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Symptoms of Post Traumatic Stress Disorder

Post-Traumatic Stress Disorder Defined

◊ Symptoms are divided into four categories:
  ◇ Reliving or Re-Experiencing the Traumatic Event
  ◇ Avoiding Emotions, Events, People, Places, and/or Thoughts
  ◇ Negative Changes in Beliefs and Feelings
  ◇ Feelings of Hyperarousal or Hypervigilance

◊ Possible Symptoms of Anxiety

Post-Traumatic Stress Disorder Defined

◊ A type of anxiety disorder that can occur after exposure to a traumatic event, like:
  ◇ Abuse or Assault
  ◇ Natural Disasters
  ◇ Serious Accidents
  ◇ Terrorist Attacks
  ◇ War
PTSD: it’s an acronym that hardly needs explaining these days. It seems that every week another horrific event occurs for which post-traumatic stress disorder may be either a cause or a probable effect. The condition has existed since time immemorial. Earlier terms, including “soldier’s heart,” “shell shock” and “battle fatigue,” became “PTSD” after the Vietnam War, as the nation struggled to deal with so many lives ruined by drug and alcohol abuse, troubled relationships, and social alienation.

In the wake of 9/11 and many homegrown tragedies, and as waves of modern warriors return home to the stresses and strangeness of ‘normal’ life, awareness of the aftereffects of trauma and intense stress has seeped into our daily lives and our cultural consciousness.

That’s not entirely a bad thing. After all, traumatic stress has been with us for as long as violence, war, and catastrophe have intruded on the illusory safety of human existence. But for society to learn to recognize the downstream consequences of trauma on mind, spirit and body, and to begin to identify paths to recovery and wholeness—to discover that there are paths to recovery, and to explore, illuminate and broaden access to them—is what may set apart our time, with its particular mix of seemingly senseless tragedy and psychic pain, from times that have gone before.

The formal psychiatric definition of post-traumatic stress disorder is evolving, and in the recently released, revised diagnostic manual for psychiatry (the DSM-5), PTSD was moved from the category of anxiety disorders to a new category of trauma- and stressor-related conditions, a change which implicitly acknowledges its complexity. This new grouping of stress-induced psychological issues
includes Acute Stress Disorder (ASD), which shares some characteristics of PTSD but which resolves after a relatively short period of time.

**Signs of Post-Traumatic Stress**

According to the formal definition, post-traumatic stress effects may follow a life-threatening, terrifying, and/or horrific event or events. Women experience post-traumatic symptoms more than men, and multiple traumas increase vulnerability to PTSD. Common characteristics of someone who has PTSD include re-experiencing the trauma, avoidance behaviors, negative changes in mood and brain function, and hyper-arousal (it should be noted that post-traumatic stress manifests somewhat differently in young children). These characteristics may be expressed in some of the following ways:

- Intrusive, recurring and distressing memories, thoughts, images, dreams, or flashbacks of the traumatic event.
- Emotional numbness or deadness, feelings of detachment from others, and possibly difficulty experiencing loving feelings. Feelings of guilt or blame (of self or others) are common.
- Avoidance of thoughts, conversations, places, people, activities—of anything that might trigger memories of the trauma and cause distress or anxiety. Common tools for avoidance include numbing behaviors such as alcohol and other substance abuse.
- Apathy toward formerly pleasurable activities. In general, a pessimistic view of the future; it may be difficult to make future plans.
- There may be an attraction to reckless or destructive behaviors.
- Symptoms related to hyper-arousal and hyper-alertness: problems in getting to sleep or staying asleep; irritability, possibly accompanied by anger and volatility; difficulty concentrating; increased vigilance; an increased startle reaction. Chronic hyper-arousal may manifest as depression.

When a person has experienced these symptoms and behaviors for one month, he or she is considered to have a post-traumatic stress disorder; when these issues persist beyond three months, PTSD is considered chronic. The reality, though, is that many more people experience post-traumatic stress effects than meet the DSM criteria—their lives may be limited by anxiety or panic attacks, depression, insomnia, emotional reactivity, fatigue, and bodily pain, but they don’t associate their emotional or health issues with prior trauma, they just think that this is how life is and always will be for them. Childhood abuse, domestic violence, illness, injury, and ongoing financial stress are some of the preconditions for a life marked by post-traumatic wounds to psyche and body, unless these wounds are healed.

**Fear Circuitry**

In recent decades attention has turned to investigating underlying mechanisms for PTSD. The defining characteristics and behaviors of PTSD are thought to be the external expression of inner effects of trauma on mind, body and spirit, through activation of what has been called “fear circuitry;” complex patterns of reaction and interaction within the brain and the body in response to severe
stress and trauma which impair healthy thinking, feeling and function. It’s as though the fear switch gets flipped to on and can’t be shut off. The sufferer swings between traumatic memories of the past and apprehension of potential threats in the future, unable to find a place in the present. In the words of Bessel van der Kolk, M.D., a pioneering research clinician in post-traumatic stress disorder and the neurobiology of trauma, “People with PTSD lose their way in the world. Their bodies continue to live in an internal environment of the trauma. We all are biologically and neurologically programmed to deal with emergencies, but time stops in people who suffer from PTSD. That makes it hard to take pleasure in the present because the body keeps replaying the past.”

Stop Saying Post-traumatic Stress is Incurable!

Until recently, well-intentioned attempts to treat PTSD often have done at least as much harm as good. Traditional talk therapies can re-traumatize the sufferer and have poor rates of success for PTSD. Traditional pharmaceuticals may manage, with varying degrees of effectiveness, the depression, anxiety, insomnia, anger, and substance abuse which often accompany post-traumatic stress. But neither approach effectively engages with the deep and interconnected wounds to mind, body and spirit that make up PTSD.

The failure of standard treatment approaches has contributed to the misperception not just by the public (assisted by the media) but also by much of the healthcare community, including many mental health professionals, that PTSD is a tough nut to crack, so sufferers had best just learn to live with it. As Belleruth Naparstek, a psychotherapist who has developed guided imagery for prevention and treatment of traumatic stress disorders, observed in an article entitled Note to Colleagues: Please Stop Saying Post-Traumatic Stress Is Incurable:

“You can recover from post-traumatic stress. Certainly, you can significantly reduce—not just manage—its symptoms. But—and here’s the thing—not with traditional treatment. The problem is, a lot of my colleagues don’t know this yet. So they go about it in traditional ways and pronounce the condition incurable, based on the results they get.”

You Can Recover

In recent years, a constellation of therapeutic alternatives to traditional treatment has emerged which demonstrate significant success for recovery from PTSD. These therapies, a sampling of which is listed below, access the places in mind and body where trauma is embedded, creating safe detours around fear-damaged brain circuitry to allow the traumatized to gradually integrate their memories and find a way back to a present they can live in.

EMDR (Eye Movement Desensitization and Reprocessing)

EMDR uses eye movement techniques (or sometimes sound or other sensory stimuli) under the supervision of a trained EMDR psychotherapist to allow the brain to reprocess traumatic memories. Recognized as an effective therapy for PTSD by more than two dozen research studies, the American Psychiatric Association, and the Department of Defense/Veteran’s Administration, it can significantly shorten recovery time and because it only requires the patient/client to focus briefly on the trauma, it is less likely than traditional talk therapy to activate the trauma. As its discoverer,
psychologist Francine Shapiro notes, “Three EMDR studies have reported an 84 to 100% remission of PTSD from a single trauma in the equivalent of three 90-minute reprocessing sessions…while complex PTSD…will definitely need more extensive treatment than three sessions, in most cases it doesn’t take long for the client to derive benefit. It’s not like some versions of talk therapy where change is not expected to be apparent for many months, or even years.”

**Cognitive Behavioral Therapy**

In trauma-centered Cognitive Behavioral Therapy the therapist and client work together to revise or correct inaccurate or distorted thoughts about the traumatic memory. It generally includes aspects of exposure therapy, in which tolerance to the trauma is developed by means of gradual exposure to a memory or other trigger. The drop-out rate for CBT is about 50%, presumably because even gradual re-exposure to the traumatic memory can be overwhelming for many clients.

**Mindfulness Based Stress Reduction (MBSR)**

MBSR is a widely available eight-week program (with meetings once weekly) in which participants learn techniques promoting self-awareness, the integration of body and mind, and non-judgmental acceptance of their experience in the present. MBSR, based on Buddhist and other ancient meditative practices, was introduced as a program in 1979 by Jon Kabat-Zinn, Ph.D., at the University of Massachusetts. It has been found to be effective for a broad range of issues, including chronic pain, anxiety, depression, high blood pressure, substance abuse, and adjustment to life stress, such as serious illness. It is emerging as one of the most effective approaches for both treatment and prevention of post-traumatic stress. A recent study from the University of Michigan, in association with the Veteran’s Administration Ann Arbor, looked at the effects of Mindfulness Based Cognitive Therapy, which combines mindfulness training with cognitive therapy (as mentioned above). After the eight-week program, 73% of patients/clients in the MBCT group experienced significant improvement, while only 33% of the traditional treatment group noted improvement. Other studies of mindfulness training for PTSD show on average about an 80% reduction in symptoms, and a drop-out rate which is virtually zero.

**Guided Imagery**

Guided Imagery is a variation on meditation in which dialogues tailored to address the anxiety, depression, grief, insomnia, lowered self-esteem, and traumatic wounds of PTSD are listened to several times weekly on an MP3 or CD player. I think of guided imagery as the scenic route of meditation, because the dialogues often involve imagining oneself in a natural environment. Because they can be used at home, they can be an excellent adjunct to EMDR, CBT, or other supervised treatments. A recent study of guided imagery combined with healing touch in returning veterans showed a significant reduction in PTSD and related symptoms after six twice-weekly sessions, compared to usual treatment.

**Yoga**

Trauma-sensitive yoga promotes integration of mind and body, ability to achieve inner quiet, calm and relaxation, and greater comfort with the present moment.

**Body-Centered Psychotherapies**
Body-Centered Psychotherapies, such as Somatic Experiencing, recognize that trauma causes memory to be somaticized, or stored in the body. They may be blended with other treatment approaches, and encourage body awareness as a way to regulate the overwhelmed nervous system of the traumatized and open the door to healing.

**Neurofeedback**

Neurofeedback techniques use low-frequency electrical signals to help the brain shift into a state in which it is easier to process emotions, moving it out of stuck patterns induced by trauma. Improvement may be felt in one to three sessions.

**Holistic Treatment of PTSD**

A holistic approach to physical health issues acknowledges the participation of the mind and spirit in the healing process. Conversely, truly holistic care for PTSD combines treatment of the mind and emotions with support of physical health, including the hormonal and biochemical interconnections between mind and body. A synergistic approach offers the greatest potential for authentic and lasting recovery from post-traumatic stress disorder.

In my practice I rely on functional medicine testing of stress hormones, neurotransmitters, blood sugar, thyroid function, and a range of stress-modulating nutrients to identify the unique patterns of imbalance in an individual with stress disorder. With this information, natural approaches such as nutrient replenishment, herbal support, and lifestyle modification can be used to promote health and balance of body, mind, and emotions.

**Heal the Adrenals**

The adrenal glands secrete hormones that generate the stress response. The “fight or flight” stress hormones epinephrine and norepinephrine (also known as adrenaline and noradrenaline) and cortisol, the hormone secreted by the adrenals in response to longer-term stress, are a big part of our emergency response mechanism, and they are central to much of the mental and physical experience of post-traumatic stress. The adrenal stress response might be thought of as the interface between the brain and the body: have a stressful thought or memory, and the adrenals respond by putting out stress hormones; on the other hand, over stimulate the adrenals (by a near-miss of a car accident, for instance) and brain function is affected.

A damaging effect of intense or chronic stress is disruption of the lines of communication between the brain and the adrenals, resulting in loss of the normal regulation by the brain of stress hormone output. Problems with sleep (both getting to sleep and staying asleep) and difficulty getting going in the morning are symptomatic of this communication breakdown. Phosphatidyl serine is a natural supplement which, in doses of 200-300 mg. at bedtime, can help repair the stress-induced damage to brain cells and over time (it may take two to three months, depending on the level of repair necessary) can restore healthier stress-hormone balance and better quality sleep.

The herb rhodiola rosea has been used for centuries as a tool for rebalancing stressed adrenal glands. As there are a number of species of rhodiola; it is important to obtain a supplement that has
been assayed for the level of rosavins, which are the compounds thought to be necessary for therapeutic effect. While in my practice I work with formulations standardized to contain 16% rosavins, those available to the public usually contain between two and five percent of these compounds, and about 250 mg. per capsule of the herb itself. Taken in the morning (a conservative dose is two to three capsules), it can support stable energy; paradoxically, three or four capsules taken an hour or so before bedtime can promote more restful sleep (please note: it may have a stimulating effect and interfere with sleep if taken too close to bedtime).

**Nutrition for the Brain**

Neurotransmitters, the biochemical messengers of the brain that affect mood, sleep, energy, motivation, concentration and more, can be severely thrown out of balance by intense or prolonged states of stress. Once a pattern of neurotransmitter imbalance has been identified through testing, natural supplements can help restore balance. For purposes of promoting greater calm, better sleep, and increased well-being, I think of GABA (I work with a GABA metabolite that crosses the blood-brain barrier more easily than standard preparations); the amino acids Taurine, Theanine, Glycine, Glutamine, and 5-hydroxy Tryptophan; and vitamin B6 (pyridoxine), which is essential for neurotransmitter metabolism. In addition, the Omega-3 fatty acids, most readily obtained from a high-quality marine oil supplement, nourish brain cells and reduce inflammation that amplifies stress hormone levels, and are fundamental to any nutritional support program for PTSD.

**Practice Self-Care**

Poor habits of self-care often go along with PTSD, such as a tendency to skip meals, to eat and drink too many nutrient-depleted and nutrient-depleting items like coffee, alcohol, sweets and refined flours, and to let go of regular exercise and time spent outdoors. Unhealthy patterns of eating and drinking ramp up the stress response, in part because they cause unstable blood sugar, which triggers stress hormone secretion. They also literally starve the brain of the even supply of glucose (which it gets from whole foods eaten regularly throughout the day) it needs to function well.

So be sure to eat three meals a day, and be sure one of them breakfast; also eat two or three snacks between those meals, even if that means the regular meals are a bit smaller than you’re used to. Eat more nutrient dense, whole foods, like fish, fowl, starchy beans and starchy vegetables, whole grains, nuts and seeds, crunchy veggies, and fruit. Eat fewer processed and ‘white foods’ made with refined flours and sugars; limit or eliminate caffeine and alcohol—plenty of water and herbal teas are better choices.

Exercise increases oxygen supply to the brain, has been shown to increase serotonin and endorphin production (feel-good brain bio-chemicals), and helps balance blood sugar. Benefits of exercising outdoors include stimulation of the pineal gland by natural light (which promotes melatonin production, which improves sleep, mood, and immune function), increased production of the anti-depressant vitamin D, and a chance to take in the nourishing beauty and healing ‘green’ energy of Mother Nature.
“Insanity: doing the same thing over and over and expecting different results.” – Albert Einstein

It is a truism that if we want change to happen, we need to take action. One of the greatest impediments to healing of people suffering from PTSD is their reluctance to seek treatment, and then to stay in treatment long enough to feel results. This is tragic, given the often life-or-death stakes of PTSD. Although no single approach can create immediate resolution of the complex pain of post-traumatic stress, those outlined here are some of the most effective, least stressful, and direct routes to relief and authentic healing for the disorder currently available. Working with multiple modalities (for instance, EMDR with MBSR, trauma-centered yoga and guided imagery) can enhance their positive effects and create a safety net for the healing process. Combining such inner work with healing and care for the body as a whole and the body systems involved with the stress response eases the way for healing on every level. But for recovery to begin, it is necessary to take the first step on one path toward wholeness. Take that step.

Resources & References


Invisible Heroes: Survivors of Trauma and How they Heal, by Belleruth Naparstek, Ph.D, is an excellent book describing the continuum of stress and post-traumatic stress, the neurobiology of trauma, and how the brain heals.


Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness, by Jon Kabat-Zinn.

Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy, by Francine Shapiro, Ph.D.

Overcoming Trauma Through Yoga: Reclaiming Your Body, by David Emerson and Elizabeth Hopper.

Information about EMDR and referrals to trained practitioners can be found at the EMDR Institute (www.emdr.com) or the EMDR International Association (www.emdria.com). For Guided Imagery information, CDs, and MP3 downloads, go to www.healthjourneys.com

Natural & Drug Free Treatment for PTSD

BY DR. COHEN
Do you know someone with PTSD? This condition was once thought to be experienced by people in war conditions, but it is now recognized as being experienced by millions of people who have had no military experience. Learn what PTSD is and how to treat this devastating condition. If you or a loved one are showing any of the symptoms, help is available.

**The Fight-or-Flight Response**

PTSD, or post-traumatic stress disorder, is an anxiety disorder that is often experienced when someone has lived through a dangerous event. When people find themselves in a dangerous situation, it is natural to experience fear, and the body develops an automatic reaction to that fear. This “fight or flight” response is a life-saving reaction, enabling the body to take immediate action in the face of imminent danger. Back in the earliest days of civilization, the “flight-or-fight” response prepared people to “run like crazy” if they spotted a tiger. It was meant to pump adrenaline into the body in a way that gave the person an extraordinary ability to run and save themselves.

Today, we don’t encounter many tigers, but we do encounter numerous incidents that trigger our “fight-or-flight” response. Traffic jams, computer frustrations, daily frustrations are all possible triggers for this response. Our body is often under stress conditions and they have a long term, negative effect on our health. But when the trigger is more severe, this long term stress has an even larger possible psychological effect on us.

**What Triggers PTSD?**

Severe triggers can include trauma from experiencing war, but they are not limited to veterans or people experiencing military trauma. This type of trauma is also experienced by people who have lived with physical or sexual abuse, for those who have lived through accidents or natural disasters, or even those who have experienced an unexpected death of someone they love. These traumatic episodes trigger the “fight-or-flight” response, but the effect does not simply fade away when the immediate trigger goes away. A soldier who experienced the death of a good friend or who witnessed the horrors of explosions or bombings does not get over the incident emotionally when the immediate crisis ends.
A rape survivor or person who has experienced physical abuse does not get “back to normal” as soon as the triggering incident is over. This “fight-or-flight” response which was meant to give people the adrenaline to run from a tiger turns into a long term anxiety reaction that continues to affect someone long after the initial problem is over.

If a woman was attacked while walking down the street, she might experience an overwhelming fear reaction every time she walks down a street. The reaction is not a “thought” – it is an instantaneous anxiety reaction that takes over her body and mind before she even knows what caused the reaction. Anything that reminds her of that initial experience can be enough to trigger that overwhelming and disabling anxiety reaction.

When these overwhelming anxiety reactions become a constant part of life, this becomes diagnosed as Post Traumatic Stress Disorder, or PTSD. Dealing with this anxiety disorder starts with a proper diagnosis, but may require long term intervention.

**Symptoms of Post Traumatic Stress Disorder**

There are several symptoms or signs that someone is experiencing PTSD. In some cases the person continues to re-experience the problem through flashbacks, nightmares, or scary thoughts. Any situation that can act like a reminder of the original incident can trigger the re-experience.

Other typical symptoms revolve around avoidance. People will avoid situations that remind them of the original trigger. Others will feel numb, or experience depression or constant worry. People may avoid cars if they had been in a horrible accident. Or they might just stop enjoying trips and visits that they once found pleasurable.

In addition to re-experiencing the trauma or going through avoidance, people with PTSD will usually feel hyper arousal symptoms. They could be easily startled, have trouble sleeping, or be constantly on edge and feeling tense.
In general, people with PTSD are seriously affected and their symptoms are having a seriously negative effect on their life. Without treatment or intervention, these symptoms can persist for years or even decades.

**Neurofeedback for Treating PTSD**

If you or a loved one has symptoms of PTSD, you should discuss this with your doctor. There are many interventions that are showing promise in reducing the destructive effects of PTSD. One of the most promising is the use of Neurofeedback. A recent study showed that ten weeks of Neurofeedback showed a significant improvement in both adults and children suffering from PTSD. If someone with PTSD has shown little improvement after treatment with medication and/or psychological therapy, then they should definitely consider intervention with Neurofeedback. It has virtually no side-effects and in many people, it can produce change in an extremely short amount of time.

**PTSD Psych Test**

Use this PTSD (Post-Traumatic Stress Disorder) test to help determine if you have the symptoms of PTSD and whether you should seek a diagnosis or treatment for PTSD from a qualified doctor or mental health professional.

Instructions: If you suspect that you might suffer from post-traumatic stress disorder, complete the following PTSD self-test by clicking the "yes or "no" boxes next to each question. Click the "score" button at the bottom for an interpretation of the results.

1. Have you experienced or been exposed to a traumatic event?
   - True
   - False

2. During the traumatic event, did you experience or witness serious injury or death, or the threat of injury or death?
   - True
   - False
3. During the traumatic event did you feel intense fear, helplessness, and/or horror?
   True
   False

4. Do you regularly experience intrusive thoughts or images about the traumatic event?
   True
   False

5. Do you sometimes feel like you are re-living the event or that it is happening all over again?
   True
   False

6. Do you have recurrent nightmares or distressing dreams about the traumatic event?
   True
   False

7. Do you feel intense distress when something reminds you of the traumatic event, whether it's something you think about or something you see?
   True
   False

8. Do you try to avoid thoughts, feelings, or conversations that remind you of the traumatic event?
   True
   False

9. Do you try to avoid activities, people, or places that remind you of the traumatic event?
   True
   False

10. Are you unable to remember something important about the traumatic event?
    True
    False

11. Since the trauma took place, do you feel less interested in activities or hobbies that you once enjoyed?
    True
    False

12. Since the trauma took place, do you feel distant from other people or have difficulty trusting them?
    True
13. Since the trauma took place, do you have difficulty experiencing or showing emotions?
   True
   False

14. Do you feel that your future will not be "normal" -- that you won't have a career, marriage, children, or a normal life span?
   True
   False

15. Since the traumatic event, have you had difficulty falling or staying asleep?
   True
   False

16. Have you felt irritable or have you had outbursts of anger?
   True
   False

17. Have you had difficulty concentrating, since the trauma?
   True
   False

18. Do you feel guilty because others died or were hurt during the traumatic event but you survived it?
   True
   False

19. Do you often feel jumpy or startle easily?
   True
   False

20. Do you often feel hypervigilant, that is, are you constantly feeling and acting ready for any kind of threat?
   True
   False

21. Have you been experiencing symptoms for more than one month?
   True
   False

22. Do your symptoms interfere with normal routines, work or school, or social activities?
Meditation may reduce PTSD, medication in soldiers

Active-duty soldiers who practice meditation reported sleeping better, feeling less irritable, and seeing improvements in relationships.

By Stephen Feller | Jan. 13, 2016 at 1:56 PM
AUGUSTA, Ga., Jan. 13 (UPI) -- Regular practice of transcendental meditation can alleviate post-traumatic stress disorder in active-duty members of the military and allow them to reduce or stop taking medication for the condition, according to a new study.

Researchers at the Dwight Eisenhower Army Medical Center's Traumatic Brain Injury Clinic and Augusta University mounted the study, teaching service members to meditate as part of their recovery from concussions and to help with PTSD.

While medication used for PTSD generally helps about 30 percent of patients, previous studies have shown transcendental meditation can help practitioners tune out distractions and the state of inner quietness helps reduce stress hormones.
While some health care providers hesitate to take patients off drugs for PTSD, previous studies have shown the meditation technique has helped to reduce the anxious, hyperactive state military members experience as part of the condition.

"Concussions heal, but this is a unique concussion because it happened when somebody was trying to kill them," said Dr. John L. Rigg, a physiatrist at the Dwight Eisenhower Army Medical Center, in a press release. "It's not like you or I were riding bikes on the weekend and fell down and hit our head. There is significant emotional trauma, hyper-arousal of basic instincts of survival. They are having a normal reaction to an abnormal situation, which is being in an environment where somebody is trying to kill them on a daily basis."

Researchers studied 74 service members with PTSD or anxiety disorder who sought treatment at the clinic, half of whom voluntarily practiced transcendental meditation in addition to their other therapies, and half of whom did not.

One month into the study, 83.7 percent of the meditation group had stabilized, decreased or stopped taking medication, while 10.9 percent increased their medication dosage. Of the non-meditation group, 59.4 percent had stabilized, decreased or stopped using drugs, while 40.5 percent increased the amount of medication taken. Similar patterns were seen at two- and six-month follow-ups.

The researchers reported there was a 20.5 percent difference between the groups in the severity of symptoms six months into the study, with the non-meditation group seeing an increase in symptoms during that time.

The study is published in the journal Military Medicine.
Benzodiazepines ineffective, possibly harmful for PTSD

The drugs may also induce PTSD in people who have recently experienced trauma.

By Stephen Feller | July 14, 2015 at 5:20 PM

DAYTON, Ohio, July 14 (UPI) -- Benzodiazepines have little effect on the symptoms of post traumatic stress disorder, or PTSD, and could make symptoms worse, according to a large study of data on treatment for the disorder.

Researchers also found that benzodiazepines may cause PTSD in people who have recently been in a traumatic situation may cause PTSD.
"Benzodiazepines might be effective if they selectively inhibited the stress and anxiety centers of the brain that are often hyperactive in PTSD," said Dr. Jeffrey Guina, a researcher at Wright State University, in a press release. "Instead, they indiscriminately target the entire brain -- including areas that are already hypoactive in PTSD, such as the cognitive and memory centers."

Benzodiazepines are often used for anxiety, amnesia, seizures and as premedications for medical and dental procedures. They are largely considered safe for short term use, but have been found to have effects on cognitive abilities and can cause aggression, panic and agitation.

The researchers looked at 18 studies that included more than 5,200 people who survived more than one trauma, including life-threatening medical conditions, combat-related trauma, and disasters. They found, based on 12 of the studies, that benzodiazepines were associated with no improvement in PTSD outcomes.

Researchers found people who had recently gone through traumatic experiences were two to five times more likely to develop PTSD if given benzodiazepines.

"Evidence-based trauma-focused psychotherapies require that patients experience and then master anxiety," researchers wrote in the study, which is published in the Journal of Psychiatric Practice. "Benzodiazepines can impair that experience by numbing emotions, decreasing learning efficiency, and inhibiting memory processing of material learned in therapy."
PTSD: DSM-IV vs. DSM-5

**DSM-IV**

A. stressor: need 2 of 2:
1) experienced, witnessed, or was confronted with traumatic event and 2) intense fear, helplessness, or horror.

B. traumatic reexperienced: need 1 of 5:
1) Recurrent and intrusive distressing recollections; 2) distressing dreams; 3) flashbacks; 4) intense psychological distress at exposure to cues; (5) Physiological reactivity on exposure to cues

C. persistent avoidance of stimuli associated with the trauma and numbing: need 3 of 7:
1) Efforts to avoid thoughts, feelings; (2) Efforts to avoid activities, places, or people; (3) Inability to recall an important aspect of the trauma; (4) Markedly diminished interest; (5) Feeling of detachment/estrangement; (6) Restricted affect; (7) Sense of a foreshortened future

D. persistent increased arousal: need 2 of 5:
1) Difficulty falling/ staying asleep; (2) Irritability/ outbursts of anger; (3) Difficulty concentrating; (4) Hypervigilance; (5) Exaggerated startle response

**DSM-5**

A. stressor: need 1 of 4:
1) Direct exposure; 2) Witnessing.; 3) Indirectly, by learning a close relative or close friend was exposed; 4) Repeated/extreme indirect exposure in the course of professional job (not through media).

B. Intrusion symptoms: need 1 of 5:
1) Recurrent, intrusive memories; 2) Traumatic nightmares; 3) Flashbacks; 4) Intense/persistent distress after exposure; 5) Physiologic reactivity upon exposure to cues

C. Persistent effortful avoidance of distressing trauma-related stimuli: need 1 of 2:
1) Trauma-related thoughts/feelings; 2) Trauma-related external reminders

D. Negative cognitions/mood: need 2 of 7:
1) Inability to recall key features of the trauma; 2) Negative beliefs about oneself, the world; 3) Distorted blame of self, others; 4) Persistent negative trauma-related emotions; 5) Diminished interest; 6) Feeling alienated, detachment/estrangement; 7) Constricted affect

E. Alterations in arousal and reactivity: need 2 of 6:
1) Irritable or aggressive behavior; 2) Self-destructive/reckless behavior; 3) Hypervigilance; 4) Exaggerated startle response; 5) Problems in concentration; 6) Sleep disturbance.

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Complementary and Alternative Therapies for PTSD

With the support from the licensed mental counselors and various techniques, you may easily get control over the symptoms of PTSD.

- Emotional Freedom Technique (EFT)
- Hypnosis
- Eye Movement Desensitization and Reprocessing (EMDR)
- Biofeedback
What is the natural course of PTSD?

Duration of symptoms for PTSD treated and untreated

Usual onset of symptoms a few days after the event.

Many recover without treatment within months/years of event (50% natural remission by 2 years), but some may have significant impairment of social and occupational functioning.

Treatment means that about 20% more people with PTSD recover.

Generally 33% remain symptomatic for 3 years or longer with greater risk of secondary problems.

Proportion surviving without recovery

Duration of symptoms (years)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Intro  Clinical Background Treatment Implementation Further Info

Validated, Verified Revolution in Medicine

The New Eductor 64 software for your SCIO and Eductor is a major. New development in Safety and Efficacy.

Windows 10 is designed to Protect us and Software. There are many selling Lies and Frauds. So New Software is made very carefully.

Improve your Results. Help more patients. Get more Refferals. Care Enough to Upgrade.
Stop the Addiction Urge
Take Back Control
Eductor is Verified
Addiction Therapy

Spiral injury and pain

Using MTENS, and TVEP the SCIO can treat the spinal area for injury and pain. Sending in an auto-focused sophisticated pulse different for each patient based on their personal electrical needs.

If you need more information on the SCIO and purchase details please get in touch with us
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