

THE EFFECT OF THE HOMOEOPATHIC SIMILIMUM IN POST TRAUMATIC STRESS DISORDER

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of Technology
in the programme Homoeopathy

by

Yasmeen Lankesar
(Student Number: 9816610)

Supervisor: _____
Dr. R. Mistry

Date: _____

Co-Supervisor: _____
Dr. A. Fourie

Date: _____

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DECLARATION

I declare that this dissertation is my own, unaided work. It is being submitted for the Degree of Master of Technology at the Technikon Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other Technikon or University.

(Signature of Candidate)

_____ day of _____ 2004

ABSTRACT

This research involved the holistic, individualized treatment of patients with post traumatic stress disorder (PTSD), employing homoeopathic medicine. Post traumatic stress disorder can lead to a variety of complications which may diminish or destroy interpersonal relationships, may handicap the patient occupationally or recreationally, or may lead to substance abuse. Research has indicated that patients with PTSD are more likely to have a personality disorder; a previous history of depression, abuse or substance abuse or a family history of psychopathology. Given this, it is presumed that PTSD can occur in anyone who has experienced trauma and sufficient stress. In order to reduce post traumatic stress severity, treatment should emphasise and acknowledge that mental, emotional, behavioural and social factors contribute to trauma.

This study involved ten patients (plus two additional) who participated in five homoeopathic consultations, over a period of four months. The appropriate homoeopathic remedy, or similimum, was determined using each patient's distinguishing mental, emotional and physical symptoms. Each participant completed the Researcher's Questionnaire at each consultation and recorded their stress episodes on a calendar to be handed in at each follow-up appointment. These results, together with holistic progress as noted by the researcher at every consultation, were used to determine the efficacy of homoeopathy on post traumatic stress disorder.

The intent of the research was to prove that treatment should be specific and individualistic, irrespective of the diagnosis. This study aimed to provide a holistic therapy for PTSD and the results indicated that the similimum treatment in sufferers of post traumatic stress disorder was effective in reducing post traumatic stress frequency, severity, and intensity. Moreover, improvement in mental and emotional wellbeing, sleep patterns, appetite, and energy levels were noted in all the patients.

DEDICATION

This study is dedicated to every individual who has undergone the devastating effects of trauma, in whatever form, and to those who have persevered in the aftermath.

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CHAPTER ONE

INTRODUCTION

1.1 PROBLEM STATEMENT

Post traumatic stress disorder (PTSD) consists of (1) the re-experience of the trauma through dreams and waking thoughts, (2) persistent avoidance of reminders of the trauma and numbing of responsiveness to such reminders, and (3) persistent hyperarousal. (Kaplan, Sadock and Grebb, 1994: 606). Originally framed as applying only to extreme experiences that people would not expect to encounter everyday, it has become to be associated with a growing list of relatively commonplace events: accidents, muggings, a difficult labour, verbal sexual harassment, or the shock of receiving bad news (Summerfield, 2001: 61). Pharmacological research lists a host of noxious side-effects of the various agents used for the treatment of PTSD. McFarlane and Yehuda (2000: 943, 944) propose psychotherapeutic interventions, which include behavioural therapy; cognitive therapy and hypnosis, to be useful in treating PTSD, but the actual efficacy of the treatment may depend on a range of factors such as prior treatment, education, age and the quality of the therapeutic relationship. Moreover, these therapies are time-consuming and expensive therefore the researcher considered homoeopathic similimum treatment as a cost-effective and holistic method of therapy.

1.2 HYPOTHESIS

It is hypothesised that the homoeopathic similimum will reduce post traumatic stress frequency and severity in patients suffering from post traumatic stress disorder.

1.3 PURPOSE OF THE STUDY

The study aimed to establish the efficacy of the homoeopathic similimum in the treatment of post traumatic stress disorder.

1.4 IMPORTANCE OF THE PROBLEM

Persons with chronic PTSD have unusually high rates of associated psychiatric conditions throughout life, including substance abuse and dependence (23%); major depression (20%); alcoholic dependence (75%) and personality disorder (20%) (Brady, Pearlstein, Asnis, 2000: 1837-1844). Marais, de Villiers, Moller, Stein (1999: 638) report that patients with PTSD were more likely to attempt suicide and had more unexplained physical symptoms and more visits to medical practitioners. Co-morbidity surveys identified increased odds of school and college failure, teenage pregnancy, marital instability and unemployment associated with a diagnosis of PTSD (Mezey and Robbins, 2001: 561).

The subject of PTSD was raised on numerous occasions in the Truth and Reconciliation (TRC) hearings in South Africa. At hearings on conscription by the apartheid military, for example, a white psychologist in the former South African Defence Force described his personal experiences and the symptoms of PTSD. This emphasised the long-term negative impact that exposure to violence may have (Swartz, cited in Stein, 1998: 456).

High crime and violence rates in South Africa are associated with the progressive disintegration of families and communities that occurred under apartheid.

The potential for research into violence prevention and treatment of victims of violence in South Africa is enormous. This is particularly in a context in which past state policies have seriously undermined social relationships and trust, and in which the legacies of apartheid are still apparent in post-apartheid South Africa (Emmett, 2001: 4, 15).

A central feature of the destructive impact of apartheid on the social fabric was the severe toll it exacted on children, and the implications this had for succeeding generations. With the disruption of families and communities during the Group Areas Act, relationships, networks and rights were destroyed and with this, the sense of security and social control. Children were thus the main victims, as they had to cope with the absence of parents, neglect, domestic violence and abuse (Emmett, 2001: 6, 7).

In light of the above, researchers observe that the most tragic reflection of violence in which South Africa finds itself, is that it faces the years to come with children who have been socialized to find violence completely acceptable and human life cheap (Chikane, 1986: 344).

Physical trauma is second only to cardiovascular disease as the largest cause of overall deaths in South Africa and the psychological impact that follows is substantial. Approximately one-third of patients seen in South African emergency units present with injuries – interpersonal violence, and the combination of motor vehicles and alcohol, are the main contributors. In a typical American emergency unit, trauma patients make up about 12% of the patient population, while in the UK the figure is about 8%. South Africa is the trauma capital of the world, and some overseas doctors spend time in South African hospitals to gain experience in the management of traumatic conditions (Stein, Seedat, Emsley, 2002: 790).

CHAPTER 2

REVIEW OF THE RELATED LITERATURE

2.1 INTRODUCTION

Post Traumatic Stress Disorder (PTSD) is a significant clinical problem in the mental health field (Elhai, 2000: 449). It is generally accepted that PTSD arises as a consequence of an interaction between (i) the stressor and the amount of exposure to it, (ii) personality, such as, particular styles; pre-existing belief systems and attributional style and (iii) the recovery environment, such as availability of social support (Parry-Jones, 1997: 230-237). PTSD may affect some 2-3% of the general population at any one time and thus accounts for considerable morbidity within the population and deserves greater research scrutiny (Green, 2003: 200).

Stress occurs when individuals have more demands made on them than they are able to cope with. It is really neither the emotional nor the physical sphere which is the cause of these symptoms, but a disturbance in the whole body, expressed in particular ways by particular people (Handley, 1995: 19). Because of the longevity, the depth and the complexities of the trauma process, superficial healing will often not suffice (Chappell, 1994: 31).

2.2 THE ANXIETY DISORDERS

Anxiety is a normal accompaniment of growth, of change, of experiencing something new and untried, of finding one's own identity and meaning of life. Pathological anxiety by contrast, is an inappropriate response to a given stimulus by virtue of either its intensity or its duration (Kaplan *et al*, 1994: 573). It is evident that there are various stressors that could give rise to the symptoms of anxiety and these can produce seemingly illogical – often restrictive – patterns of behaviour (Sue, Sue and Sue, 1994: 161,194). Anxiety disorders are characterised either by manifest anxiety or by behaviour patterns aimed at warding off anxiety. Whatever its form, anxiety involves a subjective sense of tension, fear and apprehension, behavioural responses such as avoidance of a feared situation, and psychological reactions which include sweating, palpitations and increased respiration (Bootzin, Acocella and Alloy, 1993: 180).

Research shows that the anxiety itself may be the major disturbance (as in panic disorder and generalized anxiety disorder). It could arise when the individual confronts a feared object or situation (as in phobias), may result from an attempt to master the anxiety-based symptoms (as in obsessive-compulsive disorder), or may manifest during intrusive memories of a traumatic event (as in PTSD) (Sue *et al.*, 1994:164).

Anxiety is an alerting signal that warns of external or internal threat to one's unity or wholeness. An individual not functioning properly, in an adaptive balance, will manifest an anxiety disorder (Kaplan *et al.*, 1994: 574-575). Anxiety disorders afflict up to 93% of the general population who report exposure to traumatic events (Lee and Young, 2001: 156). Only one in four persons with an anxiety disorder is correctly diagnosed and treated, many never seek help. Often individuals blame their

distress on work, financial problems, or medical symptoms. Many hate to admit that they may be suffering from an anxiety disorder because they see it as a sign of weakness. Early treatment can prevent a great deal of suffering and help people to feel and functions like themselves again. Most who obtain help, even those with severe and disabling problems, improve dramatically (Hales and Hales, 1995: 118).

2.3 POST TRAUMATIC STRESS DISORDER (PTSD)

PTSD differs from acute stress disorder in that the minimum duration of the symptoms of PTSD is one month (Kaplan *et al.*, 1996: 606). Lifetime prevalence estimates vary from 1 to 14% and the sequence may be lifelong and serious, particularly in those whose trauma is prolonged or inflicted by other human beings, such as survivors of concentration camps, torture or rape. The effects may extend to the children of these survivors (Smith, Sell and Sudbury, 1996: 331, 332).

2.3.1 Definition of Post Traumatic Stress Disorder

The Merck Manual (Beers and Berkow, 1997: 1587) defines PTSD as “a neurotic disorder produced by exposure to an overwhelming external stress and characterised by recurrent episodes of re-experiencing the traumatic event, numbing of emotional responsiveness and dysphoric general hyper-arousal”. The Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), (APA, 1994: 427-429) criteria state that the A-criterion for PTSD (traumatic exposure) involves experiencing, witnessing or being confronted with an event that is life-threatening or involves serious threat or injury to oneself or others. The B-criterion (re-experiencing) involves persistent intrusive memories, and sudden reminders or flashbacks associated with the trauma.

The C-criterion (avoidance) includes symptoms of persistent avoidance of stimuli associated with the trauma. Avoiding thoughts, feelings or memories of the trauma, an inability to recall important aspects of the trauma, numbing symptoms, as well as outright refusal to acknowledge or discuss the experience are common. The D-criterion (hyper-arousal) may manifest as sleep disturbance, irritability, anger outbursts and concentration problems. Symptoms must cause significant distress or impairment and endure for more than 1 month (DSM-IV, APA, 1994: 427-429).

2.3.2 Prevalence and Aetiology

Studies estimates that 5-6% of men and 10-12% of women in the general population have experienced PTSD at some point in their life (Resick, Stein, Seedat, Emsley, 2001: 97). Further studies report that a much higher percentage of females suffer from this disorder than do males (Flannery and Quin-Leering, 2000: 839 and Seedat, Nood, Vythilingum, Stein, Kaminer, 2000: 38). Research upholds that people who have PTSD are at an increased risk of developing other psychiatric disorders and are at significant increased risk of committing suicide. The effect of this disorder on employment and work productivity is similar to that associated with depression and translates into an annual loss of productivity above 3 billion dollars in the United States (Kessler, 2000: 5-10). Thus the socio-economic consequences, as well as the personal distress associated with diagnosis, are substantial.

Studies propose that there is considerable evidence that students' exposure to violence is associated with both anti-social behaviour and psychological trauma, for example, depression; anxiety; anger; PTSD. A significant relationship was found between exposure to violence and their feelings of hopefulness, sense of purpose in life, and symptoms of depression (Flannery and Quin-Leering, 2000: 839).

Levels of anger and aggression were positively related to their experiences of physical as well as verbal abuse (Flannery and Quin-Leering, 2000: 839). Research found that both PTSD and major depression were significantly more common in patients with a history of domestic violence (Marais, de Villiers, Moller, Stein, 1999: 638).

The stressor is the prime causative factor in the development of PTSD, although individual pre-existing biological factors, pre-existing psychosocial factors and events that happen after the trauma must be considered (Kaplan *et al.*, 1994: 607). The qualifying level for the stressor is difficult to determine, but the stress must be of a nature or degree which almost anyone would find extremely disturbing. Rather illogically, DSM-IV advises that people with symptoms of PTSD in response to a lesser stress be diagnosed as having adjustment disorder. This would seem to ignore the probability that onset of symptoms must be determined by a subjective threshold level of stress. This would be determined by interaction of the environment with the individual vulnerabilities, and many studies of at-risk groups have shown that the development of symptoms is related to pre-morbid personality and psychopathology (Smith *et al.*, 1996: 331).

2.3.3 Characteristic Features

The principle features of PTSD are: the repeated, intrusive, painful recollections of the experience; as flashbacks, images, thoughts or nightmares; a pattern of avoidance of objects or situations reminiscent of the experience, or amnesia for aspects of it; emotional numbing of responsiveness; fairly constant hyper-arousal and hyper-vigilance (Smith, Sell and Sudbury, 1996: 332). Patients may also describe dissociative states and panic attacks. Illusions and hallucinations may be present and impairments of memory and attention may be revealed. Associated symptoms

include aggression, violence, poor impulse control, depression and substance-related disorders (Kaplan *et al.*, 1994: 608-609).

2.3.4 Assessment

The DSM-IV diagnostic criteria for PTSD allow the clinician to assess patients suspected of suffering from PTSD. This criteria also allows specification as to whether the disorder is acute (symptoms lasted less than 3 months), chronic (symptoms lasted 3 months or more), or with delayed onset (symptom onset was 6 months or more after event) (APA, 1994: 429).

A careful neurological exam should be part of the evaluation of every patient with suspected PTSD in order to rule out the presence of brain lesions underlying the changes in memory and the difficulty in concentration (Beers *et al.*, 1997: 1587). With regard to this study however, this was not necessary since all participants were pre-diagnosed.

2.3.5 Differential Diagnosis

PTSD can be distinguished from other mental disorders by interviewing the patient regarding previous traumatic experiences and by the nature of the current symptoms. Borderline personality disorder can be difficult to distinguish from PTSD. The two disorders may coexist or may be casually related. Patients with dissociative disorders do not usually have the degree of avoidance behaviour, the autonomic hyper-arousal,

or the conscious memory of the trauma that patients suffering from PTSD usually report (Kaplan *et al*, 1994: 609).

Symptoms of avoidance, numbing, and increased arousal that are present before exposure to the stressor do not meet criteria for the diagnosis of post-traumatic stress disorder and require consideration of other diagnoses (e.g. a mood disorder or another anxiety disorder). Moreover, if the symptom response pattern to the extreme stressor meets criteria for another mental disorder (e.g. major depressive disorder), these diagnoses should be given instead of, or in addition to, post traumatic stress disorder (Kaplan *et al*, 1994: 609).

In obsessive-compulsive disorder, there are recurrent intrusive thoughts, but these are experienced as inappropriate and are not consciously related to an experienced traumatic event. Flashbacks in PTSD must be distinguished from illusions, hallucinations, and other perpetual disturbances that may occur in schizophrenia and psychotic disorders. Malingering should be ruled out in these situations in which financial remuneration, benefit eligibility, and forensic determinations play a role (APA, 1994: 427).

Acute stress disorder is a reaction to events that involve actual or threatened death or serious injury or that threaten the physical integrity of the individual or others. Overwhelmed by fear or helplessness, people may develop dissociative symptoms, such as numbing or detachment, as a psychological defense (Hales and Hales, 1995: 270). Symptoms last for a minimum of two days and a maximum of four weeks and occur within four weeks of a trauma. The disturbance causes significant distress or impairment in social, occupational or other important areas of functioning or

prevents the individual from performing necessary tasks (DSM-IV, APA, 1994: 429-431). Although little is known about this recently recognized disorder, mental health professionals believe that with early intervention, most individuals can recover and will not suffer long term problems (Hales *et al.*, 1995: 274). Short term prescription of sedatives and hypnotics are justified to normalize sleep and reduce anxiety (Smith *et al.*, 1996: 330).

2.3.6 Risks and Complications

Individuals who have recently been through trauma are at higher risks of accidents because they cannot concentrate, their attention wanders, and they may overreact to sudden sound or movement. They should avoid driving, operating heavy machinery, and any tasks that demand alertness for safety. PTSD can lead to phobias about certain situations or activities that resemble or symbolize the original trauma. Frequent mood swings, depression, and guilt may lead to substance abuse, self-defeating behaviour, or suicidal actions. Other complications can include aggression and violence, as well as their consequences (Hales *et al.*, 1995: 280).

2.3.7 Treatment

The primary aim of specialised PTSD therapy is to allow the individual to quell the distress and arousal associated with the recurrent and involuntary reminders of the trauma and minimizes the accompanying behavioural and effective constriction. This can be accomplished using any variety of modalities that have the goal of helping the patient move away from the persecution and ongoing suffering (McFarlane and Yehuda, 2000: 942). Behavioural desensitization and relaxation techniques are particularly helpful, and where dissociative mechanisms underlie symptom formation, psychotherapy, producing catharsis; abreaction and insight may be useful.

Anti-anxiety and anti-depressant medications may be used adjunctively when necessary, but it should be remembered that this group of patients is particularly prone to develop drug dependency, so that prolonged pharmacotherapy is generally contraindicated (Beers and Berkow, 1997: 1588).

2.3.7.1 Pharmacological Treatment

Several drugs are listed for the treatment of PTSD, including dopaminergic agents, serotonergic agents, tri-cyclic antidepressants, benzodiazepines, anticonvulsants, anti-manics and opioid antagonists (Donnelly and Amaya-Jackson, 2002: 167).

The selective serotonin re-uptake inhibitors (SSRIs) are considered broad spectrum agents in the treatment of PTSD. Serotonergic agents may be important in psychiatric symptoms commonly associated with PTSD such as aggression, obsessive/intrusive thoughts, panic attacks and suicidal behaviour. Although controlled trials suggest that most adult drug responders will show general improvement within 2 weeks of SSRI treatment and that SSRIs will ameliorate all symptom clusters of PTSD, optimal results may entail high doses at relatively long duration (8-12 weeks), and side effects such as nausea, vomiting, diarrhea and constipation pose clinical problems (Brent, 1995: 209-15).

Although Benzodiazepines (BDZ) are effective in the treatment of adult anxiety disorders and have been widely utilized in the treatment of PTSD in adults, studies indicate that they have little effect on core PTSD symptoms of re-experiencing, avoidance or numbing and pose the risk for rebound effects such as anxiety, sleep disturbance and prominent rage reactions. Clinicians should be aware of the troublesome and sometimes serious adverse effects of dis-inhibition, sedation, irritability as well as withdrawal syndrome in patients given BDZs even for short periods (Donnelly and Amaya-Jackson, 2002: 167).

High dose opiate antagonist, naltrexone, therapy has been utilized with mixed results in treating PTSD. Naltrexone blunts the tendency to self-mutilate and reduces rates of relapse in alcoholic patients who have achieved sobriety. Unfortunately, high dosages of naltrexone carries risk of hepatotoxicity, thus is not recommended for clinical use (Donnelly et al, 2000: 168).

Tri-cyclic anti-depressants (TCA's) appear to reduce symptoms of re-experiencing and depression related to PTSD, but their diverse affect profile (dry mouth, blurred vision, urinary retention, tachycardia and postural hypotension) is considerable. Dopaminergic agents are reserved for patients with refractory PTSD who exhibit paranoid behaviour, para-hallucinatory phenomena, self-destructive behaviour, explosive or overwhelming anger or psychotic symptoms. Their risks of adverse effects such as extra-pyramidal symptoms and tardive dyskinesia reserve them for only the most debilitating cases when other agents have failed or when symptoms of psychosis, severe mutilation or aggressiveness are limiting recovery (Donnelly and Amaya-Jackson, 2002: 164).

2.3.7.2 Psychotherapy

Psychodynamic reprocessing, behavioural therapy, cognitive psychotherapy, hypnotherapy and rapid eye-movement desensitization are some of the specialized therapeutic approaches to the treatment of PTSD. Essentially these treatments differ primarily in the techniques that are used by the therapist to provide safe environments that are conducive to re-collecting the trauma and managing reactions to the remembering and working through of the memories (McFarlane and Yehuda, 2000: 1994).

Psychodynamic reprocessing emphasizes that symptoms are a result of the individual's inability to integrate the complexity of the cognitions and affects caused by trauma. The aim of treatment is to modify the defensive and coping strategies (that is, symptoms) used to modulate the maladaptive representations of the trauma

and to facilitate the processing of the meaning of the traumatic memories and their accompanying emotional distress by gently confronting the patient's feelings of happiness, shame and vulnerability (Marmar, 1991; 21: 405-414).

Behavioural therapy stresses that symptoms result from classical and operant-conditioned responses to the trauma. The aim of treatment is to reduce the anxiety and the physical and emotional conditioned responses by altering the fear reactions to reminders of the trauma. This can be accomplished through the use of guided exposure to triggers (that is, exposure to symbols or places, or guiding the patient's rehearsal of the traumatic story). These techniques are based on the application of learning theory principals such as habituation and extinction (Keane, Fairbank, Caddell and Zimering 1989; 20: 245-260).

Cognitive psychotherapy stresses that symptoms result not only from the conditional response, but also from maladaptive assumptions of patients, such as that catastrophic outcome could have been predicted or avoided. Treatments use cognitive restructuring strategies (e.g. exploration and re-examination of individual responsibility, vulnerability and helplessness), in addition to a behavioural component which relies on stimulating the fear invoked during the trauma, to effect a change in the representation of the memory. In some variants of this treatment stress inoculation training is provided to help modulate unbearable affects (Foa, Dancu, Hembree, 1999; 67: 194-200).

Rapid eye-movement is a novel and controversial treatment for PTSD, in which the therapist instructs the patient to focus on the therapist's finger which is moved laterally backwards and forwards across the patient's gaze, while the patient maintains an image of the original traumatic experience. The patient then describes the traumatic event and the associated feelings, and then thinks about a reassuring or safe image. Although the mechanism through which therapeutic outcome is achieved is unknown, it is believed that symptom relief is acquired by allowing the patient to

work through the traumatic event in a state of deep relaxation (McCann, 1992; 23: 319-323).

The goal of psychological intervention is to help the patient move away from the persecution and ongoing suffering, but the actual efficacy of treatment may depend on a range of factors which include age of the patient, severity of the stressor, past medical treatment, education of the patient and the quality of the therapeutic relationship. Regardless of which modality is chosen, there is usually some type of dialectic that occurs in trauma work. While treatments which have a primary focus on confronting the fear memory of the trauma have been demonstrated to be particularly useful, this is an approach which a significant proportion of patients will not consent to engage in (McFarlane *et al.*, 2000; 34: 943).

2.4 REVIEW OF HOMOEOPATHY

2.4.1 What is Homoeopathy?

Homoeopathy is a self-consistent scientific system of medical therapy, which was finally developed to its full potential from 1796 onward by Christian Fredrich Samuel Hahnemann (1755-1843) (Gaier, 1991: 290-309). There is no medication for a particular disease, but there is a medication for a patient suffering from a disease. The individual, not the disease is the entity (Sankaran⁴, 1995: 2).

2.4.2 The Principles of Homoeopathy

❖ Law of Similars

Homoeopathic medicines act therapeutically in patients whose clinical picture is closely similar to the pathological effects of the source material of the medicine (Swayne, 1998: 17). The successful remedy will be that substance which is capable of eliciting an immune response most similar to that of the sick person, thus, let likes be cured by likes (Lilley, 1998: 120-128).

❖ The Single Dose

According to Hahnemann (Hahnemann, 1998: 296,297), aphorism 273 states that “In no case under treatment is it necessary and therefore not permissible to administer to a patient more than one single, simple medicinal substance at one time...it is absolutely not allowed in homoeopathy, the one true, simple and natural art of healing, to give the patient at one time two different medicinal substances” (Hahnemann, 1998: 296-297).

❖ The Minimum or Infinitesimal Dose

It is the precise selection and quality of the drug employed in homoeopathy that is important and not the quantity (Corea, 1998: 36). The transformation of a homoeopathic remedy is so dynamic, that a minute quantity of the potentised drug is capable of curing various ailments (Chatterjee, 1993: 3). Aphorism 275, according to Hahnemann, states that “...a medicine given in too large a dose, though completely homoeopathic, will still harm the patient by its quantity and unnecessarily strong action on the vital force” (Hahnemann, 1998: 298-299).

❖ **Direction of Cure**

Cure is a dynamic process with certain well-defined characteristics. There will be a thought, a feeling and a physical response to cure, and all are important. Physical curative signs generally flow from the inside out, from higher up the body to lower down, from more to less vital organs and in the reverse order of the progress of the patient's sickness. Not infrequently the patient relives in a mild form all their previous illness history (Chappell, 1994: 90).

❖ **Holism**

Human beings consist of three interactive spheres, namely the mental plane, emotional plane and physical plane. A crucial and profound conclusion is that the human being is a whole, integrated entity, not fragmented into independent parts. It functions in its totality. Action is characteristic of a living organism and the activity is manifested primarily on the above-mentioned spheres. At any moment, the activity is centered mainly on one of these three and the centre of activity may change frequently, even rapidly, depending on intention or circumstances. Of-course, it is the whole of the person acting, but his awareness is centered upon a particular plane on which he has elected to function. When disease occurs, the first disturbance occurs on the dynamic electromagnetic field of the body, which then activates the defense mechanism. Since the activity of the defense mechanism originates on the dynamic plane, the most logical therapeutic approach would be one which enhances and strengthens this level, thus increasing the effectiveness of the organisms' own healing process (Vithoukaskas², 1998: 19, 20, 87, 89). It is important to know that a presenting problem of a patient is often not an isolated occurrence, but part of a sequence, thus the whole sequence should be treated (Sankaran⁴, 1995:1-4).

2.4.3. The Vital Force

Homoeopathy identifies the integrating and harmonizing principle as the ‘vital force’ (Swayne, 1998: 73). A balancing mechanism keeps us in health, provided that the stresses on our constitution are neither too prolonged nor too great. Hahnemann (Castro, 1997: 30-31) believed the vital force to be that energetic substance, independent of physical and chemical forces, that gives us life and is absent in our death. A healthy living being is self-regulating, with an innate (protective) tendency to maintain its equilibrium and compensate for disruptive changes. The vital force produces symptoms to counteract stresses and make adjustments, moment by moment throughout our lives to keep us healthy and balanced (Castro, 1997 : 30-31). This life force or vital force is no more than a metaphor to indicate a dynamic capability, which all living creatures are endowed with, in order to give them a better chance of survival (Bellavite and Signorini, 1995: 15-16).

2.4.4 Miasm

The Greek origin of the word miasm means ‘pollution’ and it suggests some pervasive influence that is the source of all the illness in an individual (Swayne, 1998:80). Discovering that several cases failed to be cured permanently by the similimum remedy, Hahnemann developed the concept of chronic miasm (Gunavante, 1994:14). The value of the miasmatic principle is its classification of disease behaviour and of the homoeopathic medicines, which correspond to particular patterns of disease behaviour. These patterns can be seen running through the history of individuals and their families, and of populations subject to common pathogenic influences. They have an aetiological role as well as being reflected in the current or recurrent clinical picture (Swayne, 1998: 128-129).

2.4.5 HOMOEOPATHIC MEDICINES

2.4.5.1 Proving

The experimental pathogenesis of homoeopathic medicines, commonly known as proving, investigates the effects of repeated doses of substances in healthy volunteers. These effects are used to identify the pathogenic properties of the substances, and hence its homoeopathic therapeutic repertoire: the pattern of disorder that it may be used to treat homoeopathically. Together with the study of toxicology, and clinical experience, provings provide the Materia Medica of homoeopathic medicines (Swayne, 1998: 170).

2.4.5.2 Potency and Potentisation

During the pioneering stages of homoeopathy, Hahnemann (Kayne, 1997:26) administered substantial doses of medicines to his patients causing aggravations that amounted to dangerous toxic reactions. He then serially diluted the remedies in an attempt to increase their safety. However with simple serial dilution, the medication became too weak to be effective (Kayne, 1997: 26).

Hahnemann (Lilley, 1998: 120-128) then concluded that he must subject each dilution to a period of agitation. Molecular collision was created and mechanical energy imparted to the mixture. This violent agitation of the remedy was termed succussion. He further reduced the toxicity of the original tincture by a process of serial dilution and succussion, whereby each dilution was prepared from the dilution that immediately preceded it, each step being followed by succussion. On using these succussed dilutions it was found that the actions of the remedies were accelerated and more profound. Even more significant was the fact that the further he proceeded with successive serial dilution and succussion, the more potent the remedy became. He thus called this process of preparation, potentisation and the prepared dilutions, potencies (Lilley, 1998: 120-128).

Potentiation is not a defining characteristic of homoeopathic medicine, it is the process by which the therapeutic activity of the homoeopathic medicine preparation is developed, and the potency is the biophysical active property of the homoeopathic drug conferred by serial dilution with succussion, trituration or fluxation (Swayne, 1998: 214).

In treatment, lower potencies (below 200C) are generally used for local conditions, sensitive patients, and organic or pathological changes, in the elderly, those with weak constitutions and when symptoms are poorly matching. Higher potencies (above 200C) are usually used in children, stronger constitutions, functional disease where symptoms are subjective or psychological, and when the similimum is clear (Bernard, 1999: 67, 68).

2.4.5.3 Similimum Treatment

The similimum is the drug picture most like the clinical picture in the patient. It is the most accurate match between characteristics of the patient and the *Materia Medica* (Swayne, 1998: 216, 217). With the vast number of remedies to choose from, homoeopaths reason that the similimum will fit the patient on a dynamic plane, acting as a template by means of which the disordered vital force can readjust itself. The selected remedy, in order to be the true similimum, must match not only patient symptoms but also the dynamic plane of the disease at the time the patient presents himself for treatment (Weiner and Goss, 1989: 53, 58).

2.4.5.4 Sources of Homoeopathic Medicine

Homoeopathic medicines are derived from various sources which include plant, mineral and animal; secretions (sarcodes) and imponderables (electricity, x-rays, magnetic forces). Disease products (nosodes) and healthy tissue are also administered for therapeutic purposes (Sankaran³, 1995: 101).

The remedies derived from these sources are all highly standardized in their preparation (Vithoulkas², 1998: 145).

2.4.5.5 Preparations of Homoeopathic Medicines

Homoeopathic remedies undergo serial dilution and succussion during preparation that renders the remedies safe and potent. The Hahnemannian method of potentisation provides two scales of dilution, centesimal (1 in 100 dilution) and decimal (1 in 10 dilution). In the centesimal scale one drop of mother tincture or crude substance is added to ninety-nine drops of diluent. In the decimal scale one drop of mother tincture or crude substance is added to nine drops of diluent. The solution resulting from the admixture of the two liquids is subjected to vigorous shaking or striking with impact. The process renders the first centesimal potency or 1CH and the first decimal potency or 1XH (Kayne, 1997: 216).

For subsequent dilutions, one drop of 1CH is added to ninety-nine drops of diluent or one drop of 1XH is added to nine drops of the diluent and both of these admixtures undergo succussion. These resultant potencies are respectively known as the 2CH and 2XH potencies. All other potencies are prepared in the same way where serial dilution is followed by succussion (Kayne, 1997: 26). Hahnemann (Shepherd¹, 1989: 9) found that by carrying out these procedures and on administering remedies in this form, the action of the remedy was remarkably and definitely increased.

2.4.5.6 Homoeopathic Aggravations

The belief that ‘it has to get worse before it gets better’ is often associated with homoeopathic treatment. The phenomenon is not confined to homoeopathy. Some psychotherapies may elicit the same response; so may acupuncture. The homoeopathic principle though, depends on the opposing actions of a substance in quantitatively different doses (Swayne, 1998: 171).

The primary action, as originally described by Hahnemann (Hahnemann, 1998: 149) in aphorism 63 of the Organon, represents the usual pathogenic effect of the substance, exacerbating those features of its drug picture that are present in the patient. This primary action evokes the secondary or counter-action of the organisms' healing process. Thus a therapeutic aggravation, consisting of an exacerbation of existing symptoms, is the primary phase of the response to the homoeopathic prescription (Hahnemann, 1998: 149).

Definitive criteria of a good therapeutic aggravation are that it involves current symptoms, and that there is some associated improvement in other symptoms or well-being. The time-scale of an aggravation is unpredictable. Its onset can vary from a few minutes to 3 weeks from the prescription. An aggravation can be distressing, but once it is identified and explained it is usually tolerated better than the same symptoms would be during an ordinary exacerbation, usually because of some associated improvement in well-being (Swayne, 1998: 172).

2.4.6 CASE TAKING

2.4.6.1 Initial Consultation

Homoeopathy uses those symptoms in case-taking that are indicative of the disturbed energy field, namely of the individual physiological reaction or expression of reaction. It directs itself according to these symptoms that make the condition unique and at the same time are most expressive of the encompassing wholeness of the individual under observation (Whitmont, 1991: 6).

The initial consultation entails notes on:

- ❖ the main complaint;
- ❖ physical general symptoms : energy levels, sleep patterns and dreams, environmental preferences, appetite, thirst, food cravings and aversions, perspiration, menstruation, prostate complaints and sexual function;
- ❖ particular symptoms : symptoms pertaining to particular parts of the body;
- ❖ the mental state of the patient (Gunavante, 1994 : 79-80).

Apart from the emotive content of the case-taking, there is other obvious information required. The homoeopath must enquire about:

- ❖ past history : any serious illness or operations and any unpleasant traumas.
- ❖ family history : illnesses of family members and the presence of recurring illnesses.
- ❖ occupational history : any special stresses and interests.
- ❖ habits : their daily routine and dietary intake.
- ❖ social history: details of personal life and emotional factors which influence it (Speight, 1979: 3, 8, 19, 20, 80).

Then, for symptoms revealed, questioning must focus on gathering information about its exact locality, its modalities, time of onset, duration, causation and character (Koehler, 1989: 19, 72, 75).

Mental symptoms, or symptoms expressive of the way the personality reacts; emotional symptoms; the strange; rare and peculiar symptoms, or symptoms that do not logically fit into the expected clinical picture; an overview of body systems and an objective physical examination are also paramount in case-taking.

Good case notes are invaluable for several reasons. Without good notes we cannot confidently recapture the essence and detail of earlier consultations. We cannot review the march of events, or be alert to changes in detail that may be significant but overlooked if the original observation is not called to mind. We cannot review our judgments, decisions and actions if the indications and rationale are not highlighted. We cannot critically review our work and its outcome, use our experience systematically to learn more, or conduct research if the essential data are not recorded (Swayne, 1998: 65).

2.4.6.2 Follow-up Consultation

During the follow-up interview, the homoeopath must decide the following:

- ❖ Was there a response to the remedy?
- ❖ Was the response curative, partial or suppressive?
- ❖ How does the patient feel generally?
- ❖ Have any symptoms (mental, general or particular) discussed in the first visit improved, worsened or remain unchanged?
- ❖ Have any new symptoms emerged?
- ❖ Is another prescription required, should potency be changed, or is it best to wait? (Vithoukas², 1998: 226-227).

Identifying and evaluating change in the patient depends upon comparison not only of the state of the presenting problem before and after treatment, but also of the concomitant and incidental features. The progress of the main complaint is often not the chief criterion of a good response. This may be inferred from change in other symptoms, general condition and body functions, and above all well-being (Swayne, 1998: 44).

2.4.7 REPERTORISATION

Repertorisation is the technique of using a repertory to identify the homoeopathic medicines whose Materia Medica corresponds most closely to the clinical picture of the patient and from amongst which the similimum may be chosen. It depends on accurate case analysis of evaluation of symptoms and cannot be depended upon alone to identify the best prescription. It can only suggest possible choices (Swayne, 1998: 213). Those symptoms offered spontaneously; felt intensely and which are clear and unequivocal are ranked highly for repertorisation. When selecting the remedy, it is these symptoms that will lead one to the curative remedy (Gunavante, 1994: 53, 79).

2.4.8 CASE MANAGEMENT

A homoeopathic remedy correctly selected will gently remove and annihilate disease without manifesting other symptoms. If however on subsequent visits other symptoms occur, the new morbid state must be investigated and another appropriate homoeopathic remedy as close as possible to the new state must be selected. Also, when the dose of the first medicine ceases to have a beneficial effect, a second remedy must be selected in accordance with the new disease state (Hahnemann, 1998:225, 226, 230, 231).

The process of prescribing and waiting requires the correct remedy, or remedy sequence in some cases, and the persistence to keep on with it not necessarily taking the remedy all the time, until there is real substantial change that is maintained without any further treatment. People are reluctant to stop at the first solid sign of cure, as almost everyone seems to think that more is better. The homoeopathic remedy will stimulate a curative response and cure will proceed under its own

momentum, quickly or slowly according to the vitality of the patient (Chappell, 1994: 221, 227, 228). Furthermore, the age of the patient; mode of living; diet; occupation; disposition and so forth must be taken into consideration to ascertain whether these present obstacles to treatment (Hahnemann, 1998: 247).

2.5 HOMOEOPATHY AND POST TRAUMATIC STRESS DISORDER

All our dysfunctions ultimately stem from being traumatized and not being able to process it at the time or later. This kind of cause and effect are the 'rule' in understanding health. Traumas usually have an associated set of emotions, including fear, anger and grief/loss. It has stages of occurrence and recovery. Lack of love seems to be the basis of most traumatic feelings, especially isolation, rejection, lack of confidence, and poor self-esteem, although fear is also a contributing factor (Chappell, 1994: 9, 10, 13).

The prolonged exposure to trauma and its mismanagement can have potentially devastating effects because trauma invades the mental, emotional, physical and spiritual spheres of an individual's life (Foa *et al.*, 1999: 195). Homoeopathy is a medicine for the individual (Shepherd², 1995: 10). It treats holistically and cures rapidly, yet gently and permanently (Hahnemann, 1998: 112). In this light, it is anticipated that homoeopathy could appropriately heal maladjustments in patients with PTSD.

Experience has gradually proved that a person fitting a trauma picture and given the appropriate remedy will get better irrespective of what is wrong physically, although in reality mind and body symptoms go together. All physical symptoms mirror the mind state and vice versa. When accurately perceived, mind states, thoughts and feelings reflect the deepest current trauma or inner state that it is necessary to treat.

The inner intelligence of our immune system always presents what is wrong at the forefront of our being, so as to ‘request’ curative help. Frequently the presentation is based on very early experiences. Beyond this, homoeopathy has integrated much from the field of modern psychology, both humanistic and traditional (Chappell, 1994: 91).

We get into trouble and illness not only *because*, but also *in order to*, be moved to reach new levels of awareness and differentiation. When we are beset with difficulties or illnesses it may be well, to ask not only “How may I have caused this?”, but also “What is it trying to teach me?” Our need to learn and develop and grow while we are alive on this Earth is not a matter of fault. It may be a matter of being offered a learning experience through having to find the appropriate similitum out there and the meaning within (Whitmont, 1991: 74).

CHAPTER THREE

METHODOLOGY

3.1 STUDY DESIGN

The researcher recruited ten subjects with post traumatic stress disorder plus two additional participants. Each subject was interviewed during a homoeopathic consultation, the similimum remedy given and the participants monitored every four weeks at a follow-up consultation for four months.

3.2 RECRUITMENT AND PARTICIPANTS

Non-probability incidental sampling was implemented to recruit ten volunteers (plus two additional). A much higher percentage of females suffer from this disorder than males (Flannery *et al*, 2000: 839). The study thus involved only females between the ages of eighteen to sixty years. Advertisements were posted at the Technikon Witwatersrand including the Homoeopathic Clinic informing prospective participants of the twelve week study. The Trauma Clinic, FAMSA and The Depression and Anxiety Group were also approached to advertise the study. Confidentiality and anonymity was emphasized since post traumatic stress disorder involves great fear, guilt, anxiety and humiliation. All personal information gathered from participants was made available to researcher and supervisors only.

A telephonic questionnaire (Appendix A) was devised for this study in an attempt to screen appropriate participants. For purposes of this study, all subjects had to be pre-diagnosed with post traumatic stress disorder (PTSD) by a registered psychologist and had to fit the DSM-IV criteria for PTSD (Appendix C).

3.3 INVESTIGATIVE PROCEDURES

Participants considered suitable for the study were informed of the study and an appointment was then made for the first consultation at the TWR Homoeopathic Clinic. At the first consultation the participant was required to sign a consent form (Appendix B) to certify that they were participating in the research voluntarily, that they may leave the research programme at any time, and that they were fully aware of what were required of them during the study.

The criteria for PTSD given in the DSM-IV (APA, 1994: 427-429) are the means of assessing post traumatic stress disorder. Although no matter how sophisticated the diagnostic instrument, nothing can replace a thorough, well conducted clinical interview (Donnelly and Amaya-Jackson, 2002: 160-168). A four-week calendar (Appendix D) was included to avoid problems with recall during follow-up interviews.

During the first consultation the participant was interviewed intensively by the researcher and completed the researchers' questionnaire (Appendix E). This questionnaire was developed using the DSM-IV criteria for PTSD (APA, 1994: 427-429). This questionnaire used the three essential clinical features of PTSD to gauge the patient response. These included re-experiencing the trauma (a PTSD patient is troubled by unwelcome re-experiences of the event in a variety of ways), persistent avoidance and diminished responsiveness of reminders of the trauma (a PTSD

patient may complain of detached feelings or inability to enjoy activities) and persistent hyper-arousal (hyper-alertness, difficult concentration).

In addition, participants received a four-week calendar (Appendix D) at the first, second, third and fourth consultations on which they were asked to mark bad days that have occurred in the duration of the research, as well as the number of stress episodes in a particular day.

Primary data was collected by means of extensive case-taking and thorough evaluation. Data was then analyzed and repertorised using the RADAR computer programme (Archibel, 2000), a computerized repertory. This process was rapid and the similimum was selected as accurately as possible, with reference to many *Materia Medica*s.

Participants were asked to return to the TWR Homoeopathic Clinic for the second follow-up consultation four weeks after taking the initial dose of medication. To determine the response to the first remedy, the researcher then inquired about changes in energy, in sleep, in original symptoms and in mental and emotional symptoms. Questions about general well-being and appearances of any new symptoms were also asked.

The researcher either considered a second prescription or waited and watched to allow the first to continue and complete its action based on thorough re-evaluation of the case. At the second consultation the participant once again completed the researchers' questionnaire. The first calendar was collected and a new one was issued. This process was repeated, at the third and fourth consultation, eight weeks and twelve weeks respectively, after taking the medication.

During the final consultation, sixteen weeks after the initial medication, a final re-evaluation was done, the final calendar collected and the researchers' questionnaire completed one last time.

3.4 HOMOEOPATHIC MEDICATION AND TREATMENT PROTOCOL

For each of the ten participants (plus additional two), the researcher prepared and dispensed the homoeopathic powders. The first three powders were medicated with the appropriately selected remedy, in accordance with the ascending technique (30CH-200CH-1M or 200CH-1M-10M).

Potencies were selected according to degree of certainty about the remedy. The remaining twenty-five powders were unmedicated. The reason for giving placebo powders is due to the routine practice of taking medication on a daily basis, which provided the participant with a sense of continuity between follow-ups. The numbered powders were to be taken each morning in sequential order.

At the second consultation, another twenty-eight powders were given. Either all were placebo or the first three medicated with another remedy, depending on thorough reevaluation of the case. This method was repeated at the third consultation. During the fourth consultation, all the patients were not given any powders. A fifth consultation gauged patient reaction without any medication or placebo powders for one month after the fourth consultation. Patient non-compliance was excluded as a nuisance variable by delivering medication to each participant and giving clear instructions as to the administration of the homoeopathic medication.

3.5 DATA ANALYSIS

Scores of each Researcher's Questionnaire for each patient was totaled. This questionnaire helped to determine levels of stress severity and had a maximum of 90 and a minimum of 18. Higher scores indicated more severe PTSD while lower scores indicated less severity. The number of post traumatic stress episodes per week was calculated from the four week calendars. This data together with the information obtained at each consultation was used to analyze participant progression during the four-month period. The importance of evaluating each case intensively was essential in determining the hypotheses. The results of the data analysis will be discussed in the next chapter.

CHAPTER FOUR

RESULTS

4.1 INTRODUCTION TO RESULTS

The Researcher's Questionnaire was used to assess the extent to which each patient experienced post traumatic stress and helped to determine the levels of stress severity. This questionnaire had a maximum of 90 and a minimum of 18. Lower scores indicated a lower severity and higher scores reflected a higher severity. The scores for each patient were plotted to demonstrate changes in post traumatic stress intensity, in response to the homoeopathic similimum treatment over the sixteen-week study period. Changed scores can be used to infer the efficacy of homoeopathy on post traumatic stress.

The number of stress episodes marked by each patient on the four-week calendars, which each patient received at each consultation, was totaled for each month of the study period. These results, together with the initial number of stress episodes per month reported by each patient at the first consultation, were charted and used to trace the effect of homoeopathy on post traumatic stress severity in patients with PTSD.

All figures used to chart the graphical representation of the results are to be found in Tables F1 and F2 (Appendix F).

4.2 RESULTS OF CASE ONE

4.2.1 PTS Scores of Case One

Figure 4.1 below shows a reduction in the PTS re-experiencing scores. The initial score of 20, at commencement of study, was reduced to a score of 7 at the final consultation.

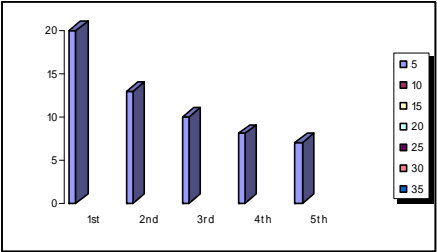


Figure 4.1 PTS re-experiencing scores versus (vs.) Consultations of Case One

Figure 4.2 below shows a reduction in the PTS persistent avoidance scores. The initial score of 30, at commencement of study, was reduced to a score of 10 at the final consultation.

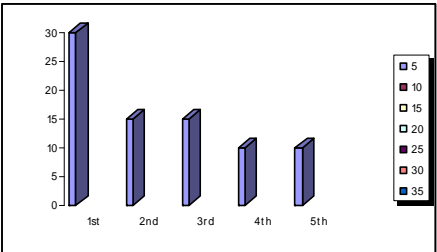


Figure 4.2 PTS persistent avoidance scores vs. Consultations of Case One

Figure 4.3 below shows a reduction in the PTS increased arousal scores. The initial score of 23, at commencement of study, was reduced to a score of 10 at the final consultation.

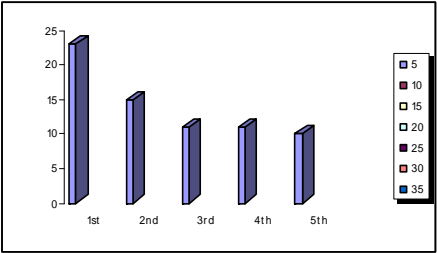


Figure 4.3 PTS increased arousal scores vs. Consultations of Case One

4.2.2 Total PTS Scores of Case One

Figure 4.4 below shows a reduction in the total PTS scores. The initial score of 73 was reduced to 27 at the end of the study.

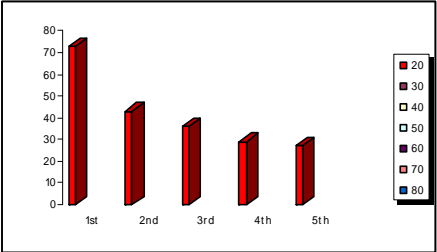


Figure 4.4 Total PTS scores vs. Consultations of Case One

4.2.3 Number of PTS Episodes per month of Case One

Figure 4.5 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case one. The initial number of 17 PTS episodes per month was reduced to 1 per month by the final consultation.

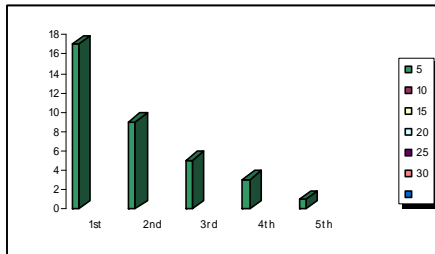


Figure 4.5 Number of PTS episodes per month vs. Consultations of Case One

4.3 RESULTS OF CASE TWO

4.3.1 PTS Scores of Case Two

Figure 4.6 below shows a reduction in the PTS re-experiencing scores. The initial score of 21, at commencement of study, was reduced to a score of 6 at the final consultation.

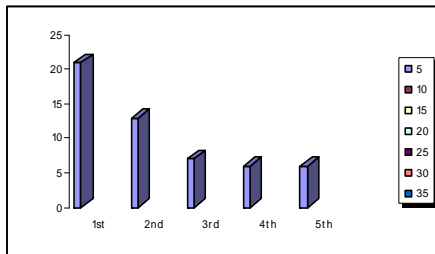


Figure 4.6 PTS re-experiencing scores vs. Consultations of Case Two

Figure 4.7 below shows a reduction in the PTS persistent avoidance scores. The initial score of 22, at commencement of study, was reduced to a score of 10 at the final consultation.

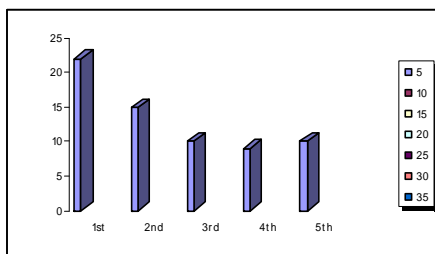


Figure 4.7 PTS persistent avoidance scores vs. Consultations of Case Two

Figure 4.8 below shows a reduction in the PTS increased arousal scores. The initial score of 23, at commencement of study, was reduced to a score of 10 at the final consultation.

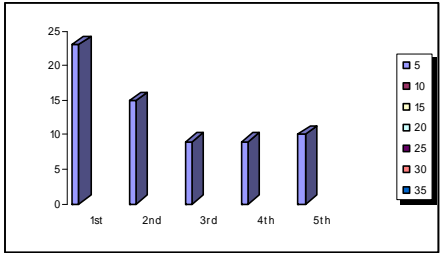


Figure 4.8 PTS increased arousal scores vs. Consultations of Case Two

4.3.2 Total PTS Scores of Case Two

Figure 4.9 below shows a reduction in the total PTS scores. The initial score of 66 was reduced to 26 at the end of the study.

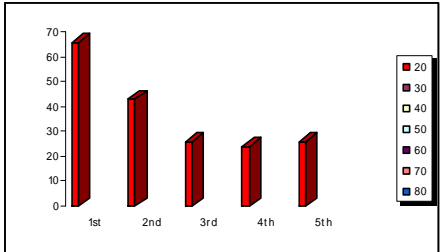


Figure 4.9 Total PTS scores vs. Consultations of Case Two

4.3.3 Number of PTS Episodes per month of Case Two

Figure 4.10 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case two. The initial number of 15 PTS episodes per month was reduced to 0 per month by the final consultation.

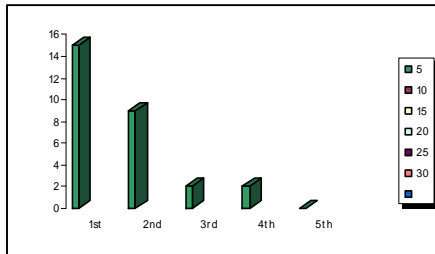


Figure 4.10 Number of PTS episodes per month vs. Consultations of Case Two

4.4 RESULTS OF CASE THREE

4.4.1 PTS Scores of Case Three

Figure 4.11 below shows a reduction in the PTS re-experiencing scores. The initial score of 25, at commencement of study, was reduced to a score of 7 at the final consultation.

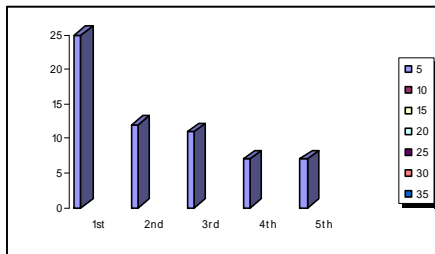


Figure 4.11 PTS re-experiencing scores vs. Consultations of Case Three

Figure 4.12 below shows a reduction in the PTS persistent avoidance scores. The initial score of 15, at commencement of study, was reduced to a score of 10 at the final consultation.

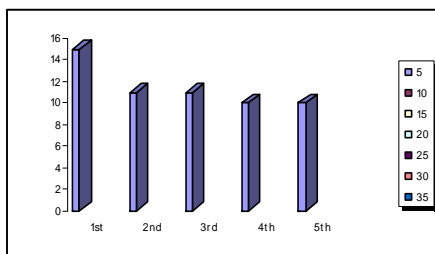


Figure 4.12 PTS persistent avoidance scores vs. Consultations of Case Three

Figure 4.13 below shows a reduction in the PTS increased arousal scores. The initial score of 24, at commencement of study, was reduced to a score of 12 at the final consultation.

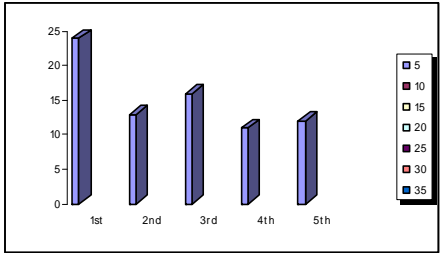


Figure 4.13 PTS increased arousal scores vs. Consultations of Case Three

4.4.2 Total PTS Scores of Case Three

Figure 4.14 below shows a reduction in the total PTS scores. The initial score of 64 was reduced to 29 at the end of the study.

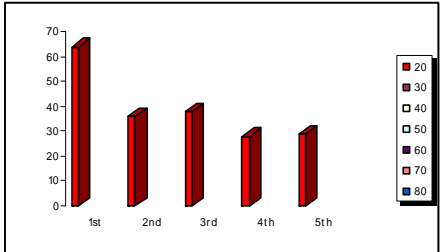


Figure 4.14 Total PTS scores vs. Consultations of Case Three

4.4.3 Number of PTS Episodes per month of Case Three

Figure 4.15 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case three. The initial number of 16 PTS episodes per month was reduced to 1 per month by the final consultation.

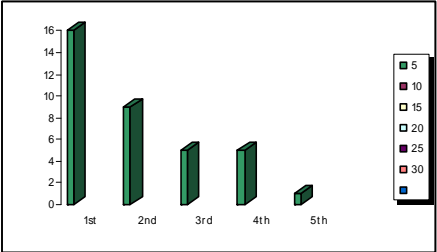


Figure 4.15 Number of PTS episodes per month vs. Consultations of Case Three

4.5 RESULTS OF CASE FOUR

4.5.1 PTS Scores of Case Four

Figure 4.16 below shows a reduction in the PTS re-experiencing scores. The initial score of 20, at commencement of study, was reduced to a score of 7 at the final consultation.

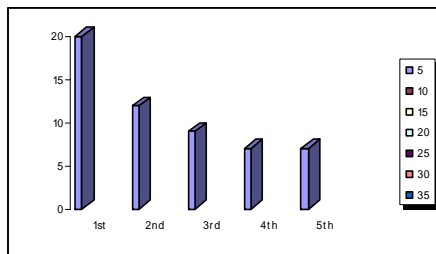


Figure 4.16 PTS re-experiencing scores vs. Consultations of Case Four

Figure 4.17 below shows a reduction in the PTS persistent avoidance scores. The initial score of 18, at commencement of study, was reduced to a score of 12 at the final consultation.

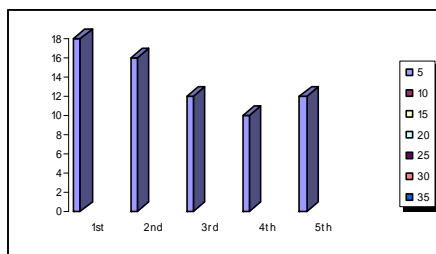


Figure 4.17 PTS persistent avoidance scores vs. Consultations of Case Four

Figure 4.18 below shows a reduction in the PTS increased arousal scores. The initial score of 17, at commencement of study, was reduced to a score of 9 at the final consultation.

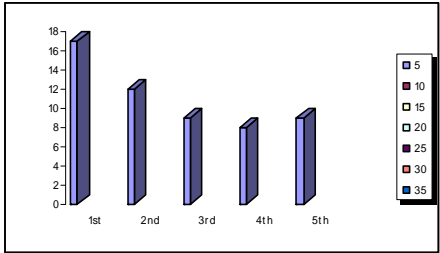


Figure 4.18 PTS increased arousal scores vs. Consultations of Case Four

4.5.2 Total PTS Scores of Case Four

Figure 4.19 below shows a reduction in the total PTS scores. The initial score of 55 was reduced to 28 at the end of the study.

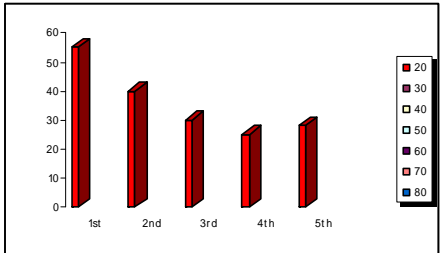


Figure 4.19 Total PTS scores vs. Consultations of Case Four

4.5.3 Number of PTS Episodes per month of Case Four

Figure 4.20 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case four. The initial number of 19 PTS episodes per month was reduced to 0 per month by the final consultation.

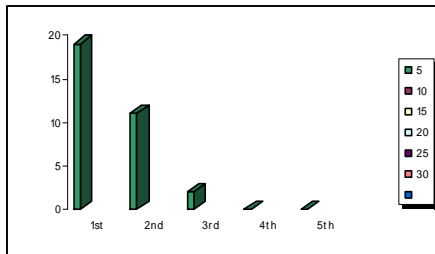


Figure 4.20 Number of PTS episodes per month vs. Consultations of Case Four

4.6 RESULTS OF CASE FIVE

4.6.1 PTS Scores of Case Five

Figure 4.21 below shows a reduction in the PTS re-experiencing scores. The initial score of 21, at commencement of study, was reduced to a score of 6 at the final consultation.

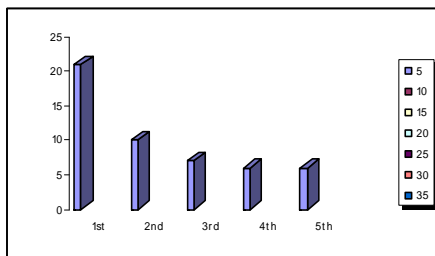


Figure 4.21 PTS re-experiencing scores vs. Consultations of Case Five

Figure 4.22 below shows a reduction in the PTS persistent avoidance scores. The initial score of 26, at commencement of study, was reduced to a score of 9 at the final consultation.

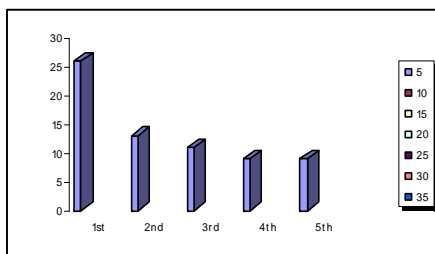


Figure 4.22 PTS persistent avoidance scores vs. Consultations of Case Five

Figure 4.23 below shows a reduction in the PTS increased arousal scores. The initial score of 22, at commencement of study, was reduced to a score of 10 at the final consultation.

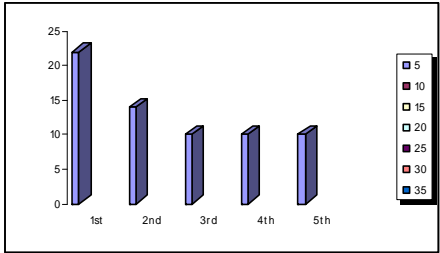


Figure 4.23 PTS increased arousal scores vs. Consultations of Case Five

4.6.2 Total PTS Scores of Case Five

Figure 4.24 below shows a reduction in the total PTS scores. The initial score of 69 was reduced to 25 at the end of the study.

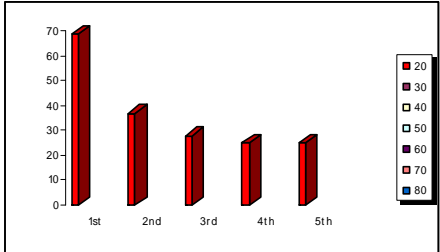


Figure 4.24 Total PTS scores vs. Consultations of Case Five

4.6.3 Number of PTS Episodes per month of Case Five

Figure 4.25 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case five. The initial number of 22 PTS episodes per month was reduced to 0 per month by the final consultation.

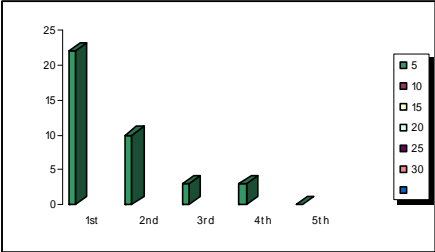


Figure 4.25 Number of PTS episodes per month vs. Consultations of Case Five

4.7 RESULTS OF CASE SIX

4.7.1 PTS Scores of Case Six

Figure 4.26 below shows a reduction in the PTS re-experiencing scores. The initial score of 19, at commencement of study, was reduced to a score of 5 at the final consultation.

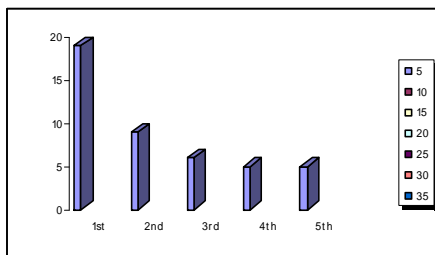


Figure 4.26 PTS re-experiencing scores vs. Consultations of Case Six

Figure 4.27 below shows a reduction in the PTS persistent avoidance scores. The initial score of 23, at commencement of study, was reduced to a score of 9 at the final consultation.

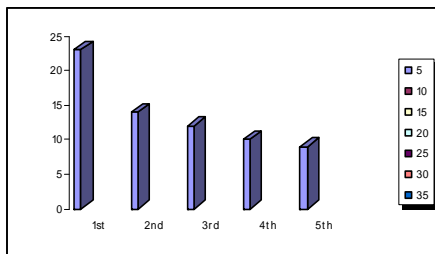


Figure 4.27 PTS persistent avoidance scores vs. Consultations of Case Six

Figure 4.28 below shows a reduction in the PTS increased arousal scores. The initial score of 25, at commencement of study, was reduced to a score of 9 at the final consultation.

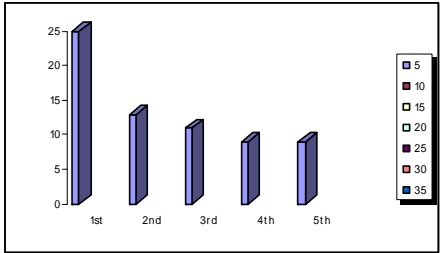


Figure 4.28 PTS increased arousal scores vs. Consultations of Case Six

4.7.2 Total PTS Scores of Case Six

Figure 4.29 below shows a reduction in the total PTS scores. The initial score of 67 was reduced to 23 at the end of the study.

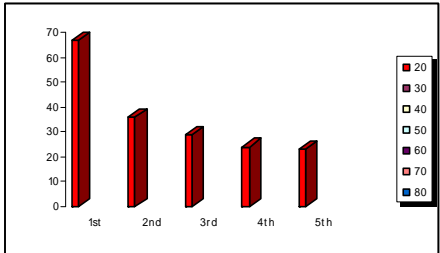


Figure 4.29 Total PTS scores vs. Consultations of Case Six

4.7.3 Number of PTS Episodes per month of Case Six

Figure 4.30 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case six. The initial number of 19 PTS episodes per month was reduced to 0 per month by the final consultation.

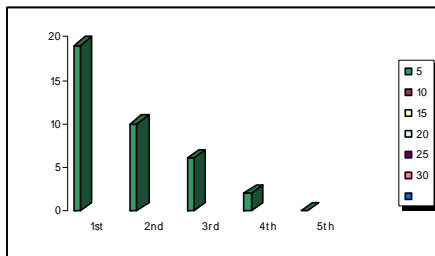


Figure 4.30 Number of PTS episodes per month vs. consultations of case six

4.8 RESULTS OF CASE SEVEN

4.8.1 PTS Scores of Case Seven

Figure 4.31 below shows a reduction in the PTS re-experiencing scores. The initial score of 13, at commencement of study, was reduced to a score of 5 at the final consultation.

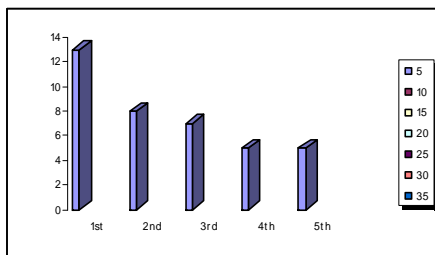


Figure 4.31 PTS re-experiencing scores vs. Consultations of Case Seven

Figure 4.32 below shows a reduction in the PTS persistent avoidance scores. The initial score of 26, at commencement of study, was reduced to a score of 12 at the final consultation.

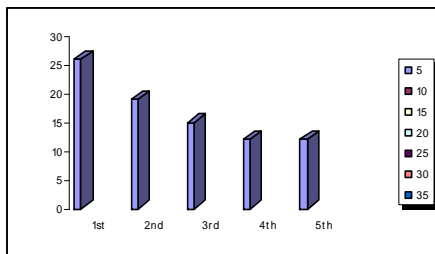


Figure 4.32 PTS persistent avoidance scores vs. Consultations of Case Seven

Figure 4.33 below shows a reduction in the PTS increased arousal scores. The initial score of 29, at commencement of study, was reduced to a score of 8 at the final consultation.

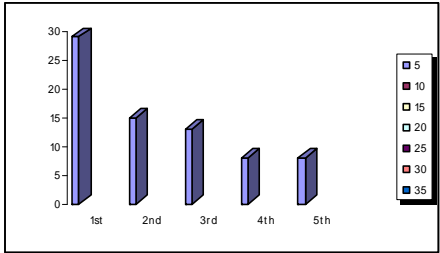


Figure 4.33 PTS increased arousal scores vs. Consultations of Case Seven

4.8.2 Total PTS Scores of Case Seven

Figure 4.34 below shows a reduction in the total PTS scores. The initial score of 68 was reduced to 25 at the end of the study.

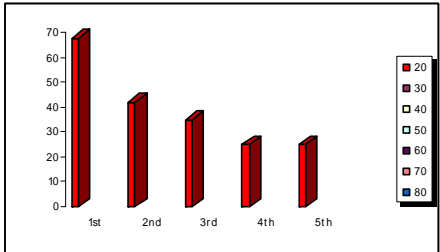


Figure 4.34 Total PTS scores vs. Consultations of Case Seven

4.8.3 Number of PTS Episodes per month of Case Seven

Figure 4.35 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case seven. The initial number of 12 PTS episodes per month was reduced to 0 per month by the final consultation.

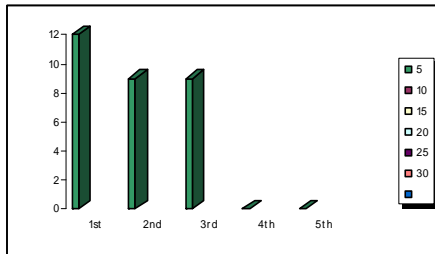


Figure 4.35 Number of PTS episodes per month vs. consultations of case seven

4.9 RESULTS OF CASE EIGHT

4.9.1 PTS Scores of Case Eight

Figure 4.36 below shows a reduction in the PTS re-experiencing scores. The initial score of 20, at commencement of study, was reduced to a score of 5 at the final consultation.

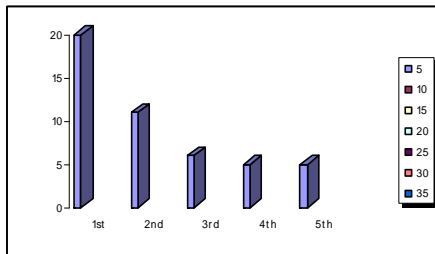


Figure 4.36 PTS re-experiencing scores vs. Consultations of Case Eight

Figure 4.37 below shows a reduction in the PTS persistent avoidance scores. The initial score of 27, at commencement of study, was reduced to a score of 12 at the final consultation.

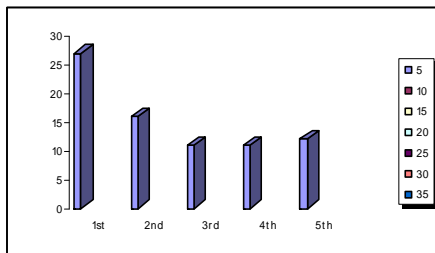


Figure 4.37 PTS persistent avoidance scores vs. Consultations of Case Eight

Figure 4.38 below shows a reduction in the PTS increased arousal scores. The initial score of 23, at commencement of study, was reduced to a score of 8 at the final consultation.

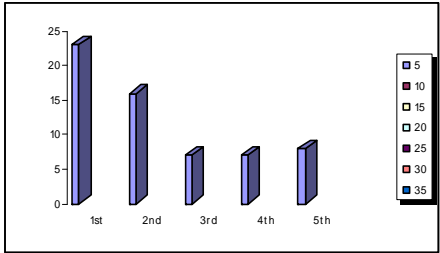


Figure 4.38 PTS increased arousal scores vs. Consultations of Case Eight

4.9.2 Total PTS Scores of Case Eight

Figure 4.39 below shows a reduction in the total PTS scores. The initial score of 70 was reduced to 25 at the end of the study.

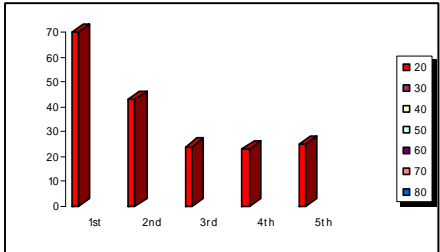


Figure 4.39 Total PTS scores vs. Consultations of Case Eight

4.9.3 Number of PTS Episodes per month of Case Eight

Figure 4.40 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case eight. The initial number of 19 PTS episodes per month was reduced to 1 per month by the final consultation.

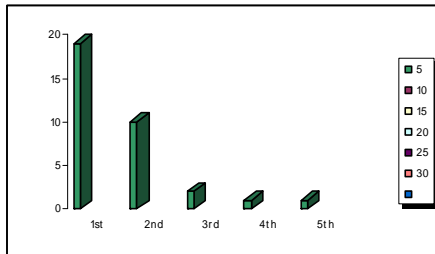


Figure 4.40 Number of PTS episodes per month vs. Consultations of Case Eight

4.10 RESULTS OF CASE NINE

4.10.1 PTS Scores of Case Nine

Figure 4.41 below shows a reduction in the PTS re-experiencing scores. The initial score of 25, at commencement of study, was reduced to a score of 6 at the final consultation.

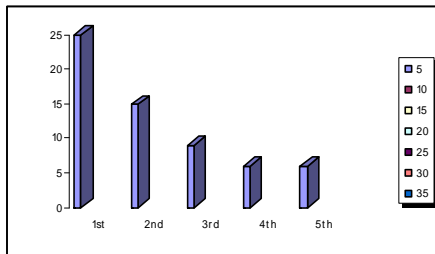


Figure 4.41 PTS re-experiencing scores vs. Consultations of Case Nine

Figure 4.42 below shows a reduction in the PTS persistent avoidance scores. The initial score of 30, at commencement of study, was reduced to a score of 11 at the final consultation.

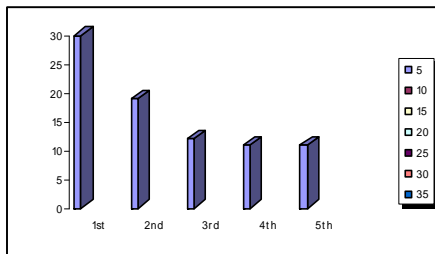


Figure 4.42 PTS persistent avoidance scores vs. Consultations of Case Nine

Figure 4.43 below shows a reduction in the PTS increased arousal scores. The initial score of 27, at commencement of study, was reduced to a score of 8 at the final consultation.

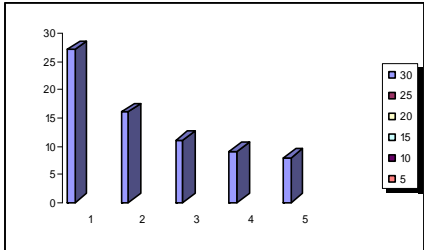


Figure 4.43 PTS increased arousal scores vs. Consultations of Case Nine

4.10.2 Total PTS Scores of Case Nine

Figure 4.44 below shows a reduction in the total PTS scores. The initial score of 82 was reduced to 25 at the end of the study.

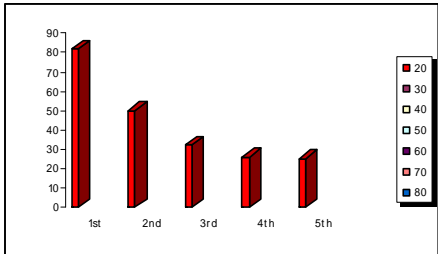


Figure 4.44 Total PTS scores vs. Consultations of Case Nine

4.10.3 Number of PTS Episodes per month of Case Nine

Figure 4.45 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case nine. The initial number of 25 PTS episodes per month was reduced to 2 per month by the final consultation.

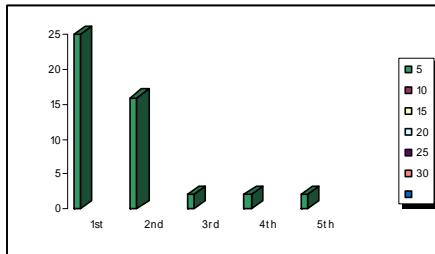


Figure 4.45 Number of PTS episodes per month vs. Consultations of Case Nine

4.11 RESULTS OF CASE TEN

4.11.1 PTS Scores of Case Ten

Figure 4.46 below shows a reduction in the PTS re-experiencing scores. The initial score of 21, at commencement of study, was reduced to a score of 8 at the final consultation.

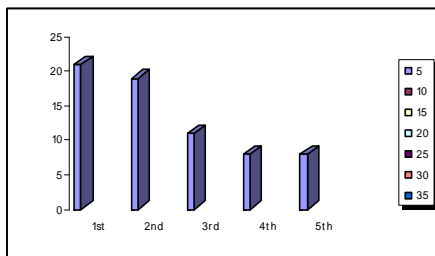


Figure 4.46 PTS re-experiencing scores vs. Consultations of Case Ten

Figure 4.47 below shows a reduction in the PTS persistent avoidance scores. The initial score of 29, at commencement of study, was reduced to a score of 11 at the final consultation.

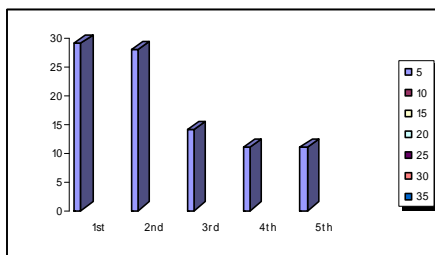


Figure 4.47 PTS persistent avoidance scores vs. Consultations of Case Ten

Figure 4.48 below shows a reduction in the PTS increased arousal scores. The initial score of 30, at commencement of study, was reduced to a score of 15 at the final consultation.

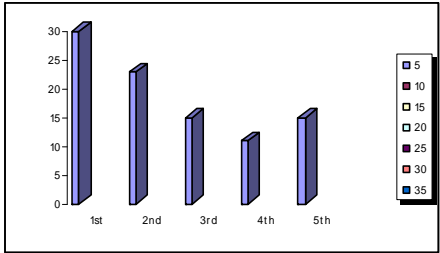


Figure 4.48 PTS increased arousal scores vs. Consultations of Case Ten

4.11.2 Total PTS Scores of Case Ten

Figure 4.49 below shows a reduction in the total PTS scores. The initial score of 80 was reduced to 34 at the end of the study.

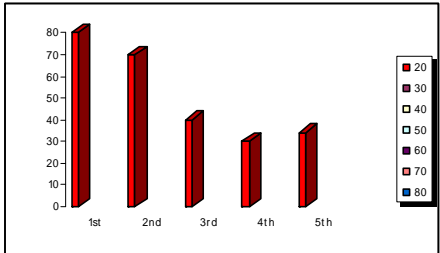


Figure 4.49 Total PTS scores vs. Consultations of Case Ten

4.11.3 Number of PTS Episodes per month of Case Ten

Figure 4.50 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case ten. The initial number of 25 PTS episodes per month was reduced to 5 per month by the final consultation.

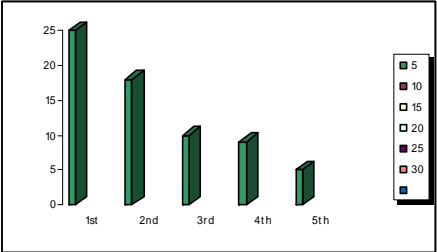


Figure 4.50 Number of PTS episodes per month vs. Consultations of Case Ten

4.12 RESULTS OF CASE ONE (ADDITIONAL)

4.12.1 PTS Scores of Case One (Additional)

Figure 4.51 below shows a reduction in the PTS re-experiencing scores. The initial score of 19, at commencement of study, was reduced to a score of 9 at the final consultation.

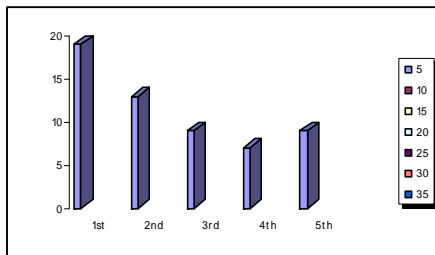


Figure 4.51 PTS re-experiencing scores vs. Consultations of Case One (Additional)

Figure 4.52 below shows a reduction in the PTS persistent avoidance scores. The initial score of 29, at commencement of study, was reduced to a score of 12 at the final consultation.

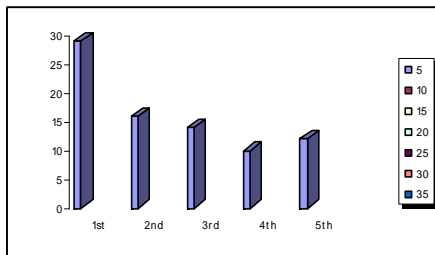


Figure 4.52 PTS persistent avoidance scores vs. Consultations of Case One (Additional)

Figure 4.53 below shows a reduction in the PTS increased arousal scores. The initial score of 27, at commencement of study, was reduced to a score of 10 at the final consultation.

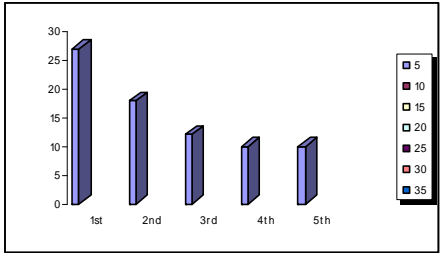


Figure 4.53 PTS increased arousal scores vs. Consultations of Case One (Additional)

4.12.2 Total PTS Scores of Case One (Additional)

Figure 4.54 below shows a reduction in the total PTS scores. The initial score of 75 was reduced to 31 at the end of the study.

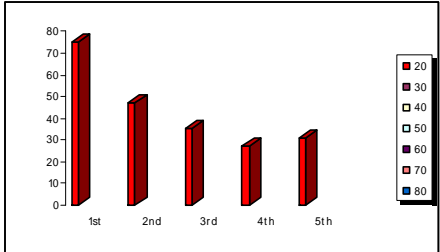


Figure 4.54 Total PTS scores vs. Consultations of Case One (Additional)

4.12.3 Number of PTS Episodes per month of Case One (Additional)

Figure 4.55 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case one (additional). The initial number of 16 PTS episodes per month was reduced to 1 per month by the final consultation.

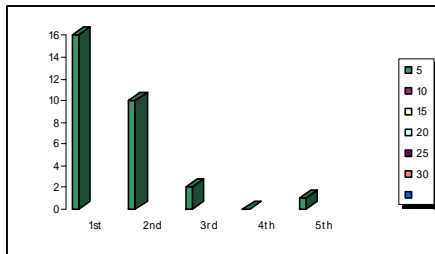


Figure 4.55 Number of PTS episodes per month vs. Consultations of Case One (Additional)

4.13 RESULTS OF CASE TWO (ADDITIONAL)

4.13.1 PTS Scores of Case Two (Additional)

Figure 4.56 below shows a reduction in the PTS re-experiencing scores. The initial score of 22, at commencement of study, was reduced to a score of 14 at the final consultation.

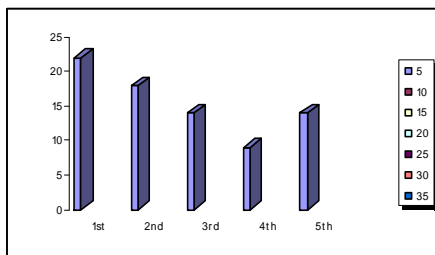


Figure 4.56 PTS re-experiencing scores vs. Consultations of Case Two (Additional)

Figure 4.57 below shows a reduction in the PTS persistent avoidance scores. The initial score of 32, at commencement of study, was reduced to a score of 14 at the final consultation.

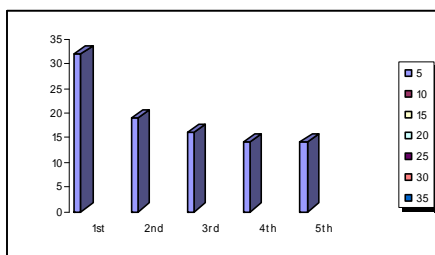


Figure 4.57 PTS persistent avoidance scores vs. Consultations of Case Two (Additional)

Figure 4.58 below shows a reduction in the PTS increased arousal scores. The initial score of 29, at commencement of study, was reduced to a score of 14 at the final consultation.

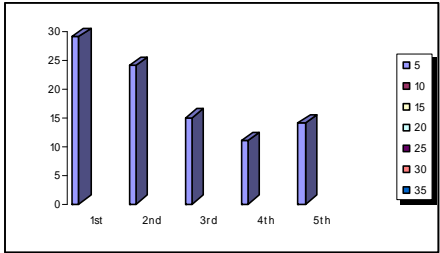


Figure 4.58 PTS increased arousal scores vs. Consultations of Case Two (Additional)

4.13.2 Total PTS Scores of Case Two (Additional)

Figure 4.59 below shows a reduction in the total PTS scores. The initial score of 83 was reduced to 42 at the end of the study.

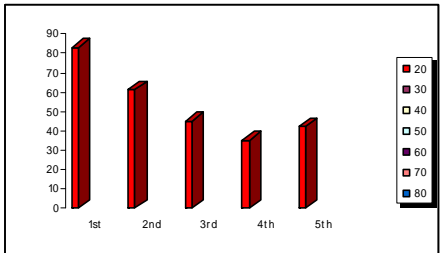


Figure 4.59 Total PTS scores vs. Consultations of Case Two (Additional)

4.13.3 Number of PTS Episodes per month of Case Two (Additional)

Figure 4.60 below shows a significant reduction in the number of post traumatic stress (PTS) episodes per month of case two (additional). The initial number of 28 PTS episodes per month was reduced to 4 per month by the final consultation.

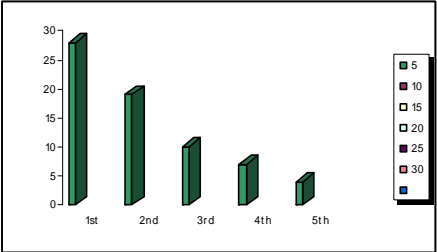


Figure 4.60 Number of PTS episodes per month vs. Consultations of Case Two (Additional)

4.14 COMBINED RESULTS OF THE TWELVE CASES

4.14.1 Average PTS Scores of the Twelve Cases

Figure 4.61 below shows a significant reduction in the average PTS score. The average of the twelve cases' PTS score was 71 at the start of the study and totaled 28.33 on completion of the research.

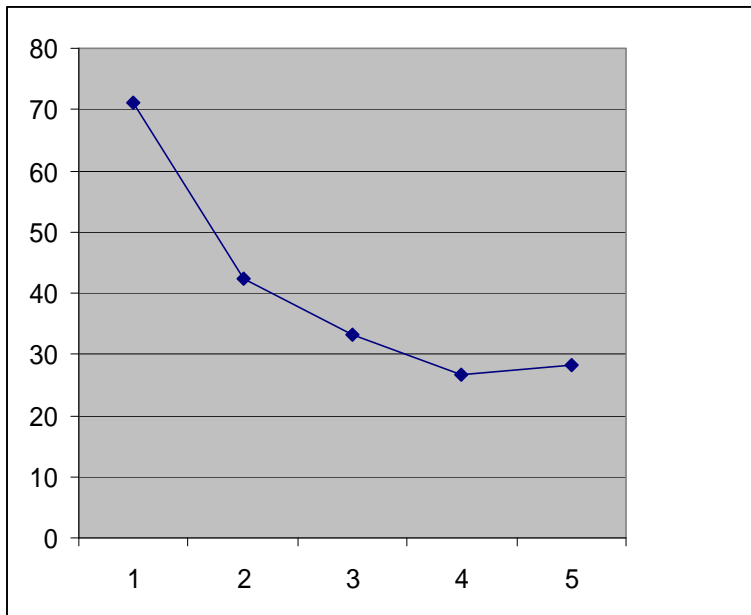


Figure 4.61. Average PTS Scores vs. Consultations

4.14.2 Average Number of PTS Episodes per month of the Twelve Cases

Figure 4.62 below shows a significant reduction in the average number of PTS episodes per month. The average of the twelve cases' PTS episodes per month totaled 19.42 at the onset of the study and totaled 1.25 on completion of the research period.

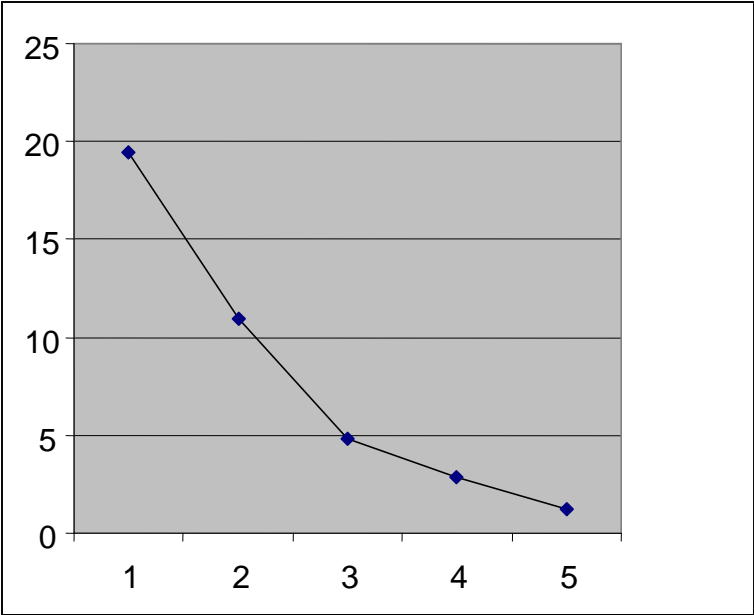


Figure 4.62 Average number of PTS Episodes per month vs. Consultations

CHAPTER FIVE

DISCUSSION

5.1 CASE ONE

5.1.1 First Consultation

Summary of Presenting Case

A fifty five year old female, presented with PTSD three years earlier. This was due to witnessing her daughter jump to her death after a fire in her apartment. The patient then suffered from depression which led to five attempts of suicide in the course of the three years following her daughter's death. According to her, she got very angry at the least provocation, was extremely forgetful and absentminded, yet very intelligent. She had not been able to cry during all this time.

During the consult it was revealed that she grew up in an orphanage and her love for reading and solitude developed there. She rationalized everything and was extremely impatient and quarrelsome. This patient also believed in morals and values being upheld at all cost and would not forgive anyone who had done her wrong, especially her ex-husband, who had an affair when she was thirty one years old.

The patient had an intense fear of ghosts, was neat and tidy and reported a love for dry white wine. On further questioning, it was revealed that she suffered from constipation, hated the cold weather, and had a history of stomach ulcers. The patient also smoked approximately 20 cigarettes per day and suffered from chronic cough

and hoarseness. She also reported a sore, bruised pain on the upper limbs and very sensitive skin. She said that she had to put on a brave face for her family and could not be sad anymore. She did not experience any problems with her sleep patterns nor her appetite.

Medical History: The patient had numerous surgeries in the past twenty-five years which included the laparotomy for back pain, hysterectomy and tonsillectomy. She was treated for depression in the past, but was not on any anti-depressants at present. The patient was diabetic and allergic to penicillin.

Medication: Treatment for diabetes

Observation and vital signs: The patient spoke clearly, fluently, but reluctantly. She was tall and walked with a stoop and was warmly dressed even though the weather was warm. She laughed and dismissed the seriousness of her plight, saying “everything will be all right”. She tended to put on a brave face and also appeared to be easily offended. The following vitals signs recorded:

- ❖ Blood Pressure : 125/75 (right arm, lying down).
- ❖ Pulse : 60 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 20 for re-experiencing, 30 for persistent avoidance and 23 for hyper-arousal. She reported 17 stress episodes per month.

Repertorisation

1. MIND - ANGER- trifles; at	1	98
2. MIND - ABSENTMINDED	1	215
3. MIND - SADNESS - suicidal disposition, with	1	34
4. MIND - COMPANY - aversion to	1	227
5. MIND - WEEPING - cannot weep, though sad	1	26
6. MIND - CONSCIENTIOUS about trifles	1	83
7. GENERALS - FOOD and DRINKS - wine - desire	1	65
8. GENERALS - COLD - agg.	1	243
9. RECTUM - CONSTIPATION - difficult stool	1	174

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
nat-m	staph.	sep.	ign.	ars.	nux-v	hep.	calc.	aur.	chin.	sulph.	puls.	lach.	carc.	lyc.	mez.	phos.	nat.c	thuj.	bry.	con.
1350	1030	1025	990	970	915	900	850	819	819	819	780	759	700	680	680	680	669	669	660	660
1. 2	2	1	2	2	2	2	1	1	1	-	-	1	-	1	2	1	1	1	1	2
2. 3	1	3	2	1	2	1	1	2	1	2	3	3	1	2	3	2	1	1	-	1
3. 2	3	1	1	2	-	2	1	3	1	1	-	-	1	-	-	-	-	-	-	1
4. 4	3	3	3	1	3	2	1	2	2	2	2	2	1	2	-	1	2	2	2	2
5. 4	1	2	3	-	2	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-
6. 1	3	3	3	4	2	1	1	1	1	3	3	1	1	3	1	-	3	3	1	-
7. 1	1	2	-	2	1	2	2	-	1	3	1	2	1	-	2	3	-	-	2	-
8. 2	1	3	2	3	3	3	3	2	3	2	2	1	1	3	2	3	2	3	2	2
9. 3	1	3	2	-	3	3	2	2	1	3	2	3	-	2	2	2	2	3	3	3

Motivation for remedy selection

Hepar Sulphuris Calcareum (the sulphurette of lime, CaS) was prescribed because of this patient's sensitiveness to all impressions, the irritability and her disposition to contradict. According to Vermeulen (1997: 828-829) this type of patient is chilly and even wears warm clothing in hot weather.

Sankaran² (1997: 90) observes that the *Hepar Sulphuris* personality has a feeling of being terribly offended. It is this feeling that precedes a violent revolution. Trifles make these patients angry (Sankaran², 1997: 90). *Hepar Sulphuris* is a powerful medicine affecting both the mind and body, and it is the touchiness and

hypersensitiveness that provide a valuable clue to the employment of this remedy in many diseases (Tyler, 1952: 401).

According to Farrington (2002: 833-835, 838), the *Hepar* patient is sad, low spirited and has an impulse to suicide. These patients have weak memory, are forgetful and absentminded and are particularly irritable. Physically, the *Hepar* patient is extremely susceptible to cold air and usually has a longing for alcoholic drinks and wine. There are reports of burning in the stomach from congestion in this organ and the bowels are usually constipated (Farrington, 2002: 833-835, 838).

This patient's symptom of constipation, desire for wine, hoarseness of voice, and bruised pain in the upper limbs were all found in the *Materia Medica* picture of *Hepar Sulphuris* (Vermeulen, 1997: 832-837).

5.1.2 Second Consultation

The patient reported an overall good improvement in her situation. She did not get angry over small issues and was not feeling as depressed as before. She said that she was accepting that she has to get on with her life and even managed to cry (which she could not do before). She revealed that she "slept like a baby", did not have the fear of ghosts and her arms were not as sore as they used to be. She also reported that she was very happy about the homoeopathic medicines. She still had the constipation, but there were no other changes.

Observations and Vital Signs:The patient was in very good spirits, smiled and was extremely pleasant throughout the consultation. She talked more than she did at the first consultation. The following vital signs were recorded:

- ❖ Blood Pressure : 125/75 (right arm, lying down)
- ❖ Pulse Rate : 60 beats/minute (regular)
- ❖ Respiratory Rate : 16 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 13 for re-experiencing, 15for persistent avoidance and 15 for hyper-arousal. She reported 9 stress episodes per month.

Discussion: The remedy helped improve most of the patient’s symptoms, including her disposition. She was so much happier and calmer than before. It was thus decided that another prescription was not necessary.

5.1.3 Third Consultation

The patient was very unhappy. She was constantly thinking about her daughter and was extremely irritable, critical and angry. She reported becoming sad suddenly, especially early evening and also did not want to do much work, except read her books. She felt alone and assumed that the people around her were not intelligent enough for her to talk to, yet felt very insecure especially about how others felt about her. Her sleep patterns were good.

Observations and Vital Signs: Patient appeared untidy and her dress and hair were disheveled. She did not really want to talk too much. The following vital signs were recorded:

- ❖ Blood Pressure : 120/73 (right arm, lying down)
- ❖ Pulse Rate : 60 beats/ minute (regular)

- ❖ Respiratory Rate : 17 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 10 for re-experiencing, 15 for persistent avoidance and 11 for hyper-arousal. She reported 5 stress episodes per month.

Discussion: The information divulged by the patient indicated that the remedy given had completed its action, but did not adequately address the patient's mood and disposition. This urged the researcher to re-repertorise and administer the second prescription.

Repertorisation

1. MIND- LAZINESS- physical	1	25
2. MIND- INDIFFERENCE, apathy- appearance; to his personal	1	11
3. MIND- THOUGHTS- persistent	1	99
4. MIND- CENSORIOUS	1	127
5. MIND- HAUGHTY	1	74

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
sulph.	calc.	nat-m.	nux-v.	puls.	chin.	plat.	lyc.	positr.	verat.	caust.	lach.	sil.	staph.	lil-t.	aur-m-n	bell.	carb-v.	hyos.	ign.	kola.
1114	519	459	440	440	419	419	400	400	390	340	340	340	340	325	320	320	320	320	320	320
1. 2	1	1	1	1	1	-	1	1	-	-	-	-	-	2	-	-	-	-	-	-
2. 4	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
3. 2	2	3	2	2	2	1	-	-	2	1	1	2	2	-	2	2	2	1	2	2
4. 3	1	1	2	1	1	2	1	1	3	2	2	1	1	1	1	1	1	1	1	-
5. 3	1	1	1	2	1	4	4	1	3	2	2	2	2	1	1	1	1	2	1	1

Motivation for Remedy Selection

The patient was given *Sulphur* (Brimstone) in the 30CH-200CH-1M potencies. This remedy was well represented on repertorisation and fitted the totality of the case.

The physical laziness, indifference to her personal appearance and her persistent thoughts about her deceased daughter all pointed to *Sulphur*. Depression is the strongest symptom in the emotional sphere of the *Sulphur* personality, a deep apathy which looks like extreme laziness to everyone else. Underneath the apparent confidence of the *Sulphur* patient, there is a great insecurity about how others think of them. The exaggerated display of knowledge may be unconsciously directed to attracting approval, but their effect is all too often to create a barrier which prevents these personalities from making the relationships they need (Handley, 1995: 201-202).

According to Vermeulen (1997: 1541-1542), the remedy picture of *Sulphur* and the patient displayed an exaggerated sense of their own worth and egocentricity, the sudden sadness in the evening and the haughtiness (Vermeulen, 1997: 1541-1542).

5.1.4 Fourth Consultation

Patient was very well and reported that she was not depressed. She socialized more with her friends and was not so critical and lazy. Her sleep was still good and so were her energy levels throughout the day. She said that she was coming to terms with the death of her daughter. The many pictures that once filled her room had been put away. She also said that she was not longing for her as she used to and the tormenting thoughts did not preoccupy her.

Observations and Vital Signs: The patient looked better and was neat and tidy. She laughed and smiled more. The following vital signs were recorded:

- ❖ Blood Pressure : 125/75 (right arm, lying down)
- ❖ Pulse Rate : 60 beats/minute (regular)

❖ Respiratory Rate : 17 breaths/minute (regular)

❖ Temperature : 37 degrees Celsius (normal)

The patient scored 8 for re-experiencing, 10 for persistent avoidance and 11 for hyper-arousal. She reported 3 stress episodes per month.

Discussion: The *Sulphur* had sufficiently stimulated a healing response in the patient. The researcher saw no need for another prescription.

5.1.5 Fifth Consultation

The patient continued to report wellbeing. Her sleep and energy levels were still maintained. She did not report any new symptoms.

Observations and Vital Signs: The patient appeared healthy and very happy. The following vital signs were recorded:

❖ Blood Pressure : 125/75 (right arm, lying down)

❖ Pulse Rate : 60 beats/minute (regular)

❖ Respiratory Rate : 17 breaths/minute (regular)

❖ Temperature : 37 degrees Celsius (normal)

The patient scored 7 for re-experiencing, 10 for persistent avoidance and 10 for hyper-arousal. She reported 1 stress episode per month.

5.1.6 Overview of Case One

After the first remedy, *Hepar Sulphuris*, the patient's physical and mental symptoms had improved, but the response wasn't as deep-acting as anticipated and did not cover the totality of the patient. The second remedy, *Sulphur*, was assumed to be the patient's similimum remedy, after noticeable improvement was observed in the patient's overall physical and emotional disposition. This change was deep enough and was understood to be exacting a wholistic cure in accordance with homoeopathic laws. The overall scores improved from 20 in the initial consultation, for re-experiencing to 7 in the final consultation; 30 for persistent avoidance to 10 and 23 for hyper-arousal to 10. The number of post traumatic stress episodes also decreased from 17 episodes per month to just 1.

5.2 CASE TWO

5.2.1 First Consultation

Summary of Presenting Case

A female of fifty eight years of age presented with PTSD. The diagnosis was made six months earlier and was due to her witnessing her son being shot by his friends eight years earlier. Patient recalled the incident often and wept whenever she did. She reported difficulty falling off to sleep every night after the incident and this deteriorated after the death of her grandson a year earlier, because it brought back memories of the shooting.

The patient was extremely independent and was now very depressed because people had to look after her due to her deterioration in health, her poor eating habits, chronic back pain and varicose ulcers on right lower limb. On questioning about her childhood, she revealed that she had to look after her mother from the age of sixteen years and said that she “was her right hand”. She hated the fact that she had to rely on people just to be healthy and get around and revealed that she used to do this for others and was generally very fit when she was younger.

This patient desired salty snacks, hated eggs and pork and reported heartburn during all her pregnancies. On further questioning it was revealed that she developed chronic obstructive pulmonary disease after the death of her son and used an asthma pump approximately three times per day whenever shortness of breath arose.

The patient also had a varicose ulcer on her right lower limb for over five months and several bruises on her hands, chest and lower limbs.

Medical history: The patient was allergic to penicillin, was hypertensive, reported cardio pulmonary disease, osteoporosis and varicose ulcers. Past surgery included a hysterectomy, bladder repair and pins inserted in the lower vertebrae because of lower back pain.

Current Medication: Asthma pump whenever bouts of shortness of breath arise, hypertensive medication and medicine for osteoporosis.

Observation and Vital Signs: Patient was very affectionate and likable. She had a very calm, mild, yielding disposition, almost saint-like and did not like upsetting people. She cried intermittently during the consultation. The following vital signs were recorded:

- ❖ Blood Pressure : 150/90 (right arm, lying down).
- ❖ Pulse Rate : 80 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 21 for re-experiencing, 22 for persistent avoidance and 23 for hyper-arousal. She reported 15 stress episodes per month.

Skin examination revealed fragile skin with poor texture and tone. The varicose ulcer looked red, raised and exuded pus and blood.

Psychologically, this patient may have experienced tremendous guilt for her failed marriage and developed an adjustment disorder initially. This could have been disguised with grief for the deaths in her family and then moved into PTSD.

Repertorisation

1. MIND - MEMORY - active	1	96
2. MIND - MILDNESS	1	106
3. MIND - WEEPING - amel.	1	31
4. MIND - CONSOLATION - agg.	1	45
5. MIND - COMPANY - aversion to	1	227
6. STOMACH - APPETITE - diminished	1	245
7. GENERALS - FOOD and DRINKS - salt - desire	1	102
8. GENERALS - FOOD and DRINKS - eggs - agg.	1	28
9. GENERALS - FOOD and DRINKS - pork - agg.	1	24

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
nat- m.	puls.	sep.	lyc.	calc.	sulph	ars.	thuj.	phos.	carb- v.	ign.	cycl.	carc.	bell.	chin.	plb.	hell.	kali-p	verat.	sil.	cocc.
1130	919	884	794	785	755	750	750	719	694	669	664	660	659	630	630	629	619	600	569	555
1. 3	1	-	3	2	1	1	1	2	1	-	1	1	3	1	1	1	1	1	1	1
2. 3	2	2	2	2	2	3	2	2	-	2	1	2	1	1	1	1	1	2	3	3
3. -	2	1	2	-	-	-	-	1	-	1	1	-	-	-	-	1	-	-	-	-
4. 4	-	4	1	1	1	2	1	-	-	3	-	2	2	1	-	2	2	-	3	-
5. 4	2	3	2	1	2	1	2	1	2	3	1	1	2	2	2	2	1	1	-	-
6. 1	1	1	2	1	1	1	1	1	1	1	2	-	1	1	1	1	1	1	1	1
7. 4	-	1	-	2	1	1	2	4	3	-	-	2	-	2	2	-	1	4	1	1
8. 1	3	-	1	2	2	-	-	-	1	1	-	1	-	-	1	-	-	-	-	2
9. 2	3	3	-	-	-	1	1	-	3	-	3	-	1	-	-	-	-	-	-	-

Motivation for remedy Selection

The remedy *Carcinosinum* (nosode from carcinoma) was prescribed in the 30CH-200CH-1M potencies. This remedy was fairly indicated on repertorisation and the researcher believed it fitted the totality of the patient.

The patient shares with the remedy picture the following:

- ❖ family history of cancer
- ❖ asthma
- ❖ chronic sleeplessness

- ❖ strong sense of duty
- ❖ aversion to rich foods, pork and eggs
- ❖ desires salty things (Vermeulen, 1997: 447).

According to Sankaran² (1997: 55, 56), *Carcinosinum* personalities often have a history of taking on too much at a young age. They reach out for perfection, and almost finish themselves in doing so. They are sensitive, sympathetic, very warm and humane, neat, well-mannered and well-behaved and can become neurotic about perfection. These patients accept their disappointments and also their domination with a kind of resignation, and tend to accumulate all their grief within, without expressing sensitivity. They have a tremendous anxiety about their health and show a variety of craving or aversion, to salt, eggs, fat, milk and fruit (Sankaran², 1997: 55, 56).

This remedy is to be considered in relation to insomnia which delays in falling off to sleep and has been found of value in emotional disturbance with back-ground of fright, prolonged fear or unhappiness (Sankaran¹, 1996: 129).

5.2.2 Second Consultation

Patient reported that she was not as sad as she used to be. She had not thought about her son's death as often and said she did not cry as much as before. She slept better and did not wake in-between. She said that she had accepted the death and wanted to get out more, to sit in the sun and fresh air. Her skin looked better and only one bruise was noted on her

right hand. The rest had cleared up. The ulcer on her lower limb was healing and she reported that it burned more than it was painful.

She used the asthma pump less and sweated more at night than she used to before.

Observations and Vital Signs: Patient did not cry at all during the consultation, she looked cheerful and mentioned that she had no complaints. The following vital signs were recorded:

- ❖ Blood Pressure : 150/90 (right arm, lying down)
- ❖ Pulse Rate : 80 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 13 for re-experiencing, 15 for persistent avoidance and 15 for hyper-arousal. She reported 9 stress episodes per month.

Skin examination - color was pinker than the last time. The texture, tone and elasticity were all normal.

Peripheral vascular exam - the ulcer did not look as angry and hot as the first consultation, was raised, and was smaller than the last time (3cm) with yellow edge.

Discussion: The patient's happier disposition, greatly improved sleep patterns, energy levels and physical symptoms were all in accordance with the homoeopathic principles of cure and led the researcher to believe that she had chosen the correct similimum remedy. Placebo powders were thus prescribed.

5.2.3 Third Consultation

The patient reported being very happy and had no complaints. She looked healthy, was eating better and maintained good sleeping patterns and energy levels. Most of the consultation was spent chatting about her friends, children, grandchildren and the books that she read.

Observations and Vital Signs: Patient looked very healthy and joyful. Her varicose ulcer had healed completely and even the skin had been left smooth with minimal scarring. There was however a brown discoloration around the area of the ulcer. No pain was reported and there was no bruising on the body. The following signs were recorded:

- ❖ Blood Pressure : 150/90 (right arm, lying down)
- ❖ Pulse Rate : 80 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/ minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 7 for re-experiencing, 10 for persistent avoidance and 9 for hyper-arousal. She reported 2 stress episodes per month.

Discussion: This patient responded very well to the remedy and continued to maintain overall well-ness throughout the time period on the mental, physical and emotional spheres. The remedy still sufficiently stimulated the vital force and the patient believed that she was healing. The researcher thus prescribed placebo powders.

5.2.4 Fourth Consultation

Patient had no complaints. She was well and continued to report good health, sleep, energy and eating patterns, even though her diet still consisted of small portions at meal times. There was neither new bruising nor any new symptoms.

Observations and Vital Signs: The patient was very pleased to see the researcher. She looked healthy and had been to the hairdresser earlier and was also looking forward to seeing her friends. The following vital signs were recorded:

- ❖ Blood Pressure : 150/90 (right arm, lying down)
- ❖ Pulse Rate : 81 beats/minute (regular)
- ❖ Respiratory Rate : 14 beats/minute (regular)
- ❖ Temperature : 37.1 degrees Celsius (normal)

The patient scored 6 for re-experiencing, 9 for persistent avoidance and 9 for hyper-arousal. She reported 2 stress episodes per month.

Discussion: The patient responded well to her similimum remedy, *Carcinosinum* and continued to report wellbeing on all levels. The researcher saw no need to prescribe further.

5.2.5 Fifth Consultation

The patient reported very good health on all levels. No new symptoms were divulged by her. Her sleep, good mood and energy levels continued to be maintained.

Observations and Vital Signs: The patient appeared calm, relaxed and in good spirits. The following vital signs were recorded:

- ❖ Blood Pressure : 150/90 (right arm, lying down)
- ❖ Pulse Rate : 81 beats/minute (regular)
- ❖ Respiratory Rate : 14 beats/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 6 for re-experiencing, 10 for persistent avoidance and 10 for hyper-arousal. She reported 0 stress episodes per month.

5.2.6 Overview of Case Two

At the first consultation, the patient was silently suffering considerably and this was affecting her sense of self-worth, her immediate relationship as well as her physical well-being. After administration of *Carcinocinum*, there was an extraordinary improvement on all levels. Particularly noticeable, was the improvement in the varicose ulcer as well as the patient's sense of independence. The vital force had been affected markedly to continue to maintain health on the mental, emotional and physical spheres throughout the three month period. The overall scores improved from 21 in the initial consultation, for re-experiencing to 6 in the final consultation; 22 for persistent avoidance to 10 and 23 for hyper-arousal to 10. The number of post traumatic stress episodes also decreased from 15 episodes per month to 0.

5.3 CASE THREE

5.3.1 First Consultation

Summary of Presenting Case

A forty six year old female presented with PTSD. This was due to an attempted hijacking outside her home three months earlier. Ever since the episode she had been extremely angry, despising the people who attempted to take her family's possession, very watchful, and had disturbed sleep patterns. She presented with palpitations, migraine headaches and tormenting thoughts of the incident. The hijacking also brought back memories of her eldest daughter who passed away six years ago and she now worried excessively about the safety and welfare of her family. She also wanted them to be physically close constantly when at home and had turned into a workaholic in order to provide sufficiently for her children.

The patient was very industrious and planned ahead all the time. The truth was imperative to her and she hated being embarrassed. She was very involved with her community church and wanted to help and counsel people whenever time allowed. She felt that she was not a good mother and that she was not doing enough for her family. She did not wait for things to be done and always took the initiative. She analysed situations before jumping to any conclusions, especially with regards to her family. This patient found it difficult to cry.

Her desires included garlic which she added to all her foods and red meat which aggravated her.

She reported being very tired during the day and couldn't tolerate hot weather and fizzy drinks. She also reported stomach pain, back pain with stiffness of shoulders, dry skin, inability to perspire, cracked heels and constant sinusitis.

Current Medication: The patient was on medication for her sinus attacks and also for her hypertension.

Observation and Vital Signs: The patient was extremely neat and tidy and spoke openly and in detail of the incident and all her symptoms. She had a receding hairline, bit all her fingernails and also had a divergent strabismus on the left. The following vital signs were recorded:

- ❖ Blood Pressure : 140/82 (right arm, lying down)
- ❖ Pulse Rate : 69 beats/minute (regular)
- ❖ Respiratory Rate : 16 breaths/minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 25 for re-experiencing, 15 for persistent avoidance and 24 for hyper-arousal. She reported 16 stress episodes per month.

Repertorisation

1. MIND- AILMENTS FROM-grief	1	90
2. MIND- CARES- full of	1	67
3. MIND- THOUGHTS- tormenting	1	33
4. MIND- MEMORY- active	1	96
5. SLEEP- DISTURBED- anxiety, from	1	67
6. SKIN- DRY- perspire, inability to	1	81
7. GENERALS- FOOD and DRINKS- garlic- desire	1	13
8. GENERALS- FOOD and DRINKS- meat- desire	1	81
9. GENERALS- FOOD and DRINKS- sweets- desire	1	175

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
nat- m	sulph.	lyc.	phos.	ars.	graph	lach.	calc.	nux-	staph.	carc.	puls.	caust.	chin.	nit- ac.	sep.	con.	bell.	ph- ac.	ign.	thuj.
1169	1014	905	889	794	789	784	780	760	750	700	700	694	690	664	660	619	600	589	580	580
1. 4	1	1	3	1	2	3	1	2	3	1	2	3	1	1	2	1	2	3	4	-
2. 2	2	1	-	2	1	-	2	1	3	1	3	2	2	-	1	1	-	2	3	1
3. 3	2	2	1	2	1	2	-	-	-	-	-	2	-	2	1	1	-	-	-	-
4. 3	1	3	2	1	-	3	2	2	1	1	1	-	1	-	-	1	3	2	-	1
5. 2	2	1	2	2	2	1	1	1	-	1	1	2	2	2	2	1	2	1	2	-
6. 1	1	2	1	3	3	1	1	1	2	-	1	-	2	1	1	2	3	2	-	1
7. 1	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2
8. 1	2	1	1	-	1	1	2	2	2	1	-	1	-	1	-	-	-	-	-	-
9. 1	3	3	2	1	2	1	2	1	2	1	2	1	3	2	2	-	1	1	1	1

Motivation for Remedy Selection

The researcher selected *Natrum muriaticum* (Chloride of Sodium) in the 30CH-200CH-1M potencies, as it covered all the rubrics selected for the repertorisation.

The remedy picture shares with the patient's symptoms, the following:

- ❖ blinding headache
- ❖ unquenchable thirst
- ❖ pain after urinating
- ❖ palpitations
- ❖ back pain with desire for support (Boericke, 2001 : 459-461)

According to Sankaran² (1997: 144), the *Natrum muriaticum* patient believes that they are not good enough and have not done enough. This makes them do their best to be nurturing and caring and will go out of their way for others. There is great sadness, tremendous anger and an idea clings, preventing sleep. This patient is very organized, independent and dependable and they care a lot about structures like the house, relationships, date and timings (Sankaran², 1997: 144).

Chappell (1994: 192-195) states that *Natrum muriaticum* patients suffer grievously from many of lifes' tragedies, as well as any form of criticism, especially humiliation, rejection, betrayal, bad news and fright. They often seem strong to others as they do not divulge their own weaknesses. These personalities seek to do their job to perfection to avoid criticism and hurt. Among the remedy keynote are: headaches, migraines, hay fever and allergies, backache and divergent squint (Chappell, 1994: 192-195).

5.3.2 Second Consultation

After the third powder, the patient reported acute anxiety attacks and chest pain as well as severe migraine on the 3rd and 4th day after taking the remedies. However, these symptoms resolved by the 6th day and had not returned. She stopped biting her fingernails and cried just before bed-time everyday for two weeks after the 3rd powder. The patient also revealed that her energy levels were very good during the day and her sleep was much improved because she awoke without any tiredness.

Also reported was her improvement in her dry skin condition and cracked heels. The stomach pain that she noted before was completely resolved. Two new symptoms were also noted: sweating more at night, which made her feel better and slight

halitosis. Ever since the attempted hijacking, the patient had not been able to drive her motor vehicle but after taking the remedy, she started driving once again. She reported feeling more confident and in control of her life.

Observations and Vital Signs: The subject appeared to be calmer and confident. Her nails were beginning to grow well. The following vital signs were recorded:

- ❖ Blood Pressure : 135/82 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 12 for re-experiencing, 11 for persistent avoidance and 13 for hyper-arousal. She reported 9 stress episodes per month.

Discussion: A remarkable improvement was noted in the patient despite the initial brief homoeopathic aggravation. This was interpreted as a positive reaction to the remedy and placebo powders were prescribed.

5.3.3 Third Consultation

The patient was extremely irritable, especially at work where nothing made her happy. She developed a morbid fear of poverty and became very determined.

New physical symptoms developed, which included a stitching back pain; very tired, heavy legs, sweat with a sour odour and a dry cough. The patient was very thirsty for large quantities of cold water. Her energy levels and her sleep patterns however were still good.

Observation and Vital Signs: The patient appeared visibly irritable and complained about the new symptoms that appeared. The following vital signs were recorded:

- ❖ Blood Pressure : 140/82 (right arm, lying down)
- ❖ Pulse Rate : 70 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal.)

The patient scored 11 for re-experiencing, 11 for persistent avoidance and 16 for hyper-arousal. She reported 5 stress episodes per month.

Discussion: The patient’s irritability and outpouring of complaints prompted the researcher to re-repertorise based on new information obtained. She had new physical symptoms and even though her sleep and energy levels were maintained, her mental symptoms did not seem improved and was interpreted as contrary to Herings’ Law of Cure.

Repertorisation

1. MIND- IRRITABILITY	1	545
2. MIND- FEAR- poverty, of	1	35
3. STOMACH- THIRST- large quantities, for	1	59
4. COUGH- PAINFUL	1	62
5. BACK- PAIN- stitching	1	165

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
bry.	sulph.	bell.	nux- v.	acon.	chin.	merc.	nat- m.	phos.	ars.	keli- c.	bamb- a	ferr- p.	borx.	staph.	irid- met.	positr.	agar.	calc.	sep.	verat.
869	559	469	469	450	450	450	440	440	439	439	430	419	409	409	400	400	360	354	354	340
1. 3	3	3	3	3	2	2	3	3	3	3	2	1	2	3	1	1	2	3	3	2
2. 3	1	-	1	-	-	1	-	-	1	1	1	-	1	1	-	1	-	2	2	-
3. 3	3	1	-	2	2	-	3	3	3	-	1	2	-	-	1	1	-	-	-	3
4. 4	1	3	3	2	1	2	1	1	1	1	-	1	1	1	1	-	2	-	-	-
5. 3	2	2	2	1	2	2	1	1	-	3	2	1	1	1	1	1	3	2	2	1

Motivation for Remedy selection

The researcher prescribed *Bryonia alba* (Wild Hop) in the 30CH-200CH-1M potencies. This remedy was strongly represented on repertorisation and covered the totality of the case. The following physical symptoms were common to the patient and the remedy picture of *Bryonia alba*:

- ❖ Dry, hacking cough, must hold chest, aggravated by motion.
- ❖ Stitching back pain in sacral region.
- ❖ Sour, profuse seeping.
- ❖ Thirst for large quantities of cold water (Boericke, 2001: 132-134).

Sankaran² (1997: 31) reports that the main feeling of *Bryonia* is the feeling of loss, which has to be made up very fast, thus you have the fear of poverty. This person is very industrious, busy and determined. The complaints of *Bryonia* are more acute and will impede movement (Sankaran², 1997: 31).

According to Vermeulen (1997: 318), the *Bryonia* patient is exceedingly irritable, restless, suffers needless anxiety and despair of being cured.

5.3.4 Fourth Consultation

The patient reported feeling very well and was neither anxious nor irritable, especially at work. She still was thirsty, but not for large quantities of water. Her back pain, cough and leg pain had subsided remarkably and her sweat did not have a sour odour anymore.

Observation and Vital Signs: The patient was very well dressed and appeared happy and secure. The following vital signs were recorded:

- ❖ Blood Pressure : 130/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 7 for re-experiencing, 10 for persistent avoidance and 11 for hyper-arousal. She reported 5 stress episodes per month.

Discussion: Information revealed to the researcher led to the belief that the remedy was stimulating the vital force sufficiently to elicit wholistic healing. Also, the patient felt that she was improving thus the similitum was not repeated at the fourth consultation.

5.3.5 Fifth Consultation

The patient did not report any new symptoms. She continued to feel healthy and in control of her life. Her sleep patterns, energy levels and positive attitude were still maintained.

Observation and Vital Signs: The patient was very neat, talked openly and was extremely positive about her life. The following vital signs were recorded:

- ❖ Blood Pressure : 130/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 7 for re-experiencing, 10 for persistent avoidance and 10 for hyper-arousal. She reported 1 stress episode per month.

5.3.6 Overview of Case Three

After the administration of the first remedy, *Natrum muriaticum*, many of the symptoms presented had improved drastically after an initial aggravation of her symptoms. By the third consultation, the patient had developed a new remedy picture and a second prescription of *Bryonia alba* addressed these symptoms adequately, leaving the patient extremely happy, confident and secure. The overall scores improved from 25 in the initial consultation, for re-experiencing to 7 in the final consultation; 15 for persistent avoidance to 10 and 24 for hyper-arousal to 12. The number of post traumatic stress episodes also decreased from 16 episodes per month to 1.

5.4 CASE FOUR

5.4.1 First Consultation

Summary of Presenting Case

A female of fifty two years of age presented with post traumatic stress disorder and was feeling extraordinary guilt and depression after the sudden death of her husband three years earlier. She constantly questioned why he died and could not let go of the past, although she wanted to. The memory of the death continued to haunt her and she was very angry that she dwelt on it and could not move on.

This patient was extremely witty and animated and was not very keen on any physical activity. She said that she was lazy and had no drive, but loved reading, cross word puzzles and music. She believed that she was clumsy and bit her nails often when she felt anxious.

She desired red meat, chocolate and liver and loved the extreme heat. Her physical complaints include heart-burn, halitosis, eczema on nostrils and a headache due to overeating or eating junk food.

Medical History: The patient was hypertensive and had been treated for depression in the past.

Current Medication: Anti-hypertensives, hormonal replacement therapy and medication for osteoarthritis.

Observations and Vital Signs: The patient had a story for every symptom, thus this consultation lasted for close to three hours. She was very funny, but also extremely sad. She loved being hugged and physical contact was very important to her. Her nails were bitten on the right hand and she had an unkempt appearance. The following vital signs were recorded:

- ❖ Blood Pressure : 120/80 (right arm, lying down)
- ❖ Pulse Rate : 64 beats/minute (regular)
- ❖ Respiratory Rate : 17 breaths/minute (regular)
- ❖ Temperature : 36.9 degrees Celsius (normal)

The patient scored 20 for re-experiencing, 18 for persistent avoidance and 17 for hyper-arousal. She reported 19 stress episodes per month.

Repertorisation

1. MIND- REPROACHING- himself	1	63
2. MIND- DWELLS- past disagreeable occurrences, on	1	64
3. MIND- LAZINESS- physical	1	25
4. MIND- WITTY	1	16
5. MIND- HELD- desire to be held	1	22
6. GENERALS- FOOD and DRINKS- meat- desire	1	81
7. GENERALS- FOOD and DRINKS- liver- desire	1	3
8. GENERALS- FOOD and DRINKS- chocolate- desire	1	67
9. GENERALS- FOOD and DRINKS- warm drinks- amel.	1	34

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
sulph.	nat-m	nyc.	nux- v	ars.	lach.	kali- p	sep.	aur- m-n	carc.	staph.	calc.	phos.	puls.	germ- met.	irid- met.	kola.	rhus- t.	op.	lil-t	nux- m.
804	719	700	694	535	530	519	465	460	440	440	419	419	419	400	400	400	370	350	345	345
1. 1	2	1	3	2	1	-	-	2	2	1	-	-	2	1	1	-	-	2	-	-
2. 2	4	3	-	-	-	2	2	2	-	1	1	1	1	-	-	1	1	1	1	-
3. 2	1	1	1	-	-	-	1	-	-	-	1	-	1	-	-	-	-	-	2	-
4. -	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-
5. 1	-	-	2	2	1	1	2	-	-	-	1	-	1	1	1	1	1	-	-	2
6. 2	1	1	2	-	1	1	-	1	1	2	2	1	-	1	1	1	-	-	2	1
7. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. 2	1	2	-	2	-	1	2	2	2	2	1	2	1	1	1	1	-	-	-	-
9. 2	-	2	3	3	1	1	-	-	1	-	-	-	-	-	-	-	3	-	-	2

Motivation for Remedy Selection

Sulphur (Brimstone) was prescribed in the 30CH-200CH-1M potencies, as it was well represented on repertorisation and appeared to cover the entirety of the case.

Bailey (1995: 350, 361, 364, and 365) finds that the *Sulphur* personality has a quirky, witty, quaint manner. They spend a great deal of time feeling sorry for themselves and are unable to accept misfortune. Whether the loquacious *Sulphur* is resentful or not, they are liable to ramble on entirely oblivious to lack of interest shown by their audience. These personalities tend to think highly of themselves, even if they had a painful past, and their joviality is not easily punctured. *Sulphur* has a natural exuberant nature and will often justify their laziness by saying that they are involved with more important matters (Bailey, 1995: 350, 361, 364, 365)

Handley (1995: 62, 78) reports that the *Sulphur* anxiety may be concealed beneath an air of self-assurance: The person talks a lot and seems to know everything. However, they are anxious quite a lot of the time. The *Sulphur* depression is characterized by an unshakable apathy that leaves the person feeling flat. They seem to become very lazy to rouse themselves, gets bored and feels as though there is nothing left to stimulate them (Handley, 1995: 62, 78).

The following symptoms were evident in the case and in the Materia Medica picture of the *Sulphur*:

- ❖ Fetid smell from mouth
- ❖ Great desire for chocolate and meat.
- ❖ Vivid dreams, anxious and disturbing.
- ❖ Alae nasi scabby.
- ❖ Religious melancholy.
- ❖ Indifference to personal appearance (Vermeulen, 1997: 1541, 1544, 1546, 1552).

5.4.2 Second Consultation

The patient revealed that she felt less guilty about holding on to the memory of her husband. She “felt changed and more fortunate now” and “wasn’t sorry for herself”. She was contemplating going to dinner with a male friend. She reported eating healthier and was ecstatic about a mild weight loss because she did feel overweight before. She also started work on tapestries that had been neglected and her sleep and energy levels were very good. She reported having a bout of conjunctivitis which she used to get often before.

Observations and Vital Signs: The patient appeared well dressed and there was no halitosis. The scabby alae nasi was resolved. The eyes appeared clear without any redness, irritation or excessive tears. The following vital signs were recorded:

- ❖ Blood Pressure : 120/80 (right arm, lying down)
- ❖ Pulse Rate : 62 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute(regular)
- ❖ Temperature : 37.1 degrees Celsius (normal)

The patient scored 12 for re-experiencing, 16 for persistent avoidance and 12 for hyper-arousal. She reported 11 stress episodes per month.

Discussion: The patient's improved mental, emotional and physical state was a sure sign that the cure was taking place according to Herings Law of Cure. Her positivism and drive indicated that the remedy was acting curatively. The bout of conjunctivitis was indicative of a return of old symptoms, thus pointing toward cure in the right direction (Herings Law of Cure). The researcher therefore decided that another prescription was not yet necessary.

5.4.3 Third Consultation

The patient was sleeping well and her energy levels are good, however she had become very worried about her procrastination. She started many things and was unable to finish them at all. She was very sad, uneasy and restless. She talked haughtily and excessively about her knitting and reading and repeated this over and over. She also went to bed late and reported migraine headaches that felt like a tight pressure around the vertex.

Observations and Vital signs: The patient appeared neat, yet was depressed and did not want to leave until she told the researcher everything. The following vital signs were recorded:

- ❖ Blood Pressure : 125/85 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 Degrees Celsius (normal)

The patient scored 9 for re-experiencing, 12 for persistent avoidance and 9 for hyper-arousal. She reported 2 stress episodes per month.

Discussion: The *Sulphur* appeared to have exhausted its action and had not adequately addressed the mental and emotional spheres. The researcher was urged to re-repertorise and administer a second prescription in order to ameliorate symptoms and exact as close a cure as possible.

Repertorisation

1. MIND- LOQUACITY	1	172
2. MIND- LAZINESS- physical	1	25
3. MIND- CONVERSATION- agg.	1	49
4. MIND- READING-desires	1	6

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
nat- m.	nux- v.	sulph.	iod.	calc.	carb.	lach.	ambr.	ign.	lil- t.	nux- m.	rhus- t.	sep.	aur.	cocc.	kola.	nat- c.	acon.	alco.	alum.	arn.
340	325	325	320	300	300	300	240	240	225	225	225	225	220	220	220	220	200	200	200	200
1. 1	1	1	2	1	1	4	1	1	1	1	1	-	2	2	2	2	1	1	1	1
2. 1	1	2	1	1	-	-	-	-	2	-	-	1	-	-	-	1	-	1	-	-
3. 3	2	1	1	1	1	1	3	3	-	2	2	2	1	1	-	-	1	-	1	1
4. -	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-

Motivation for Remedy Selection

The patient was given *Lachesis mutas* (South American Bushmaster Snake) in the 30CH-200CH-1M potencies. This remedy featured in the majority of the patient's symptoms and was fairly represented in the rubrics chosen for the repertorisation.

Handley (1995: 108) states that *Lachesis mutas* is an important grief remedy, when the grief has been long standing. The practitioner may see the passionate, dramatic side of this personality in connection with grief. The patient's passionate nature attaches itself strongly to people, despite the fear of being betrayed. Death appears to be the ultimate betrayal and brings out anger, passion, fury as well as a collapse into despair for these patients (Handley, 1995: 108).

According to Vermeulen (1997: 991, 992), both the patient and *Lachesis mutas* picture exhibited:

- ❖ Great loquacity
- ❖ Pride and laziness
- ❖ Restlessness
- ❖ Mental labour at night
- ❖ Headache as if pressure on the vertex.

5.4.4 Fourth Consultation

The patient reported that there were no symptoms and no complaints. She wasn't worried about the future as previously noted. She felt as if she procrastinated less and wasn't as

lazy as she used to be. Her sleep and energy levels were good and she managed to socialize more than she used to. There was no headache reported.

Observations and Vital Signs: The patient was vibrant and looked healthy. She wore make-up and talked very positively. The following signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm, lying down)
- ❖ Pulse Rate : 60 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 7 for re-experiencing, 10 for persistent avoidance and 8 for hyper-arousal. She reported 0 stress episodes per month.

Discussion: The patient continued to maintain health and vitality, thus there was no need to prescribe another remedy.

5.4.5 Final Consultation

The patient continued to report health on the mental, emotional and physical levels. Her sleep, energy levels and optimism were still maintained and no new symptoms were reported.

Observations and Vital Signs: The patient looked very healthy, spoke optimistically and was well groomed. The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm, lying down)
- ❖ Pulse Rate : 60 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)

❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 7 for re-experiencing, 12 for persistent avoidance and 9 for hyper-arousal. She reported 0 stress episodes per month.

5.4.6 Overview of Case Four

After the administration of the first remedy, *Sulphur*, there was improvement on the patient's physical symptoms; however, a profound change on the mental and emotional sphere did not occur as the patient needed. The researcher therefore assumed that the remedy had not been the correct similimum. The patient responded very well to *Lachesis mutas* and showed much improvement on all levels. The overall scores improved from 20 in the initial consultation, for re-experiencing to 7 in the final consultation; 18 for persistent avoidance to 12 and 17 for hyper-arousal to 9. The number of post traumatic stress episodes also decreased from 19 episodes per month to 0.

5.5 CASE FIVE

5.5.1 First Consultation

Summary of presenting Case

A female of sixty years of age presented with PTSD after the death of her husband three years earlier. His death brought back the trauma of watching her baby daughter drown when the patient was twenty years old, as well as painful memories of finding out about her adoption when she was only twelve years old. According to the patient, she could not cope with everyday life and felt dead to the world. She could not get over the death or the rejection of her parents and these thoughts tormented her constantly, every day, so much so, that she reported drinking alcohol to a stupor. She also suffered grief because she blamed her husband for the death of their child and could never forgive him or herself for “allowing” the tragedy.

The patient was extremely remorseful, hated company, gossip, consolation and noise. She believed that her life was one big struggle and didn't divulge much personal information. At one point during the consultation she just did not want to talk anymore. She seemed embarrassed and upset when she cried but revealed that it made her feel better. She also believed that crying was a sign of weakness thus “one can't show their tears”. There was tremendous fear in losing her beloved children and she expressed that she didn't know how she would cope if anything ever happened to them.

Among the physical symptoms were dry, scaly skin; arthritis of both knees and chronic sinusitis. This patient preferred warm weather, desired chocolates and had an aversion to drinking plain water.

Medical History: The patient was hospitalized 3 months after the death of her husband. She experienced a 'nervous breakdown' and for 2 years after was on a valium prescription. She was hypertensive and had an alcohol addiction.

Current Medication: Anti-hypertensives

Observations and Vital Signs: The patient was very reluctant to smile. She cried constantly, throughout the interview and did not want to be there, yet wanted help. The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm, lying down)
- ❖ Pulse Rate : 68 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37.2 degrees Celsius (normal)

The patient scored 21 for re-experiencing, 26 for persistent avoidance and 22 for hyper-arousal. She reported 22 stress episodes per month.

Psychologically, this patient experienced unresolved grief and enormous guilt. There was a sense of being unwanted which seemed to be linked to her depression, poor self-image and lack of self-acceptance and self-value.

Repertorisation

1. MIND- DWELLS- past disagreeable occurrences, on	1	64
2. MIND- REMORSE	1	80
3. MIND- AILMENTS FROM- death of loved ones	1	21
4. MIND- CONSOLATION- agg.	1	45
5. MIND- SENSITIVE- noise, to	1	192
6. MIND- WEEPING- amel.	1	31
7. GENERALS- FOOD and DRINKS- chocolate- desire	1	67
8. GENERALS- FOOD and DRINKS- water- aversion to	1	45
9. SKIN- DRY	1	180

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
nat- m	staph.	sep.	ign.	ars	lyc	plat.	puls.	sulph.	calc.	caust.	lach.	aur- m-n	chin.	nit- ac.	hell.	merc.	nux- v	phos.	bell.	hyos.
1059	919	900	880	850	844	805	805	789	759	719	700	680	680	680	660	660	659	659	600	589
1. 4	1	2	3	-	3	2	1	2	1	1	-	2	2	2	-	-	-	1	-	1
2. 1	1	2	2	3	-	1	2	3	2	1	2	2	-	1	2	2	1	1	2	3
3. -	3	-	3	3	-	1	-	1	1	1	3	-	-	-	-	-	1	-	-	-
4. 4	1	4	3	2	1	2	-	1	1	-	-	2	1	2	2	1	1	-	2	-
5. 2	1	3	2	2	2	2	2	1	2	2	2	1	3	3	2	2	3	2	3	1
6. -	-	1	1	-	2	2	2	-	-	-	1	1	-	1	1	1	-	1	-	-
7. 1	2	2	-	2	2	-	1	2	1	1	-	2	1	-	-	-	-	2	-	-
8. 2	3	-	-	1	1	-	2	-	-	1	1	-	2	-	1	-	-	2	-	-
9. 2	2	2	1	3	3	2	2	3	3	1	2	-	3	2	1	2	1	3	3	2

Motivation for Remedy Selection

The researcher chose to prescribe *Natrum muriaticum* (Chloride of Sodium) in the 200CH-1M-10M potencies. The remedy was well represented on repertorisation and fitted the totality of the case.

The personality who needs *Natrum muriaticum* as a remedy is described as sensitive, private, taciturn, gloomy and joyless. They constantly dwell on unpleasant recollections, never forgetting or forgiving and they loath life sufficiently to wish for its termination. Inner radiance and joy go hand in hand with a strong vitality and the centrally rooted attitude of dejection and pessimism of *Natrum muriaticum* patients must disintegrate this vitality at its very source (Whitmont, 1991: 101).

According to Handley (1995: 108), *Natrum muriaticum* is indicated where grief has been pervasive and long-lasting, when people have never been well since the death, or when thoughts of the dead one will not disappear. There is a strong sense of something very precious having been stolen in these patients, and such people cannot let go of that feeling (Handley, 1995: 108).

Castro (1997: 310) states that the *Natrum muriaticum* patients dislike small talk and can become especially insular when depressed, preferring to be alone. It is rare to see them crying in front of others, but they can, especially to a sympathetic, sensitive ear, when they may cry in spite of themselves. This makes them feel exposed and they respond by getting angry (Castro, 1997: 310).

Whitmont (1993: 103) reports that the experience of separation and of loneliness has to be passed through as a stage of finding oneself. When the demands of this transition prove greater than the strength of the personality, a state of pathology is likely to arise which has its remedy in *Natrum muriaticum* (Whitmont, 1991: 103).

The patient and the *Natrum muriaticum* picture shared the following:

- ❖ Chronic sore throat
- ❖ Chronic sinusitis
- ❖ Desires chocolate
- ❖ Hypertension
- ❖ Arthritic knees
- ❖ Dry scaly skin (Vermeulen, 1997: 1175, 1176, 1180-1182).

5.5.2 Second Consultation

The patient reported feeling much happier, more energetic and sleeping well. Normally she would cry and be upset everyday, now there was only one episode 3 days before this consultation. She said that she realized that she “couldn’t change what happened, but the attitude towards it has changed completely, one has to accept the ups and downs of life”.

She also reported that she didn’t even notice that the knee pain was gone until the researcher asked about it. Her sinusitis was improving and her skin was not as dry and scaly as before. She also stopped drinking alcohol in large quantities, drinking one glass of wine, just once a week at dinner time.

Observations and Vital Signs: The patient looked visibly revitalized. She did not cry once during the interview and smiled cheerfully. The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 10 for re-experiencing, 13 for persistent avoidance and 14 for hyper-arousal. She reported 10 stress episodes per month.

Discussion: The researcher noticed a significant improvement in most of the patient’s symptoms. The fact that patient appeared joyful and positive led the researcher to believe that the remedy was continuing a healing reaction. In this light, it was decided not to intervene with another prescription and placebo powders were given.

5.5.3 Third Consultation

The patient continued to report feeling happy, relaxed and at ease with her self. She was very cheerful and revealed that “the medicines brought her back to earth”. She also mentioned that she had a male companion and was becoming as independent as she used to be, doing her own banking again and socializing with her close friends. The patient also revealed that she had at last accepted the fact that she was adopted and had let go of the anguish and remorse.

Observations and Vital Signs: The patient was immaculately dressed and had had her hair and make-up done. Her skin had a healthy glow and she laughed lightheartedly. The following vital signs were recorded:

- ❖ Blood Pressure : 129/80 (right arm, lying down)
- ❖ Pulse Rate : 68 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 7 for re-experiencing, 11 for persistent avoidance and 10 for hyper-arousal. She reported 3 stress episodes per month.

Discussion: The researcher felt that the remedy, *Natrum muriaticum* appeared to have been the patient’s similimum. The patient had improved remarkably, mentally, emotionally and physically. The researcher concluded that it was not necessary to prescribe further and placebo powders were administered.

5.5.4 Fourth Consultation

The patient reported that she was still feeling great and that her sleep and energy were good. She said that she felt very rested after her sleep. She continued to share a healthy relationship with her companion and was enjoying her once-again found independence. There were no new complaints noted.

Observations and Vital Signs: The patient jested and was in very happy spirits. She looked very relaxed. The following vital signs were recorded:

- ❖ Blood Pressure : 129/80 (right arm, lying down)
- ❖ Pulse Rate : 68 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 6 for re-experiencing, 9 for persistent avoidance and 10 for hyper-arousal. She reported 3 stress episodes per month.

Discussion: *Natrum muriaticum* had stimulated the patient's vital force significantly to maintain physical, emotional and mental well-being. The researcher decided that there was no need for a second prescription.

5.5.5 Final Consultation

The patient continued to maintain good sleeping patterns and energy levels. She was still very positive and also grateful that she was back to health.

Observations and Vital Signs: The patient was vibrantly healthy and appeared well dressed with make-up. The following vital signs were recorded:

- ❖ Blood Pressure : 129/80 (right arm, lying down)
- ❖ Pulse Rate : 68 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 6 for re-experiencing, 9 for persistent avoidance and 10 for hyper-arousal. She reported 0 stress episodes per month.

5.5.6 Overview of Case Five

The improved physical symptoms and the greatly improved disposition, better self-worth, and once again found independence and joy were a clear indication that *Natrum muriaticum*, the patient's similimum, had had a profound consequence on all levels of the patient's health. Cure had been impressed on all levels within the subject. The overall scores improved from 21 in the initial consultation, for re-experiencing to 6 in the final consultation; 26 for persistent avoidance to 9 and 22 for hyper-arousal to 10. The number of post traumatic stress episodes also decreased from 22 episodes per month to 0.

5.6 CASE SIX

5.6.1 First Consultation

Summary of Presenting Case

A fifty year old female presented with PTSD due to the loss of her job six months earlier. She was extremely worried and angry that she had been dismissed so suddenly. She felt depressed, disgraced and trapped and the resultant sadness and depression had led to alcohol abuse.

This patient was excessively proud both in her speech and demeanor, very ambitious and believed that she was disgraced and dishonored. Since the loss of her job, she reported being lazy although she hated 'doing nothing'. Her sleep was very disturbed and this aggravated her. She also reported having a ravenous appetite and loved fresh fruit, vegetables and sea food.

During the consultation, she revealed that she missed the affluence of her past, did not cry easily, and that this change had been "hell on earth". She felt unsupported, belittled, lonely and hopeless. When questioned about her relationships, she referred to one of her male companions as "her little puppy dog that she can't get rid of", and laughed. She laughed also at her assumed disgrace and situation. She listed headaches, sinusitis and chronic cough amongst her complaints.

Medical History: The patient had had a kidney as well as a uterine disorder which she did not feel comfortable disclosing and did not want to explain further. She did not have any children. She was treated for liver cirrhosis and hepatitis in the past.

Current Medication: Treatment for cirrhosis and she took multivitamins regularly.

Observations and Vital Signs: The patient assumed an extremely haughty attitude, almost looking down at everything. She had very full, sensual lips and was perfectly dresses with well-styled hair. She was also charming with a good sense of humor and every now and again would gossip about the people she knew. She also had a visible tremor in both hands. The following vital signs were recorded:

- ❖ Blood Pressure : 120/80 (right arm, lying down)
- ❖ Pulse Rate : 64 beats/minute (regular)
- ❖ Respiratory Rate : 14 breaths/minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 19 for re-experiencing, 23 for persistent avoidance and 25 for hyper-arousal. She reported 19 stress episodes per month.

Psychologically, this patient displayed trust issues, obsessive-compulsive trends and paranoid trends.

Repertorisation

1. MIND- HAUGHTY	1	74
2. MIND- MIRTH	1	131
3. MIND- ALCOHOLISM	1	149
4. MIND- AMBITION	1	2
5. MIND- AILMENTS FROM- honour, wounded	1	18
6. MIND- DELUSIONS- disgraced- she is.	1	10
7. MIND- SADNESS- fortune, from reverse of.	1	16
8. STOMACH APPETITE- ravenous	1	201
9. DREAMS- PLEASANT	1	153

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
staph	plat.	sulph.	nat- m	ign.	lach.	calc.	verat.	puls.	aur.	phos.	lyc.	nux- v.	con.	caust.	cic.	kola.	nat- c	sep.	hyos.	ph- ac.
919	850	820	780	759	719	709	699	689	669	669	650	650	630	629*	609	609	589	589	580	580
1. 2	4	3	1	1	2	1	3	2	1	1	4	1	1	2	1	1	-	-	2	-
2. 1	2	1	1	1	3	2	2	1	2	2	2	-	1	1	1	1	3	1	3	2
3. 1	1	2	2	2	2	2	3	1	2	2	2	2	1	1	1	1	2	2	2	1
4. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. 2	1	-	2	1	-	-	1	-	1	-	-	1	-	-	-	1	-	-	-	-
6. 1	1	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
7. 2	-	2	1	2	2	2	-	2	-	1	-	-	1	1	1	-	1	2	-	2
8. 2	2	2	3	2	1	3	3	3	2	3	3	3	2	2	2	2	2	2	2	2
9. 3	2	2	2	1	2	3	1	3	2	2	1	2	2	1	1	1	3	3	1	2

Motivation for remedy selection

The researcher prescribed *Platinum metallicum* or *Platina* in the 30CH-200CH-1M potencies since it was well represented on repertorisation and matched the totality of the patient's case.

According to Tyler (1952: 658), the remedy *Platina* is especially suited to hysterical women who have undergone fright, prolonged excitement, or for the after-effects of disappointment or shock. This remedy therefore not only inflicts, but cures mental traumatism or wounds of the mind-heart-soul (Tyler, 1952: 658).

Sankaran² (1997: 165) reveals that the *Platina* personality has a feeling of being humiliated, of being crushed down utterly, as if by some huge power.

Handley (1995: 76, 120, 177 and 178) reports that there is a lot of anger and irritability in the *Platina* remedy picture; this keeps them from falling into despair. While outwardly these patients appear confident, imperiously sweeping all before them, inwardly they are struggling against terrifying fears. The great insecurity of *Platina* is masked by an attitude of haughtiness, pride and arrogance. This apparent disdain arises out of their anguished sense of inadequacy. These personalities feel so worthless that they have to keep themselves separate from others. They often express what seems to others to be inappropriate emotions, like laughing at sad things (Handley, 1995: 76, 120, 177, 178).

Chappell (1994: 202) states that the *Platina* individual sees others as small. These things are shown in jests like “I treat them like little boys, these so-called grown up men”. Such throw-away lines frequently indicate the underlying state of superiority (Chappell, 1994: 202).

The following symptoms were noted in both the *Platina* remedy picture and the patient:

- ❖ Tremulousness
- ❖ Sleeplessness and great anxious excitability
- ❖ Ravenous hunger
- ❖ Feels worse on empty stomach (Vermeulen, 1997: 1312, 1315, 1317).

5.6.2 Second Consultation

The patient was in excellent health and reported feeling “wonderful” and very positive. She was sleeping very well and her energy levels had increased. She even started walking and also volunteered her physiotherapy skills even though she received no financial remunerations. She had become very encouraging and more relaxed when relating to people. According to the patient, she had stopped drinking alcohol everyday and only drank wine with supper about twice a week. There was no sign of headaches and she started to refer to her male companion as “her friend” and not the “puppy dog” anymore.

Observations and Vital Signs: The patient appeared as well dressed as before, but more approachable and forthcoming. The following vital signs were recorded:

- ❖ Blood Pressure : 120/80 (right arm, lying down)
- ❖ Pulse Rate : 64 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 9 for re-experiencing, 14 for persistent avoidance and 13 for hyper-arousal. She reported 10 stress episodes per month.

Discussion: The researcher observed an amelioration of most of the patient’s complaints. Her increased energy, amiable mood and better sleep, led the researcher to believe that the remedy was having a positive effect on the patient. Thus no intervention was necessary and the patient was given placebo powders.

5.6.3 Third Consultation

The patient revealed that she still slept well and that her levels of energy were good. She still felt very positive about her future and reported smoking much less than she used to. She was down to 10 cigarettes a day as apposed to over 20 at the first consultation. She also reported giving yoga classes and has begun another job apart from her volunteer work. No other complaints were noted except for conjunctivitis in the right eye which began two days before this consultation. This however, was not causing her any distress.

Observations and Vital Signs: The patient was in a very favourable mood, and was casually dressed with immaculate make-up. The following vital signs were reported:

- ❖ Blood Pressure : 122/80 (right arm, lying down)
- ❖ Pulse Rate : 64 beats/minute (regular)
- ❖ Respiratory Rate : 14 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 6 for re-experiencing, 12 for persistent avoidance and 11 for hyper-arousal. She reported 6 stress episodes per month.

Eye examination – this revealed acute conjunctivitis: burning with muco-purulent discharge; her vision, intra-ocular pressure, cornea, iris and pupil were all normal. The pupillary response to light was also normal.

Discussion: The patient had drastically improved mentally, physically and emotionally. It appeared that *Platinum metallicum* was her similimum remedy. The researcher deduced that it wasn't necessary to prescribe another remedy, so placebo powders were given.

5.6.4 Fourth Consultation

The patient was in eminent good health. The eye complaint had cleared without complications and her good sleeping patterns and energy had continued to be maintained. She reported no new symptoms and was very pleased with her jobs. She remained positive and had made new friends.

Observations and Vital Signs: The patient's skin had a healthy hue and she smiled often during the interview. Her intelligent sense of humour was very pleasant. The following vital signs were recorded:

- ❖ Blood Pressure : 122/80 (right arm, lying down)
- ❖ Pulse Rate : 64 beats/minute (regular)
- ❖ Respiratory Rate : 14 breaths/minute (regular)
- ❖ Temperature : 37.1 degrees Celsius (normal)

The patient scored 5 for re-experiencing, 10 for persistent avoidance and 9 for hyper-arousal. She reported 2 stress episodes per month.

Discussion: The remedy *Platinum metallicum* sufficiently stimulated the patient's vital force to maintain mental, emotional and physical betterment. The researcher saw no need for a second prescription.

5.6.5 Final Consultation

The patient continued to report good health, sleep patterns and energy levels. No new symptoms were divulged.

Observations and Vital Signs: The patient appeared to be the epitome of health. She smiled and laughed often during the interview and was very pleasant. The following vital signs were recorded:

- ❖ Blood Pressure : 122/80 (right arm, lying down)
- ❖ Pulse Rate : 64 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 5 for re-experiencing, 9 for persistent avoidance and 9 for hyper-arousal. She reported 0 stress episodes per month.

5.6.6 Overview of Case Six

The patient's notable contentment, improved physical symptoms, sincere amiability and positive outlook were a transparent indication that her similimum, *Platinum metallicum*, had affected a cure on all levels of the patient. The overall scores improved from 19 in the initial consultation, for re-experiencing to 5 in the final consultation; 23 for persistent avoidance to 9 and 25 for hyper-arousal to 9. The number of post traumatic stress episodes also decreased from 19 episodes per month to 0.

5.7 CASE SEVEN

5.7.1 First Consultation

Summary of Presenting Case

A fifty two year old female presented with PTSD after being raped and assaulted. After this trauma she was physically abused by her partner. She was extremely angry and felt victimized and claustrophobic. She could not cry and reported partial amnesia of the rape and assault. She was also extremely suspicious and believed that everyone was out to get her. Her sleep was not disturbed yet she awoke exhausted every morning. She also believed that she had to maintain her dignity and not show people that she could “lose it”.

This patient revealed that her childhood was sad and that she did not have a relationship with her mother. She married very young to “get out of the family” and divorced later because this relationship was abusive. She remarried, but the relationship was also abusive and ended in divorce. Her relationship after this one terminated when her partner abused her after the rape and assault. She blamed him constantly for putting her out of work. Her great fear was being hijacked and killed and she believed that she was too ill to do anything and thus would not work until she was better.

Amongst her physical complaints the patient named sinusitis with chronic post-nasal drip, eczema on the upper and lower limbs, throat infections throughout the year, back pain whenever she got up from a sitting position and headaches with pressure on the vertex accompanied by neck and shoulder pain.

The patient complained of being “dead tired” and very thirsty. She revealed that she hated windy and very hot weather and was generally aggravated by rich foods and

coffee. She loved salty foods. She also divulged wanting to be independent and also becoming so angry that she felt as if she could kill or hit or throw things. She also reported that she needed to keep active or she would feel ill.

Medical History: The patient experienced a very difficult pregnancy and labour and thus had only one child. She had facial reconstructive surgery after the assault and physiotherapy as well as occupational therapy and hydrotherapy for over a year after that.

Current Medication: Patient was on warfarin therapy.

Observations and Vital Signs: The patient appeared very pleasant although weary, conscious of her environment, restrained and reticent. There was also conspicuous titubation or nodding of the head. The following vital signs were recorded:

- ❖ Blood Pressure : 130/80 (right arm, lying down)
- ❖ Pulse Rate : 68 beats/minute (regular)
- ❖ Respiratory Rate : 16 breaths/minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 13 for re-experiencing, 26 for persistent avoidance and 29 for hyper-arousal. She reported 12 stress episodes per month.

Repertorisation

1. MIND- SUSPICIOUS	1	133
2. MIND- DELUSIONS- persecuted.	1	2
3. MIND- ACTIVITY- desires	1	117
4. GENERALS- FOOD and DRINKS- salt- desires.	1	102
5. GENERALS- FOOD and DRINKS- coffee- agg.	1	85
6. SKIN- ERUPTIONS- eczema	1	166
7. BACK- PAIN- rising- sitting, from.	1	50
8. HEAD- CONSTRICTION- vertex.	1	42
9. GENERALS- INFLAMMATION- sinuses, of.	1	79

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
calc.	phos.	sulph.	sep.	ars.	lyc.	caust..	sil.	merc.	puls.	thuj.	nat-s.	kali-bi.	carc.	chin.	nat-m	stann.	canth.	staph.	ign.	calc-s.
900	900	869	860	780	740	730	719	710	669	660	640	639	619	619	600	569	560	560	559	540
1. 1	2	3	2	3	4	3	1	2	3	1	1	1	1	1	-	2	1	2	1	1
2. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. 2	3	2	2	2	-	-	1	-	1	-	-	-	1	1	-	3	1	1	2	-
4. 2	4	1	1	1	-	2	1	1	-	2	1	-	2	2	4	-	-	-	-	1
5. 1	-	1	1	1	2	3	-	2	2	2	2	1	1	1	1	2	3	-	3	-
6. 3	3	4	3	3	3	2	2	2	1	2	2	1	1	1	3	-	1	2	-	3
7. 2	3	3	1	2	1	3	2	3	3	1	1	2	-	-	-	-	2	2	-	2
8. 1	1	-	1	-	1	-	-	-	-	-	-	1	-	1	1	1	-	1	1	-
9. 2	2	2	1	1	1	1	3	2	1	1	1	2	1	-	1	1	-	-	1	1

Motivation for remedy selection

The remedy *Delphinium staphysagria* (Larkspur) in the 30CH-200CH-1M potencies was selected, as it covered the totality of the case and was fairly represented on the repertorisation.

According to Vithoulkas¹ (1998: 187), the *Staphysagria* patient offers very little information at the outset. They tend to talk only about the specific problems and it is

not that they are closed, but merely reluctant to become burdensome to the practitioner.

Chappell (1994: 209-210) reveals that *Delphinium staphysagria* is the main victim remedy in assaults like rape where abuse and rage are paramount. This remedy is useful for people stuck in patterns of repeatedly being violated or people whose relationships are always with spouses that violate them. These patients remain nice and smiling whatever the situation and they tell the practitioner that they are terrible when angry with tendencies to throw things, slam doors and break things (Chappell, 1994: 209-210).

Castro (1997: 341-343) states that *Staphysagria* patients tend to be inhibited emotionally although they feel things strongly. They have a tendency to blame others and pretend to be okay when they feel depressed. Some symptoms that were notable on both the case and in the Materia Medica picture of *Delphinium staphysagria* included: pressure on vertex; pressure and tension in the neck; unrefreshing sleep; exhaustion; dry, itchy eczema; aggravation by the least touch; violent outbursts; poor memory and a delusion that she was pursued (Vermeulen, 1997: 1514, 1515, 1519).

5.7.2 Second Consultation

The patient reported not being tired anymore. Her back pain, sore throat, sinusitis and eczema had all cleared although her sleep had not been good 3 days earlier before this consultation. She was able to concentrate on tasks better than before but still believed she was too fragile and ill to work. She revealed feeling “imprisoned” and “damaged” and was quite easily offended when questioned about why she believed she could not work. She reported feeling less worried about her daughter.

Observations and Vital Signs: The patient looked reserved and there were no signs of titubation. She appeared over-sensitive and irritable. The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 8 for re-experiencing, 19 for persistent avoidance and 15 for hyper-arousal. She reported 9 stress episodes per month.

Discussion: Despite the physical amelioration, the researcher observed that the patient was showing unsatisfactory progress with regards to her mental and emotional symptoms. This improvement was not in accordance with Herrings’ Law of Cure. The researcher elected to re-repertorise based on the new information obtained.

Repertorisation

1. MIND- DELUSIONS- body- brittle, is	1	11
2. SKIN- ERUPTIONS- covered parts	1	2
3. SKIN- ERUPTIONS- eczema	1	166

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
thuj.	led.	chel.	sars.	fl- ac	rad-b	falco- pe.	graph.	rhus- t.	sulph.	alumn.	anthraci.	ars- i.	ars.	aur- m- n.	aur- m.	bar- c.	bar- m.	bov.	calad.	calc- p.
475	275	220	220	200	200	200	179	179	179	120	120	120	120	120	120	120	120	120	120	120
1. 2	-	1	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. 2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. 2	1	2	2	1	1	1	4	4	4	2	3	3	3	2	2	3	3	3	2	2

Motivation for Remedy Selection

Thuja occidentalis (White Cedar) was prescribed in the 30CH-200CH-1M potencies. The remedy was strongly represented on repertorisation and covered the totality of the case.

According to Tyler (1952: 820), the *Thuja occidentalis* personality has fixed ideas, as if the body was brittle and would break easily. Handley (1995: 204-206) states that *Thuja* personalities are cautious and mistrustful, secretive, closed and wary of giving anything away. They often do not look as if they are happy in their bodies, and can look stiff and solid. They are easily upset by the slightest contradiction and are touchy over petty things as well. Their sleep can be disturbed (Handley, 1995: 204-206).

5.7.3 Third Consultation:

The patient felt very healthy. She was very optimistic and believed she would get better. She talked openly and for longer and also explained how she felt emotionally. She was happy that the medicines were “working for her”. She revealed that her “brain didn’t feel tired anymore”. Her energy levels as well as her sleep patterns improved remarkably. No other complaints were observed by the patient.

Observations and Vital Signs: The patient looked vibrantly healthy. The following vital signs were recorded:

- ❖ Blood Pressure : 128/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)

- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 7 for re-experiencing, 15 for persistent avoidance and 13 for hyper-arousal. She reported 9 stress episodes per month.

Discussion: The remedy assisted to induce remarkable improvement on the mental, emotional and physical levels, thus motivating wholistic cure. The researcher therefore elected to give placebo powders.

5.7.4 Fourth Consultation

The patient continued to report good health, sleep and energy levels. She had acquired two new female friends and revealed no complaints. She started working and was gaining an income and her independence.

Observations and Vital Signs: The patient was well-dressed and had had a manicure. She was still very optimistic and thankful. The following vital signs were recorded:

- ❖ Blood Pressure : 128/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 14 breaths/minute (regular)
- ❖ Temperature : 36.6 degrees Celsius (normal)

The patient scored 5 for re-experiencing, 12 for persistent avoidance and 8 for hyper-arousal. She reported 0 stress episodes per month.

Discussion: The subjective information given by the patient led the researcher to believe that the remedy was continuing to stimulate the vital force to evoke mental, emotional and physical healing. Moreover, the patient remained optimistic and made situation changing choices. The researcher felt that the similimum did not need to be repeated at this time.

5.7.5 Final Consultation

The patient continued to report good health, sleep patterns and energy levels. She revealed no new complaints and was enjoying her job and independence.

Observations and Vital Signs: The patient was still very positive and appeared healthy and joyful. The following vital signs were recorded:

- ❖ Blood Pressure : 128/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 14 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 5 for re-experiencing, 12 for persistent avoidance and 8 for hyper-arousal. She reported 0 stress episodes per month.

5.7.6 Overview of Case Seven

Following the administration of the first remedy, *Deplhinium Staphysagria*, most of the patient's physical symptoms relating to PTSD improved, yet she experienced little improvement in her sleep and mental symptoms. The researcher therefore believed that this remedy was not her similimum. The patient's encouraging

response to the prescription of *Thuja occidentalis* pointed to the researcher that this was the correct similimum. She progressed well and had maintained vibrancy and optimism. The overall scores improved from 13 in the initial consultation, for re-experiencing to 5 in the final consultation; 26 for persistent avoidance to 12 and 29 for hyper-arousal to 8. The number of post traumatic stress episodes also decreased from 12 episodes per month to 0.

5.8 CASE EIGHT

5.8.1 First Consultation

Summary of presenting Case

A thirty one year old female presented with PTSD together with intermittent panic attacks. These episodes came about after her fiancé was killed while they passed a hijacking- in- progress five years previously. She was devastated by this because she planned her entire future with this person and believed that her life had ended. Ever since this, she had become extra cautious and constantly on guard. She felt extreme guilt, anxiety and worry and also revealed that she “needed someone strong to lean on now”. Her greatest fear was losing her daughter and her husband.

The patient revealed that she gave too much, could not say “no” and hated confrontations. She was easily bored, could not bear consolation and fuss and had unexpected outbursts of anger. She described herself as very friendly yet lonely because she would not allow her friends to really know her; creative; sensitive and dwelling often in the past. She also expressed her desire to lose weight.

Among her physical symptoms were: premenstrual stress with backache; difficult sleep, and then sleeping during the day; constipation; asthma; oedema and back pain. She reported a tremendous love for the coast and a preference for moderate weather. She also reported that she hated all slimy foods and breads.

Medical History: The patient experienced a very traumatic birth with her daughter and gained weight thereafter. She was on the oral-contraceptive pill. She developed asthma after her fiancé was killed and smoked about 20 cigarettes per day.

Current Medication: Medication for hypothyroidism and asthma pumps when needed (approximately 3 times a week).

Observations and vital Signs: The patient was extremely cheerful and funny. Her laughter alternated with tears and she was embarrassed about this and very irritated with herself. The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm, lying down)
- ❖ Pulse Rate : 60 beats/minute (regular)
- ❖ Respiratory Rate : 19 breaths/minute (regular)
- ❖ Temperature : 37.2 degrees Celsius (normal)

The patient scored 20 for re-experiencing, 27 for persistent avoidance and 23 for hyper-arousal. She reported 19 stress episodes per month.

Repertorisation

1. MIND- ANXIETY FROM- disappointment.	1	41
2. MIND- ANXIETY- future, about.	1	146
3. MIND- LAUGHING- alternating with- weeping.	1	44
4. MIND- ENNUI- tedium.	1	85
5. MIND- BENEVOLENCE	1	28
6. MIND- CAUTIOUS	1	47
7. GENERALS- FOOD and DRINKS- bread- aversion.	1	48
8. GENERALS- FOOD and DRINKS- slimy food- aversion.	1	3
9. BACK- PAIN- lumbar region- menses- before	1	40

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
nat- m	calc.	puls.	nux- v	phos.	sulph	ign.	sep.	lach.	nit- ac.	aur.	con.	plat.	merc.	acon.	lyc.	carc.	tarent.	chin.	ph- ac.	mag- c.
1085	964	789	780	769	759	744	719	660	659	650	560	544	529	519	519	500	500	480	469	440
1. 3	-	3	2	1	-	4	1	2	-	3	-	1	3	1	2	1	-	-	3	-
2. 2	3	2	2	3	2	-	2	2	2	1	2	1	1	1	-	1	1	2	2	1
3. 1	2	3	1	2	1	2	1	-	-	2	1	2	3	2	2	-	1	-	-	-
4. 1	1	-	2	1	1	1	-	1	1	1	2	1	3	-	3	1	1	1	-	1
5. 1	1	-	1	1	1	1	-	1	1	1	-	-	-	-	-	1	-	-	-	-
6. 1	1	3	1	-	1	2	1	1	1	1	2	2	-	1	-	1	1	1	1	-
7. 3	2	2	2	2	2	1	2	2	2	-	2	-	-	-	2	-	1	3	2	2
8. 2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. 1	2	1	-	1	2	-	3	-	2	-	1	-	-	1	-	-	-	-	-	2

Motivation for the Remedy Selection

The researcher elected to prescribe *Natrum muriaticum* (Chloride of Sodium) in the 30CH-200CH-1M potencies. The remedy was very well indicated on repertorisation and fitted the totality of the case. Sankaran² (1997: 144, 145) reports that the main feeling of *Natrum muriaticum* is that they will be let down or betrayed or disappointed by the person their trust depends on, or by the one they love. These patients experience tremendous grief after the death of someone dear and since they invest everything in one person or one relationship, they nourish and dwell on the grief (Sankaran², 1997: 144, 145).

Bailey (1995: 176, 182, 184-186, 214 and 216) records that *Natrum muriaticum* patients tend to stage-manage their lives and leave nothing to chance. They hate upsetting people and avoid becoming emotional since it opens up their wounds inside. They are addicted to giving in order to win approval and they feel guilty if they don't. These personalities hide behind a façade of cheerfulness and there is a sense of unworthiness, often putting themselves down and denying compliments. They have intense fears of losing a loved one and dreads that something fatal will happen to their children. *Natrum* parents are extremely conscientious in providing for their children and have tendency to panic attacks which severely curtails their activities (Bailey, 1995: 176, 182, 184-186, 214, 216).

The patient and the remedy picture of *Natrum muriaticum* both shared the following symptoms:

- ❖ tears alternating with laughter
- ❖ hates consolation
- ❖ menstrual headache, worse from the sun
- ❖ sinusitis and loss of smell and taste
- ❖ craving for salt and aversion to bread and slimy foods
- ❖ great thirst
- ❖ numbness and tingling in the lower extremities (Boericke, 2001 : 459-461).

5.8.2 Second Consultation

Patient was responding well to treatment. She was sleeping very well, awoke refreshed and felt energetic throughout the day. She was dreaming of her past and of beautiful natural landscapes whereas she never used to before. She reported

perspiring a lot which made her feel good afterwards and was telling people “where to get off”. She did not want to be “a doormat” anymore.

She also reported not having bouts of premenstrual stress, asthma attacks or constipation throughout the past month. She divulged that she did not cry as much as she used to and was “standing her ground”. Her procrastination had diminished considerably as did her back pain, anxiety and depression.

Observations and Vital Signs: The patient was vivacious and very enthusiastic about the treatment. She was well dressed with more make-up than usual. The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 19 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 11 for re-experiencing, 16 for persistent avoidance and 16 for hyper-arousal. She reported 10 stress episodes per month.

Discussion: The remedy helped produce amelioration on the mental, physical and emotional spheres. Her dreams of nature and her past may be seen as a positive sign that the remedy was affecting wholistic cure. This information urged the researcher to not interfere and placebo powders were thus prescribed.

5.8.3 Third Consultation

The patient continued to respond well. Her energy and her good sleeping patterns were maintained. She reported that people were treating her badly because she was no longer the doormat and they could not deal with that. This however did not bother her at all. She revealed that her willpower was stronger and that she had greater faith in people and more confidence in herself. No new physical complaints were noted.

Observations and Vital Signs: The patient was extremely optimistic and looked vibrant. The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 17 breaths/minute (regular)
- ❖ Temperature : 37.1 degrees Celsius (normal)

The patient scored 6 for re-experiencing, 11 for persistent avoidance and 7 for hyper-arousal. She reported 2 stress episodes per month.

Discussion: The subjects' tremendous improvement and lack of new symptoms indicated that the remedy continued its' action on the patient's vital force. The researcher decided not to intervene with a second prescription and thus prescribed placebo powders.

5.8.4 Fourth Consultation

The patient reported being focused and determined. She had realized her talents and had become very supportive and encouraging toward her husband. This had

enhanced their relationship. She was able to trust herself more and was able to prioritise her life. Her sleep as well as her energy was still good and she reported smoking less. She also revealed that she remembered her deceased fiancé and “had made peace with it all”. No new physical complaints were mentioned.

Observations and Vital Signs: The patient looked very determined and was exuberant. The following vital signs were recorded:

- ❖ Blood Pressure : 128/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 17 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 5 for re-experiencing, 11 for persistent avoidance and 7 for hyper-arousal. She reported 1 stress episode per month.

Discussion: The patient’s positive attitude and remarkable well-being was interpreted as a continued positive reaction to her similitum remedy. The lack of new symptoms together with the researcher’s observations pointed toward wholistic progress. Thus, no powders were prescribed.

5.8.5 Final Consultation

The patient continued to maintain good focus, sleep patterns, energy levels and determination. She reported no new symptoms.

Observations and Vital Signs: The patient looked healthy and appeared happy. The following vital signs were recorded:

- ❖ Blood Pressure : 128/80 (right arm, lying down)

- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 16 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 5 for re-experiencing, 12 for persistent avoidance and 8 for hyper-arousal. She reported 1 stress episode per month.

5.8.6 Overview of Case Eight

After prescribing *Natrum muriaticum*, the patient's vital force responded extraordinarily by evoking great amelioration on the mental, emotional and physical levels. This response was perceived to be holistic and in accordance with the homoeopathic principles of cure. The overall scores improved from 20 in the initial consultation, for re-experiencing to 5 in the final consultation; 27 for persistent avoidance to 12 and 23 for hyper-arousal to 8. The number of post traumatic stress episodes also decreased from 19 episodes per month to 1.

5.9 CASE NINE

5.9.1 First consultation

Summary of Presenting Case

A thirty seven year old female presented with PTSD which was due to an attempted murder and hijacking by her ex-husband. After the attempt on her life, her home and car were burnt and she lost everything. She revealed that she felt trapped and miserable and wanted to run away from everything. She lived in constant anxiety and fear for herself and for the life of her child. Ever since the episode she had been unable to sleep and concentrate and got ill often, which demanded visits to her general practitioner.

This patient also divulged that she had no interest in work nor in sexual relations and that which used to make her happy made her feel empty now. She was extremely forgetful and depressed and revealed that she hated being controlled. She always felt very tired and apathetic and mentioned that she “could just sit or sleep the whole day”.

Among her general complaints were cravings for chocolates and sour food and an aversion to all fatty foods. Her appetite was low and she was not usually thirsty. She hated cold weather and loved the fresh air. She also reported pre-menstrual stress and cramping as well as side-effects such as headaches and low energy ever since she took the oral contraceptive pill. She subsequently stopped taking it. Her sleep was erratic and she had nightmares every night.

Her physical complaints included a heavy, outward-pressive pain on the head; cramping of calves, hands and face; recurrent tonsillitis; photophobia and heartburn. She was very sensitive to pain and felt chilly even though the weather was hot. She was also hot to the touch.

Medical History: The patient had two pregnancies, both with caesarian section and no complications. She had an intra-uterine device removed in late 2002.

Current Medication: The patient was taking anxiolytics and anti-depressants for the past six months.

Observations and Vital Signs: The patient was observed to be reticent, moody, listless and indifferent. She answered quietly but became extremely angry when contradicted on further questioning. The following vital signs were recorded:

- ❖ Blood Pressure : 90/65 (right arm, lying down)
- ❖ Pulse Rate : 50 beats/minute (regular)
- ❖ Respiratory Rate : 12 breaths/minute (regular)
- ❖ Temperature : 37.2 degrees Celsius (normal)

The patient scored 25 for re-experiencing, 30 for persistent avoidance and 27 for hyper-arousal. She reported 25 stress episodes per month.

Repertorisation

1. MIND- INDIFFERENCE- apathy- children, to her and life, to and work	1	30
2. MIND- ANGER- contradiction, from	1	50
3. GENERALS- FOOD and DRINKS- sour foods, acids- desires	1	136
4. GENERALS- FOOD and DRINKS- fats- aversion	1	83
5. GENERALS- HISTORY- personal- tonsillitis- of recurrent	1	23
6. HEAD- PAIN- pressing- outward	1	88
7. EXTREMITIES- CRAMPS- forearm and leg- calf	1	176
8. EYE- PHOTOPHOBIA	1	226
9. FEMALE- MENSES- painful	1	114

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
sep	lyc	sulph	calc	nat- m	hep	phos	sil	ars	merc	bry	lach	puls	verat	ferr	arg- n	calc- p	ign	ph- ac	con	acon
1350	939	919	689	589	580	580	569	560	519	519	519	480	480	460	459	459	440	440	440	419
1. 4	2	1	-	-	-	4	-	2	2	-	-	-	-	-	-	-	-	-	-	-
2. 3	3	-	-	-	-	-	2	1	1	2	-	-	2	3	-	1	3	-	-	-
3. 2	1	2	2	2	3	2	-	2	-	2	2	2	3	2	1	-	2	2	2	3
4. 2	1	2	1	2	2	1	2	2	2	2	-	3	-	1	1	-	-	-	-	-
5. 1	1	1	-	-	2	-	2	-	-	-	1	-	-	-	-	1	-	-	-	-
6. 2	1	1	1	3	1	-	2	1	2	2	3	1	-	1	1	-	1	2	1	2
7. 2	3	3	3	2	3	2	3	2	1	1	1	1	2	2	3	3	1	2	2	2
8. 2	3	3	3	3	2	2	2	3	3	2	2	2	2	1	3	2	2	1	3	3
9. 3	3	3	3	3	1	2	1	-	2	1	3	3	3	1	1	3	1	2	2	-

Motivation for Remedy Selection

The selected remedy was *Sepia succus* (remedy made from the inky liquid secreted by the cuttlefish) given in the 30CH-200CH-1M potencies. *Sepia succus* featured in almost every symptom selected for repertorisation.

According to Coulter (1986: 126), the *Sepia* patient is not intrinsically devoid of emotion. Their feelings run strong and deep. They love their family but are too exhausted to feel anything but the need to get through the days' work and survive the next. Simply, they have no physical or emotional energy left for love (Coulter, 1986: 126).

Handley (1995: 109, 185 and 186) reports, that there is a less active version of *Sepia* in which they are predominantly silent, moody, uninterested and indifferent. They can sit and do nothing. These patients feel trapped and want to escape. Emotions are strongly and clearly related to their hormones - they are affected by the oral contraceptive pill more than others, developing headaches, low blood pressure or low blood sugar levels. Their grief is marked by extreme fatigue and irritability and accompanied by a flat indifference to all (Handley, 1995: 109, 185, 186).

Castro (1997: 334-336) states that these patient's find it hard to rouse themselves to do anything, including think. They respond to sympathy with irritability, preferring to be alone and quiet. In this state, their irritability can erupt in angry outbursts if contradicted. These personality types are tense, chilly and tend to feel weary on waking (Castro, 1997: 334-336).

The patient's symptoms and the Materia Medica picture of the remedy had the following in common:

- ❖ angry, sensitive irritable, easily offended
- ❖ aversion to family and loved ones
- ❖ loss of sex-drive
- ❖ feels cold even in warm room
- ❖ over-sensitive to noise
- ❖ desires chocolate, vinegar, acids, pickles,
- ❖ hates fat
- ❖ Causation: ill-effects of anger, blows, injury, and birth control pills (Murphy, 1995: 1545-1547).

5.9.2 Second Consultation

The patient responded adequately to the remedy reporting improvement in headaches, appetite, cramping, vital heat and menstrual pain. She felt that she changed and revealed that she was not as tired and was actually able to do house chores. However, two weeks ago she had to appear in court to testify against her ex-husband and was exhausted by the entire ordeal. She developed anxiety attacks and her silent anger led to palpitations. She felt trapped and also reported becoming constipated. She was humiliated and revealed that she could not remember when she experienced any joy. She also said that her job was something she had to do, but did not have any feelings inside.

Observations and Vital Signs: The patient had a vacant numbed expression. She was slow to speak, answer and think and sat slumped on the chair not wanting to move. The following vital signs were recorded:

- ❖ Blood Pressure : 90/65 (right arm, lying down)
- ❖ Pulse Rate : 50 beats/minute (regular)
- ❖ Respiratory Rate : 12 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 15 for re-experiencing, 19 for persistent avoidance and 16 for hyper-arousal. She reported 16 stress episodes per month.

Discussion: The patient experienced slight betterment initially, but an external event caused a relapse of most of her mental symptoms. This was not in agreement with Herings' Law of Cure and the researcher elected to re-repertorise based on information obtained as well as the patient's entire disposition during the consultation.

Repertorisation

1. MIND- INDIFFERENCE- apathy	1	323
2. HEAD- PAIN- crushed- vertex	1	2
3. GENERALS- WEAKNESS	1	747
4. GENERALS- EXERTION- physical- agg.	1	209
5. EXTREMITIES- WEAKNESS- hand	1	79

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
merc.	kali- bi.	nat- s.	nit- ac.	stann.	alum.	arn.	ars.	bov.	calc.	chin.	ph- ac.	fl- ac.	gels.	kali- c.	lach.	lyc.	nat- c.	nat- m.	nat- p.	phos.
450	440	440	440	440	430	430	430	430	430	430	430	430	430	430	430	430	430	430	430	430
1. 2	1	1	2	1	3	2	2	2	2	3	1	1	2	2	2	2	3	3	3	3
2. -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. 3	2	3	3	3	2	3	3	1	3	3	2	2	3	3	3	2	2	3	3	3
4. 2	2	2	1	3	3	3	3	1	3	2	1	1	3	2	2	2	3	3	2	2
5. 2	2	2	2	2	1	1	1	2	1	1	2	2	1	1	1	1	1	1	1	1

Motivation for Remedy Selection

The researcher prescribed *Phosphoricum acidum* (a remedy made from a combination of oxygen with phosphorus) in the 200CH-1M-10M potencies. The remedy was strongly represented on repertorisation and covered the totality of the case.

According to Castro (1997: 323), the *Phosphoricum acidum* types sink into an apathetic state after an emotional trauma, which is worse on the mental level - they do not want to talk, think or to answer questions because they cannot concentrate. These patients speak slowly; answer monosyllabically and there is a very still depressiveness about them (Castro, 1997: 323).

Chappell (1994: 198) reports that these personalities are worn-out and tired with no feelings. Nevertheless, they can work long hours as passive workhorses. They tend to be worse than the *Sepia* picture (Chappell, 1994: 198).

Sankaran⁴ (1995: 184, 299) states that the *Phosphoricum acidum* mental state is one of sleepiness, brooding, aversion to business, indifference, hopelessness and despair. Corresponding in the body there is weakness, lack of energy and the disposition to lie down. It is a situation of one who made the effort and has become so tired that they doubt their capacity to climb further (Sankaran⁴, 1995: 184, 299). Despite all their love and caring, when disappointed by those they cared for, these patients become tired and apathetic (Sankaran³, 1995: 199).

The following symptoms were shared by the patient and the remedy picture of *Phosphoricum acidum*:

- ❖ Distended abdomen
- ❖ Heavy back pain
- ❖ Loss of appetite great weakness of limbs
- ❖ Sleepy by day
- ❖ Chilliness
- ❖ Listlessness (Murphy, 1995: 1297-1299).

5.9.3 Third Consultation

The patient reported sleeping very well and her energy levels were greatly increased. She was feeling healthier and maintaining a good appetite. She revealed that she does not worry about the past and was optimistic about her relationship with her family. She also revealed that she could finally take on her life even though she went through what she did. She reported no anxiety attacks, headaches, nor constipation and believed that she was going to be well. No other complaints were noted.

Observations and Vital Signs: The patient was very calm and exuded health and optimism. The following vital signs were recorded:

- ❖ Blood Pressure : 102/70 (right arm, lying down)
- ❖ Pulse Rate : 57 beats/minute (regular)
- ❖ Respiratory Rate : 14 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 9 for re-experiencing, 12 for persistent avoidance and 11 for hyper-arousal. She reported 2 stress episodes per month.

Discussion: The remedy helped to re-establish holistic balance on the patient's mental, emotional and physical spheres, thus maintaining health. Her remarkable improvement and optimistic attitude were sufficient to convince the researcher that another prescription was not necessary, thus placebo powders were prescribed.

5.9.4 Fourth Consultation

The patient continued to exhibit good sleeping patterns, energy levels and appetite. She reported feeling well, healthy and calm. There were no new changes reported and she was looking forward to her holiday away with her family.

Observations and Vital Signs: The patient looked very happy and was extremely pleasant. The following vital signs were recorded:

- ❖ Blood Pressure : 102/70 (right arm, lying down)
- ❖ Pulse Rate : 57 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 36.9 degrees Celsius (normal)

The patient scored 6 for re-experiencing, 11 for persistent avoidance and 9 for hyper-arousal. She reported 2 stress episodes per month.

Discussion: The patient continued to react positively to the remedy. *Phosphoricum acidum* helped to maintain overall well-being. The researcher saw no need for another prescription.

5.9.5 Final Consultation

The patient reported good health, sleep, appetite and energy levels. No new complaints were reported.

Observations and Vital Signs: The patient appeared healthy and happy and was still very pleasant. The following vital signs were recorded:

- ❖ Blood Pressure : 102/70 (right arm, lying down)
- ❖ Pulse Rate : 57 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 6 for re-experiencing, 11 for persistent avoidance and 8 for hyper-arousal. She reported 2 stress episodes per month.

5.9.6 Overview of Case Nine

After the initial remedy, *Sepia succus*, the patient's symptoms did improve, yet this action was not profound enough to maintain overall well-being, especially where external circumstances came into play. This remedy was only a partial remedy for the patient. The second remedy, *Phosphoricum acidum*, was assumed to be the patient's similimum after the definite reaction was noted on the mental, emotional and physical levels. This reaction was profound enough to stimulate an optimistic outlook and an enormous shift in the patient's perception of her "self". The overall scores improved from 25 in the initial consultation, for re-experiencing to 6 in the final consultation; 30 for persistent avoidance to 11 and 27 for hyper-arousal to 8. The number of post traumatic stress episodes also decreased from 25 episodes per month to 2.

5.10 CASE TEN

5.10.1 First Consultation

Summary of Presenting Case

A fifty year old female presented with PTSD due to the death of her son in a motor vehicle accident three years earlier. She was still coming to terms with the fact that he developed skin cancer, so the motor vehicle accident was a total shock and was still extremely difficult for her to accept. She revealed that the death brought back memories of a painful divorce after she became an alcoholic. The alcoholism was due to her lack of self-esteem and reluctance to accept that her husband had female colleagues and used to associate with them at social gatherings. Her feelings at present were of being left-out because she believed that she was not being told the entire truth of her son's death. She mentioned not being able to cry about the death nor show any emotion.

The patient revealed that she felt like she was a burden to her family. She was extremely unhappy and lonely because her children had emigrated. She made it a point to talk to them as often as possible. She also divulged that she was mistrustful of anybody and resentful of the fact that her son died. She said further that she did not want to upset anybody and always wanted to be nice and accepted. This was reinforced when she mentioned that she called her ex-husband in Europe to find out how he was.

This patient had chronic insomnia and a very poor appetite. She was very tired during the day and mentioned that rich foods (cream, oil, butter) aggravated her. Among her physical complaints were tremors in the hands, liver cirrhosis, heart burn and indigestion, headache whenever she felt stressed (approximately 3 times per week) and very sensitive skin. She also reported gingivitis and stomatitis.

Medical History: The patient had been admitted twice to psychiatric institutions in the past ten years. She was on potent anti-depressants and medication for liver cirrhosis in the past. She was allergic to penicillin and was in the initial stages of menopause.

Current Medication: Medicine for liver cirrhosis and B-vitamin supplements.

Observation and Vital Signs: This patient was forgetful and concentration was very difficult. She had no self-confidence and had a flat, sad, serious expression. She was reluctant to smile and laugh and appeared extremely timid, agitated and withdrawn. She stammered throughout the interview and constantly apologized. She never answered a question directly, going to another topic instead. Her attire was untidy and unclean.

The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm lying down)
- ❖ Pulse Rate : 80 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37.3 degrees Celsius (normal)

The patient scored 21 for re-experiencing, 29 for persistent avoidance and 30 for hyper-arousal. She reported 25 stress episodes per month.

Repertorisation

1. MIND- CONFIDENCE- want of self-confidence	1	149
2. MIND- TIMIDITY	1	148
3. MIND- ALCOHOLISM	1	149
4. MIND- SERIOUS- earnest	1	99
5. MIND- THOUGHTS- disconnected	1	41
6. MOUTH- SPEECH- stammering	1	76
7. SLEEP- SLEEPLESSNESS- night	1	79
8. GENERALS- FOOD and DRINKS- rich food- agg.	1	36
9. STOMACH- APPETITE- diminished	1	245

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
sulph.	nux-	nat-	caust	ars.	thuj.	hyos.	chin.	nat-	lyc.	puls.	sep.	bell.	merc.	phos.	con.	sil.	lac-	lach.	plb.	carb-
980	925	905	890	869	850	839	810	800	790	790	785	784	780	780	770	759	750	749	739	730
1. 1	2	1	1	1	1	1	2	2	2	2	-	1	1	1	1	3	1	1	1	1
2. 3	2	3	2	2	1	1	2	2	3	4	3	1	2	3	2	4	1	1	3	2
3. 2	2	2	1	1	1	2	3	2	2	1	2	2	1	2	1	2	2	2	1	2
4. 1	1	2	1	3	3	1	2	2	2	1	2	1	2	-	2	1	3	1	1	-
5. 1	2	2	-	-	-	1	1	-	1	-	-	2	-	-	-	-	-	-	-	-
6. 2	2	2	3	1	1	1	-	-	1	-	1	3	3	2	1	-	1	2	1	-
7. 2	2	-	2	2	2	2	2	2	-	-	1	-	1	2	2	2	1	1	2	1
8. 1	-	1	1	1	1	-	-	1	-	3	2	-	-	1	-	-	-	-	-	3
9. 1	1	1	2	1	1	1	1	1	2	1	1	1	1	1	2	1	1	2	1	1

Motivation for Remedy Selection

The researcher prescribed *Lac caninum* (a remedy made from dogs' milk) in the 30CH-200CH-1M potencies.

Sankaran⁴ (1995: 285, 286) states that the central feeling of *Lac caninum* is "I am not good enough, nobody likes or can like me, I am not clever enough". These personalities totally lack self-confidence, loath life and descend into a tremendous depression. They think that they matter little. Sometimes these patients get angry and can get rude and quarrelsome and believe that they have been given a raw deal.

The *Lac caninum* state could arise in a marital relationship for example, where the husband and wife were equal partners, but now one partner remains active and popular and the other is not. One spouse believes that nobody pays attention to them, feels left out and hates themselves and the other partner and for putting them in this situation. They also believe that even their children do not consider them to be important (Sankaran⁴, 1995: 285, 286).

Sankaran³ (1995: 207, 208) reiterates that there is a permanent feeling of inferiority in *Lac caninum* and that this is one of the main remedies for inferiority complex. Murphy states that these patients are very forgetful, despondent, feels weak and their nerves are thoroughly out of order. They are restless, cannot concentrate their thoughts or mind and want to leave everything as soon as it is commenced (Murphy, 1995: 940, 941).

The following symptoms are shared by the patient and the remedy picture of *Lac caninum*:

- ❖ Sleepless from emotional strain
- ❖ Trembling of hands
- ❖ Aversion to fat or greasy food
- ❖ Corners of mouth and alae nasi cracked (Vermeulen, 1997: 981, 982, 984).

5.10.2 Second Consultation

The patient reported feeling more relaxed and having less stress. She was now able to read and watch television. Her sleep improved as did her energy levels. She revealed that she felt like she could cry and managed to do so once in the month. She also revealed that she was very hurt and that the medicine was helping her, “to see things better and bring them out”. She divulged that her concentration seemed

improved. Her appetite also improved and there was no sign of stomatitis. Her heartburn however had not improved.

Observations and Vital Signs: The researcher noted that the patient was still anxious, yet had a hint of a smile. The degree of anxiety was much less than the first consultation. She was also neat and talked more. The following vital signs were recorded:

- ❖ Blood pressure :125/80 (right arm lying down)
- ❖ Pulse rate :65 beats/minute (regular)
- ❖ Respiratory rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 19 for re-experiencing, 28 for persistent avoidance and 23 for hyper-arousal. She reported 18 stress episodes per month.

Discussion: The changes that followed the administration of the remedy appeared to be subtle, although the emotional changes were significant. The researcher was tempted to re-prescribe but decided to rather adopt the wait and watch approach, thus placebo powders were given.

5.10.3 Third Consultation

The patient revealed feeling better in the morning, but felt unwell toward the afternoon. She worried about upsetting people and was very unsure about herself. She quarreled with her nurse and was extremely irritable. She was afraid to be alone once again. She reported cravings for biscuits and cakes and her abdomen felt very bloated even after light meals. Her appetite was beginning to get worse and she mentioned becoming full very quickly. Her sleep was still good.

Observations and Vital Signs: The patient appeared very tired and aged. She also looked upset. The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm lying down)
- ❖ Pulse Rate : 66 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 11 for re-experiencing, 14 for persistent avoidance and 15 for hyper-arousal. She reported 10 stress episodes per month.

Discussion: The patient's emotional symptoms had deteriorated and her energy levels were not being sustained throughout the day. These revelations led the researcher to believe that the remedy only partially covered the case and was not the patient's simillimum remedy. The researcher was urged to re-repertorise and prescribe a second remedy.

Repertorisation

1. MIND- QUARRELSOME	1	189
2. MIND- CONTRADICTION- agg.	1	14
3. MIND- SADNESS	1	591
4. MIND- COMPANY- aversion to	1	227
5. STOMACH- APPETITE- easy satiety	1	101
6. GENERALS- FOOD and DRINKS- coffee- amel.	1	39
7. GENERALS- MOTION- amel.	1	199

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
ign.	lyc.	cham.	sep.	nux- v.	ars.	ferr.	phos.	bry.	petr.	op.	agr.	fl- ac.	mag- c.	nat- m.	plat.	tarent.	androc.	hyos.	sulph.	chin.
885	744	730	705	694	675	659	650	640	640	630	619	619	619	619	619	619	609	600	589	579
1. 3	2	2	2	3	2	1	2	2	3	1	1	1	1	2	2	4	1	4	3	1
2. 2	2	-	2	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-
3. 3	3	3	3	2	3	3	2	2	2	3	1	1	1	3	3	2	1	3	3	3
4. 3	2	3	3	3	1	2	1	2	1	1	1	1	1	4	2	2	2	2	2	2
5. 2	3	1	2	2	1	2	2	1	1	2	1	1	1	2	3	1	1	-	2	3
6. 3	-	3	-	2	2	-	1	-	-	1	1	1	1	-	-	-	1	1	-	-
7. 1	3	1	2	-	2	3	1	1	1	1	2	2	2	1	2	3	1	1	3	1

Motivation for Remedy Selection

The researcher decided to prescribe *Lycopodium clavatum* (remedy made from the club moss spores) in the 30CH-200CH-1M potencies since it was well-covered by the rubrics chosen for repertorisation.

Coulter (1986: 80, 83, 84) reports that the classic picture of *Lycopodium* is as follows: the patient is thin, muscularly weak and lacking vital heat. The hair is prematurely grey or balding, deep furrows line the forehead and the sunken skin of the face is sallow. The worried expression may make this individual look older than their years. The mind may be developed at the expense of the body, and yet the opposite is also found – mental degeneration and failing brain power. Only when this patient has tried their constitution too far and it has broken down, does the weakened physical and mental picture emerge. These personalities can be masters of evasion. They tend to bend over backwards not to estrange himself from family and even after a bitter divorce it is very important for their self-esteem to remain on amicable terms with the ex-partner (Coulter, 1986: 80, 83, 84).

Murphy (1995: 1022-1024) states that the remedy *Lycopodium*, affects the nutrition due to weakness of digestion. The liver in this patient is seriously weak. The mind symptoms include timidity, poor self esteem and lack of self confidence. There is also loss of appetite and desire for sweets (Murphy, 1995: 1022-1024).

5.10.4 Fourth Consultation

The patient reported tremendous improvement in her emotional, mental and physical symptoms. She was eating much better than before and revealed that she wanted to be a much better person and a good mother. No other symptoms were revealed.

Observations and Vital Signs: The patient was very well dressed and had a good hairstyle. She laughed out loud, where as before; she found it difficult to smile. She looked very healthy. The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 16 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 8 for re-experiencing, 11 for persistent avoidance and 11 for hyper-arousal. She reported 9 stress episodes per month.

Discussion: The response to the remedy was positive and progressed in line with the laws of cure. This remarkable improvement on all levels, together with no other revelations of symptoms prompted the researcher to not prescribe another remedy.

5.10.5 Final Consultation

The patient reported that good sleep patterns, energy levels, appetite and positivism were maintained. There were no new symptoms revealed.

Observations and Vital Signs: The patient was very well dressed and was very optimistic. She looked pleasant and healthy. The following vital signs were recorded:

- ❖ Blood Pressure : 125/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 17 breaths/minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 8 for re-experiencing, 11 for persistent avoidance and 15 for hyper-arousal. She reported 5 stress episodes per month.

5.10.6 Overview of Case Ten

The patient showed favourable progress to the first remedy, *Lac caninum*. However, the response was superficial and brief, persuading the researcher to re-repertorise since only partial amelioration occurred. The patient responded remarkably to the second remedy *Lycopodium clavatum* which convinced the researcher that this remedy was the patient's similimum. Cure was progressing in accordance to the homoeopathic principles and laws of cure. The overall scores improved from 21 in the initial consultation, for re-experiencing to 8 in the final consultation; 29 for persistent avoidance to 11 and 30 for hyper-arousal to 15. The number of post traumatic stress episodes also decreased from 25 episodes per month to 5.

5.11 ADDITIONAL CASES

This research involved ten subjects all pre-diagnosed with PTSD. There were however, two additional cases of pre-diagnosed PTSD also treated by the researcher. Even though only females were selected for this study, one of the additional cases involved a male. The response to treatment compelled the researcher to add these as additional cases, as the information obtained were convincing evidence that the similimum remedy treats holistically.

5.11.1 CASE ONE (ADDITIONAL)

5.11.1.1 First Consultation

Summary of Presenting Case

A thirty nine year old female presented with PTSD due to a history of physical and emotional abuse in both her previous marriages. She was recently divorced and experienced claustrophobia, hyper-vigilance, exaggerated startle response and difficulty sleeping. She reported being very fearful and also aggressive, outraged and easily angered. She revealed that she was very hurt and saddened and could not get rid of that feeling inside. Her situation led to many suicide attempts during the course of both marriages. She also revealed that she was hospitalized for a nervous breakdown after the second divorce.

The patient divulged that she needed to keep busy all the time, was highly strung and worried because she had to be in control of every situation. She also desired constant

change, coloring her hair every two weeks with a different shade or changing the style.

She hated confrontation and was impatient and irritable. She mentioned that she loved music and dancing and had to have headphones on at all times to hear it. She loved working and even left home very early in the morning to get to her job to get started. She reported not being able to sleep because her mind never stopped planning or anticipating events and when she did sleep she always awoke unrested. She felt that her energy levels were too high since she always hurried in work, talking, walking and thinking.

She craved lemons, salt and anything sweet and was aggravated by shellfish. Her appetite was very low, but when she got hungry she would devour food. She consumed about eight cups of coffee per day with large amounts of sugar because she craved it.

Her physical complaints included sweaty palms throughout the day, sinusitis, tremors of hands and restless legs. She bit her nails half-way down to the cuticle and revealed that she often fainted because of low blood pressure.

Medical History: The patient had two pregnancies with normal deliveries. Four years earlier she had a hysterectomy because of a benign tumor. She was hospitalized for various suicide attempts and the nervous breakdown. She smoked forty or more cigarettes per day. Her allergies included iodine, mercury and paracetamol.

Observations and Vital Signs: The patient talked loquaciously and openly and appeared highly strung and hurried. The following vital signs were recorded:

- ❖ Blood Pressure : 130/80 (right arm, lying down)
- ❖ Pulse Rate : 82 beats/minute (regular)
- ❖ Respiratory Rate : 15 beats/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 19 for re-experiencing, 29 for persistent avoidance and 27 for hyper-arousal. She reported 16 stress episodes per month.

Psychologically, dissociative identity (multiple personality) trends were displayed by this patient.

Repertorisation

1. MIND- HURRY- haste	1	164
2. MIND- MUSIC- amel.	1	31
3. MIND- RAGE- fury- violent	1	14
4. MIND- LOQUACITY	1	172
5. MIND- SADNESS	1	591
6. MIND- CONSOLATION- agg.	1	45
7. GENERALS- FOOD and DRINKS- lemons- desire	1	26
8. GENERALS- FOOD and DRINKS- salt- desire	1	102
9. GENERALS- TREMBLING- externally	1	336

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
tarent.	nat - m.	bell .	verat .	thuj .	merc	ars .	aur .	stra m.	sul - ac.	sulph .	ambr .	calc .	cocc .	car c.	hyos .	kali -p.	phos .	ly c.	sep .	sil .
1059	10 30	880	845	784	77 5	75 9	73 0	654	65 0	650	640	640	640	63 9	634	630	620	61 9	61 9	59 0
1. 3	3	2	1	2	3	2	1	2	3	3	1	1	1	1	1	1	1	1	1	3
2. 3	1	-	-	2	1	-	3	-	1	-	1	-	-	1	-	1	-	-	-	-
3. 1	-	3	2	-	-	-	-	3	-	-	-	-	1	-	3	-	-	1	-	-
4. 1	1	2	2	1	-	1	2	3	-	1	1	1	2	1	3	-	2	1	-	-
5. 2	3	2	3	3	3	3	3	2	2	3	2	3	2	1	3	3	2	3	3	2
6. 1	4	2	-	1	1	2	1	-	-	1	-	1	-	2	-	2	-	1	4	3
7. 1	1	2	1	-	2	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-
8. 2	4	-	4	2	1	1	-	-	1	1	2	2	1	2	-	1	4	-	1	1
9. 2	2	2	2	2	3	3	2	3	2	3	3	2	2	-	3	1	2	2	2	2

Motivation for Remedy Selection

The researcher prescribed *Tarantula hispanica* (*Lycosa tarantula*) in the 30CH-200CH-1M potencies. The remedy was well represented on repertorisation and matched the totality of the case.

Vithoulkas² (1998: 199, 200) reports that the nervous system in the *Tarantula* patient seems wound up like a coiled spring, tense and boundless energy which must be expended to prevent it from breaking. These patients are compelled to be busy, to act, to move constantly without ceasing. Constant pressures result in a keyed up, oversensitive nervous system, and their stamina compels them to work day and night. There is constant restlessness in these personalities, particularly of their lower extremities. In *Tarantula*, the restlessness arises out of a need to release extreme nervous energy, which results in anxiety and activity of the mind as secondary effects to the disturbances in the nervous system itself. Because of their wound-up state, the *Tarantula* patient is particularly relieved by the soothing and calming influence of rhythmic, vibrations of music which seems to channel and release the tension (Vithoulkas², 1998: 199, 200).

According to Castro (1997: 350), the *Tarantula* patient has a natural tendency to workaholism and can be excitable, restless and highly strung, they also tend to sleep badly and are aggravated from being touched.

The remedy picture of *Tarantula* and the patient had the following in common:

- ❖ Chorea; twitching and jerking
- ❖ Sometimes a sweet cheerfulness and gaiety
- ❖ While at other times anger, irritable
- ❖ Quarrelsome, excitable, exhilarated and sad

- ❖ Aversion to company, but wants someone present
- ❖ Ardent attachment to music (Sankaran¹, 1996: 117-118).

The following physical symptoms were also shared between the patient and *Tarantula*:

- ❖ periodical sick headache
- ❖ sinusitis
- ❖ urinary incontinence
- ❖ cold clammy hands
- ❖ insomnia (Vermeulen, 1997 : 1570-1573)

5.11.1.2 Second Consultation

The patient reported sleeping much better and did not grind her teeth in her sleep. Her energy levels seemed to normalize because she was quieter and more relaxed. She revealed that her palms were not as sweaty and the tremors decreased. The bladder incontinence improved and she did not have the headphones with the music on all the time. Even though there was some change, she reported feeling hurried and unable to relax totally. The headache was still there and she developed epistaxis, which she used to get when she was a scholar.

Observations and Vital Signs: The patient looked calmer and quieter. She walked into the consult whereas the last time she hurried in and seemed impatient. The following vital signs were recorded:

- ❖ Blood Pressure : 130/80 (right arm, lying down)
- ❖ Pulse Rate : 82 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)

❖ Temperature : 37.1 degrees Celsius (normal)

The patient scored 13 for re-experiencing, 16 for persistent avoidance and 18 for hyper-arousal. She reported 10 stress episodes per month.

Discussion: Although the patient appeared well and less hurried, she still perceived herself to be hurried and highly strung. Many of her physical symptoms were ameliorated and epistaxis was interpreted as an elimination which was in accordance with the Herings' law of cure. This information prompted the researcher to repeat the prescription of *Tarantula hispanica* in the 30CH-200CH-1M potencies, as it appeared to have exhausted its action and still covered the totality of the case.

5.11.1.3 Third Consultation

The patient reported feeling wonderful. Her energy levels and sleep patterns were excellent. She also reported having no headaches, sweaty palms or sinusitis. She was very optimistic and determined but she revealed that she began using very foul language and felt very guilty afterwards. She expressed concern about the cursing and felt stressed this past two weeks because of new training in the company she worked at. She felt unconfident in herself and felt that she could not remember anything, which frustrated her.

She mentioned having an empty void feeling in the pit of her stomach and a bloated abdomen which felt better after a small amount of food. The abdomen felt hard with a pinching pain.

Observations and Vital Signs: The patient appeared healthy and very pleasant.

The following vital signs were recorded:

- ❖ Blood Pressure : 130/80 (right arm, lying down)
- ❖ Pulse Rate : 83 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 9 for re-experiencing, 14 for persistent avoidance and 12 for hyper-arousal. She reported 2 stress episodes per month.

Discussion: The patient improved considerably from her last state of dis-ease, yet the presence of the new symptoms that concerned her compelled the researcher to re-repertorise as *Tarantula hispanica* did not appear to be her similimum.

Repertorisation

1. MIND- CURSING	1	64
2. MIND- MEMORY- weakness of memory	1	320
3. MIND- ANGER- trifles at	1	98
4. STOMACH- CONTRACTION	1	73
5. SKIN- ERUPTIONS- eczema- covered parts	1	168

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
ars.	thuj.	nit-ac.	anac.	con.	nat-n	bell.	lyc.	phos.	arn.	calc.	caust.	nat-c.	petr.	nux-v.	acon.	mez.	staph.	tub.	chel.	bry.
630	605	590	569	569	569	550	550	550	530	530	530	530	530	470	450	450	450	450	440	430
1. 2	-	3	3	2	2	2	2	1	1	1	1	1	1	2	-	-	1	2	-	-
2. 3	2	3	3	3	2	3	3	3	2	2	3	2	2	2	2	2	2	2	1	2
3. 2	1	2	1	2	2	1	1	1	1	1	1	1	1	2	2	2	2	1	2	1
4. 3	1	1	1	1	1	2	1	2	2	1	1	1	1	2	2	1	-	-	1	2
5. 3	3	1	1	2	3	1	3	3	1	3	2	2	2	-	1	3	2	3	2	1

Motivation for Remedy Selection

The *Anacardium orientale* (remedy made from the black corrosive juice between the shell and kernel of the Marking Nut) was prescribed in the 30CH-200CH-1M potencies as it scored well on repertorisation.

Handley (1995: 136) states that *Anacardium orientale* is a useful remedy for the point in most peoples' lives when the shadow-side begins to emerge, where the parts that have been labeled bad and suppressed, begin to demand attention and integration. Chappell (1994: 159) reveals that there is tremendous inferiority, lack of confidence; feeling of powerlessness in this remedy and these patients must prove themselves.

Castro (1997:259, 260) reports that there are two apposing forces inside the *Anacardium* personality, and their anger can surface in the form of outbursts in which they swear compulsively. Once worn out, they become confused, their memory fails and they do not want to work. Their pains are typically pressing or cramping in nature (Castro, 1997: 259, 260).

Sankaran⁴ (1995: 269, 270) believes that *Anacardium* personalities harden up inside and become violent. They feel as if an angel and a devil are on either shoulder. The angel creates feelings of guilt within them and the devil creates feelings of cruelty. The cruelty will be hidden or compensated for by cursing (Sankaran⁴, 1995: 269, 270).

The following symptoms were present in the Materia Medica remedy picture of *Anacardium* as well as in the patient:

- great propensity to swear, curse, blaspheme
- irritability
- lack of confidence
- pinching abdominal pain
- loss of appetite
- fullness and distention of the stomach, better for eating food, but worse later
- causation: abuse (Murphy, 1995 :102-104).

5.11.1.4 Fourth Consultation

Patient reported coping extremely well. She felt healthy and was not aggravated anymore. She revealed being very determined and less critical. She was able to maintain a good eating pattern, sleep and energy levels. There was no stomach pain. No other symptoms were reported.

Observations and Vital Signs: The patient was very well-dressed. She mentioned that that was the first time in years that she wanted to use a skirt and sandals and she felt vibrant. The following vital signs were recorded:

- ❖ Blood Pressure : 130/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 7 for re-experiencing, 10 for persistent avoidance and 10 for hyper-arousal. She reported 0 stress episodes per month.

Discussion: The remedy had affected the vital force enough to bring about emotional and mental wellness. The patient's improved symptoms and her optimism and determination led the researcher to believe that it was not necessary to administer another remedy.

5.11.1.5 Fifth Consultation

The patient continued to enjoy good appetite, energy levels and sleep. No new physical symptoms were revealed. She mentioned that she might need more medicine because she was without them for a month.

Observations and Vital Signs: The patient was very well-dressed. She looked healthy and jested often. The following vital signs were recorded:

- ❖ Blood Pressure : 130/80 (right arm, lying down)
- ❖ Pulse Rate : 65 beats/minute (regular)
- ❖ Respiratory Rate : 16 breaths/minute (regular)
- ❖ Temperature : 37.1 degrees Celsius (normal)

The patient scored 9 for re-experiencing, 12 for persistent avoidance and 10 for hyper-arousal. She reported 1 stress episode per month.

5.11.1.6 Overview of Case One (Additional)

The response to the first remedy, *Tarantula hispanica*, and the patient's physical symptoms together with most of her emotional symptoms ameliorated. However, the appearance of new symptoms pointed to the fact that the remedy was only a partial one and not her similimum. After the prescription of *Anacardium orientale*, the

patient's vital force responded by stimulating change on all 3 levels. This response was perceived to be holistic and in accordance with all the homoeopathic principles. The overall scores improved from 19 in the initial consultation, for re-experiencing to 9 in the final consultation; 29 for persistent avoidance to 12 and 27 for hyper-arousal to 10. The number of post traumatic stress episodes also decreased from 16 episodes per month to 1.

5.11.2 CASE TWO (ADDITIONAL)

5.11.1.1 First Consultation

Summary of Presenting Case

A forty one year old male presented with PTSD after he was hijacked, taken hostage and physically and sexually abused. He was extremely fearful, suspicious, hateful, angry and religious. The difficult concentration, weak memory, hyper-vigilance, increased startle response, difficulty falling off to sleep and panic attacks were all due to the incident. He revealed that he absolutely could not handle conflict and felt controlled, unworthy, unsupported and jealous and distrustful of his wife. He believed that he was psychic and people were constantly breaking him down. He related a history of motor vehicle accidents, injury and 'supportive' emotional loss (loss of two of his best friends and estrangement from his siblings and parents).

This patient reported violent dreams whenever he fell off to sleep and felt suicidal and violent. He was claustrophobic, had an immense fear of the dark and the colour black and whenever he had a panic attack, he felt like passing out. He revealed having no interest in life and his job was a constant source of stress, yet he had to work to support his family. His rage and anxiety all increased whenever he was stressed. He also reported feeling extremely doubtful.

The patient complained of being extremely tired all the time and that he had no libido. He had a very poor appetite but loved all sweet foods and had no thirst. His physical symptoms included restless trembling limbs, rash on the lower limbs, constant jaw pain,

mouth ulcers, abscesses on the lower body, recurrent throat infections, sinusitis, recurrent middle ear infections, diarrhea, cold sweating at night.

Medical History: The patient was hospitalized on many occasions after:

- motor vehicle accidents
- being stabbed during a riot
- falling off a building
- the hijacking.

Current Medication: The patient was on anti-depressants, anxiolytics and sleeping tablets.

Observations and Vital Signs: The patient appeared extremely neat, controlled and calm and emotionally flat, even his stuttering speech was controlled and detached. He wore black even though he was afraid of the colour. He talked poetically when he discussed his wife. His posture was very guarded. He wanted distance between the researcher and himself and sat far from the desk. The following vital signs were recorded:

- ❖ Blood Pressure : 130/80 (right arm lying down)
- ❖ Pulse Rate : 92 beats/minute (regular)
- ❖ Respiratory Rate : 18 breaths /minute (regular)
- ❖ Temperature : 36.8 degrees Celsius (normal)

The patient scored 22 for re-experiencing, 32 for persistent avoidance and 29 for hyper-arousal. He reported 28 stress episodes per month.

Psychologically, this patient exhibited an accident-prone personality which could result in learned helplessness.

Repertorisation

1. MIND- DELUSIONS- forsaken; is	1	37
2. MIND- SUSPICIOUS	1	133
3. MIND- MEMORY- weakness of memory	1	320
4. MIND- RELIGIOUS AFFECTIONS- too occupied with religion	1	70
5. MIND- DOUBTFUL	1	20
6. GENERALS- FOOD AND DRINKS- sugar- desire	1	18
7. SLEEP- INTERRUPTED	1	150
8. EXTREMITIES- RESTLESSNESS	1	78
9. MOUTH- ULCERS	1	123

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
carb- v.	stram.	arg- n	calc.	graph.	lyc.	sep.	puls.	caust.	nat- c	carc.	lach.	ars.	alum.	hyos.	phos.	nux- v	staph.	bar- c	merc.	op.
950	889	819	805	794	789	780	759	750	750	719	715	700	689	680	680	669	669	650	650	630
1. 1	2	3	-	-	-	-	3	-	1	1	-	-	-	1	-	-	-	1	-	-
2. 1	3	-	1	1	4	2	3	3	2	1	3	3	-	2	2	2	2	3	2	2
3. 2	2	3	2	2	3	3	2	3	3	1	3	3	2	3	3	2	2	3	3	2
4. 2	4	2	2	2	3	3	2	1	1	2	3	2	2	3	-	1	1	1	1	-
5. 3	-	-	2	2	-	1	-	-	-	-	2	-	1	-	1	-	1	1	-	-
6. -	-	3	2	-	2	-	-	1	-	1	-	-	-	-	2	-	-	-	-	1
7. 2	2	-	2	2	1	2	2	1	1	1	1	1	2	2	1	2	2	2	1	1
8. 1	3	-	-	1	3	1	3	2	1	-	-	3	2	1	-	3	-	-	1	1
9. 1	-	2	1	2	-	1	-	1	2	1	3	3	2	-	2	1	2	-	2	1

Motivation for Remedy Selection

The remedy *Datura stramonium* (Thorn apple) was selected in the 30CH-200CH-1M potencies, because it was well represented on repertorisation and fitted the totality of the case.

According to Chappell (1994: 210-211), *Datura stramonium* is a major terror remedy. It applies to attacks by muggers and rapists or being held at gunpoint, where there is real threat of death. These patients can be poets in verse. During their sleep they experience terrifying nightmares (Chappell, 1994: 210-211).

Castro (1997: 344-345) reports that this remedy is for shock with fear, that is, any situation that was a 'nightmare'. Apathy and confusion are common and adults may turn to prayer for solace. They may be prone to anger after shock- to impulsive, explosive, destructive outbursts of violence. These patients look frightened after shock: their pupils are dilated; they tremble and stutter, are worse at night, and better with light. Typical complaints include convulsions, diarrhea, and headaches worse with the sun, insomnia and sore throat with difficulty swallowing (Castro, 1997: 344-345).

Handley (1995: 197-198) states that the *Stramonium* state is described as highly agitated, possibly violent with hallucinations, convulsions and constant uncoordinated movement. Persons may be restless and wanting to fight. Anxiety and fear are very strong and there is real terror of being left alone in the dark and also fear of black things in general. These patients also experience terror of being closed in. There are severe depressive states in this remedy picture; feelings of extreme worthlessness, abandonment and neglect. They are vulnerable to being exposed, to being hurt and to injury in general (Handley, 1995: 197-198).

Bailey (1995: 338, 340, 341) expresses that the *Stramonium* patient is calm most of the time and will talk in a strangely detached manner and there is an eeriness about this detachment. These patients will look at the doctor with a state that is unnerving. Another common fear in these patients is a fear of the colours red and black and yet they are irresistibly drawn to these colours that they hate (Bailey, 1995: 338, 340, 341).

Physical symptoms that the patient shared with the remedy picture of *Datura stramonium* include:

- least noise startles

- expression of terror and pale face
- sore throat
- difficult, hurried respiration
- restless movements of limbs (Vermeulen, 1997: 1528, 1529, 1531).

5.11.3.2 Second Consultation

The patient reported feeling well and was inspired to take on the next day. He felt more secure and in control and was enjoying his job. He still avoided all types of confrontation and ignored what was not important. He reported improvement in some of his physical complaints but his sleep and energy levels were unaffected. He reported not being as fearful and terrified as before and that he felt extremely chilly even when the temperature outside was well above 28 degrees Celsius.

Observations and Vital Signs: The patient smiled and laughed. He was not as guarded as before but appeared dull and tired. The following vital signs were recorded.

- ❖ Blood Pressure : 110/75 (right arm lying down)
- ❖ Pulse Rate : 80 beats/minute (regular)
- ❖ Respiratory Rate : 15 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 18 for re-experiencing, 19 for persistent avoidance and 24 for hyper-arousal. He reported 19 stress episodes per month.

Discussion: The patient experienced improvement of some of his physical and emotional symptoms but his sleep and energy levels did not improve. This evidence made the researcher believe that the remedy partially covered the case and thus the

similimum had to be revealed. Therefore, the researcher re-repertorised and another remedy was prescribed.

Repertorisation

1. MIND- INDIFFERENCE- apathy	1	323
2. MIND- COWARDICE	1	97
3. SLEEP- RESTLESS	1	455
4. RECTUM- DIARRHEA- excitement, emotional	1	34
5. STOMACH- EMPTINESS	1	235

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
op.	arg-n.	gels.	lyc.	acon.	bry.	chin.	puls.	coloc.	kali-p	sil.	verat.	thuj.	staph.	ign.	sep.	phos.	ip.	bar-c.	am-c.	arn.
659	619	590	569	560	550	550	550	540	540	540	540	539	530	529	529	519	500	469	450	440
1.3	2	2	2	2	1	3	3	1	2	2	2	2	3	2	3	3	1	2	1	2
2.3	1	3	3	2	2	2	2	1	1	2	2	1	1	1	1	1	1	3	3	-
3.3	2	2	3	3	2	3	3	2	1	3	1	2	1	2	2	1	1	3	2	2
4.3	3	2	1	2	2	1	1	2	2	1	1	2	2	1	1	1	1	-	-	2
5.2	2	2	2	1	1	2	3	2	2	1	3	1	1	3	3	3	1	2	1	1

Motivation for Remedy Selection

Gelsemium sempervirens (Yellow jasmine) was prescribed in the 30CH-200CH-1M potencies as this remedy was covered well by the rubrics selected.

According to Sankaran² (1997: 85), the main feeling in *Gelsemium* is that one has to keep control when going through ordeals. They have to be able to withstand shock and bad news without losing their control. These patients tend to lose their balance and develop a kind of immobile state. *Gelsemium* may sometimes appear like *Stramonium*, but the latter is far more acute. In *Stramonium*, the threat is perceived outside, whereas in *Gelsemium*, it is the lack of confidence that is the main problem (Sankaran², 1997: 85).

Gelsemium is used for those patients that are paralysed with fear and anxiety. They are dull, apathetic and physically exhausted when stressed (Castro, 1997: 297). Handley (1995: 154) reports that the emotional and psychological characteristics of *Gelsemium* include weakness, tiredness, apathy and severe anxiety. Nervous diarrhea may come on as a result of stress. This state may come on after fear, shock, embarrassment, fright or following repeated infections (Handley, 1995: 154).

Murphy (1995: 703-707) states that the *Gelsemium* patient expresses a general state of mental and bodily paresis where there is lassitude. The mind is weak, tired, dazed and apathetic. The causation includes bad effects from fear, fright and traumatic shock. The patient shared the following with the *Gelsemium* remedy picture: weakness and heaviness in the limbs, general prostration, trembling in the lower limbs, exhausted sexual powers, difficult sleep and pain in the throat (Murphy, 1995: 703-707).

The patient did not respond as expected and the researcher believed that this patient's vital force was indeed exhausted and needed inspiration. Since *Gelsemium*, in its proving created an 'immobile state', it was anticipated that this remedy might be sufficient to stimulate the vital force and place the patient on the path toward cure.

5.11.3.3 Third Consultation

The patient reported feeling better and was able to cope well. He was sleeping longer and better and said that he was able to overcome his anxiety attacks quicker than before. He mentioned that he was sweating more. He revealed that he was still not dealing with the external stressors but realized that he had to change the environment to be able to heal completely. His craving for sweets returned and was worse than

before. He continued to battle with his concentration, procrastinated often and reported an acute sinus attack. He also reported explosive diarrhea, vivid dreams of being chased and anxiety attacks just thinking about those dreams. He divulged feeling nervous because he had to return to work after his holiday away and worried about being abandoned by his wife.

Observations and Vital Signs: The patient appeared anxious. The following vital signs were recorded:

- ❖ Blood Pressure : 120/75 (right arm, lying down)
- ❖ Pulse Rate : 80 beats/minute (regular)
- ❖ Respiratory Rate : 14 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 14 for re-experiencing, 16 for persistent avoidance and 15 for hyper-arousal. He reported 10 stress episodes per month.

Repertorisation

1. MIND- FEAR	1	278
2. MIND- ANXIETY	1	470
3. GENERALS- FOOD and DRINKS- sweets- desire	1	175
4. SLEEP- SLEEPLESSNESS- anxiety, from	1	68
5. DREAMS- PURSUED, being	1	58
6. EXTREMITIES- TREMLING- lower limbs	1	94
7. RECTUM- DIARRHEA- anticipation, after	1	6

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
gels.	arg- n.	sulph.	sep.	sil.	nux-v	ars.	bell.	positr.	calc.	caust.	crot- h.	lach.	merc.	puls.	arg- met.	carb- v.	kali- c.	mag- m.	nat- c.	phos.
850	740	675	660	655	650	625	619	600	560	560	560	560	560	560	559	540	540	540	540	540
1. 2	3	2	1	2	3	3	3	1	3	2	2	1	2	2	1	2	2	2	3	3
2. 2	3	3	2	2	2	4	3	1	3	3	2	2	2	3	2	3	3	2	3	3
3. -	3	3	2	1	1	1	1	1	2	1	1	1	2	2	3	2	2	2	2	2
4. -	1	1	2	2	1	3	1	1	1	2	2	2	1	1	-	1	1	1	1	1
5. -	-	2	1	2	1	-	1	1	-	-	-	-	-	-	1	-	-	1	-	-
6. 3	3	1	1	1	3	2	1	1	2	2	2	3	2	2	2	1	1	-	1	1
7. 3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Motivation for Remedy Selection

Argentum nitricum (Nitrate of silver) was prescribed in the 30CH-200CH-1M potencies, since it covered the totality of the case and was well represented by the rubrics chosen.

According to Sankaran⁴ (1995: 270-271), the *Argentum nitricum* patient has repeated dreams of being pursued and trapped. Whichever situation in life reminds them of a trap aggravates them. This is often expressed as “no way out”. They cannot bear uncertainty and are restless and anxious (Sankaran⁴, 1995: 270-271).

Castro (1997: 262-264) states that those patients needing this remedy tend to be fidgety, highly strung and crave sugar. Explosive diarrhea, eye inflammation and sore throats are typical complaints of this remedy (Castro, 1997: 262-264). According to Chappell (1994: 161), these patients have strong feelings of being alone, abandoned and even isolated.

Handley (1995: 73, 139, 140) reports that when under prolonged stress, *Argentum nitricum* patients becomes mentally confused and forgetful. *Gelsemium* may be anxious about much the same as those the *Argentum nitricum* personality would be concerned with: anticipatory fears and the fear that something bad will occur, but the way that they are expressed will be opposite to *Argentum nitricum*. They will become low in mind, weak in body tremulous, slow sluggish and dull. Both these remedies also have the diarrhea (Handley, 1995: 73, 139, 140).

The following symptoms were shared by *Argentum nitricum* and the patient:

- irresistible desire for sugar, which aggravates them

- nervous diarrhea
- sleepless from horrible dreams
- trembling of affected parts
- fear of impending evil
- causation: apprehension, fright, fear, mental strain and worry (Murphy, 1995: 157, 158,160).

Sankaran² (1997: 17) states that *Argentum nitricum* and *Gelsemium* are complementary remedies. The *Gelsemium* patient is slow, sluggish, dull, and paralytic and does not want to be disturbed. In the *Argentum nitricum* state, there is restlessness, activity and hurry (Sankaran², 1997: 17).

5.11.3.4 Fourth Consultation

The patient was very well and happy. He reported better eating habits and the sweet craving had vanished. He also reported that his sleep and energy were good and his concentration was better. He revealed that he had no nightmares, was not feeling lost about life and was not procrastinating at all. His physical symptoms were greatly improved and no other complaints were reported.

Observations and Vital Signs: The patient appeared calm, happy and cheerful. The following vital signs were recorded:

- ❖ Blood Pressure : 120/75 (right arm, lying down)
- ❖ Pulse Rate : 80 beats/minute (regular)
- ❖ Respiratory Rate : 14 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 9 for re-experiencing, 14 for persistent avoidance and 11 for hyper-arousal. He reported 7 stress episodes per month.

Discussion: The patient experienced relief on the mental, emotional and physical spheres. This indicated that the vital force was reacting positively. This information, together with the researcher's observation pointed toward holistic progress in the patient. The researcher thus did not prescribe any powders.

5.11.3.5 Final Consultation

The patient maintained good sleep, appetite, diet and energy levels. He mentioned wanting to continue treatment in the future. No other symptoms were recorded.

Observations and Vital Signs: The patient appeared calm, confident and happy. The following vital signs were recorded:

- ❖ Blood Pressure : 120/75 (right arm, lying down)
- ❖ Pulse Rate : 80 beats/minute (regular)
- ❖ Respiratory Rate : 16 breaths/minute (regular)
- ❖ Temperature : 37 degrees Celsius (normal)

The patient scored 14 for re-experiencing, 14 for persistent avoidance and 14 for hyper-arousal. He reported 4 stress episodes per month.

5.11.4 Overview of Case Two (Additional)

After the first remedy, *Datura Stramonium*, the patient improved partially and the acute state of fear ameliorated. Other information revealed that this was only a partial remedy and did not achieve holistic cure. The second remedy, *Gelsemium sempervirens* was prescribed in the hope that the patient's vital force would be inspired to create reactivity within. This too was achieved, but only partially. The third remedy, *Argentum nitricum* was assumed to be the patient's similimum after

the researcher noted marked improvement on all three levels (mental, emotional and physical), thus cure was progressing holistically. His improvement was profound enough to maintain his positive attitude as well as the increased energy and better sleep patterns

CHAPTER SIX

RECOMMENDATIONS AND CONCLUSION

6.1 RECOMMENDATIONS

6.1.1 Continued studies

It is recommended that further studies be carried out and documented so that:

- ❖ A larger sample of patients with PTSD or anxiety disorders may be exposed to the curative actions of homoeopathic medicines and to make the research more viable statistically.
- ❖ Participants are monitored over a longer period of time so as to observe the long-term significance of the treatment of PTSD with homoeopathic medicines.
- ❖ The effect of the treatment of PTSD with homoeopathic medicines be researched in conjunction with psychotherapy or hypnotherapy.
- ❖ The effect of the treatment of PTSD with homoeopathic medicines be researched in children.
- ❖ The effect of the treatment of PTSD with homoeopathic medicines be researched in geriatrics.

- ❖ Two samples of patients with PTSD may be studied to compare the results of patients receiving placebo only versus those receiving their similimum.
- ❖ Two samples of patients with PTSD may be studied to compare the results of patients' receiving allopathic treatment only versus those receiving their similimum.
- ❖ Any persons undertaking to further study the effect of the homoeopathic similimum in PTSD attempt to create an absolute incontestable assessment tool, especially regarding the Researcher's Questionnaire. The grading on this questionnaire should have a minimum of 0.
- ❖ Patient satisfaction might be measured, to be used to compare treatments or to get an impression of the extent to which a particular treatment meets the patient's expectation.

6.1.2 Benefits of Study

The study affirms this treatment as a cost-effective, non-invasive, non-toxic and holistic treatment for those people suffering with PTSD. The study should contribute to medical knowledge, resulting in greater efficacy in the therapeutic management of patients with post traumatic stress disorder.

As the aim of the researcher was to alleviate the psychological and physical distress of patients with PTSD using the individualized homoeopathic approach, this study has helped in the accomplishment of this purpose. Moreover, it has influenced her to further utilize and document the effective use of the homoeopathic similimum in the

improvement and maintenance of the physical, emotional and mental health of her society. Since healing the dis-ease and amelioration of symptoms was a consequence of improved general health, which is a primary goal of homoeopathy, the researcher has been motivated by the positive results of this study to further involve herself in the treatment of anxiety disorders with homoeopathy.

6.1.3 Limitations of the Study

Analysis of the twelve cases discussed in chapter five revealed an amelioration and progress of each patient. However some imperfections became evident and should be considered:

- ❖ In certain cases (cases: 1, 3, 4, 7, 9, 10, additional case 1 and additional case 2) treatment was changed because the patient was not showing improvement holistically and according to Herings' Law of Cure or the homoeopathic principles. However, these patients still revealed a reduction in the statistical scoring with regard to the Researcher's Questionnaire (PTS Questionnaire). According to this questionnaire, the symptoms of Post Traumatic Stress (PTS) decreased, but other complaints which included sleep, energy levels, appetite and mood did not ameliorate. These symptoms were not reflected on the PTS Questionnaire and were thus NOT reflected in the statistical scoring.

- ❖ The Researcher's Questionnaire reflected a minimum of 18. This made the results appear worse than they actually were. In future studies it is recommended that questionnaire grading begin at 0.

- ❖ The calendar used as the self-monitoring tool to assess post traumatic stress frequency was dependent on the honesty, endeavour and compliance of each patient. The researcher had appealed to each patient to be sincere since all information divulged was anonymous. Notwithstanding that the results were beneficial to the study; an absolute and objective measurement tool would have been superior. Since only bad days were recorded, it would have been interesting to note the number of good days as well as normal days experienced by research participants

- ❖ The researcher was too impatient in her decision to repeat or change certain remedies. In some instances, e.g. case ten, the hasty prescribing hampered the patient's improvement, however gradual. The researcher thus learned the importance of the need to wait and watch when in doubt.

- ❖ In the event of criticism about the number of placebo powders administered, the researcher would like to highlight that the study involved the determination of the effect of the homoeopathic similimum in PTSD and was not an attempt to prove homoeopathy. The use of placebo powders is justified in the traditional and accepted practice of taking daily doses of medication.

- ❖ In the event of criticism about the type, history, and severity of trauma, co-morbidity and variables that may play a role in terms of patient progress, the researcher maintains that it is not the 'label' of trauma that is important, but the fact that the individual experience has placed the person in the state of dis-ease and ill-health, which deserves the focus.

- ❖ The concept of empathy is fundamental to the healing relationship. Though it can be used as a specific and conscious intervention, it is also possible that some of the positive outcomes in this study were due to the researcher's mobilization of empathy on either a conscious or unconscious level.

- ❖ Patients in this study may have been susceptible to conditioning as they were in a health- deprived state and this state makes the individual selectively sensitized to certain cues which include the practitioner, the medication and the procedures (case-taking, physical examination).

6.2 CONCLUSION

The value of such a study is that people may consider homoeopathy as an alternative or adjunctive treatment for PTSD. With such treatment quality of life and physical and psychological health may be greatly improved. For this reason, a multidisciplinary approach could be used in treating PTSD. Possibly other health care workers, particularly mental health professionals, nutritionists, and allopathic physicians may consider the homoeopathic approach when treating PTSD.

The results show a general improvement in post traumatic stress frequency, severity, and intensity in each patient. Furthermore, the results indicate improvement in energy levels, sleep patterns, appetite, general well being, attitude and outlook on life. Some patients were even enabled to make life-changing decisions as seen in case three, five and seven. Since the homoeopathic similimum acts as a catalyst to stimulate the vital force, the rate and intensity with which each patient progressed

was determined by the strength of their vital force, and thus their body's capacity for self-healing, and the depth of pathology. Some of the patients, e.g. case two, five and six, had reached optimum health and did not need a second prescription. It was interesting to note that at the final consultation, where patients remained without any powders for four weeks after the fourth consultation, there was a slight deterioration in some of them, e.g. case four, ten and both the additional cases. Accordingly, the researcher wishes to emphasise that a time frame should not be placed on the treatment regime of patients with PTSD using homoeopathy. The length of therapy and number of remedies prescribed would depend solely on each patient's vitality, yet again emphasising the concept that it is essential to treat the individual and not the disease.

During the examination of the case studies the researcher noted a commonality of all the volunteers. Each patient had a sense of wanting to help and give to the community. Some endured gross physical trauma, some emotional losses and others endured a difficult childhood with varying outcomes. Some cases continued to experience relapses in the progress whenever external circumstances of conflict arose. Since trauma is associated with a loss of control, certain circumstances would be perceived in this way, thus placing the patient in a relapse.

The researcher was curious and pleased to observe the enhancement of the self-assurance and empowerment of these patients as they improved in response to the homoeopathic remedies. The striving for such achievement was in itself a part of the liberation from the stress and a foundation for inner security for all the participants in this study. The researcher upholds the belief in an underlying vital force or energy that is closely associated with the view that the body is essentially self-healing. Thus the task of the homoeopath is to merely assist the healing process while the homoeopathic medicines amplifies the recuperative processes and augments the

energy upon which the patient's health depends. This then helps the patient to adapt harmoniously to their surroundings.

The researcher concludes that PTSD and anxiety disorders are one of the increasing forms of expression of mental and emotional ill-health. It became evident in this study that at the basis of this disorder was the belief that participants were not cared for or the belief that they were not strong enough to deal with stress. In the attempt to remain true to the principles of homoeopathy the study shows that this discipline can offer relief for such persons, when prescriptions are made on a holistic, individual foundation. This result has instilled within the researcher an infinite faith and keenness in this system of therapy which requires years of study and experience.

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APPENDIX A

TELEPHONIC QUESTIONNAIRE

To ensure that you fit the criteria for the study, I would like to ask you some personal questions regarding your trauma-related stress. Please answer honestly, and be assured that any information volunteered will be respected as strictly confidential.

1. What type of trauma did you experience? (hijacking, shooting etc.)
2. How long ago did you experience this? (When-days, weeks, months, years ago)
3. Have you had any treatment for this? If so, what type of treatment? (Includes any form of debriefing)
4. Are you on any medication at present? If so, what for? When did you start this treatment?
5. Was there any long periods of unhappiness or anxiety before the trauma?
6. Do you ever experience recurring thoughts or nightmares about the event? If so how often? Has this happened after or before the event?
7. Do you feel like you are unable to focus or make decisions? Did this occur prior to or after the event?
8. Are you experiencing sleep problems? Memory problems? or Changes in appetite? (Ask questions separately) Have these problems occurred before or after the event?
9. Do you spontaneously cry? How often? Has this happened prior to the event?
10. Do you experience periods of sadness and unhappiness for longer than one day? Is there any loss of energy experienced? When did this occur? (Before or after the event)
11. Do you constantly worry about the safety of family or loved ones? Did these feelings occur prior to or after the event?
12. Are you anxious, tense or edgy? If so how often and when did they start? (Before or after the event)
13. Do you avoid activities, places, or people who remind you of the event?
When did these occur?

APPENDIX B

SUBJECT INFORMATION AND CONSENT FORM

The Effect of the Homoeopathic Similimum in Post Traumatic Stress Disorder

Dear Participant

The purpose of this study is to determine the effect of the homoeopathic similimum remedy on frequency and severity of post traumatic stress episodes.

You will receive **free** homoeopathic treatment to be taken over a period of twelve weeks. All subjects on prescribed allopathic treatment are **not** to stop taking their medicine for the duration of the study. The study will take place at the Technikon Witwatersrand. During this time you will be asked to attend four consultations, at which you will partake in a homoeopathic interview (Appendix D) with the researcher and complete a questionnaire (Appendix F). You will be given a calendar on which to mark the occurrence of any stress episodes you may have during the course of study.

You will be supplied with homoeopathically medicated powders at first, second and third consults, to be taken each morning in sequential order for the duration of the study. You are also requested to make no changes to your current diet and lifestyle for the duration of the study. **All** information disclosed would be made available to the researcher and supervisors **only**.

The potential benefits for those who receive the study medicine are that the homoeopathic treatment may reduce the frequency and severity of post traumatic stress episodes. All patients who participate in this study will contribute to furthering current medical knowledge, resulting in a greater efficacy in the therapeutic management of patients with post traumatic stress disorder.

Participation in the study is voluntary and you are free to refuse to participate or to withdraw your consent and to discontinue participation at any time. Such refusal or discontinuance will not effect your regular treatments or medical care in any way. A signed copy of this consent form will be made available to you.

I have fully explained the procedures, identifying those which are investigational, and have explained their purpose. I have asked whether any questions have arisen regarding the procedures and have answered these questions to the best of my ability.

Date: _____ Researcher: _____

I have been fully informed as to the procedures to be followed, including those which are investigational and have been given a description of the attendant discomforts, risks, and benefits to be expected and the appropriate alternate procedures. In signing this consent form, I agree to this method of treatment and I understand that I am free to withdraw my consent and to discontinue my participation in this study at any time. I also understand that if I have any questions at any time, they will be answered.

Date: _____ Patient: _____

APPENDIX C

DSM-IV CRITERIA FOR PTSD

For purposes of the study subjects will have to comply with the diagnostic criteria for PTSD as stated by the Diagnostic and Statistical Manual for mental disorders (DSM-IV), (APA, 1994:427):

A. The person has been exposed to a traumatic event in which both of the following were present:

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

(2) the person's response involved intense fear, helplessness, or horror.

B. The traumatic event is persistently re-experienced in one or more of the following ways:

(1) recurrent and intrusive distressing recollections of the event, including, thoughts, images or perceptions.

(2) recurrent distressing dreams of the event.

(3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of the general responsiveness (not present before the trauma), as indicated by three or more of the following:

(1) efforts to avoid thoughts, feelings, or conversations associated with the trauma.

- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma.
- (3) inability to recall an important aspect of the trauma.
- (4) markedly diminished interest or participation in significant activities.
- (5) feeling of detachment or estrangement from others.
- (6) restricted range of affect (example, unable to have loving feelings).
- (7) sense of a foreshortened future (example, does not expect to have a career, marriage, children, or a normal lifespan).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two or more of the following:

- (1) difficulty falling or staying asleep.
- (2) irritability or outbursts of anger.
- (3) difficulty concentrating.
- (4) hyper-vigilance.
- (5) exaggerated startle response.

E. Duration of the disturbance (symptoms in criteria B, C, and D) is more than one month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if: Acute: if duration of symptoms is less than three months

Chronic: if duration of symptoms is three months or more

With Delayed Onset: if onset of symptoms is at least six months after the stressor.

APPENDIX D

FOUR-WEEK CALENDAR

Note: This calendar will be issued at the first, second and third consultations.

Instructions to patient: Please mark off, on this calendar, any PTS episode you may have within the next four weeks, in the block corresponding to the day of the episode. Please include the number of episodes per day. I appeal to you to please be honest, all information will remain confidential. Remember that this study will contribute to medical knowledge, resulting in greater efficacy in the therapeutic management of patients with PTSD. Please bring this calendar with you to your next consultation.

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1 st powder						
Date:						
Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
						Follow-up
						Date:

APPENDIX E

RESEARCHER'S QUESTIONNAIRE

(To be filled out by the researcher)

Scale: 1 = Never

2 = Rarely

3 = Sometimes

4 = Often

5 = Always

Circle the patient's response

Re-experiencing:

1. Do you experience recurrent and intrusive distressing recollections of the event (thoughts, images or perceptions)?

| 1 | 2 | 3 | 4 | 5 |

2. Do you have recurrent distressing dreams of the event?

| 1 | 2 | 3 | 4 | 5 |

3. Do you act or feel as if the traumatic event were recurring (flashbacks, reliving the experience, illusions, and hallucinations)?

| 1 | 2 | 3 | 4 | 5 |

4. Do you experience any psychological distress (anxiety, sadness, anger, fear) at exposure to anything that may remind you of the event?

| 1 | 2 | 3 | 4 | 5 |

5. Do you have any physiological reactivity (sweating, palpitations, increased muscle tension, increased respiration) at exposure to anything that may remind you of the event?

| 1 | 2 | 3 | 4 | 5 |

Persistent avoidance:

6. Do you make efforts to avoid thoughts, feelings, or conversations associated with the trauma?

| 1 | 2 | 3 | 4 | 5 |

7. Do you avoid activities, places, or people that arouse recollections of the trauma?

| 1 | 2 | 3 | 4 | 5 |

8. Are you unable to recall important aspects of the trauma?

| 1 | 2 | 3 | 4 | 5 |

9. Has there been any diminished interest or participation in significant activities (job, exercise, social)?

| 1 | 2 | 3 | 4 | 5 |

10. Do you experience feelings of detachment or estrangement from others?

| 1 | 2 | 3 | 4 | 5 |

11. Do you experience restricted range of affect (unable to have loving feelings, uncaring)?

| 1 | 2 | 3 | 4 | 5 |

12. Do you have a sense of a foreshortened future (do not expect to have a career, marriage, children, or normal lifespan)?

| 1 | 2 | 3 | 4 | 5 |

Increased arousal:

13. Do you experience any difficulty falling or staying asleep?

| 1 | 2 | 3 | 4 | 5 |

14. Are you irritable?

| 1 | 2 | 3 | 4 | 5 |

15. Do you experience any outbursts of anger?

| 1 | 2 | 3 | 4 | 5 |

16. Do you have difficulty concentrating?

| 1 | 2 | 3 | 4 | 5 |

17. Are you hyper-vigilant (constantly looking over shoulder, extra-careful)?

| 1 | 2 | 3 | 4 | 5 |

18. Do you experience exaggerated startle responses (easily frightened)?

| 1 | 2 | 3 | 4 | 5 |

APPENDIX F

TABLES

Table F1: PTS scores totaled at each consultation of each case

CASE	First Consultation	Second Consultation	Third Consultation	Fourth Consultation	Fifth Consultation
One	73	43	36	29	27
Two	66	43	26	24	26
Three	64	36	38	28	29
Four	55	40	30	25	28
Five	69	37	28	25	25
Six	67	36	29	24	23
Seven	68	42	35	25	25
Eight	70	43	24	23	25
Nine	82	50	32	26	25
Ten	80	70	40	30	34
Additional One	75	47	35	27	31
Additional Two	83	61	45	35	42
Average	71	42.3	33.08	26.75	28.33

Note: The maximum a patient could score on this PTS questionnaire is 90 while the minimum is 18.

Table F2: Number of PTS episodes per month reported at each consultation of each case

CASE	First Consultation	Second Consultation	Third Consultation	Fourth Consultation	Fifth Consultation
One	17	9	5	3	1
Two	15	9	2	2	0
Three	16	9	5	5	1
Four	19	11	2	0	0
Five	22	10	3	3	0
Six	19	10	6	2	0
Seven	12	9	9	0	0
Eight	19	10	2	1	1
Nine	25	16	2	2	2
Ten	25	18	10	9	5
Additional One	16	10	2	0	1
Additional Two	28	19	10	7	4
Average	19.42	10.92	4.83	2.83	1.25