

# “An Effectiveness of Constitutional Homoeopathic Treatment of Stress Caused by Childhood Trauma – An Observational Study”

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**Abstract—Background:** Childhood trauma is a significant psychosocial factor that may produce long-term effects on emotional, psychological and behavioural health. Adverse experiences such as physical and emotional abuse, sexual abuse, neglect, domestic violence, parental separation, bullying and loss may disturb a child's sense of safety and influence emotional regulation, coping ability, interpersonal relationships and response to stress. These effects may continue into adulthood and may manifest as anxiety, irritability, emotional insecurity, sleep disturbances, difficulty concentrating, social withdrawal and other stress-related symptoms. The present study was undertaken to observe the response to individualized constitutional homoeopathic treatment in individuals experiencing stress associated with childhood trauma.

**Materials and Methods:** A prospective observational study was conducted among 30 participants aged 18 years and above. Participants were selected through purposive sampling according to predefined inclusion and exclusion criteria. Childhood trauma was assessed using a childhood trauma scale/questionnaire and perceived stress was assessed using the Perceived Stress Scale-10 (PSS-10). Detailed homoeopathic case taking was conducted with emphasis on mental and emotional symptoms. The symptoms were analyzed and repertorized using Kent's Repertory, and individualized constitutional homoeopathic medicines were prescribed according to the totality of symptoms. Participants were followed regularly and stress levels were reassessed during follow-up.

**Results:** All 30 participants completed the study. According to the recorded treatment outcome, 25 cases were categorized as cured and 5 cases as improved. The individualized remedies used included Lachesis, Pulsatilla, Phosphorus, Gelsemium, Kali phosphoricum, Lycopodium, Silicea, Arsenicum album, Staphysagria, Nux vomica, Sepia and Coffea cruda.

**Conclusion:** The study observed improvement in stress levels among participants following individualized constitutional homoeopathic treatment. The study emphasizes the importance of detailed case taking, identification of characteristic mental and emotional symptoms, individualization and repertorization using Kent's Repertory. Because of the small sample size and observational design without a control group, the findings require cautious interpretation and further research.

**Index Terms—**Childhood Trauma; Stress; Constitutional Homoeopathy; Homoeopathic Treatment; Perceived Stress Scale; PSS-10.

## I. INTRODUCTION

Childhood is an important period for emotional, psychological and social development. Experiences occurring during this period can have a significant influence on an individual's development and later response to stressful situations. Childhood trauma refers to deeply distressing or harmful experiences that occur during childhood and overwhelm the child's ability to cope effectively.

Childhood trauma may result from physical abuse, emotional abuse, sexual abuse, neglect, exposure to domestic violence, parental separation, bullying, loss of a caregiver and other adverse family or social circumstances. Such experiences may disturb a child's sense of safety and stability. The dissertation describes childhood trauma as being associated with difficulties in emotional regulation, concentration and trust, and with psychological, behavioural and physical complaints.

The effects of childhood trauma may not always end when the traumatic experience ends. Unresolved traumatic experiences may continue to influence emotional responses, coping mechanisms, relationships and stress regulation later in life. Individuals may experience anxiety, fear, irritability, emotional insecurity, sleep disturbances, social withdrawal, reduced concentration and physical complaints.

Stress associated with childhood trauma may therefore become evident during early adulthood, when individuals face academic, occupational, financial and interpersonal responsibilities. The present study was undertaken to assess stress associated with childhood trauma and to observe the response to individualized constitutional homoeopathic treatment.

In the homoeopathic approach used in this study, importance was given to detailed case taking and individualization. Mental and emotional symptoms, personal characteristics and other characteristic symptoms were considered in selecting the constitutional remedy. Kent's Repertory was used for repertorial analysis, and the remedy was selected according to the totality of symptoms.

#### Concept of Childhood Trauma:

Childhood trauma is described in the dissertation as a deeply distressing or harmful experience occurring during childhood that overwhelms the child's ability to cope.

- Physical abuse
- Emotional abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Exposure to domestic violence
- Parental separation or divorce
- Loss of caregivers
- Bullying
- Family conflict
- Other adverse childhood experiences

#### Stress Caused by Childhood Trauma:

stress caused by childhood trauma may occur when experiences such as abuse, neglect or exposure to violence overwhelm the individual's coping capacity. Trauma-related stress may produce a prolonged state of fear and insecurity.

- Anxiety and apprehension
- Sleep disturbances
- Difficulty concentrating
- Irritability
- Emotional difficulties
- Social withdrawal
- Headache and other physical complaints

#### Constitutional Homoeopathic Treatment:

constitutional homoeopathic treatment is based on individualization rather than treating childhood trauma only as a diagnostic condition.

Detailed case taking was performed to identify the characteristic symptoms of each participant. Importance was given to mental and emotional symptoms associated with the individual's childhood experiences and present stress.

The collected symptoms were analyzed and repertorized using Kent's Repertory. The constitutional remedy was selected according to the totality of symptoms. The dissertation reports the use of several individualized remedies, including Lachesis, Pulsatilla, Phosphorus, Gelsemium, Kali phosphoricum, Lycopodium, Silicea, Arsenicum album, Staphysagria, Nux vomica, Sepia and Coffea cruda.

#### Aim:

- To assess the long-term impact of childhood trauma on stress during early adulthood.

#### Objectives:

- To evaluate the stress resulting from childhood trauma.
- To identify characteristic symptoms useful for homoeopathic individualization.
- To determine the effectiveness of selected homoeopathic remedies in reducing stress resulting from childhood trauma.

## II. MATERIALS AND METHODS

The study used the following materials:

Case record proforma for detailed homoeopathic case taking.

Kent's Repertory for repertorial analysis.

Childhood Trauma Scale/Questionnaire for assessment of childhood trauma.

Perceived Stress Scale-10 (PSS-10) for assessment of perceived stress.

Homoeopathic medicines for constitutional treatment.

#### Study Design:

This study used a prospective observational study design.

Participants were assessed at baseline, received individualized constitutional homoeopathic treatment and were followed at regular intervals. Stress levels were reassessed using the PSS-10, and the observations were used to assess changes during the study period.

#### Source of Data

The study participants were selected from patients attending the:

Outpatient Department (OPD)

Inpatient Department (IPD)

Health camps

of Alva's Homoeopathic Medical College and Hospital.

Participants fulfilling the predefined inclusion criteria were selected for the study.

#### Sample Size and Sampling Technique

The study included a minimum sample size of 30 participants.

Sampling technique: Purposive sampling.

A total of 30 participants were included, and the dissertation records that all 30 participants completed the study. The gender distribution was 8 males and 22 females.

#### Inclusion criteria:

Participants were included if they:

- Were aged 18 years or above.
- Had childhood trauma identified using the childhood trauma scale.
- Had been experiencing stress for at least 6 months.
- Had stress assessed using a perceived stress assessment scale.
- We're willing to undergo constitutional homoeopathic treatment based on Kent's Repertory.

- We're willing to provide informed consent.
- We're willing to comply with regular follow-up.

#### Exclusion criteria

Participants were excluded if they had:

- Severe mental health conditions such as schizophrenia.
- Bipolar disorder.
- Major depressive disorder.
- Serious physical disabilities, injuries or other serious physical conditions.

#### Assessment Tools

##### Childhood Trauma Questionnaire/Scale

The childhood trauma questionnaire/scale was used to identify and assess adverse childhood experiences. The study includes questions relating to experiences such as inadequate care, verbal insults, parental inability to provide care, physical punishment and physical abuse.

##### Perceived Stress Scale-10

The PSS-10 was used to assess perceived stress.

It evaluates experiences such as:

- Feeling upset because of unexpected events
- Feeling unable to control important things
- Feeling nervous and stressed
- Confidence in handling personal problems
- Feeling that things are going well
- Feeling in control of situations
- Difficulty controlling irritations
- Anger due to uncontrollable events
- Feeling that difficulties are accumulating

The scale was administered to assess stress before treatment and during follow-up.

### III. HOMOEOPATHIC CASE TAKING AND REPERTORIZATION

The constitutional remedy was then selected according to the totality of symptoms. Thus, the same traumatic experience was not treated with one fixed remedy; rather, the remedy selection was individualized according to the symptom picture of each participant.

For Example:

| Sr No. | Preliminary Data                                                                             | Chief Complaint                                    | Totality Of Symptoms                                                                                                                                                                                                                                                                                                                                                  | Treatment                                              | Out Come |
|--------|----------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------|
| 1      | Name -Ms. Priya<br>Age -23 years<br>Sex-female<br>Address - Mijar<br>OPD no - 26/6/26/8      | Overthinking after being corrected.                | Marked fear of criticism.<br>Fear of negative evaluation.<br>Fear of making mistakes.<br>Self-consciousness.<br>Perfectionistic tendencies.<br>Avoidance of situations involving evaluation.<br>Repeated mental review after receiving criticism.<br>Excessive concern about others' opinions.                                                                        | Silicea 200<br>4 Pills<br>daily morning for 3 months.  | Improved |
| 2      | Name – Ms. Bhoomika<br>Age -22 years<br>Sex-female<br>Address -Mijar<br>OPD no - 26/06/26/06 | Sweating and trembling during social interactions. | Marked anxiety in social situations.<br>Fear of negative evaluation.<br>Fear of criticism and embarrassment.<br>Fear of speaking in front of others.<br>Anticipatory anxiety before presentations.<br>Avoidance of social gatherings and presentations.<br>Self-consciousness regarding visible signs of anxiety.<br>Sweating and trembling during social situations. | GELSEMIUM 200<br>4 pills<br>daily morning for 3 months | Improved |

#### IV. TREATMENT AND FOLLOW-UP

After case taking and reperforation, an individualized constitutional homoeopathic medicine was prescribed. The participants were followed at regular intervals. During follow-up, changes in stress levels were assessed using the PSS-10. Pre-treatment and post-treatment observations were compared to observe changes following treatment.

These are the remedies used:

- Lachesis
- Pulsatilla
- Phosphorus
- Gelsemium
- Kali phosphoricum
- Lycopodium
- Silicea
- Arsenicum album
- Staphysagria
- Nux vomica
- Sepia
- Coffea cruda

#### Statistical Analysis

The collected data were tabulated and analyzed statistically using appropriate statistical methods. The study procedure specified comparison of pre-treatment and post-treatment PSS-10 scores to assess changes in perceived stress.

#### Results

A total of 30 participants were included and all 30 completed the study.

#### Gender distribution

Male: 8 participants – 26%

Female: 22 participants – 73%

Total: 30 participants – 100%

#### Treatment outcome

Cured: 25 participants

Improved: 5 participants

Thus, according to the outcome classification used in the dissertation, all 30 participants showed either a cured or improved outcome.

This study reports individualized treatment with 12 different remedies, with varying numbers of participants receiving each remedy.

## V. DISCUSSION

The study was undertaken to observe the response to constitutional homoeopathic treatment in individuals experiencing stress associated with childhood trauma. This study discusses childhood trauma as a factor that may have long-term effects on emotional, psychological and behavioural well-being. It may influence coping ability, self-esteem, relationships and responses to stressful situations later in life.

In the study, treatment was based on the principle of constitutional individualization. Detailed case taking focused on mental and emotional symptoms, personal history, childhood experiences and characteristic individual symptoms. These symptoms were analyzed and repertorized using Kent's Repertory, and the constitutional remedy was selected according to the totality of symptoms.

The study recorded 25 cases as cured and 5 as improved. However, the dissertation itself emphasizes the need for cautious interpretation because of the small sample size and observational study design. Therefore, the findings demonstrate observations from this group but do not by themselves establish a causal treatment effect.

## VI. CONCLUSION

The present observational study was conducted to assess stress associated with childhood trauma and to observe the response following individualized constitutional homoeopathic treatment. A total of 30 participants were included, and all 30 completed the study. Detailed homoeopathic case taking was performed with emphasis on mental and emotional symptoms, childhood experiences and individual characteristics. The symptoms were analyzed and repertorized using Kent's Repertory, and constitutional homoeopathic medicines were selected according to the totality of symptoms.

According to the recorded treatment outcome, 25 participants were categorized as cured and 5 participants as improved. The study therefore observed improvement in stress levels among the participants during the period of observation. The findings also highlight the importance of detailed case taking and individualized assessment because individuals with childhood trauma may present with different emotional and behavioural manifestations.

However, the findings should be interpreted cautiously because the study involved only 30 participants and had an observational design without a control group. Further studies involving larger sample sizes, longer follow-up and appropriate statistical analysis are required to draw more definite conclusions regarding the role of constitutional homoeopathic treatment in stress associated with childhood trauma.

## VII. LIMITATIONS OF THE STUDY

The main limitations evident from the dissertation are:

- Small sample size: Only 30 participants were included.
- Observational design: There was no control or comparison group.
- Limited generalizability: Findings from 30 participants may not represent the wider population.
- Need for longer follow-up: Longer observation may provide additional information regarding sustained changes.

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## REFERENCES

- [1] Cohen, S., T. Kamarck, and R. Mermelstein, "A global measure of perceived stress," *Journal of Health and Social Behavior*, vol. 24, no. 4, pp. 385–396, 1983.
- [2] Cohen, S., and G. Williamson, "Perceived stress in a probability sample of the United States," in *The Social Psychology of Health: Claremont*

- Symposium on Applied Social Psychology*, S. Spacapan and S. Oskamp, Eds. Newbury Park, CA, USA: Sage Publications, 1988, pp. 31–67.
- [3] Cohen, S., R. C. Kessler, and L. Underwood Gordon, Eds., *Measuring Stress: A Guide for Health and Social Scientists*. New York, NY, USA: Oxford University Press, 1995.
- [4] Perry, B. D., “The neurodevelopmental impact of violence in childhood,” in *Principles and Practice of Child and Adolescent Psychiatry*, D. Schetky and E. P. Benedek, Eds. Washington, DC, USA: American Psychiatric Press, 1997.
- [5] Felitti, V. J., R. F. Anda, D. Nordenberg, D. F. Williamson, A. M. Spitz, V. Edwards, et al., “Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults,” *American Journal of Preventive Medicine*, vol. 14, no. 4, pp. 245–258, 1998.
- [6] van der Kolk, B. A., “Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories,” *Psychiatric Annals*, vol. 35, no. 5, pp. 401–408, 2005.
- [7] Anda, R. F., V. J. Felitti, J. D. Bremner, J. D. Walker, C. Whitfield, B. D. Perry, et al., “The enduring effects of abuse and related adverse experiences in childhood,” *European Archives of Psychiatry and Clinical Neuroscience*, vol. 256, pp. 174–186, 2006.
- [8] Shonkoff, J. P., and A. S. Garner, “The lifelong effects of early childhood adversity and toxic stress,” *Pediatrics*, vol. 129, no. 1, pp. e232–e246, 2012.
- [9] Hahnemann, S., *Organon of Medicine*, 6th ed. New Delhi, India: B. Jain Publishers.
- [10] Kent, J. T., *Repertory of the Homoeopathic Materia Medica*. New Delhi, India: B. Jain Publishers.
- [11] Allen, H. C., *Keynotes and Red Line Symptoms of the Materia Medica with Nosodes*. New Delhi, India: B. Jain Publishers.
- [12] Boericke, W., *Pocket Manual of Homoeopathic Materia Medica and Repertory*. New Delhi, India: B. Jain Publishers.
- [13] Murphy, R., *Lotus Materia Medica*, 3rd ed. Boca Raton, FL, USA: Lotus Health Institute.
- [14] Cohen, S., D. Janicki-Deverts, and G. E. Miller, “Psychological stress and disease,” *JAMA*, vol. 298, no. 14, pp. 1685–1687, 2007.