PTSD may visit the clinic seeking help for other health concerns, rather than actual PTSD. Such encounters are frequent in any practice.

The two common treatment approaches in homoeopathy, based on the directions of Dr. Samuel Hahnemann in Organon of medicine, comprise of Homoeopathic psychosomatic disease treatment approach (HPDTA) in cases where there is long lasting suffering (such as PTSD in the mentioned case) and the other one is to manage the acute behavioural alteration due to exacerbation of internal Psora (Aphorism 221 to 223)<sup>[7]</sup>. As mentioned in Aphorism 226, if a patient is suffering from any form of emotional disease, he can be brought into healthy state by means of psychical remedies like *friendly exhortations, sensible advice, display of confidence and a well-disguised deception*, and his mental state can be influenced<sup>[8]</sup>. Applying the concepts of Dr. Hahnemann, homoeopathic medicines along with psychical remedy can prove helpful in alleviating the sufferings of the patient. However, studies and literature in support of role of homoeopathy in PTSD are few<sup>[9, 10]</sup>. This case report describes about a female patient, suffering from PTSD, who was managed by Homoeopathic psychosomatic disease treatment approach (HPDTA), which is an attempt to showcase the value of homoeopathy in such disorders.

#### **Treatment and Management Plan:**

The case of PTSD (DSM-5 309.81, ICD-10 code F43.1) was consulted in the private clinic; after thorough case taking and examination of the patient, treatment strategy was devised following the HPDTA by referring Aphorism 225 to

227 of Organon of Medicine<sup>[11]</sup>. The medicines were procured from standard homoeopathic manufacturers. Supportive Psychotherapy (Psychical remedy) was given to the patient (Table 1). Clinical outcome was assessed by Hamilton depression rating scale<sup>[12]</sup> (HDRS) and PTSD Scale-Self Report for DSM-5<sup>[13]</sup> (PSS-SR5).

#### **Case Summary**

**First visit: 03/02/2021**

#### **Patient Information**

A female 32-years-old visited along with her husband, having the presenting complaint of losing weight day by day, associated with lethargy for 1 year. She was worried about her health and complained of general weakness in the early morning and late evening.

**Psychosocial History:** She was a district level hockey player who left her sports career before marriage. She got married 4 years ago, out of a love relationship which started in college. Her husband was into businessman profession and had no connection with Sports. After marriage, she was a home maker by choice. She had a male child of 2.5 years of age, born through normal procedure of delivery.

**Other findings:**

- Patient was living a sedentary life.
- When asked regarding hobby, she said that she has no hobby as such.
- Her sleep was disturbed, especially during the first sleep in the night.

**Information from attendant:** Patient's spouse mentioned about her irritability in trifling issues. He said before marriage, patient was interactive, expressive and jovial but afterwards she became reserved, gloomy with a serious and anxious behavior most of the time. Patient's spouse considered that patient's personality changed since marriage and for the same, he felt disturbed.

**Medical History:** The patient did not take any treatment for the presenting complaint. There were recurrent febrile attacks and skin rashes in childhood. Patient was not suffering from any co-morbidities.

**Family History:** Her father was hypertensive and mother had chronic eczema.

**Clinical Findings:** A tall statured female with 5 ft 8 inches height and body weight of 52 kg. On physical examination, there were no remarkable findings except few scar marks of old injury and slight pallor.

#### **On Mental State Examination (MSE)**

- i. Appearance: Tall, slim, stoop shouldered with casual attire. Eye to eye contact was absent mostly. She was sitting with crossed leg in most of the time and constant movement of hanging leg.
- ii. Speech: Well-articulated but response of the questions was delayed in short, was not willing to answer mostly.
- iii. Behavioral factor: Increased startle response, reserved and inability to mentally engage with people around

her.

- iv. Emotional predominance: Negative emotional state.
- v. Cognitive factors: Concentration problem.
- vi. Mood and affect: Mood swings but predominantly gloomy.
- vii. Memory: short term memory was weak.

**Provisional Diagnosis or Prima Facie:** Psychosomatic Disease (2022 ICD-10-CM Diagnosis Code F45.9), triggered from Depression.

#### Prescription

- A suitable antipsoric medicine was selected. In a single dose, 4 globules of *Sulphur* 1M prepared in centesimal potency was given to the patient orally followed by placebo to be taken twice daily for 15 days.
- Advised for morning walk and light exercise with training for some deep breathing exercises were suggested. Patient was instructed to follow a nutritious diet.
- HDRS: 34.
- General counselling was provided.

Justification of the remedy: A suitably selected anti-psoric medicine will help to clear the case so, *Sulphur* was the choice of remedy and the potency chosen was 1M according to the patients' symptoms and susceptibility. As the mental symptoms were more prominent in the case, according to posology, a higher potency was chosen to adequately bring a change in the affected psyche.

#### Follow up

##### 1st follow-up visit: 18/02/2021

Patient's weight was same as before. Weeping disposition was remarkable while answering questions. Her husband mentioned that she was not showing anger or irritation but was weeping often without any apparent cause in those days. After some time, patient expressed that she wanted to talk privately regarding certain problems. During privacy, she did not say anything, only cried near to half an hour. After insisting to open up her mind and convincing her that the confidentiality would be maintained about her personal issues, she only said that she wishes to re-join her sports career.

She had not followed any physical exercise but followed deep breathing exercises.

#### Prescription

- Placebo, 4 globules to be taken twice daily.
- **HDRS : 28.**
- Patient was advised to visit alone after 3 days for counselling as it was perceived that an untold precipitating factor might be there which was possible to express once she visits alone.
- Counselling was given.

##### 2<sup>nd</sup> follow-up visit: 21/02/2021

After normal interaction for some time, she was enquired about the reason of her worries. Here, patient disclosed the history of repeated molestation and threatening by her coach during the preparation of a state level competition around 4 years back. Whenever the patient used to be in her practice, the coach harassed her mentally and physically by asking her for undue favours and insulting her in public. The coach once called her in his room and tried to molest her sexually. She somehow managed to escape from him after struggling and even got hurt at that time. He offered her captainship in return for her favours and even threatened her for life if she disclosed the matter to anyone. Out of the agony and humiliation suffered, she decided to quit her career and convinced her partner for marriage. This issue she had only discussed with one of her co-athletes.

#### Findings of re-interrogation

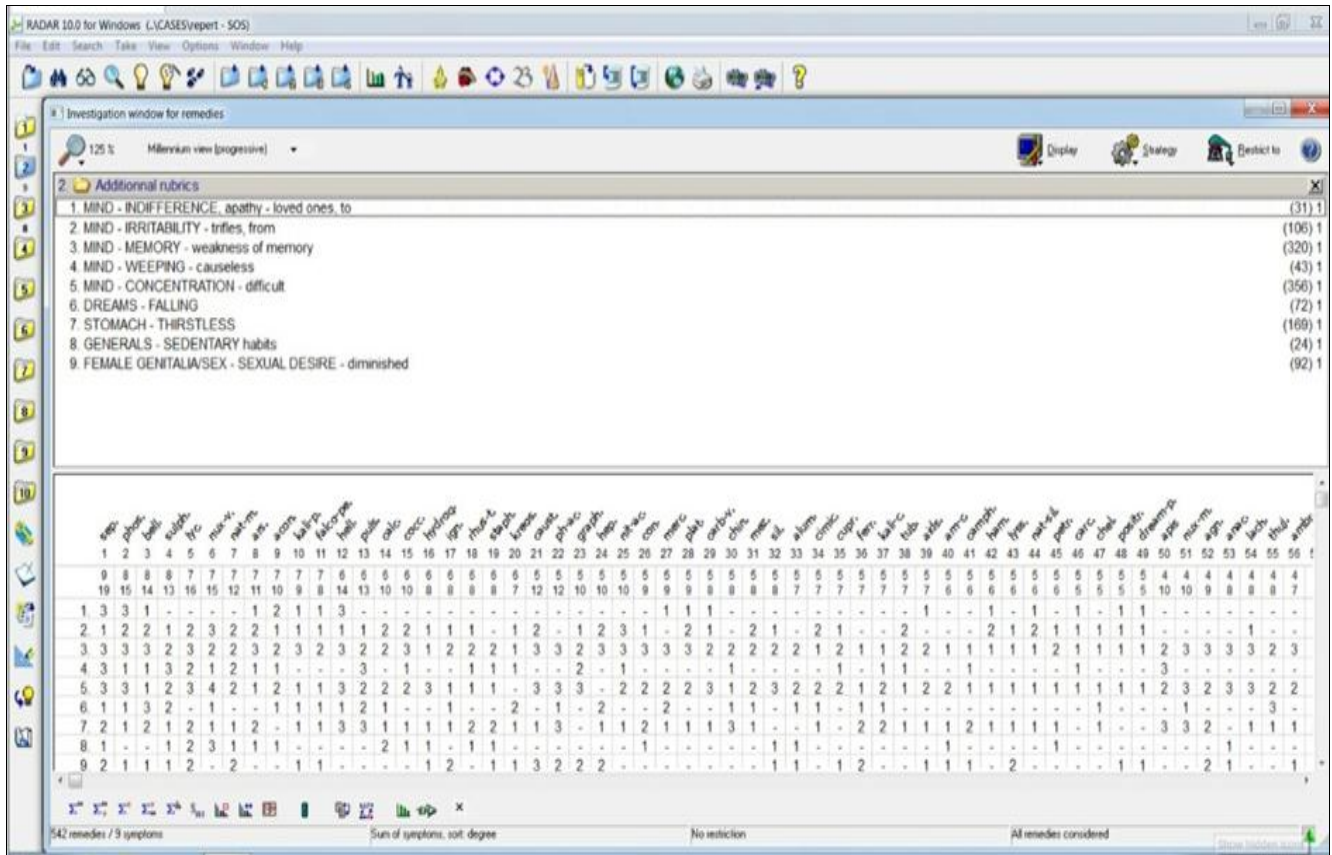
- She was not spontaneous or free in bed during sexual relationship with the husband.
- Frequent dreams of falling from high places at night since 3/4 years with disturbed sleep.
- Weeping involuntarily- without reason since a week.
- Weakness of memory and difficulty in concentration as well.
- Living a sedentary life.
- When asked regarding hobby, she said that she has no hobby as such.
- Irritability in slightest matters.
- Her appetite was normal with two-three meals in a day.
- Thirst was decreased as patient had intake of only 3-4 glasses of water in a day.
- Thermally, patient could not tolerate cold and winters, so was considered as a chilly patient.
- Patient bowels were irregular and had constipation followed by hard stool, at times.

#### On Mental Status Examination (MSE)

- Appearance: Eye to eye contact was improved.
- Behavioral factor: startle response and vigilance attitude were there.
- Emotional predominance: Negative emotional state was prevailing. Lack of emotional attachment with family members. There was sadness and guilt for traumatic event before marriage.
- Cognitive factors: Concentration problem.
- Mood and affect: Gloomy mood with weeping disposition.
- Memory: short term memory was weak.

Diagnostic Assessments: As the patient did not present any physical symptoms and was not having any co-morbidities, the patient was not suggested for any laboratory investigations. The symptoms of the patient gave a clear picture of the diagnosis.

**Final Diagnosis:** Post Traumatic Stress Disorder (PTSD) <sup>[6]</sup>



**Fig 1:** Repertorisation Chart for medicine selection on 3rd Follow-up Visit

Justification of the remedy: On repertorial analysis, “*Nux vomica*”, “*Sepia*” and “*Sulphur*” scored the highest marks. (Figure: 1) Individualized homoeopathic medicine *Sepia officinalis* was the choice of the remedy considering the repertorial results and the patient’s thermals and thirstlessness. The potency chosen was of higher dynamization in 1M, according to the susceptibility of the patient and symptom similarity with the medicine.

**Prescription**

- On the basis of Individualization, a single dose of *Sepia officinalis* 1M potency prepared in centesimal scale was given in 4 globules orally to the patient followed by placebo, 4 globules to be taken twice daily for 2 weeks.
- HDRS:** 22.
- PSS-SR5:** 59/80.
- Supportive Psychotherapy sessions were followed.

**Table 1:** Improvement status of the case using PSS-SR5 and HDRS

Date	Complaint at follow-up visit	Assessment tools score	Counselling & supportive psychotherapy	Prescription
03/02/2021	Detailed before.	HDRS: 34 PSS-SR5: Not taken	She did not interact much. Counselling was given to overcome her low mood and indifferent attitude towards family members. <b>Advice/Rectification:</b> Lifestyle and diet rectification. Deep breathing exercise technique was administered.	<ul style="list-style-type: none"> <li><i>Sulphur</i> 1M, single dose followed by Placebo, 4 globules to be taken twice daily.</li> <li>Report after 2weeks.</li> </ul>
18/02/2021	Detailed before.	HDRS:28 PSS-SR5: Not taken	To understand the precipitating cause behind the grief, a general counselling was conducted. <b>Observation:</b> Kept quiet but weeping. <b>Advice/Rectification:</b> Physical and mental exercises, diet rectification.	<ul style="list-style-type: none"> <li>Placebo, 4 globules to be taken twice daily.</li> <li>The patient was advised to visit alone after 3 days.</li> </ul>
21/02/2021	Detailed before.	HDRS:22 PSS-SR5:59	<b>Feedback:</b> Patient disclosed the precipitating cause. <b>Appearance of the patient:</b> Nervousness, feeling of guilt and lack of confidence. <b>Supportive Psychotherapy</b> was given to create a positive attitude towards self, surroundings, world and future.	<ul style="list-style-type: none"> <li><i>Sepia</i> 1M, single dose. Followed by Placebo, 4 globules to be taken twice daily.</li> <li>Follow-up after 7 days for Supportive Psychotherapy.</li> </ul>
28/02/2021	General condition (GC) was better.	HDRS: not taken PSS-SR5: not taken.	<b>Feedback:</b> Patient expressed about her paroxysms of irritability without apparent reason.	<ul style="list-style-type: none"> <li>Placebo, 4 globules to be taken twice daily was continued.</li> </ul>

			<b>Supportive psychotherapy</b> was given to the patient to avoid negative thoughts with advice on deserving actions on her daily activities and nurturing own hobbies with few mind relaxing breathing exercises.	<ul style="list-style-type: none"> <li>Follow-up after 7 days for Supportive Psychotherapy.</li> </ul>
08/03/2021	GC: Better than before.	HDRS: not taken PSS-SR5: not taken.	<p><b>Feedback:</b> She was feeling well but expressed a general feeling of uselessness about self-identity.</p> <p><b>Supportive psychotherapy</b> was given to guide her to understand oneself and the value of life. Suggested to increase interaction with family members and friends.</p>	<ul style="list-style-type: none"> <li>Placebo, 4 globules to be taken twice daily was continued.</li> <li>Follow-up after 7 days for Supportive Psychotherapy.</li> </ul>
17/03/2021	Disturbed sleep with constipation.	HDRS: not taken PSS-SR5: not taken.	<p><b>Feedback:</b> From patient: Lack of adequate sleep with feeling of internal dissatisfaction.</p> <p>From Spouse: Became much more interactive.</p> <p>Expressing her problems and difficulties in daily life (if any). Interest in daily life activities enhanced her and she became more attentive towards her child.</p> <p><b>Supportive psychotherapy</b> was given to improve her positive attitude towards life. Special emphasis was provided on the process of introspection with advice for self-care.</p>	<ul style="list-style-type: none"> <li><i>Nux vomica</i> 30C, 4 globules to be taken once daily for consecutive 3 days in evening time.</li> <li>Follow-up after 7 days for Supportive Psychotherapy.</li> </ul>
25/03/2021	Her sleeping status was improved. Energy levels were enhanced	HDRS:17 PSS-SR5: 39	<p><b>Feedback:</b> From patient: She was expressing herself with more conviction. She expressed the wish to rejoin her sports career and wanted to understand regarding balancing between career and family. She informed about her restarting physical fitness exercises at gym.</p> <p>From Spouse: She looked happy and energetic.</p> <p><b>Supportive psychotherapy</b> was given.</p>	<ul style="list-style-type: none"> <li>Placebo, 4 globules to be taken twice daily.</li> <li>Report after 15 days for therapy.</li> </ul>
09/4/2021	GC: Improved.	HDRS: not taken PSS-SR5: not taken.	<p><b>Feedback:</b> Patient was happy about herself. Her level of confidence was enhanced. She brought her child for the first-time during health consultation and was adequately careful towards the child.</p> <p><b>Supportive psychotherapy</b> was given.</p>	<ul style="list-style-type: none"> <li>Placebo, 4 globules to be taken twice daily.</li> <li>Report after 15 days for therapy.</li> </ul>
22/04/2021	Itching on the upper limbs without any eruption and delayed appearance of menses.	HDRS:12 PSS-SR5: 23	<p><b>Feedback:</b> From Patient: She was suffering in guilt for hiding her past traumatic incidence from her husband. A few days of follow up visit, she was able to disclose the same to him. Feeling relieved after disclosing the issue. She was weeping to inform them about the matter. Her husband was present at the time of conversation and said that he was much relieved to understand that by the help of Homoeopathy and counseling, his wife came out from traumatic condition finally and he took that incidence as a simple accidental issue.</p> <p><b>Supportive psychotherapy</b> was provided to increase self-concept and to attain self-worth.</p>	<ul style="list-style-type: none"> <li><i>Sepia</i> 1M, single dose was mixed in 30 ml of aqua dist. And one teaspoon full was administered after 10 successions of the phial. Followed by Placebo, 4 globules to be taken twice daily.</li> <li>Report after 1 month.</li> </ul>
24/05/2021	Rejoined the hockey club to return to her sports career. Gained a few extra pounds in 3 months.	HDRS:8 PSS-SR5: 15	<p><b>Feedback:</b> Patient seemed contented and peaceful.</p> <p><b>Supportive psychotherapy</b> was given to make her focused towards future goals of career and for keeping positive thoughts in mind and activities.</p>	<ul style="list-style-type: none"> <li>Placebo, 4 globules to be taken twice daily.</li> <li>Report after 1 month.</li> </ul>
23/06/2021	Feeling happier, energetic and more confident. No physical	HDRS:5 PSS-SR5: 8	<p><b>Feedback:</b> She started making efforts towards sports career and facing challenges through hard schedule of practices but was more confident than</p>	<ul style="list-style-type: none"> <li>Placebo, 4 globules to be taken twice daily.</li> <li>Report after 1 month.</li> </ul>

	complaint.		before. Had positive attitude towards self and surroundings. <b>Supportive psychotherapy</b> was given.	
25/07/2021	GC was improved.	HDRS:5 PSS-SR5: 8	<b>Feedback:</b> She was enjoying and was contented to play hockey again and was feeling positive towards life. <b>Observation:</b> Happy and satisfied with oneself. <b>Supportive psychotherapy</b> was given.	<ul style="list-style-type: none"> <li>• Placebo, 4 globules to be taken twice daily.</li> <li>• Report after 1 month.</li> </ul>
29/08/2021	Reported about balanced health.	HDRS: not taken. PSS-SR5: not taken.	<b>Feedback:</b> Patient and her husband were happy. Advised to close the treatment and therapy until further problem noticed.	No medicine prescribed.

**HDRS:** Hamilton depression rating scale

**PSS-SR5:** PTSD Scale-Self Report for DSM-5

**GC:** general complaint

The patient strict compliance to the exercises, dietary changes and lifestyle modifications were monitored. During the entire follow-ups, there was no unwanted/adverse events noted.

The causal attribution of homoeopathy treatment effect in

the case was assessed using Modified Naranjo criteria (Table 2) and the score was +8/13, which indicates a positive causal attribution in homoeopathy in relieving the symptoms of PTSD.

**Table 2:** Causal attribution of treatment effect with homoeopathic treatment in the case using MONARCH Inventory

Domains	Yes	No	NA/ Not sure
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	✓		
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	✓		
3. Was there a homoeopathic aggravation of symptoms?	✓		
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	✓		
5. Did overall well-being improve? (suggest using validated scale or mention about changes in physical, emotional, and behavioural elements)	✓		
6. 6A <i>Direction of cure:</i> did some symptoms improve in the opposite order of the development of symptoms of the disease?	✓		
6B <i>Direction of cure:</i> did at least one of the following aspects apply to the order of improvement of symptoms: <ul style="list-style-type: none"> <li>• From organs of more importance to those of less importance?</li> <li>• From deeper to more superficial aspects of the individual?</li> <li>• From the top downwards?</li> </ul>	✓		
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			✓
8. Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	✓		
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	✓		
10. Did repeat dosing, if conducted, create similar clinical improvement?	✓		

**Discussion**

During the first encounter, the patient was in-expressive and presented with few symptoms. Seeing the one-sided nature of the disease symptoms, *Sulphur* was prescribed. It took a lot of patience and counselling by the physician to get the details of trauma from the patient’s history. The patient was constantly under continued stress and was not willing to disclose the past events with anyone. Due to this, patient had become indifferent to her family and loved ones. The prescription of antipsoric medicine, *Sulphur* however helped the patient to relieve the emotional stress and express her feelings which she had kept suppressed since years. As the

patient had distressing memories of the trauma, persistent emotional distress, feeling of estrangement from the family, irritable behaviour and sleep disturbances, she was finally diagnosed with PTSD in her follow-up visit for treatment and responded reasonably well later. There was a significant change in outcome assessment scores: HDRS score reduced from 34 to 5 and PSS-SR5 showed a significant difference from 59 to 8. As, the diagnosis of PTSD was done after 2 follow-up sessions, PSS-SR5 was not taken in the previous visits and the values are thus missing. Total 10 supportive psychotherapy sessions were given after diagnosing the cause (Table 1). A significant change in patient’s approach

towards self and family was observed after receiving her individualized medicine, *Sepia officinalis* with supportive psychotherapy.

In the past, studies have shown that both psychotherapy and pharmacotherapy are effective in managing patients of PTSD. Supportive Psychotherapy is a form of therapy that is aimed at maintenance rather than restructuring<sup>[14]</sup>. *Winston et al.*, defines Supportive Psychotherapy as a “dyadic treatment that uses direct measures to ameliorate symptoms and maintain, restore, or improve self-esteem, ego function, and adaptive skills.”<sup>[15]</sup> As supportive psychotherapy approaches patients differently depending upon their needs, for a person who is otherwise functioning well but now has become symptomatic due to continuous stress, supportive psychotherapy aims to return the patient to his previous level<sup>[16]</sup>. Number of sessions depend on the client’s needs and motivations<sup>[14]</sup>.

During the further follow-ups the symptoms of sleep disturbance appeared. For management of transient sleep disorder, *Nux vomica* was prescribed, which is also known as a complementary medicine to *Sepia officinalis*. The appearance of physical symptoms of itching without eruption with delayed menses indicates the direction of cure from a more important organ to lesser important organ. Patient re-joined her sports career and also portrayed a positive attitude towards life after receiving the homoeopathic medicinal regimen through HPDTA approach, prescribed by Dr. Samuel Hahnemann in Organon of Medicine from Aphorism 225 to 227. The trauma which she experienced was the root cause behind all her complaints and disinterests. This case report may be considered as the basic direction to follow for homoeopathic management in PTSD cases.

### Conclusion

Psychiatric patients demand subtle care and support to cater their emotional needs. Such patients are not only difficult for the physician to treat but understanding and satisfying the patient’s psychology is a bigger challenge. The physician must display patience and warmth with the patient so as to build up trust and confidence in him. The homoeopathic principles in Organon of medicine are a true guide to manage and treat mental diseases effectively. Here, the directions given by Hahnemann were followed and recovery was achieved. It was an enduring experience for the physician to manage the case homoeopathically and provide substantial support in favour of homoeopathy for the treatment of PTSD. This case forms a preliminary background for physicians and medical scholars, who seek to treat psychiatric illnesses, especially PTSD with homoeopathy and open new arenas in the field of homoeopathy.

### References

1. Mann SK, Marwaha R. Posttraumatic Stress Disorder. In: Stat Pearls. Treasure Island (FL): Stat Pearls Publishing, 2022.
2. Georgieva I, Lepping P, Bozev V, Lickiewicz J, Pekara J, Wikman S, *et al.* Prevalence, New Incidence, Course, and Risk Factors of PTSD, Depression, Anxiety, and Panic Disorder during the Covid-19 Pandemic in 11 Countries. *Healthcare*. 2021; 9(6):664. <https://doi.org/10.3390/healthcare9060664>
3. Lancaster CL, Teeters JB, Gros DF, Back SE. Posttraumatic Stress Disorder: Overview of Evidence-Based Assessment and Treatment. *J Clin Med*. 2016;5(11):105. Published 2016 Nov 22. doi:10.3390/jcm5110105
4. Koenen KC, Ratanatharathorn A, Ng L, *et al.* Posttraumatic stress disorder in the World Mental Health Surveys. *Psychol Med*. 2017;47(13):2260-2274. doi:10.1017/S0033291717000708
5. Exhibit 1.3-4, DSM-5 Diagnostic Criteria for PTSD - Trauma-Informed Care in Behavioral Health Services - NCBI Bookshelf. [https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1\\_ch3.box16/](https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1_ch3.box16/) Published 2022. Accessed Jan 17, 2022.
6. Kirby, Stephanie. Post-Traumatic Stress Disorder (PTSD): DSM 5 Criteria. *Betterhelp.Com, Better Help*, 2019, <https://www.betterhelp.com/advice/ptsd/post-traumatic-stress-disorder-ptsd-dsm-5-criteria/>
7. Hahnemann S. Organon of the medicine, 5th edition, New Delhi: B. Jain Publishers (P) Ltd, 2002.
8. Hahnemann S. Organon of the medicine, 5th edition, New Delhi: B. Jain Publishers (P) Ltd, 2002, 202.
9. Lankesar Y. The effect of the homoeopathic similimum in post traumatic stress disorder. *Core.ac.uk*. <https://core.ac.uk/display/18215227>. Published 2022. Accessed Jan 20, 2022.
10. Mittelstadt U. Post-Traumatic-Stress-Disorder and Homeopathy. [https://www.researchgate.net/publication/320704121\\_Post-Traumatic-Stress-Disorder\\_and\\_Homeopathy](https://www.researchgate.net/publication/320704121_Post-Traumatic-Stress-Disorder_and_Homeopathy). Published 2022. Accessed Jan 21, 2022.
11. Hahnemann S. Organon of the medicine. 5th edition, New Delhi: B. Jain Publishers (P) Ltd, 2002.
12. Williams JB. A structured interview guide for the Hamilton Depression Rating Scale. *Arch Gen Psychiatry*. 1988;45(8):742-747. doi:10.1001/archpsyc.1988.01800320058007
13. Sin GL, Abdin E, Lee J. The PSS-SR as a screening tool for PTSD in first-episode psychosis patients. *Early Interv Psychiatry*. 2012;6(2):191-194. doi:10.1111/j.1751-7893.2011.00327.x
14. Grover S, Avasthi A, Jagiwala M. Clinical Practice Guidelines for Practice of Supportive Psychotherapy. *Indian J Psychiatry*. 2020;62(Suppl 2):S173-S182.

doi:10.4103/psychiatry.IndianJPsychiatry\_768\_19

15. APA Psyc Net. Psycnet.apa.org.  
<https://psycnet.apa.org/record/2004-13122-000>.  
Published 2022. Accessed Feb 2, 2022.
16. Markowitz JC. What is Supportive Psychotherapy?  
FOCUS.  
<https://focus.psychiatryonline.org/doi/full/10.1176/appi.focus.12.3.285>. Published 2022. Accessed May 7, 2022.

#### **How to Cite This Article**

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.

#### **Creative Commons (CC) License**

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.