

The war with

Using homeopathy to support veterans suffering from PTSD

by Gabby Arthur



Gabby Arthur served in the British Army for eight years during which time she completed two operational tours (Kosovo and Iraq) before leaving in 2005. For the last nine years she has worked in military veteran mental health initially for Combat Stress, a charity providing mental health services for military veterans, and most recently for the NHS. Gabby is a fully qualified homeopath, having recently graduated from the Southern School of Homeopathy where she focused her studies on using homeopathy to support mental health and, specifically, trauma-related mental health and PTSD (post-traumatic stress disorder).

She is now continuing this work, bringing together her personal and professional experience as she grows her homeopathic practice.

When I left the Army, my mental health started to deteriorate; I suffered with severe anxiety and was unable to go about my daily life. I reached out for help and support, and this is where my story of recovery began. Equally, it's where my passion for supporting military veterans with their mental health sprung from, and this has shaped my professional choices ever since. In this article I share some background on mental health particularly relating to military veterans. I then go on to share the approach I have taken to my homeopathic research project and outline the results this has generated so far.

As I grow my homeopathic practice, my objective is to bring together my homeopathic knowledge with my knowledge and experience of the veteran community, and their mental health needs. Last year I completed a small-scale homeopathic research project working with the veteran community to support their mental health. This was called 'war with the self' and it proved highly successful. I now want to expand this into a larger scale project with the goal of bringing homeopathy to the veteran community to support those suffering from mental health conditions such as PTSD, anxiety and depression, and to make this available to all veterans regardless of their financial means.

Background

On average 15,000 individuals leave the UK military each year (Defence Analytical Services Agency, 2017). The majority of UK veterans make successful transitions into civilian life; however, a minority either leave with, or later develop, mental

health difficulties. The Ministry of Defence reported that the rates of diagnosed mental health conditions in serving Armed Forces personnel have nearly doubled over the last decade to around 3%; however, this is the figure only for those who seek help. Academic research suggests that the true rate of veterans with mental health conditions could be as high as 10%.

The lived experience of veterans is different from that of the rest of society. Whilst many have a positive experience working in the armed forces that is not true for all. With a recent history of conflicts such as Northern Ireland, Iraq 1, Iraq 2, and Afghanistan, as well as the unique stresses and strains of daily life in the armed forces, there is a steady demand for mental health support from this population.

The veteran community has a close support network – often led by active members at a grass roots / local level as well as being supported by the NHS, MoD and charities. Society is shifting to be more open

the self

to discuss mental health, and this is true in the veteran community as much as it is in wider society, leading to greater focus on the subject. This has to be a good thing and homeopathy can provide a complementary therapy to support this community.

Mental health and specifically PTSD

Let us take a moment to consider what we mean by mental health and, specifically, PTSD which is much talked about in relation to the veteran community.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Over the course of your life, if you experience mental health problems, your thinking, mood and behaviour could be affected. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems.

PTSD is a mental health condition; a psychological response that

people may experience to intense traumatic events, particularly those that threaten life. It can affect people of any age, gender, or culture. Traumatic stress can be observed as part of the normal human response to intense experiences. In the vast majority of people, symptoms reduce or even disappear over the first few months. However, sadly, in a small minority symptoms don't resolve, leaving these individuals trying to manage this for the rest of their lives.

Symptoms may vary in intensity over time, some may go for years without any issues but may relapse during the course of life stressors.

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In some cases, the symptoms may not be present for months or even years post trauma. Research conducted by the King's Centre for Military Health Research (KCMHR) found that PTSD rates among British forces were 4% in deployed personnel and 6% in combat troops. In data collected for Combat Stress the research showed that it took an average of 12 years after leaving the services before people reached out for help and support.

War with the self – homeopathic research project

Core to the basis of the 'war with the self' homeopathic research project was breaking down the symptoms of PTSD and matching these to the homeopathic rubrics. To complete this analysis, I used the definition and classification of PTSD as laid out in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). DSM-5 defines and classifies mental disorders and is the result of the effort of hundreds of international experts in all aspects of mental health. It is used in various fields ranging from psychiatry to psychology to help improve diagnosis, treatment, and research in allopathic medicine.

For the purpose of this article, I summarise below the key criteria and sub-symptoms associated with PTSD. ▶

▷ **Criteria**

- A The person has experienced a traumatic event
- B The traumatic event is persistently re-experienced
- C There is persistent avoidance associated with the trauma
- D There are persistent symptoms of hyper-vigilance
- E Duration of disturbance is more than one month
- F The disturbance causes clinically significant distress.

Sub-symptoms

- 1 **Nightmares and sleep disturbance** are some of the strongest symptoms of trauma
- 2 **Substance misuse** is used as a coping mechanism – to numb the emotions
- 3 **Flashbacks** transport individuals back to the trauma and act to replay the trauma
- 4 **Anger issues** e.g. shame or guilt and anger directed at self, others, or a particular event
- 5 They **avoid** situations where they may feel vulnerable, which can result in risk of isolation
- 6 **Physical pain within the body:** pain can be made worse by depression and mental disturbances
- 7 There may be **depression** as a result of the symptoms; in some cases this is a genetic predisposition
- 8 **Relationship / sexual difficulties:** relationships suffer with the adverse effects of trauma
- 9 **Anxiety:** as the body is stuck in fight-or-flight mode and on high alert they struggle to switch off and relax
- 10 **Dissociation:** the mind closes down if it finds the memory too painful and cannot cope
- 11 **Emotional numbing:** individuals close down emotionally and struggle to demonstrate their feelings.

Following analysis of the full PTSD criteria and sub-symptoms I have identified the rubrics shown in Table 1 as matches. This formed the basis of the case-taking and the prescribing process.

Table 1: Rubrics matched to PTSD

RUBRICS

Food, spicy, general Stimulants, desires
Mind, Frenzy, behaviour, Fright, ailments from
Mind, Frenzy, behaviour, Fear, of fright still remaining
Mind, Frenzy, behaviour, Image, of the fright still remains
Mind, Frenzy, behaviour, Ordeal of an
Severe Shock
Weakness
Mind, Humiliation, mortification, Ailments from
Mind, Humiliation, mortification, Dreams, about
Mind, Humiliation, mortification, Mental, emotional problems, from
Mind, Mental, states, ailments, from mental shock
Dreams, Events, Important, unfortunate
Dreams, Events, previous
Dreams, Events, long past, forgotten
Dreams, Repeating dreams
Dreams, Waking, the patient, War, dreams
Mind, Flashbacks, from drug experience
Mind, Mortification, Embarrassment
Mind, Theorizing, general, aversion to
Mind, Theorizing, general, disagreeable things
Mind, Thoughts, general frightful
Mind, Thoughts, general persistent
Mind, Untidy, general Vigilance, morbid
Mind, Untidy, general Violence, general
Mind, Torpor, mental
Mind, Dullness, mental grief from
Mind, Memory, weakness, expressing, oneself for
Mind, Mental, states ailments from mental shock
Mind, Dissatisfied, feelings Disassociation, from surroundings
Mind, feelings, Discontented
Mind, Estranged, feels,
Family from
Friends from
Society from
Mind, Violence, ailments from
Mind, Concentration, difficult
Mind, Anger, general grief, with silent
Mind, Anger, general past events
Mind Anger, general Violent
Mind, sensitive, mental external, impressions to all
Mind, Abandoned, forsaken feelings
Mind, Abandoned, Joyless feels
Mind, Abandons forsakes, relations
Mind, Jealousy, general Isolation, feelings
Mind, Delusions, general standing by oneself

In addition, I have considered two rubrics taken from Vermeulen’s *Prisma*: ‘hypervigilant to noise’ and ‘Hebephrenia disorder’.

It is worth noting that DSM-5 criteria makes it clear that trauma is a very personal thing. What may traumatise one person may be of less significance to someone else. The variation in reaction is due to individual personality types, personal values and belief systems and previous experiences. It also occurs because each person’s experience of the event is completely unique to them. In all cases the individual has experienced a threatening event that caused them to respond with intense fear, helplessness, and horror. This high degree of individualism is why the homeopathic case-taking process is so critical.

It should be noted that trauma and suffering from PTSD is not limited to military veterans or those who have experienced active combat situations. Trauma (as defined by the DSM-5 criteria) can be experienced by anyone and so findings from my study could be applied more broadly.

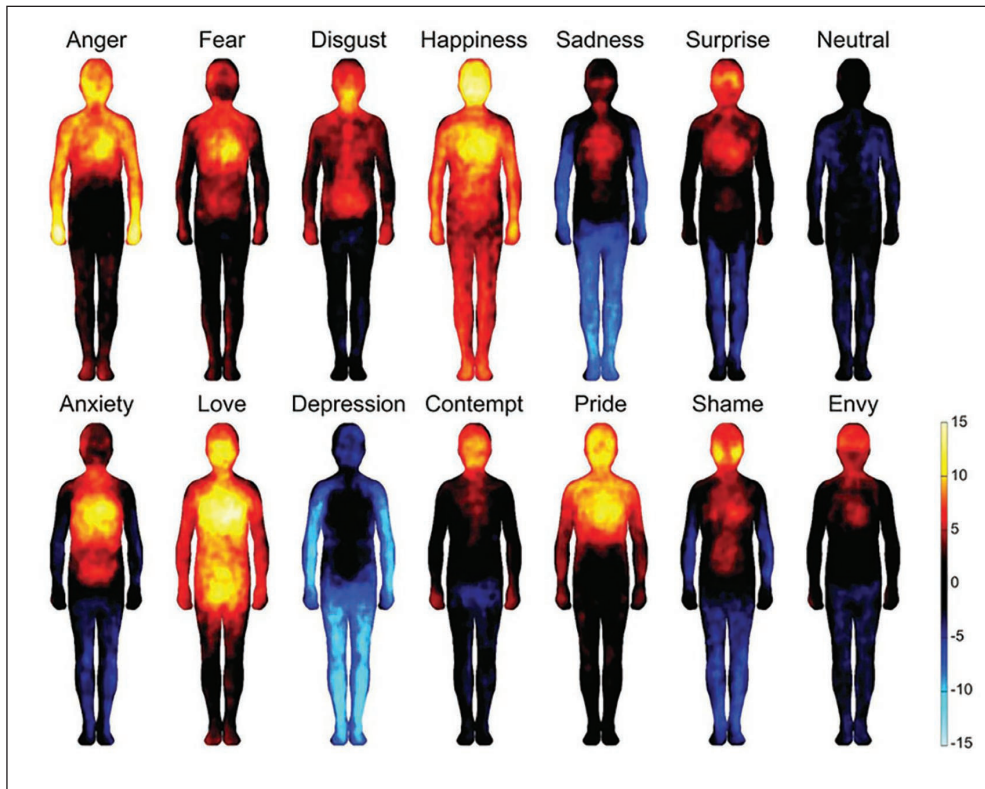
Working in mental health and supporting veterans in my career highlighted to me – from a range of multi-disciplines such as clinical psychologists, psychiatrists and registered mental health nurses – that there are some specific factors that may increase the risk of an individual developing PTSD. Those factors are:

- greater severity of trauma
- less controllable traumatic events
- a greater sense of feeling responsible
- a lack of supportive networks around an individual
- pre-exposure to trauma during early childhood or early formative years.

When case-taking and prescribing, I also find it useful to consider the heat map of the body (see diagram 1) which shows where in our bodies we can expect different emotions to manifest the most.

Diagram 1: Heat map of the body

Mapping where we feel emotions



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Case studies

As we all know, in homeopathy we do not prescribe upon labels or disease names but on the exact way that the individual presents, which is why the consultation is so important.

For the initial phase of the ‘war with the self’ homeopathy research project I worked directly with a cohort of veterans. They received an initial consultation followed by three homeopathic consultations over a 5-6 month period. Mary Harcourt-Ellis (course director of the Southern College of Homeopathy) provided professional homeopathic supervision alongside Jo Kettelman and Liz Angell.

For this article, I look closer at the cases of two veterans who took part in the project – veteran A and veteran B. I examine how the methodology outlined above was applied to their cases and the results it produced. I have summarised the case studies to ensure anonymity.

For the initial phase of the ‘war with the self’ homeopathy research project I worked directly with a cohort of veterans

Please see Table 2 and Table 3 to review each case study. I have laid out how each case presented, the rubrics selected, the homeopathic methods used, the prescriptions and outcomes experienced. I used many different potencies throughout simply to be able to reach all the different levels, as homeopathy is a versatile and energetic medicine.

In addition to the remedies included in the case studies I list below other remedies I consider useful when supporting trauma with homeopathy. These broadly fall into four categories: polycrests, hormones, flower essences and miasmatic remedies.

- *Aurum metallicum*
- *Anacardium*
- *Aconite*
- *Arsenicum*
- *Avena sativa*
- *Buddleia*
- *Bowel nosodes*
- *Cannabis indica*
- *Coffea cruda*
- *Cortisone*
- *Endorphin*
- *Gallium metallicum*
- *Lachesis muta*
- *Natrum sulphuricum*
- *Neuro-adrenaline*
- *Nux vomica*
- *Opium*
- *Oxytocin*
- *Staphysagria*
- *Stramonium*
- *Tarentula hispanica*
- *Thuja*
- Allopathic anti-depressants in homeopathic potency
- Australian Bush Flower essences (e.g. Grey spider flower, Mulla - Mulla, Dog rose)
- Bach Flower remedies
- Biochemic tissue salts
- Gem remedies
- Miasmatic remedies
- Sarcodes
- Various organ support remedies
- Various meditative provings remedies.

▶ **Table 2: Veteran A case study**

Presenting complaints			
<p>Three key presenting complaints</p> <ul style="list-style-type: none"> • PTSD • Anxiety • Depression <p>Important background information</p> <ul style="list-style-type: none"> • Breakdown and severe memory loss lasting 3 months • Depression • Anxiety • Feelings of low self-esteem, quality of life diminished • Reliant on pharmaceutical drugs to manage the symptoms • Cancer miasm in family history • Severe headaches (felt like being banged on the forehead). Head injury during military service • Mass vaccine toxicity (including military specific e.g. anthrax vaccine) • Anger & frustration • Poor energy 4/10 • Back pain due to slipped disc • Lethargy • Not able to communicate to others • Huge grief & loss 	<p>Rubrics selected</p> <p>Mental / emotional</p> <ul style="list-style-type: none"> • Mind, depression grief after • Mind, anxiety alone when • Mind, mental states ailments from • Mind, dissatisfied feelings, disassociation from surroundings • Mind, anger general grief silent <p>Physical / generals</p> <ul style="list-style-type: none"> • Sleep frightful dreams • Mind, sleepless with, exhaustion mental <p>Physical / particulars</p> <ul style="list-style-type: none"> • Throbbing headaches forehead <p>Homeopathic methods used</p> <ul style="list-style-type: none"> • Miasmatic (multi) • Layers • Organ support • Meditative provings remedies – specific remedies fit nicely and work on a much deeper level • Bowel nosodes • Constitutional • Aetiological 	<p>Prescriptions and rationale</p> <p><i>Carcinosin</i> – to open up the case and support the family history (miasmatically)</p> <p><i>Nat mur</i> – depression, anxiety, mood, nightmares</p> <p><i>Chelidonium</i> – liver + sleep + detoxification from drug and vaccine toxicity</p> <p><i>Triple A (Arg nit+Ambra grisea+Anacardium)</i> – for anxiety</p> <p><i>Dys-co</i> – for the gut and headaches, also supporting anxiety on a deeper level</p> <p><i>Almond tree</i> – to support the recovery from trauma on a much deeper level</p>	<p>Outcome</p> <ul style="list-style-type: none"> • Has been able to be available for their family again and be the parent he wanted to be • Became more social; even started to initiate leaving the house for family outings • Lost sense of hypervigilance • Massive improvement in sleep quality and nightmares reduced. Wakes feeling refreshed • Has started to apply for jobs after a long period of being unable to work • Started to feel again and felt happy for the first time in years • Family noticed an improvement in character and mood • Reduction of prescribed medication under careful supervision from his GP

Table 3: Veteran B case study

Presenting complaints			
<p>Three key presenting complaints</p> <ul style="list-style-type: none"> • PTSD • Disassociation • Anxiety and tremors <p>Important background information</p> <ul style="list-style-type: none"> • Significant grief experienced • Headaches experienced several times per week, tender temples, and pain over eyes • Poor sleep quality, nightmares, restless and waking feeling exhausted • Tinnitus consistent in both ears • Low energy • Disassociation – all energy in head and not grounded in this world • Emotionally numb and closed down • Anxiety with physical manifestation of tremors in hands • Feelings of low self-esteem, concerns around letting others down, and guilt 	<p>Rubrics selected</p> <p>Mental / emotional</p> <ul style="list-style-type: none"> • Mind, mental state ailments, mental shock • Mind, dissatisfied feelings, disassociates from • Mind, concentration difficult • Mind, guilt grief with • Mind, depression grief after • Mind, anger general past events • Mind, anger grief with silent <p>Physical / particulars</p> <ul style="list-style-type: none"> • Hands trembling anxiety with • Sleepless with weariness <p>Homeopathic methods used</p> <ul style="list-style-type: none"> • Layers • Miasmatic – this was a multi-miasmatic case • Bowel nosodes • Constitutional • Therapeutic • Chakra • Aetiological • Various meditative provings remedies – specific remedies did fit the PTSD picture very well 	<p>Prescriptions and rationale</p> <p><i>Nat mur</i> – a constitutional remedy</p> <p><i>Carcinosin</i> – for grief</p> <p><i>Almond tree</i> – to support the recovery from trauma on a deeper level</p> <p>Combination remedy</p> <p><i>Nat mur+Rose quartz</i> – for sleep and nightmares</p> <p>Combination remedy</p> <p><i>Amethyst+ Almond tree</i> – for nightmares</p> <p><i>Syphilinum</i> – for self-destructive patterns</p> <p><i>Dys-co</i> – for anxiety and headaches + gut</p> <p><i>Nat sulph</i> – for headaches</p> <p><i>Opium</i> – for disassociation, shock, and trauma</p> <p><i>Oak</i> – for grounding</p> <p><i>Triple A</i> – for anxiety</p>	<p>Outcome</p> <ul style="list-style-type: none"> • Decrease in dissociative symptoms • Reduction of nightmares • Reduction in the severity of migraines and headaches • Opened up as a person, made changes to appearance; started to look more vibrant and happier • Partner noticed a reduction in dissociative symptoms

The other five veterans who participated in my research project also provided very positive feedback about receiving homeopathic support. Initially they were sceptical; however, as we progressed through the consultations, homeopathy started to have a truly inspiring impact on each of them. The veterans themselves had a range of mental health conditions such as PTSD, anxiety, and depression. Participants reported a noticeable improvement in symptoms and found the whole process to be very therapeutic in itself. These initial findings support earlier research studies that homeopathy can benefit a patient suffering with PTSD. Lankesar (2008) in her work *The effect of the homeopathic simillimum in post-traumatic stress disorder* states: 'With such treatment quality of life and physical and psychological health may be greatly improved'. She concludes that both symptoms and quality of life improved following homeopathic support. Bhanushali (2011), in the paper titled *Anxiety disorders and their scope in homeopathy*, concluded that homeopathy is effective in treating anxiety disorders, which, as we know, are a large symptom group of PTSD. Finally, the findings from this project bring to life Uta Mittelstadt's hypothesis in the conclusion of her paper titled *Post-Traumatic-Stress-Disorder and Homeopathy*:

It can be safely said that within the homeopathic materia medica a large number of homeopathic remedies can be identified that in their proving pictures express specific symptoms that can be attributed to the complex of PTSD. It is therefore down to the precise case-taking of the homeopathic practitioner to identify the appropriate prescription for his / her patient, in all presenting cases, including potential cases of patients suffering of PTSD.

(2017)

All participants have indicated that they would recommend homeopathy to family and friends. Also, veterans from the project

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are now willing to support me to raise awareness about supporting veterans with the use of homeopathy. As a result, I am looking for donations to extend the project and make homeopathy available to all veterans regardless of their financial means (see end of article).

Summary

This article is intended to give the reader a good overview of mental health and PTSD and how it affects the individual. I have demonstrated how I have applied allopathic research and disease categorisation to homeopathic methodologies to support military veterans suffering with their mental health and the impact this had. I hope readers find it interesting and fellow homeopaths consider how it can be applied in their own clinics. Homeopathy has been shown to add value in its ability to support those suffering with their mental health including from PTSD. With the growing awareness of mental health in our society and

openness to speak on the subject I hope this can help us provide a safe and effective support for the communities in which we build our practices. It is worth remembering that PTSD is not just restricted to the veteran community. Anyone can experience it and it is now on the rise in our modern-day living and post-pandemic society.

As a veteran myself I feel one of the wonderful aspects of homeopathy is the level of precision involved within the case-taking process, which has been very much valued and appreciated by the veteran community, allowing them to be listened to like never before.

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Gabby's homeopathic video link can be found at <https://f.io/h9-OJoPT>.

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