

## A PROPOSED CONNECTION BETWEEN TRAUMA, STRESS AND MULTIPLE SCLEROSIS.

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In 2002 a Physiotherapist asked me if I would consent to work with a patient of hers who had developed Multiple Sclerosis. The original intention was to teach him pain management techniques that he could use for himself. Being a qualified hypnotherapist I agreed to see what could be done.

Tony is a 32 year old ex Royal Navy Marine who still had the physique from his time in the armed forces. He was a foreman in the timber warehouse where he had an accident. His head became trapped beneath a baulk of timber; one of his colleagues moved very quickly and used a forklift truck to free him. But for this quick thinking Tony would have died, a fact, which he was very aware of at the time. His comment to me was that he could feel his head beginning to be crushed. He was very shocked and had sustained damage to his eye, which did not recover. A few months after this event Tony began to experience the symptoms of MS. It was these symptoms I was asked to provide some support with less than a year after the accident. During the first meeting it was very evident that he was actually still re living the event in his dreams and was not able to return to the warehouse in which the accident occurred because he felt panicky. Using Rapid Trauma Resolution this was processed and he was then able to begin functioning normally without bad dreams or panic attacks.

It was from this event and a couple of others related to me I began to wonder if there was any provable connection between trauma and the onset of MS. This essay is a result of my studies and is an edited early release of the full research. I have omitted the figures from questionnaires and the methodology behind them and confined myself to the findings for the sake of brevity

At the time of writing there is no clinically provable evidence regarding how we actually get MS. The two main schools of thought are that it is a genetic inheritance or it is a result of a viral infection. Because there is not sufficient knowledge about the source of the condition, and there are no clear patterns I felt it might be possible that, like some cancers, we have a 'predisposition' towards the condition. This predisposition requires that (A). MS in whatever form exists within us but our immune system is able to fight it off, and (B), that there must be conditions that trigger the activity of MS. My original theory was based on articles regarding diet and the immune system, and the possibility that trauma acts as the catalyst. The reason behind this is straightforward.

Studies have been done that suggest and even claim that the processed foods, high grain and dairy food diets we have can actually weaken the long chain molecule signal that identifies the cells of our Central Nervous System. Whilst we can continue in good health with no effects from either the MS or this weakened signal it may be that an event occurs which triggers the onset of symptoms. Originally I thought that this event might be a physical trauma because I began to receive questionnaires that identified injuries had occurred within five years of the onset of symptoms. I even had three forms from women who felt that pregnancy or more specifically, childbirth had caused the situation. The number of emotional traumas that people were telling me of quite quickly refuted this. There are a significant number of people who had experienced prolonged stress. So where did this lead? We know that a sudden shock triggers the fight, freeze or flight response. This leads to a dramatic shift in the hormone balance in our bodies. It is also known that emotional stress such as the death of a loved one can equally have the same type of hormonal disturbance. And yet again prolonged stress such as a period of redundancy, illness, even family argument or harassment at work operates in the same hormonal way. I am not suggesting anything particularly radical with the theory that hormonal disturbance could be the trigger for people with a predisposition toward MS. In fact it is quite well recognised that stress can cause several different physical conditions, cancer, stomach ulcers, and high blood pressure also have a relationship to stress. Research into ME that I am aware of, indicates trauma may be a significant factor in the development of this condition.

## SUMMATION

1 Multiple Sclerosis is an autoimmune condition of as yet unknown origin therefore how the condition enters our system is also unknown. The condition may be lying dormant in a large number of the population of the western world. I

2 Our diet may actually be reducing the effectiveness of the molecules that identify our central nervous system.

3 1 and 2 above form predispositional factors that combine with the hormonal changes brought about by physical or emotional trauma or long-term stress creating an overload of our coping skills. (*The description coping skills is the subject of a further paper to be published in the near future*)

4 Trauma and prolonged stress have many similarities in terms of the action of hormones. The temporary imbalance of hormone levels or the cyclical changes in hormones are well documented as having effects on the emotions of people.

5 The combination of the factors and conditions above enable our immune system to begin attempting to find any unwanted intruders. At this point, because of the weakened signal from the identifying molecules on the CNS it starts destroying the myelin sheath surrounding the CNS and causing the onset of the Multiple Sclerosis symptomatology.

Because of the above predispositional factors, it may not be possible to identify accurately individuals likely to develop MS but certain indicators do exist.

1 People who have experienced a physical trauma, like severe whiplash or concussion may be at higher risk because of the possibility of damage to the CNS and the immune system being activated.

2 Emotional trauma where the coping mechanism is not as straight forward in that the ability to cope varies very widely between people. It is possible to identify two major classifications in this group. Those people who had effective parents and grew up in the formative years between 3 and puberty in a supportive atmosphere generally are less able to cope with emotional traumas like death or divorce. They are affected much more deeply than the ineffective parents who failed to provide a fully supportive childhood. This is a general guideline because it is understood that children who were abused both physically and/or mentally have an entirely different perspective on life. My questionnaires only identified four people who had an abusive childhood, each of these had symptom onset before they were 30

3 The other category of people that I identified during my research have been exposed to periods of unacceptable levels of stress such as that experienced at work or home where bad situations cannot be resolved. As with emotional trauma, stress is a very subjective condition in these circumstances. A manager of a company in London came to consult me recently because he was finding it difficult to cope with the stress at work. This man very quickly realised that the stress he was feeling was exactly the challenges he had been seeking when he took the job. Because of the re focussing this client did his stress levels diminished very rapidly. If the person concerned had possessed the predisposition to MS and his stress had not been resolved in my view he would have made an ideal candidate for developing the symptoms.

## CONCLUSION

Once Multiple Sclerosis has reached the symptom stage I am not aware of any Allopathic, Homoeopathic, or Complimentary therapy that can halt the condition completely. Different people develop the condition at different rates but diet lifestyle and a positive attitude do play significant parts in how long the gap between remissions can be. Each person must find his or her own enhancements to these basic changes in what they eat and drink as well as how they live.

The chemical/biological events stated need to be studied in clinical situations that I do not have the facilities for. However, the emotional indicators should be made available to our medical profession in order that they can identify specific patients who may be at risk when considering the predispositional factors. These patients should be referred for some form of talk related therapy that can offer trauma resolution in an emotionally positive way. By doing this the events of stress and trauma can be 'normalised' as in the processes around Critical Incident Debriefing or Rapid Trauma Resolution. Both of these are very fast and therefore cost effective methods of

reducing the possible effects of the hormonal imbalances. Counselling Psychotherapy and Hypnotherapy all have beneficial effects when used to develop positivity and a determination not to allow MS to rule their life. It may be that by following a policy of early GP referral similar to this proposal there could be a reduction in the other stress and trauma activated conditions. This would of course be a highly beneficial side effect.

## **BIBLIOGRAPHY**

Graham Judy	Multiple Sclerosis a self help guide Harper Collins. Hammersmith London	1998 ISBN 0 7225 2777 2
Palmer and Dryden	Counselling for Stress Problems SAGE London	1996 ISBN 0 8039 8862 1
Philips Georges Watts Terence	Rapid Cognitive Therapy Crown House Publishing Wales	2001 ISBN1899836373
Poser Charles M	An Atlas of Multiple Sclerosis CRC Press	1998 ISBN 1850709467

## **WEBSITES**

	<u>LAST VISITED</u>
Metabolic Response to Trauma <a href="http://orthoteers.co.uk">http://orthoteers.co.uk</a>	03/02/2004
Trauma <a href="http://trauma-pages.com">http://trauma-pages.com</a>	14/01/2004
MS Neurovirology <a href="http://www.mc.uky.edu/neurology/neuroimm.asp">http://www.mc.uky.edu/neurology/neuroimm.asp</a>	20/01/2004
MS & Food hypersensitivity <a href="http://chetday.com/msandfood.html">http://chetday.com/msandfood.html</a>	27/01/2004
Neurology <a href="http://jama-assn.org">http://jama-assn.org</a>	27/01.2004
Neuroimmunological disease <a href="http://www.mc.uky.edu/neurology/neuroimm.asp">http://www.mc.uky.edu/neurology/neuroimm.asp</a>	27/01/2004
The law, MS & Trauma <a href="http://www.hardwiskecivil.co.uk">http://www.hardwiskecivil.co.uk</a>	27/01/2004
Research and information about Myelin <a href="http://www.myelin.org/overview.htm">http://www.myelin.org/overview.htm</a>	27/01/2004

There are many more sites that contain information relevant to this area of research. The above re just some of those I printed details from for reading at another time. I apologise to the sites I have omitted but any person committed to furthering their own thoughts on the subject or related subjects will find their own way.

I would specially like to thank Georges Phillips developer and author of Gold Counselling for his invaluable discussion and guidance on the theory of coping strategy.

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