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by AMY ROTHENBERG, ND

Healing from
tragedies, terror
& violence—
natural help
for PTSD

This year we have seen unprecedented acts of terrorism and violence in the United States and abroad—from Orlando to Brussels, Nice, Istanbul, Dallas, Baton Rouge, and beyond. Any society that experiences such tragedies has deep issues across wide areas, such as income inequality, racism and, of course, untreated mental illness. Solutions are not easy and are political and societal in nature. But for a practicing physician, the problems come in the form of sick patients.

Constant exposure to the global 24-hour news cycle with instant images via computer and cell phone has many of my patients feeling a strong impact from these tragic events, no matter where in the world they occur. Resisting news coverage of disasters, terrorist attacks, and

other intense and frightening incidents proves challenging, too, because it comes at us from so many directions—TV, internet, social media, radio, magazines, and newspapers. On top of that, many people find it difficult to look away. I have thought about this and wondered why. I believe that some people are seeking information so they might be prepared for the possibility of being the victims of such attacks or disasters themselves. Others are looking for some way to process these unfathomable events for themselves or perhaps their children. And still others watch with a kind of strange obsession or fascination, similar to watching an action-packed movie.

Regardless of what drives us to expose ourselves to these frightening stories and images, some people are more troubled by them than others. For especially sensi-

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the Safety Shattered

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tive people, exposure to such news stories can be the stress that triggers strong physical, emotional, or cognitive symptoms. And for those with firsthand experience of these major tragedies, whether as a survivor or a family member of a victim, the situation is, of course, even worse.

Kelly's state of panic

Twenty-eight-year-old Kelly lived in a town that had gone through a mass-shooting event, and her whole world had been shaken to its core. She knew several family members of victims, and she had lived through the heavy media coverage with reporters, cameras, and news trucks swarming her community, and then watching friends and associates being interviewed on the evening news shows.

Some years after this event, Kelly first came to see me for help because she was in a state of overwhelm and anxiety. A previous doctor had diagnosed her with panic disorder. Both Kelly and her mother reported that though she had been a sensitive child and a somewhat shy teenager, anxiety had not been part of her day-to-day experience before

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the mass-shooting event near her home. Both mother and daughter saw this tragic event as a pivot point, which had powerfully impacted Kelly and made it so she could not move forward in her life. Kelly was experiencing post-traumatic stress disorder (PTSD).

A lively and talented artist and teacher, Kelly now found it difficult to leave her parents' home. She was afraid to be out of the house alone, and she could not bear to be in the dark, either inside or outside the home. If she did not know where her mother was or if she found herself alone or in the dark, she could have a classic panic attack with shortness of breath, sweating, and a sense of confusion. Kelly worried a lot about dying, about her own mortality, and about the death of those she loved most, even though everyone was in good enough health and there did not seem to be any imminent reason anyone close to her would die.



Collateral Damage

Indirect trauma produces psychological scars, too

"A recent study that ran in the *American Journal of Orthopsychiatry* found that you don't even need a direct experience of a violent crime to be hurt by it. When there is a perception that there is disorder in a particular neighborhood, it causes some residents to suffer from PTSD. ...

"After interviewing some 8,000 people in Atlanta, Emory University professor of psychiatry Dr. Kerry Ressler and his colleagues say that they are seeing evidence of higher rates of PTSD in this urban population than in war veterans."

—*"PTSD from your ZIP code: Urban violence and the brain."* By Jen Christensen, *CNN Wire*, March 27, 2014.

"Many emergency physicians and nurses ... encounter 'vicarious traumatization,' a term that describes when workers absorb a patient's traumatic event into their own lives. Some surveys of healthcare workers show treating gun violence patients leaves unforgettable impressions."

—*"The other victims of gun violence."* By Bob Herman, *Modern Healthcare*, 6/27/2016, Vol. 46 Issue 26.

"Two to six months after the April 2013 [Boston Marathon] attack, 11 percent of surveyed parents who lived within 25 miles of the bombing and ensuing manhunt said their child showed PTSD symptoms, said study author Jonathan Comer, an associate professor of psychology and psychiatry at Florida International University in Miami. ...

"He found that watching the manhunt [on the media] was even more strongly linked with problems such as conduct issues or anxiety than exposure to the bombings."

—*"Boston Marathon Bombings Left Psychological Scars on Kids."* By Kathleen Doheny, *HealthDay Consumer News Service*, Jun 02, 2014.

Because homeopathy addresses the whole person—body, mind, and spirit—and pays special attention to the mental/emotional root causes of illness, it is an excellent therapy for helping people suffering with the after-effects of direct or indirect traumatic events.

In addition, Kelly was plagued with nightmares in which images of scary creatures pursued her; she became afraid to go to sleep. Images from the local tragedy would move across her mind. She wondered what the purpose of life was if such terrible things could take place. She felt defeated before she even began.

Kelly had been prescribed a host of anti-depressants, anti-anxiety medications, and sleeping aides from previous physicians. Some of these drugs relieved her symptoms somewhat but she did not tolerate them well, having developed side effects such as weight gain and feeling "emotionally flat," so she had stopped taking them for the most part. Kelly told me she was philosophically more aligned with natural medicine and did not like the idea of being on the pharmaceuticals, which was why she had come to see me.

Except for having difficulty falling and staying asleep, Kelly was in good physical health. She did not suffer with headaches, digestive complaints, or respiratory, musculoskeletal, hormonal, urinary, or skin symptoms. She *had* developed a strong facial tic over the past several years, manifested by a sudden crinkling of her eye and lip on the affected side. This tic occurred more frequently when she was especially nervous or feeling stressed, and it was disturbing to her and to her family and friends when they saw it.

Stuck on death & destruction

After spending time with Kelly and her mother, I could understand how Kelly's sensitive nature had been strongly impacted by her proximity and experiences relative to the mass shooting. A fabric of safety, a sense of closeness and belonging, and a belief in the underlying

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goodness of people had been shattered. Kelly was stuck instead on the horrible images of the devastating event and the long tail that trauma, loss, and grief often leave behind. On top of that, her own imagination was taking hold and running away with things, by bringing in additional frightening images and possibilities. Kelly was focused on death and destruction in a way that is not typical of a young and healthy person.

Healing choices

In considering a remedy for Kelly, I thought of a number of possibilities. *Mancinella* came to mind because people needing this remedy can be timid and have difficulty keeping dark or evil thoughts out of their minds. They can also be strongly fearful of the dark and at nighttime, and their symptoms can be triggered by a big shock or event, as was true for Kelly. People needing *Mancinella*, however, usually have a sense of being possessed by bad spirits or the devil, as well as a persistent fear of going crazy, which Kelly did not have.

I also thought about *Calcarea carbonica*, a commonly used remedy for all kinds of health issues; those needing it can also suffer with panic disorder and many fears and anxieties, especially when they do not feel they are in control of their environment. They may fear the dark, have nightmares, and be greatly affected by cruelty and horrible events, as was true for Kelly.

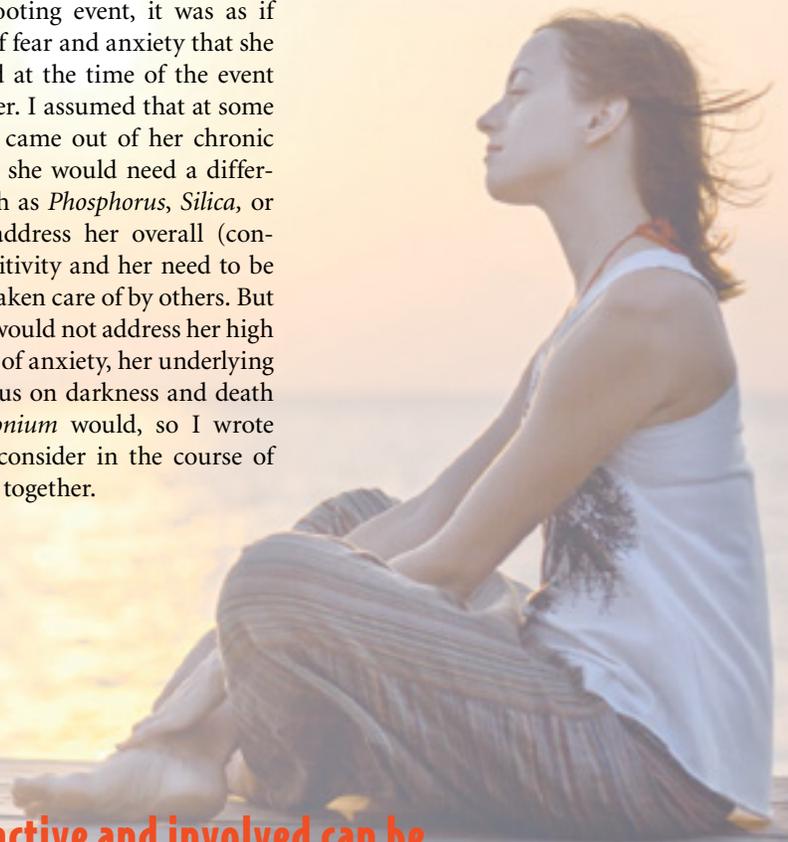
A remedy for Kelly

In the end, I decided on *Stramonium* for Kelly because of the distinctive kind of fear and anxiety she experienced, which was tinged everywhere with a fear of death—her own and others—and a sense of being unable to find safety. Further supporting the *Stramonium* prescription were the scary images recurring in her mind. In people needing *Stramonium*, we often hear about nightmares or even night terrors. It's as if in the nighttime

darkness, the world becomes chaotic and threatening to them. We also see in those needing *Stramonium* a strong fear of being alone, which Kelly had developed, and an equally strong desire for company and light. *Stramonium* is also indicated when ailments come on after a person has witnessed frightful violence and death or has experienced life-threatening situations. Kelly's facial tic, which came on fast and disturbed both her and those who saw it, was a good confirmatory symptom for me, because violent tics of the face or other types of spasms (e.g., convulsions, cramps, twitching, jerking, stammering) point to *Stramonium*, especially when they arise after a fright.

I prescribed *Stramonium* 200c with the idea that this was the remedy Kelly needed at that point in time. Since her troubling symptoms could be traced back so clearly to the mass-shooting event, it was as if the acute state of fear and anxiety that she had experienced at the time of the event had never left her. I assumed that at some point, once she came out of her chronic state of anxiety, she would need a different remedy, such as *Phosphorus*, *Silica*, or *Carcinosin*, to address her overall (constitutional) sensitivity and her need to be supported and taken care of by others. But those remedies would not address her high degree and type of anxiety, her underlying fears, or her focus on darkness and death the way *Stramonium* would, so I wrote them down to consider in the course of our future work together.

Being proactive and involved can be part of our healing paths.



She was thrilled at all the opportunities ahead and did not feel that anxiety was much of a problem anymore.

Putting the mind to good use

I also encouraged Kelly to learn to meditate and to acquire some basic skills and breathing techniques to encourage relaxation. I will often take a few minutes from my appointments to model and teach such approaches and ask my patients to practice five to ten minutes each day, not just when they are anxious. Like anything, if you practice, you get better at it, and then when you need that tool, it is there for you. I gave Kelly a link to some free, online, guided imagery to listen to, as a way to help her relax, especially before sleep. In my experience, we might as well put the mind to good use on the emotions, and these kinds of approaches often help! I like the free guided meditations from UCLA's Semel Institute for Neuroscience and Human Behavior – Mindful Awareness Research Center, which can be found here: <http://marc.ucla.edu/body.cfm?id=22>

Back to her old self

Kelly returned to see me two months after our initial appointment, and I could tell right away that she was better. First of all, she came in without her mother. Secondly, the first thing she asked about was related to her skin rather than her previous focus on fearfulness and anxiety; she reported that she had acne for the first time in her life and wondered if naturopathic medicine could help with that. When I questioned her, Kelly reported that her anxiety was much better. She felt back to her old self, more independent, and more able to be out and about in her community. This was a good response to the remedy.

When a patient gets better in these deeper ways, we will often see a discharge of some sort somewhere in the body, so I did not view the appearance of acne as a bad thing, and I did not think it would last too long. I explained this to Kelly and shared with her some basic ideas about hygiene, such as washing her face with soap and water, being sure to remove make-up each night, and using facial products without pore-clogging ingredients.

A new life ahead

Two months later (and four months after our initial interview), Kelly came back to see me. She was very excited, as she had decided to move to another city and start a new chapter of her life. She was thrilled at all the opportunities ahead and did not feel that anxiety was much of a problem for her anymore. She was sleeping well on her own and had only the occasional scary dream, which was nowhere near as bad as before. She was not thinking about her town's incident much and, in any case, was so excited about her proposed move that she mostly talked about that. Her skin was still not great but she did not seem as bothered by it. In cases like this where a mild discharge (skin complaint) arises after a person has a good overall response to a remedy, I don't prescribe for the skin complaint; rather, I trust that it will resolve on its own over time. And because I often see some type of discharge after a patient has a good overall response to *Stramonium*, I was especially not concerned about Kelly's acne. By the way, I saw Kelly's facial tic as another type of discharge, and as Kelly's anxiety retreated, the tic, too, was greatly reduced in incidence.

I saw Kelly recently, about a year after our initial appointment. She wanted to check in with me but had no particular complaints and continues to do well. She has settled in nicely to her new life. The persistent nightmares, fears of the dark

and of being alone, and worries about death and dying that had haunted her for several years are largely "things of the past," she told me. She will be back in touch with me as needed going forward.

I have not yet had the chance to prescribe another underlying remedy for Kelly but look forward to doing so when the time comes. She knows where to find me should anxiety creep back or if any other issues arise.

Turn off the news

I would like to end by encouraging you to limit your own exposure to bad news and in particular to shield your children from it. I always told my (now adult) children that they needed to be the caretakers of their own souls. No one else could do that for them. One part of that is to limit repeated exposure to the media. Look for some good news to read or watch or listen to. Here are some of my favorites:

www.huffingtonpost.com/good-news/
www.goodnewsnetwork.org
www.sunnyskyz.com/good-news

And by this, I do not mean to live with our heads in the sand. When I am working with patients who have been impacted by tragedy, I also try to understand and explore with them what might empower them to feel that they are helping instead of focusing primarily on the fact that they are a victim, whether directly or indirectly by being present to the daily news cycle. For some people, it helps to give money to causes they believe in, or to become active in an advocacy group related to a topic they care about, or to help in some way with victims' families. Being proactive and involved can be part of our healing paths.

ABOUT THE AUTHOR



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Homeopathic Healing for the Terror-Stricken

7 remedies to consider for PTSD

Post-traumatic stress disorder—or PTSD—is a relatively new name for a syndrome as old as war, natural disaster, and human cruelty. Known as “soldier’s heart” in the American Civil War, “shell shock” in World War I, and “combat fatigue” in World War II, PTSD became an American Psychiatric Diagnostic Category in 1980 after the Viet Nam War.

When people experience or witness horrifying, life-threatening events, they can react with lingering nightmares, flashbacks, fear, anxiety, depression, fatigue, sleeplessness, irritability, avoidance of reminders of the trauma, feelings of detachment, substance abuse, and a host of physical problems. Such reactions can be normal, but they subside over time for most people. A diagnosis of PTSD is made when the symptoms become entrenched (beyond one month), as was true for Kelly.

It’s estimated that roughly 10 to 30 percent* of witnesses or victims of major trauma will develop PTSD, although far fewer seek treatment. Conventional treatments include psychotherapy, group therapy, and antidepressants.

Homeopathy offers gentle, effective help for people with PTSD. The method for selecting a remedy follows basic homeopathic principles: first determine how this particular person with PTSD differs from all others with the same diagnosis, then find a remedy with indications that correspond to the person’s symptoms.

The pool of remedies to choose from is vast; homeopathic repertories list upwards of 60 remedies in the rubric, “Mind, Ailments from Fright,” so it is best to seek help from an experienced homeopathy professional, especially for serious or long-lasting PTSD symptoms. Home prescribers, however, are well-poised to offer first-aid homeopathic help to family members who suffer acute reactions to traumatic events. Below are a handful of more commonly used remedies, plus one that is used less frequently.

1 Aconite. This is often the first choice for victims of disasters because the most characteristic symptoms are extreme fear, accompanied by an unexplainable, vivid sense—even certainty—of imminent death, along with intense restlessness and agitation. The person looks scared and has very small pupils.

2 Arnica montana. This remedy is frequently indicated for people who suffer shock and PTSD after experiencing physical trauma, concussion,

and/or bruising, such as from a car accident or other injury. The person may refuse help, insisting they are fine in spite of a serious injury.

3 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.

4 Ignatia. Overwhelming emotional grief and shock may trigger the need for this remedy. The person may have rapidly changing moods and a sense of disbelief with sobbing, sighing, hyperventilating, and erratic or contradictory behavior. A sensation that there is a lump in the throat is common.

5 Phosphorus. A fearful, sensitive, impressionable, easily startled person who is exhausted and possibly “spaced out” after a traumatic event could benefit from this remedy. They feel much better having family members nearby and want lots of touch and reassurance. They may be afraid of the dark, of thunderstorms, and of ghosts, and feel better from cold food and drinks.

6 Stramonium. Indications for this remedy include nightmares (when a person wakes up terrified and remembers the dream) and night terrors (when a person wakes up morbidly frightened but doesn’t remember the dream). Some people 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 people begin to stammer; others may exhibit grimaces and twitches.

7 Mancinella. This less commonly-used remedy is indicated when the person with PTSD is tormented by dark or evil thoughts in their head. They fear they are going insane and/or fear losing control. They may also fear the devil/evil spirits or feel possessed by them. They may be depressed, feel worse at night and in the dark, and feel a choking sensation in the throat.

*The lower numbers apply to traumas such as accidents, assaults, floods, and fires, while the higher numbers apply to combat exposure or repeated exposures to traumatic events, such as might be experienced by fire fighters, police officers, and first responders.