

Returning to Normal Life after Two Years of Conflict with the Disease

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Abstract

In the beginning of the COVID-19 pandemic, almost 90 percent of the population next to me, including myself, who were involved, called my cell phone from the Center of Tirana.

Keywords: Parkinson's disease • Transcranial electrical transcranial current stimulation • Pulsed current stimulation • Tremor • Video analysis

Introduction

The day after I visited, I saw in disbelief that he had been involved in this problem for 10 days, and he has absolutely not a fever once. I asked my nurse to do an antibody test for COVID-19 immediately, and I saw in disbelief that all the tests were negative. While talking to my colleagues, we accepted that the disease, which has been in the polluted environments of hospitals for 10 days, and then to Mercer spread covid-19 before us and even admitted that its tests are negative, we must categorically reject the covid-19 problem in this patient and we did the same thing. Apart from shivering, there are other symptoms, including:

- Being bored.
- Stress and stigma.
- Not having a deep sleep either at night or in the daytime.
- Extremely high concern without a specific reason.
- Lack of concentration and amnesia.
- Being indifferent to everything that goes on in the round.
- Unwillingness to talk to people and even old friends who have been together for years.
- Unwillingness to write and read newspapers.
- Unwillingness to listen to music or talk to friends.
- Unwillingness to work with computer or internet work, even seeing TVs.
- Nightmares.
- Talking to yourself at night.
- Excessive fatigue.
- Anorexia

Case Presentation

A 76-year-old man with an academic education in the United States, intellectual, an activist and one of the best translators in the English Language. He helped resolve the treatment problems of some of my patients who did not know English, in Colony. His main complaint was shivering and so much that it was not even possible for us to continue the phone conversation. He was himself with the patient who was hospitalized in Tirana because of other problems,

and my colleagues, who were during this case, were all unanimous that the patient's problems were caused by the COVID-19 pandemic. I asked him, when he's finished, to come back to see him in our own section, to put him in the hospital and watch him. My colleagues and I agreed that he, too, had been caught up in the COVID-19 epidemic, and after five days, he came to us and I admitted him to our field hospital where we had more than 700 patients.

We reiterated the corona tests once again and saw in disbelief that all of its tests were negative again. We had to get him out of the hospital. We believed that the patient's problems were psychological and had nothing to do with Covid 19, and that why it continued so badly was questionable. Especially since we didn't have enough experience in this area. After being discharged from the hospital, I treated him with Anti-anxiety drugs and in the process used various treatments to solve his problems. Seroquel, Escitalopram, Piracetam, Gabapentin, Mirtazapine, Amizol, Risperidone, Clonazepam, Lorazepam, Chlorpromazine.

But the fact is that not all of these drugs had a serious effect on reducing his problems in his processes, and he was isolating himself and living alone in the room between sleeping and waking up without wanting to eat or talk to people around him and his family.

For the past two years, he has tried to separate himself from his great friends and family, and to study. He talked less to anyone, and he had no appetite for food or motivation to do anything. He talked to someone less, and he was thinking, "Why is he facing this challenge?" Because it didn't work out, his problems were exacerbated. He was not focused to be able to study. He was constantly flying around. And he suffered more because he was not influential in the environment he lived in.

I visited him every three weeks or a month, given the old acquaintance I had with him. I did a lot of Para clinical examinations for him. Preliminary blood tests include:

- CBC, LFT, RFT, Cortisol. ACTH, Thyroid Tests, HbA1c, Testosterone, Electrolytes. PTH, Vit D3, Vit B12.
- Abdominal ultrasound, thyroid and echocardiography of the heart and treadmill and halter test and lung study.
- Brain MRI
- MMSE

All of these tests were normal. After a year and a half when the patient's physio was going down, I decided to work with my very esteemed friend Professor Afrim Dungalja, a psychologist with a lot of experience in his work and expertise at Nene Teresa Hospital. We visited and consulted the patient on a number of occasions, in one of these visits, the professor looked at the patient's past and asked about this, and the patient explained how many years he had been a political prisoner and the pressures he had put on him during this Covid 19 period had inflamed the problem, i.e. PTSD. This was strange to me, whom I had known closely for years. It became clear that Professor Dungalja's opinion was correct and that the disease had re-established due to COVID-19 and caused problems. Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder caused by extremely stressful, frightening or distressing events. The disease, once called shell shock, or battle fatigue syndrome, is a serious condition that can develop after experiencing or witnessing a traumatic or horrific event in which there was serious physical injury or threat. Someone with the disease often revives this traumatic event, through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt. They may also have sleep problems, such as insomnia, along with not being able to concentrate. These symptoms are often severe and persistent enough to have a significant impact on a person's day-to-day life. Any situation that a traumatic person finds can cause PTSD. Among these are the following:

- Serious road accidents.
- Violent personal rapes, such as rape, theft.
- Serious health problems.
- Childbirth Experiences.

PTSD can develop immediately after someone experiences an uncomfortable event, or it can occur weeks, months or even years later. PTSD is estimated to affect about 1 in 3 people with traumatic experiences, but it is not clear exactly why it develops in some people and others never happen to them. For me, it was a question of how, in a man who has been imprisoned for more than 30 years, this issue has now become obvious in this way, but to believe that COVID-19 has made this clear. I was sure, after a few months of trauma or accident, I could have involved this. But the fact is, this long time made it very strange for me. In my professional work, I was familiar with PTSD cases, and I had been able to solve many of my patients' problems. Symptoms of post-traumatic stress disorder may start within a month of a traumatic event, but sometimes symptoms may not appear for years, after the event. These symptoms cause significant problems in social or work situations and in social relationships.

PTSD grouped

PTSD is generally grouped into four types:

- Intrusive memories,
- Avoid negative changes in thinking and mood,
- Changes in physical and emotional reactions.

Symptoms can vary over time or vary from person to person.

Intrusive memories

Transcranial Symptoms of intrusive memories may include:

- Frequent and unwanted uncomfortable memories of the traumatic event.
- Re-living traumatic event as flashbacks.
- Uncomfortable dreams or nightmares about the traumatic event.
- Severe emotional distress or physical reactions to something that reminds you of the traumatic event.

Avoidance

Symptoms of avoidance may include:

- Trying to avoid thinking or talking about the traumatic event.
- Avoid places, activities or people that remind you of a traumatic event.

Negative changes in thinking and mood

Symptoms of negative changes in thinking and mood may include:

- Negative thoughts about yourself, other people or the world.
- Frustration about the future.
- Memory problems, including not remembering important aspects of the traumatic event.
- Difficulty maintaining close relationships.
- Feeling separated from family and friends.
- Not interested in the activities you once enjoyed.
- Difficulty experiencing positive emotions.
- Feeling emotional numbness.

Changes in physical and emotional reactions

Symptoms of changes in physical and emotional reactions (also called arousal symptoms) may include:

- Being easily frightened or terrified means the same panic modes.
- You always stand guard for danger.
- Self-destructive behavior, such as drinking too much or driving too fast
- Difficulty sleeping.
- Difficulty concentrating.
- Irritability, angry outbursts or aggressive behavior.
- Onerous guilt or shame.

What had occupied most of my mind was the issue of his panic attacks and restlessness, and since I had not said the history of being imprisoned in the past, Neither the patient nor I had asked him, so I never thought

about the PTSD issue. While starting treatment with Quetiapine and Escitalopram with the patient, Professor Dangler sat down and talked for a long time and encouraged him to kill himself out of his loneliness. And he encouraged that, given the background of the knowledge and classical education that the patient has, he can pull himself out of this situation and so did it. Going to old friends, participating in small gatherings, studying literary classics, meditation, using vegetable foods, slow fiery leniency, especially going to swimming pools regularly, trying to forget the memories of the past and taking advantage of the opportunities of time, no matter the future, as well as herbal remedies such as chamomile tea and Valerian root, and finally melatonin ... This has been one of these things. progress was slow in the early days. And the patient, made a significant improvement in his condition as he applied these commands so badly. So that for the friends who were always there for him, these changes were quite dramatic. I encouraged a friend to help him, and after three months, he brought me the following report: ... At first, he did not come out of his bed and was low-spoken and extremely impatient, he had a severe general chill, and I insisted on wearing warm clothes for a few minutes and went out to a garden full of olives. I recounted the points that Professor Afrim Dangler emphasized during his visit. He refused, but every time we came out and toured, his progress was qualitative and so that later I would take speakers and stay in olive groves for half an hour and listen and talk music without being bored. Then I invited other friends who had memories with him to be on our tour of olive groves. It was very helpful. They made her laugh and joy by expressing sweet memories. Later, I asked him to teach me Albanian, and he accepted to say a sentence to me daily that I could actually use, and he was doing it well. After that, he began studying classic novels and put me through his read novels and then. In the olive grove that we went to daily, we started exercising together, which included calm movements and then going to the pool and swimming, which were very helpful.

Risk factors

It is written about the risk factors of this disease in the bookmarks:

People of all ages can have post-traumatic stress disorder. However, some factors may make you more likely to develop PTSD after a traumatic event, such as:

- Experience severe or prolonged trauma
- Having experienced other traumas early in life, such as childhood abuse
- Having a job that increases your risk of being exposed to traumatic events such as military personnel and first responders
- Having other mental health problems such as anxiety or depression
- Having difficulty abusing substances, such as drinking too much or taking drugs
- Lacks a good support system for family and friends
- Having blood relatives with mental health problems such as anxiety or depression

Types of traumatic events

The most common events leading to the development of PTSD are:

- Exposure to combat
- Childhood Physical Abuse
- Sexual violence
- Physical attack
- Threats to weapons
- A coincidence

Many other traumatic events can also lead to PTSD, such as fire, natural disaster, theft, plane crash, torture, kidnapping, life-threatening medical diagnosis, terrorist attack, and other extremist or life-threatening events.

Results

When my patient was in the course of the Covid 19 pandemic, according to the news that was being published in Media every day, according to his past records, his PTSD. began to flare up and gradually. We monitored the patient regularly and when we became sure that his problems were psychological, the problem was methodized with the help of Professor Afrim and the disease was controlled [1].

Outbreak

About 3.6% of adult Americans (5.2 million people) have PTSD over the course of a year, and an estimated 7.8 million Americans will develop PTSD at some point in their lives. PTSD can develop at any age, including childhood. Women are more likely to develop PTSD than men. This may be because women are more likely to be victims of domestic violence, abuse and rape.

Diagnosis

PTSD is not diagnosed until at least 1 month has passed since the traumatic event. If there are symptoms of PTSD, your doctor will begin the assessment by performing a full medical history and physical exam. Although there are no laboratory tests specifically diagnosing PTSD, the doctor may use various tests to rule out physical ailments as the cause of symptoms. Psychiatrists and psychologists use specially designed interview and evaluation tools to assess a person for the presence of PTSD or other psychological conditions. The doctor can confirm his PTSD diagnosis on the patient's symptoms and complaints or the experiences of those around him[2].

Treatment

For the treatment of these patients classically, they use medications or psychotherapy or at the same time as both methods.

Medication

Doctors use certain antidepressants to treat PTSD and to control feelings of anxiety and related symptoms including:

- Selective Serotonin Resorption Inhibitors (SSRIs) such as citalopram (Selexa), fluvoxamine (levox), fluoxetine (Prozac), paroxetine (paxil), and sertraline (Zoloft).
- Tricyclic antidepressants such as amitriptyline (elavile) and isoxerboxide (doxepin).
- Mood stabilizers such as dialproxy (depakote) and lamotrizine (lamictal).
- Nonconspicible antipsychotics such as Abilify and Seroquel

Specific blood pressure medications are also sometimes used to control certain symptoms:

- Prazosin for nightmares.
- Clonidine (catapress) for sleep.
- Propranolol (indral) to help minimize the formation of traumatic memories.

Experts discourage the use of sedatives such as lorazepam or clonazepam (clonopine) for PTSD because studies have not shown to be beneficial, plus carry a risk of physical dependence or addiction. I used these items much more for this patient myself, the effects of drug treatment on the patient's return to normal life were not very prominent, I think the second year was the key to this patient's recovery [3,4].

- First, Professor Afrim's discussions and putting a finger on the PTSD problem in the patient.
- Second, the valuable help of a friend of the patients own who eagerly agreed to be with the patient and to provide support for psychotherapy.

In these patients, psychotherapy usually includes:

Psychotherapy for PTSD involves helping a person to learn skills to manage symptoms and develop ways of coping treatment is also aimed at educating the individual and their family about the disorder, and helping the person work through fears associated with the traumatic event. A variety of psychotherapy methods are used to treat people with PTSD, including:

- Cognitive behavioral therapy that involves learning to recognize and change thought patterns that lead to feelings, emotions and troublesome behavior.
- Long-term exposure therapy is a form of behavioral therapy that involves reliving a person in a traumatic event, or exposing a person to objects or situations that cause anxiety. This is done in a well-controlled and safe environment. Long-term exposure therapy helps a person cope with fear and gradually becomes more comfortable with situations that are scary and cause anxiety. This has been very successful in the treatment of PTSD.
- Psychotherapy focuses on helping a person to examine personal values and emotional conflicts caused by a traumatic event.
- Psychotherapy may be helpful by allowing a person to share thoughts, fears and feelings with other people who have experienced traumatic events.
- Eye desensitization and reprocessing is a complex form of psychotherapy originally designed to reduce distress associated with traumatic memories and is now being used to treat phobia as well.
- Suicidal thoughts and actions

Fortunately, I wasn't facing this last axis at all. The influence of the auxiliary person or friend who was with him in many hours of the day and night, and I dealt with this in detail.

Conclusion

After two years, he has returned to his interpreting career and eagerly takes his patients to different doctors and resolves their issues in the best way. He has a very human relationship with friends and people on his side. He is always eager to help them solve the conflicts of life, dare to say that he has distanced himself from PTSD and has always told me that he owes this return to life to Professor Afrim Dunglia and his friends. I also believed that corona disease had had different effects on people, of which no one was known to us doctors who were scattered in different countries. And I believe that there are still some aspects of the impact of this epidemic that have not been discovered in patients and in different regions that will be reported and evaluated throughout the history of human life. I have to be very dear to my friend here. Professor Afrim, who helped me and my colleagues in our colony to get this patient back into his life, is very grateful.

Conflict of interest

The authors have no conflicts of interest to declare.

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