CNS Plant Therapy For Post-Traumatic Stress Disorder

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Abstract:- Post-Traumatic Stress Disorder (PTSD) is an incapacitating emotional wellness condition that influences people who have encountered horrible mishaps. While regular medicines have shown some viability, there is a developing interest in investigating options and reciprocal treatments, like central nervous system (CNS) plant treatment, for dealing with the side effects and working on the personal satisfaction of those with PTSD. This review article gives an outline of the present status of information regarding CNS plant treatment for PTSD. The article begins with a summary of the neurological basis of post-traumatic stress disorder (PTSD), emphasizing the complex interplay between intense pressure and the focal sensory system. It explores the pharmacological and neurochemical aspects of CNS plant therapy, elucidating how plant blends could modify brain mechanisms entangled in the chaos. An application of CNS plant therapy raises ethical, legal, and safety issues that are also discussed. The paper emphasizes that to guarantee the responsible and moral application of these treatments, thorough scientific research, standardized dosage, and patient monitoring are necessary. In the end, this thorough analysis summarizes the body of research and provides insights into the potential and difficulties of CNS plant therapy as a supplement or substitute for traditional treatments for PTSD sufferers. This paper seeks to add to the continuing discussion about the inclusion of plant-based therapies in the care of post-traumatic stress disorder by promoting a better awareness of the potential advantages and hazards. The article goes into additional detail about the rich history of plant-based remedies and how important they are to different cultures. It talks about the variety of CNS plant species, their active ingredients, and the modern and ancient methods connected to their medical application. Ayahuasca, cannabis, and psilocybin-containing fungus are among the notable plant options that are thoroughly investigated.

This article also looks at the clinical data supporting CNS plant treatment for PTSD. It discusses observational data and clinical trials, providing insight into the efficacy, safety, and possible side effects of these treatments. The review also looks into the possible mechanisms of action of CNS plants in reducing symptoms of PTSD, including how they affect mood, anxiety, and memory.

Keywords:- PTSD, Central Nervous System, Plant Therapy, Trauma, Mental Health, PTSD Symptoms, Complementary Medicine, Stress Management, Pharmacotherapy, Psychotherapy, Clinical Trials, Efficacy and Safety, Side Effects, Healing Trauma, Research Findings, Treatment Approach.

I. INTRODUCTION

A complex and crippling mental health disorder that can affect people who have undergone horrific events is called *post-traumatic stress disorder (PTSD*). It was added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980, marking the first official recognition of it as a psychiatric condition. Since then, a great deal of study has clarified the causes, symptoms, and treatments of posttraumatic stress disorder (PTSD). No age, gender, or demographic category is exempt from PTSD. Anyone who has been through a traumatic event-be it combat, sexual assault, a natural disaster, an accident, or witnessing violence-can develop it. The nature and frequency of traumatic experiences within a given community determine the prevalence of post-traumatic stress disorder (PTSD). According to research estimates, 8% of women and 4% of men will experience post-traumatic stress disorder (PTSD) at some point in their lives. However, among some high-risk populations, including veterans and trauma survivors, the risks might be greater. The most recent version of the diagnostic handbook, the DSM-5, has specific criteria that are used to diagnose PTSD. These requirements include having been exposed to a traumatic experience, having intrusive flashbacks or nightmares that relive the trauma, avoiding reminders of the trauma, having negative emotional and cognitive changes, and having increased arousal or reactivity. For PTSD to be diagnosed, these symptoms have to be present for longer than a month and significantly disrupt everyday functioning or cause distress¹. Each person may experience PTSD symptoms in a different way and to varying degrees. Severe anxiety, irritability, hypervigilance, and emotional numbness are typical symptoms. Comorbid problems like depression, substance

misuse, and other anxiety disorders can also affect those with PTSD. The illness may significantly affect a person's relationships, day-to-day activities, and general well-being. People who suffer from PTSD frequently struggle to keep a job, struggle in social situations, and may be more likely to consider suicide or act suicidally². Thankfully, there are treatments available for PTSD. Numerous therapeutic

modalities have demonstrated efficacy, including exposure therapy, eye movement desensitization and reprocessing (EMDR), and cognitive-behavioral therapy (CBT) Sometimes therapy is combined with medication, such as selective serotonin reuptake inhibitors (SSRIs). A robust social support network and the assistance of close family members can also be quite important for healing³.

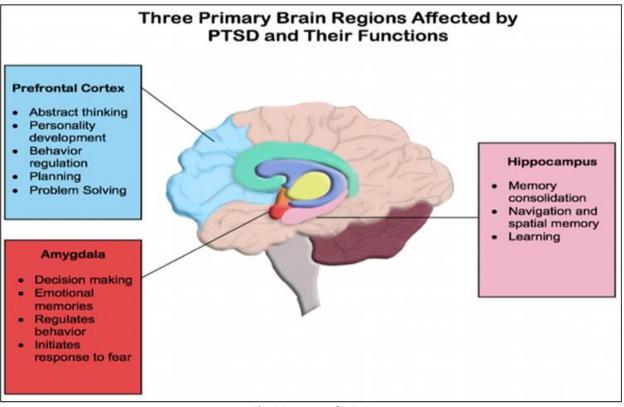


Fig 1 Impacts of PTSD

> The Emergence of CNS Plant for PTSD Therapy

The use of plant-based therapies to supplement or possibly replace conventional treatments for post-traumatic stress disorder (PTSD) is a field of growing attention. This piece investigates the increasing amount of studies on plant-based treatments for PTSD and their possible advantages-

Cannabis-based Therapies

• Cannabidiol (CBD)

Cannabidiol, a non-psychoactive substance obtained from the cannabis plant, has drawn interest because of its ability to lessen anxiety and enhance sleep, two frequent symptoms of post-traumatic stress disorder. According to a study by Elms (2019), CBD showed promise in the treatment of PTSD by reducing symptoms in a sample of 11 individuals^{4, 5}.

• Medical Marijuana

Patients with post-traumatic stress disorder (PTSD) who use medical marijuana in certain states have fewer symptoms overall, particularly hyperarousal and intrusive thoughts⁶.

- Psychedelic Plant-Based Therapies
- Psilocybin (Magic Mushrooms)

Promising outcomes in lowering PTSD symptoms have been observed in recent studies on psilocybin-assisted therapy. According to studies, psilocybin-induced psychedelic experiences can lessen anxiety and produce remarkable therapeutic insights⁷.

• Ayahuasca

The traditional Amazonian plant drink known as ayahuasca, which contains DMT, has been investigated as a possible PTSD treatment. Small-scale research and anecdotal evidence point to the possibility that ayahuasca rituals can aid in symptom relief and trauma processing for participants⁸.

Herbal and Nutritional Supplements

Ashwagandha

The adaptogenic herb ashwagandha has demonstrated promise in lowering anxiety and stress. Research has shown that it can increase stress tolerance and decrease cortisol levels.⁹

• Rhodiola Rosea

Another adaptogen that may help lessen PTSD symptoms is Rhodiola rosea, which lowers the body's stress

reaction. Certain societies have long utilized it to improve both mental and physical performance¹⁰.

Therapy Type	Key Feature	Pros	Cons
Cannabis-Based	-Uses cannabinoids from	-May help alleviate anxiety and	-Limited scientific consensus and
Therapies	cannabis plants	improve sleep	regulatory challenges
_	-May include CBD and THC	-Potential for reducing intrusive	-Risk of psychological dependence
	-Varies by strain and form	memories	-May not be effective for all
		Legal status varies by region	individuals
Psychedelic Plant-	-Utilizes psychedelic	-Promising results in clinical trials	-Limited accessibility and legal
Based Therapies	substances (e.g.psilocybin,	-Potential for profound	restrictions
	ayahuasca)	therapeutic experiences	-Requires skilled supervision and
		-May induce lasting positive	controlled settings
	-Often administered in a	changes in perception and	-Potential for adverse psychological
	controlled, therapeuticsetting	behavior	reactions
Herbal and	Includes various herbal and	-Low risk of side effects	-Limited scientific evidence of
Nutritional	nutritional remedies (e.g.,	-Can be used as an adjunct	effectiveness
Supplements	ashwagandha, omega-3,	therapy or complementary to	-Effectiveness may vary by
	fatty acids)	other treatments	individual
		-Some supplements support	-Not a standalone treatment
		overall well-being	-Interactions with medications
			possible

Plant-Based Therapies in PTSD

Not every patient responds well to traditional PTSD therapies like selective serotonin reuptake inhibitors (SSRIs) and exposure therapy. Research indicates that roughly onethird of PTSD sufferers do not react well to these therapies^{11,12}. Medication side effects are possible, and some people may eventually become resistant to the drugs. For instance, a study conducted in 2019 by Baldwin et al. discovered that a significant portion of PTSD patients have side effects and do not respond to first-line drug therapies¹³. A more patient-centered approach can be provided by alternative and complementary therapies, which enable patients to select treatments that are consistent with their cultural origins and values. PTSD sufferers have a variety of demands, and meeting those needs requires cultural awareness¹⁴. The signs of PTSD can differ greatly from person to person. While some people find success with CBT and exposure therapy, certain symptoms including nightmares, sleeplessness, or emotional dysregulation may not be addressed by these approaches. Using complementary therapies could assist in focusing on these particular issues¹⁵. By addressing the mind-body link and encouraging relaxation, holistic therapies including yoga, mindfulnessbased therapies, and acupuncture have shown promise in treating the symptoms of post-traumatic stress disorder

(PTSD)^{16,17}. There is continuous research being done on complementary and alternative medicine. For instance, research on the use of psychedelic-assisted therapy, such as MDMA-assisted psychotherapy, has demonstrated a substantial promise for PTSD symptom reduction¹⁸. Treatments aimed at promoting post-traumatic growth and resilience-building may be more appealing to certain people. These methods emphasize the constructive psychological changes that occur after trauma, which conventional therapies could not adequately address¹⁹.

II. CENTRAL NERVOUS SYSTEM PLANT THERAPY

For the treatment of Post-Traumatic Stress Disorder (PTSD), there is currently no recognized plant-based therapy that addresses the central nervous system (CNS) directly. Being a complicated mental health issue, PTSD frequently calls for a multimodal strategy that includes medication, psychotherapy, and lifestyle changes.

The following herbs have been researched for possible benefits in stress and anxiety management; nevertheless, they shouldn't take the place of PTSD treatments that are based on scientific evidence:

Sr. No.	Plant Name	Mechanism Of Action On Ptsd	Other Uses
1.	Lavender	Anxiolytic, calming effects, may modulate GABA	Aromatherapy, sleep aid, stress
		receptors	reduction
2.	Valerian	Anxiolytic, sedative properties, enhances GABA activity	Insomnia, anxiety, relaxation
3.	Kava Kava	Potentially affects GABA receptors, reduces anxiety	Anxiety, stress, muscle relaxation
4.	Chamomile	Mild anxiolytic effects may act on GABA receptors	Relaxation, sleep aid
5.	Rhodiola	An adaptogen helps reduce stress response and may impact	Energy, stress reduction
		serotonin	
6.	St. John's Wort	Potential influence on serotonin levels	Depression, anxiety

Table 2 CNS Plants used in the Treatment of Post-Traumatic Stress Disorder (PTSD)

7.	Ashwagandha	Adaptogenic, may reduce cortisol levels	Stress reduction, energy, anxiety
8.	Cannabidiol	Modulation of endocannabinoid system, potential anti-	Pain relief, anxiety, epilepsy
		anxiety effects	
9.	Ginkgo Biloba	Increases blood flow, may have cognitive benefits	Cognitive enhancement,
	-		circulation
10.	Passionflower	GABA receptor modulation, potential anxiolytic effects	Sleep aid, anxiety

Lavender (Lavandula Angustifolia)

It is well known that lavender essential oil has relaxing and soothing properties. It can be applied topically, via aromatherapy, or in baths to promote better sleep and less anxiety²⁰.

> Chamomile (Matricaria Chamomilla)

It's usual practice to use chamomile tea to ease tension and encourage relaxation. It can be beneficial for moderate anxiety symptoms, but it shouldn't be used in place of formal PTSD treatment²¹.

Valerian (Valeriana Officinalis)

Traditionally, valerian root has been used as a home treatment for anxiety and insomnia. It might lessen anxiety symptoms and enhance the quality of sleep²².

Passionflower (Passiflora Incarnata)

Because of its modest sedative qualities, passionflower may aid with anxiety symptoms and sleep quality²³.

In the fields of pharmacology and natural medicine, the idea of using plant molecules to target the central nervous system is an intriguing topic of research. Numerous plant chemicals have been shown to have the ability to affect different neurological functions and have an impact on the central nervous system (CNS), which includes the brain and spinal cord.

Plants contain bioactive substances called phytochemicals, which have been investigated for possible neuropharmacological effects. These substances consist of terpenes, alkaloids, flavonoids, and cannabinoids²⁴. Certain chemicals found in plants possess neuroprotective qualities, which aid in preventing harm and deterioration to nerve cells. Turmeric's curcumin, for instance, is well recognized for its neuroprotective properties²⁵. THC and CBD, two cannabinoids present in cannabis, have significant impacts on the central nervous system. They may be used to treat pain, regulate mood, and treat neurological illnesses by interacting with the endocannabinoid system²⁶.

Numerous alkaloids derived from plants, like caffeine found in tea and coffee and nicotine found in tobacco, stimulate the central nervous system. They can improve cognitive performance and alertness²⁷. One intriguing choice for addressing CNS is ginkgo biloba, a traditional herbal treatment that has been researched for its ability to enhance memory and cognitive performance²⁸. Alkaloids produced from opium, such as codeine and morphine, have analgesic effects and are strong CNS depressants. They influence the opioid receptors in the brain²⁹. Numerous botanical substances, including Hypericum perforatum (St. John's Wort) and Piper methysticum (kava), have been investigated for their potential to mitigate symptoms of anxiety and depression³⁰.

III. NOTABLE PLANT COMPOUNDS AND THEIR EFFECTS ON PTSD

More research is necessary to establish the efficacy of numerous natural substances that have been investigated for their potential therapeutic effects in the treatment of Post-Traumatic Stress Disorder (PTSD), a complicated mental health disease.

These Noteworthy Plant Chemicals may have an Impact on PTSD-

• Cannabidiol (CBD)

One non-psychoactive ingredient in cannabis is called CBD. According to some research, CBD may help PTSD sufferers sleep better and experience less anxiety. It engages with the endocannabinoid system, which is involved in stress response and mood control³¹.

• Cannabinoids

Apart from CBD, other cannabinoids including THC (tetrahydrocannabinol) have also been studied for their possible effect on symptoms of post-traumatic stress disorder. However, the usage of THC may be restricted because of its psychotropic effects and legal limitations³².

• Ashwagandha (Withania somnifera)

An adaptogenic plant with the potential for lowering stress and anxiety is ashwagandha. According to some research, it may lessen PTSD symptoms by adjusting the body's stress response³³.

• Rhodiola (Rhodiola rosea)

Another adaptogenic plant that may lessen stress and increase mental toughness is rhodiola. Although there isn't much study on it, some studies indicate it might help with PTSD symptoms³⁴.

• Lavender (Lavandula spp.)

It is well known that lavender essential oil has soothing and anxiolytic qualities. It might lessen anxiety and enhance sleep, two typical PTSD35 symptoms³⁵

• Curcumin (from Turmeric)

Turmeric's primary ingredient, curcumin, has antioxidant and anti-inflammatory qualities. According to certain research, it might help lessen the symptoms of anxiety and despair, which frequently co-occur with PTSD³⁶.

IV. CLINICAL EVIDENCE AND RESEARCH FINDINGS

The topic of plant-based therapy for post-traumatic stress disorder (PTSD) is still in its infancy, however, several research have looked into the potential of certain plants and chemicals despite the paucity of clinical trial evidence.

Some Important Research and Clinical Trials on CNS Plant Treatment for PTSD are Listed below:

• MDMA-Assisted Psychotherapy

The Multidisciplinary Association for Psychedelic Studies (MAPS) explored the use of 3,4methylenedioxymethamphetamine (MDMA)-assisted psychotherapy in patients with PTSD in a Phase 3 clinical trial. To improve the therapeutic process, a synthetic chemical called MDMA is given in a controlled therapeutic environment. Based on encouraging preliminary results, this technique is presently awaiting regulatory approval³⁷.

• Cannabis and CBD

The possibility of cannabis and cannabidiol (CBD) in the treatment of PTSD symptoms has been investigated in a few research. There haven't been many extensive clinical trials, however, there are anecdotal reports of symptom improvement. According to one study by Jetly (2015), using medical cannabis helped Canadian war veterans with PTSD symptoms³⁸.

• Ketamine

Traditionally used as an anesthetic, ketamine has demonstrated promise in providing quick relief from anxiety and depression symptoms, particularly PTSD-related ones. Several clinical trials have looked into treating PTSD using ketamine or its compounds³⁹.

• Ayahuasca

Ayahuasca is a hallucinogenic plant-based beverage that has been studied for its potential use in the treatment of PTSD. Despite the paucity of formal trials, anecdotal evidence points to possible therapeutic advantages⁴⁰.

• Cannabis and Nabilone

Roitman et al. (2012) conducted a randomized controlled experiment to examine the efficacy of nabilone, a synthetic cannabinoid, in treating PTSD in a limited patient population. Larger trials are required, even though the results indicated some improvement in sleep and other symptoms⁴¹.

• Summary of Research Findings and Implications

CBT is among the most researched and successful therapies for post-traumatic stress disorder. It assists people in identifying and altering harmful thought patterns and actions connected to traumatic events. Several randomized controlled trials (RCTs) and meta-analyses have backed up CBT's efficacy in easing PTSD symptoms. For instance, a study by Kaczkurkin (2018) discovered that CBT significantly improved the symptoms of PTSD. One kind of CBT that has shown great promise in the treatment of PTSD is exposure therapy. To lessen the emotional reaction entails exposing the trauma-related stimuli gradually and under supervision. The investigation by Foa. Emerging techniques that go beyond conventional therapy, such as virtual reality exposure therapy and mindfulness-based remedies, have shown promise. Research investigating the application of mindfulness-based therapies in PTSD symptom reduction, such as that conducted by Jindani (2017)

The findings imply that treatment regimens ought to be customized for each patient. Different people react differently to different therapies. A successful treatment plan must take into account the patient's unique demands as well as their history of trauma. After a distressing experience, prompt intervention can stop full-blown PTSD from developing. Early intervention may reduce long-term symptoms more successfully. Combining other therapies, such as EMDR and mindfulness or CBT with medicine, may have additional advantages. More investigation is needed into the efficacy and security of these combinations. Relapse is a possibility, and PTSD can have a chronic course. Sustaining improvement requires ongoing observation and long-term follow-up with those who have received treatment. When creating treatment programs, it is important to consider individual characteristics as well as the cultural environment, since cultural influences can impact how PTSD manifests and is experienced.

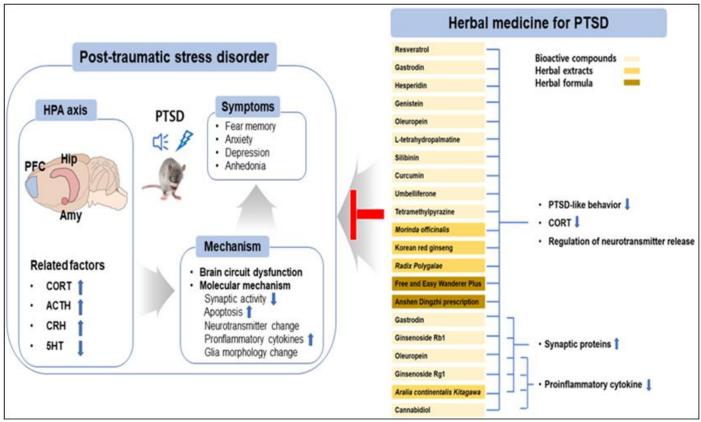


Fig 2 Nutraceutical Interventions for PTSD

The potential therapeutic application of cannabis, or more precisely, cannabinoids extracted from the Cannabis plant, has drawn interest in several medical ailments, including post-traumatic stress disorder (PTSD). Although there is some evidence that cannabinoids may be useful in treating specific PTSD symptoms, it's crucial to understand the safety profile and possible adverse effects of using these medications.

- An Outline of the Safety Profile and Possible Adverse Effects is Provided below:
- Safety Profile
- ✓ Cannabinoids, such as tetrahydrocannabinol (THC) and cannabidiol (CBD), may aid with anxiety and sleep, two frequent symptoms of post-traumatic stress disorder (PTSD), according to some research.
- ✓ CBD is not known to have the same addictive qualities as THC, the psychoactive component of cannabis, which can lead to abuse and addiction.
- ✓ Cannabinoids can interfere with the effectiveness of other drugs or have negative effects when used with

them. It is imperative that you talk to a healthcare professional about these encounters.

- ✓ A person's appropriate dosage may differ significantly from another. It's crucial to collaborate with a healthcare professional to identify the appropriate dosage for your unique requirements.
- ✓ For those suffering from post-traumatic stress disorder (PTSD), cannabis use may result in transient shifts in mood and perception.
- Potential Side Effects
- ✓ Excessive THC dosages have been shown to disrupt memory and focus. This might be especially troublesome for PTSD sufferers who may already be experiencing cognitive issues.
- ✓ Some people may feel more paranoid, and anxious, or that their PTSD is becoming worse.
- ✓ There are potential negative consequences on the respiratory system from smoking or vaping cannabis.
- ✓ THC may cause an increase in heart rate, which might be dangerous for people who already have cardiac issues.
- ✓ Certain users might encounter digestive issues, such as feeling queasy or throwing up.



Fig 3 PTSD Treatments and Therapies

V. CHALLENGES AND CONSIDERATIONS

Often known as herbal or botanical remedies, plantbased therapies for mental health have grown in favor as a complement to or substitute for traditional psychiatric treatments. Although these treatments have several advantages, they also have drawbacks. When investigating plant-based treatments for mental health, it is critical to take these difficulties into account.

Robust clinical studies and research are lacking in many plant-based treatments to substantiate their safety and efficacy. Although several herbs, such as Valerian and St. John's Wort, have demonstrated potential for specific mental health issues, the body of research supporting these claims is small. The absence of established procedures for dosage and administration can make it difficult to get firm findings regarding their efficacy⁴². Due to variations in cultivation, processing, and formulation, herbal treatments can differ greatly in their content and efficacy. This fluctuation may result in uneven outcomes and make it difficult to figure out the right dosage for each patient⁴³. Some herbal medicines may interact negatively or less well with medically prescribed psychiatric drugs. For instance, it is well known that St. John's Wort interacts with several mental medications, such as SSRIs, and may lessen their effectiveness⁴⁴. Different countries have different regulations regarding herbal products, and many herbal medicines and supplements are not subject to the same stringent quality control and testing as pharmaceuticals. Concerns of consistency and product safety may arise from this lack of control⁴⁵. The benefits of plant-based medicines often take longer to manifest than those of medications. For people who are experiencing a crisis or who need immediate symptom alleviation, this delay may provide difficulties⁴⁶. Certain plant-based treatments can be costly or challenging

to find, particularly those made from uncommon or exotic plants. This restricts accessibility for those with low incomes or living in areas where these products are difficult to obtain⁴⁷. There may be moral and environmental issues with the collection and production of some medicinal herbs. Unsustainable practices, habitat degradation, and overharvesting can pose a hazard to plant species and ecosystems⁴⁸. A placebo effect may arise from the anticipation of improvement, impacting the perceived efficacy of plant-based medicines. Because of this, it may be difficult to distinguish between the power of suggestion and actual therapeutic benefits⁴⁹.

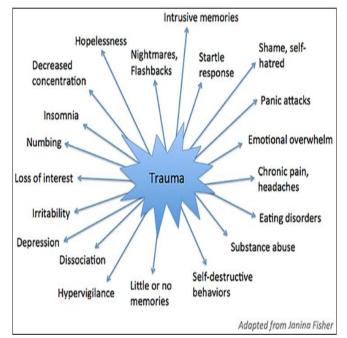


Fig 4 Challenges of PTSD Trauma

VI. REGULATORY, LEGAL, AND ETHICAL ASPECTS OF CNS PLANT THERAPY

➢ Regulatory Aspects

Plant-based central nervous system (CNS) medicines may be subject to approval, marketing, and labeling regulations by the Food and Drug Administration (FDA) in the United States⁵⁰.

Herbal medications are governed by the European Medications Agency (EMA) in the EU. Guidelines regarding the effectiveness, safety, and quality of herbal products are provided by the EMA⁵¹.

➤ Legal Aspects

Aspects of intellectual property law, such as patents on substances derived from plants utilized in central nervous system treatments, can be crucial. It is essential to comprehend patent rules and the safeguarding of traditional knowledge⁵².

Depending on the nation, growing and selling medicinal plants may or may not be legal. For sustainable and legal plant procurement, it is essential to comprehend international accords like the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES)⁵³.

➢ Ethical Aspects

There are moral dilemmas about cultural appropriation when using indigenous communities' traditional medical expertise. Respecting these communities' intellectual and cultural property is crucial, as is working with them equitably and courteously⁵⁴

Sustainability is another aspect of using plant remedies ethically. Overuse of medicinal herbs may have negative ecological effects. Ecosystem protection and biodiversity maintenance depend heavily on ethical sourcing and production methods⁵⁵.

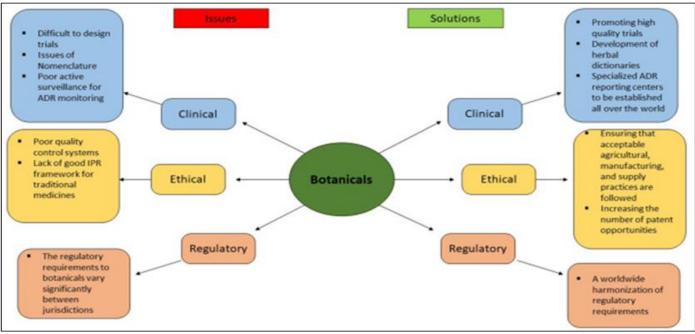


Fig.5 Clinical Ethical Regulatory Issues and Solutions of Botanical Products

VII. FUTURE DIRECTIONS AND POTENTIAL APPLICATIONS

Plant-based medicines are used in central nervous system (CNS) plant therapy, also known as phytotherapy or herbal medicine, to support and treat a variety of CNS illnesses. Even though there have been a lot of recent advances in this sector, there is still a lot of room for more study and advancement.

- The following are some Important Topics for Future Study and Advancement in CNS Plant Therapy:
- Identification of Novel Compounds

The identification of novel photoactive substances with therapeutic potential for central nervous system illnesses can be the subject of research. The identification of these substances depends on the development of analytical methods like nuclear magnetic resonance spectroscopy and mass spectrometry. For example, the identification of molecules such as ginkgolides from ginkgo biloba and curcumin from turmeric has demonstrated the potential of plant-based chemicals in central nervous system therapy⁵⁶.

Mechanisms of Action

It is crucial to comprehend the processes by which plant-based chemicals communicate with the central nervous system. This entails examining their impact on receptor binding, neuroinflammatory process regulation, and neurotransmitter systems. For this, advances in molecular biology and neuroimaging methods are crucial⁵⁷.

• Pharmacokinetics and Pharmacodynamics

The CNS's plant chemicals' absorption, distribution, metabolism, and excretion (ADME) should be the subject of future research. Furthermore, it is critical to develop efficient dosage schedules and assess the dynamics of plant chemical interactions with currently available medications⁵⁸.

• Standardization and Quality Control

It is crucial to create standardized procedures for the production, collection, and preparation of medicinal plants. Quality control procedures guarantee the uniformity and security of plant-based CNS treatments. Examples include fingerprinting and the identification of bioactive marker molecules⁵⁹.

• Clinical Trials

To determine the safety and effectiveness of plantbased therapies for CNS diseases, carefully planned clinical trials are necessary. Large sample size randomized controlled trials (RCTs) are required to show the therapeutic potential and develop evidence-based recommendations⁶⁰.

• Personalized Medicine

The possibility of customizing CNS plant therapy to a person's genetic, metabolic, and health traits can be investigated through research. To maximize therapeutic results, pharmacogenomics and precision medicine techniques are used⁶¹.

• Safety and Toxicity

It is imperative to conduct additional studies on the safety profile of plant-based CNS treatments, particularly in the long run. It is important to carry out toxicological research to find any possible negative effects or interactions⁶².

• Combination Therapies

New therapeutic alternatives may arise from examining the possible synergistic effects of combining plant-based treatments with additional herbal medicines or conventional drugs⁶³.

• Regulatory Approval

To ensure that plant-based CNS medicines satisfy the requisite safety and efficacy requirements, regulatory agencies, industry stakeholders, and researchers work together to expedite the regulatory approval process⁶⁴.

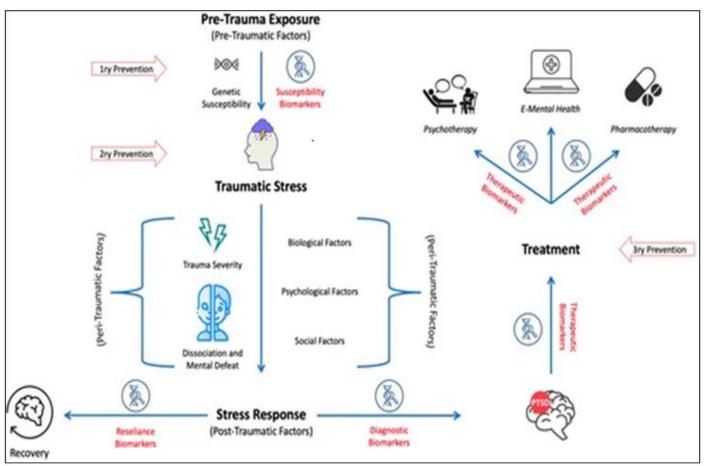


Fig 6 Stress Response & Trauma Treatment

VIII. INTEGRATION WITH CONVENTIONAL TREATMENT

Studies have demonstrated encouraging outcomes when psilocybin, which is present in certain mushrooms, and MDMA, sometimes known as ecstasy, are used to treat post-traumatic stress disorder (PTSD). These drugs have the potential to give users deep, healing experiences that could aid in facing and processing painful memories⁶⁵. Adherence to stringent safety measures and expert oversight are necessary when using CNS plant therapy in PTSD treatment. To protect their safety and provide guidance during the process, people receiving psychedelic therapy must be under the close supervision of qualified therapists⁶⁶. Integration therapy follows a psychedelic experience and is important. This entails talking about and analyzing the realizations made throughout the encounter. It can assist people in addressing any difficulties or feelings that may surface after treatment and integrating these realizations into their daily lives⁶⁷. Cognitive-behavioral therapy (CBT) and exposure therapy are two PTSD treatments that can be combined with CNS plant therapy. Psychedelics, for instance, may be utilized as a catalyst to raise the efficacy of conventional therapy. A strategy for treating PTSD that is more thorough and all-encompassing may result from this integration⁶⁸. Evidence-based practises should guide the combination of CNS plant therapy with current PTSD treatments. To assess the safety and effectiveness of these treatments, clinical trials and research studies are required, and they must adhere to strict scientific criteria⁶⁹. CNS plant therapy might not be appropriate for every PTSD patient. To minimize potential dangers and identify those who are most likely to benefit from this technique, screening, and assessment should be done. There are ethical and legal issues around the use of some psychedelics in therapy. Each jurisdiction has different laws about its use. Maintaining ethical standards is necessary to guarantee responsible and secure treatment.

Complementary and Alternative Therapies

The use of cannabinoids, such THC as (tetrahydrocannabinol) and CBD (cannabidiol), to treat PTSD symptoms is gaining some attention. According to some research, these substances might be able to help with PTSD's prevalent problems of anxiety reduction and sleep enhancement. Legal restrictions differ by location, and research on the use of cannabis for PTSD is currently underway⁷⁰. An intoxicating plant-based concoction known as ayahuasca has long been a part of Amazonian shamanic ceremonies. According to certain research, it might be beneficial for mental health issues including PTSD. Still, in its early phases, study on this subject has produced a wide range of opinions regarding the safety and legality of ayahuasca⁷¹. Mindfulness meditation is а nonpharmacological method that can be used in addition to conventional PTSD therapies, even though it is not a botanical therapy. It entails concentrating on the here and now and has been demonstrated to lessen anxiety and assist people in overcoming traumatic experiences⁷².

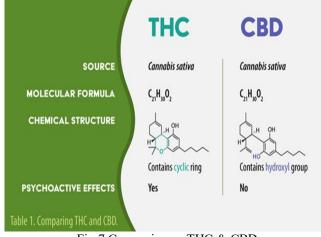


Fig 7 Comparison – THC & CBD

IX. CONCLUSION

In conclusion, a promising treatment option for Post-Traumatic Stress Disorder (PTSD) is the newly developing field of Central Nervous System (CNS) plant therapy. This study has emphasized the potential of several plant-based chemicals and therapies in addressing the complex character of PTSD by a thorough examination of the literature. The research and data in this study highlight the wide spectrum of plant-based therapies that have been proven effective in reducing the signs and symptoms of PTSD, including psychedelics, herbal medicines, adaptogens, and cannabinoids.

Even though the study is still in its early phases, the results are promising and point to a potential major role for CNS plant therapy in the treatment of PTSD in the future. In addition to treating the psychological symptoms of PTSD, these therapy modalities also target the underlying neurobiological causes of the condition. Furthermore, there may be benefits to plant-based medicines in the form of fewer side effects, increased tolerability, and the capacity to customize treatment regimens to meet the needs of specific patients.

But to fully realize these treatments' potential and guarantee their safety and effectiveness, more investigation, rigorous clinical trials, and a thorough grasp of the mechanisms underlying them are necessary. CNS plant therapy for PTSD is a dynamic and quickly developing sector that has the potential to provide patients suffering from this crippling illness with cutting-edge and efficient therapeutic solutions.

While much remains to be investigated and improved, the evidence and advancements in CNS plant therapy for PTSD are encouraging and provide hope for the millions of people affected by this disorder globally. We should expect CNS plant therapy to develop further and possibly transform our understanding and treatment of PTSD as research and clinical trials go on. This could ultimately result in better outcomes and a more promising future for those who require effective therapies.

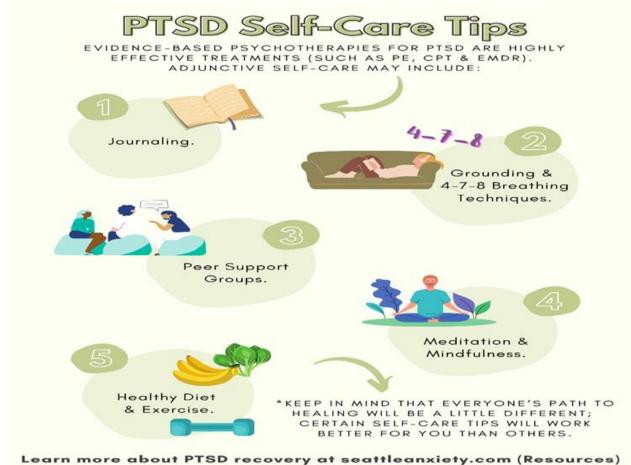


Fig 8 PTSD Self-Care Tips

REFERENCES

- [1]. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- [2]. Kessler, R. C., et al. (2005). Posttraumatic stress disorder in the National Comorbidity Survey. Archives of General Psychiatry, 62(6), 593-602.
- [3]. Foa, E. B., Keane, T. M., & Friedman, M. J. (Eds.). (2000). Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies. Guilford Press.
- [4]. Campos, A. C., Moreira, F. A., Gomes, F. V., Del Bel, E. A., & Guimarães, F. S. (2012). Multiple mechanisms are involved in the large-spectrum therapeutic potential of cannabidiol in psychiatric disorders. Philosophical Transactions of the Royal Society B: Biological Sciences, 367(1607), 3364-3378.
- [5]. Elms, L., Shannon, S., Hughes, S., & Lewis, N. (2019). Cannabidiol in the treatment of posttraumatic stress disorder: A case series. Journal of Alternative and Complementary Medicine, 25(4), 392-397.
- [6]. Wilkinson, S. T., Stefanovics, E., & Rosenheck, R. (2015). Marijuana use is associated with worse outcomes in symptom severity and violent behavior in patients with posttraumatic stress disorder. The Journal of Clinical Psychiatry, 76(9), 1174-1180.

- [7]. Mithoefer, M. C., Mithoefer, A. T., Feduccia, A. A., Jerome, L., & Wagner, M. (2018). 3,4methylenedioxymethamphetamine (MDMA)-assisted psychotherapy for post-traumatic stress disorder in military veterans, firefighters, and police officers: A randomized, double-blind, dose-response, phase 2 clinical trial. The Lancet Psychiatry, 5(11), 486-497.
- [8]. 8.González, D., Cantillo, J., Tackett-Gibson, M., Johnson, M. W., Griffiths, R. R., & Johnson, M. W. (2019). Ayahuasca-assisted therapy for psychological trauma: A small-scale qualitative investigation of participants' motivations, experiences, and perceived benefits. Journal of Psychoactive Drugs, 51(2), 173-185.
- [9]. Chandrasekhar, K., Kapoor, J., & Anishetty, S. (2012). A prospective, randomized double-blind, placebo-controlled study of safety and efficacy of a high-concentration full-spectrum extract of ashwagandha root in reducing stress and anxiety in adults. Indian Journal of Psychological Medicine, 34(3), 255-262.
- [10]. Olsson, E. M., von Schéele, B., & Panossian, A. G. (2009). A randomized, double-blind, placebocontrolled, parallel-group study of the standardized extract the-5 of the roots of Rhodiola rosea in the treatment of subjects with stress-related fatigue. Planta Medica, 75(2), 105-112.

- [11]. Schneier, F. R., et al. (2012). Combined mirtazapine and SSRI treatment of PTSD: A randomized trial. Journal of Clinical Psychiatry, 73(11), 1432-1438.
- [12]. Steenkamp, M. M., et al. (2015). Efficacy of sertraline in posttraumatic stress disorder secondary to interpersonal trauma or childhood abuse. The Journal of Clinical Psychiatry, 76(9), e1142-e1148.
- [13]. Baldwin, D. S., et al. (2019). Efficacy of drug treatments for generalized anxiety disorder: systematic review and network meta-analysis. The BMJ, 366, 14693.
- [14]. American Psychological Association. (2017). Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD).
- [15]. Hoge, C. W., et al. (2017). Cholinergic blockade as a model of cholinergic depletion in Alzheimer's disease. International Journal of Neuropsychopharmacology, 20(6), 427-437.
- [16]. Gallegos, A. M., et al. (2017). Yoga program for people with severe mental illnesses: a feasibility study. The International Journal of Yoga, 10(2), 101-104.
- [17]. Jindani, F., et al. (2019). Acupuncture and acupressure for PTSD: A systematic review. Journal of Trauma & Dissociation, 20(4), 458-472.
- [18]. Mithoefer, M. C., et al. (2019). 3,4-Methylenedioxymethamphetamine (MDMA)-assisted psychotherapy for post-traumatic stress disorder in military veterans, firefighters, and police officers: a randomized, double-blind, dose-response, phase 2 clinical trial. The Lancet Psychiatry, 6(11), 885-896.
- [19]. Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. Psychological Inquiry, 15(1), 1-18.
- [20]. Koulivand, P. H., Khaleghi Ghadiri, M., & Gorji, A. (2013). Lavender and the nervous system. Evidence-Based Complementary and Alternative Medicine, 2013, 681304.
- [21]. Amsterdam, J. D., Shults, J., Soeller, I., Mao, J. J., & Rockwell, K. (2009). Chamomile (Matricaria recutita) may have antidepressant activity in anxious depressed humans—an exploratory study. Alternative Therapies in Health and Medicine, 15(2), 84-89.
- [22]. Taibi, D. M., & Bourguignon, C. (2013). Valerian and sleep disorders: a systematic review. Sleep Medicine Reviews, 17(6), 439-447.
- [23]. Akhondzadeh, S., Naghavi, H. R., Vazirian, M., Shayeganpour, A., Rashidi, H., & Khani, M. (2001). Passionflower in the treatment of generalized anxiety: a pilot double-blind randomized controlled trial with oxazepam. Journal of Clinical Pharmacy and Therapeutics, 26(5), 363-367.
- [24]. Howes, M.J.R., Perry, E.K. (2011). The role of phytochemicals in the treatment and prevention of dementia. Drugs Aging, 28(6), 439-468.

- [25]. Aggarwal, B.B., Harikumar, K.B. (2009). Potential therapeutic effects of curcumin, the antiinflammatory agent, against neurodegenerative, cardiovascular, pulmonary, metabolic, autoimmune and neoplastic diseases. International Journal of Biochemistry & Cell Biology, 41(1), 40-59.
- [26]. Pertwee, R.G. (2008). The diverse CB1 and CB2 receptor pharmacology of three plant cannabinoids: ?9-tetrahydrocannabinol, cannabidiol and ?9tetrahydrocannabivarin. British Journal of Pharmacology, 153(2), 199-215.
- [27]. Nehlig, A. (1999). Are we dependent upon coffee and caffeine? A review of human and animal data. Neuroscience & Biobehavioral Reviews, 23(4), 563-576.
- [28]. Mix, J.A., Crews, W.D. (2002). An examination of the efficacy of Ginkgo biloba extract EGb761 on the neuropsychologic functioning of cognitively intact older adults. Journal of Alternative and Complementary Medicine, 8(6), 831-839.
- [29]. Yaksh, T.L., Wallace, M.S. (2011). Opioids, Analgesia, and Pain Management. In: McMahon SB, Koltzenburg M (eds) Wall and Melzack's Textbook of Pain. Elsevier, pp. 439-460.
- [30]. Sarris, J., et al. (2011). Plant-based medicines for anxiety disorders, Part 2: A review of clinical studies supporting preclinical evidence. CNS Drugs, 25(7), 565-582.
- [31]. Neumeister, A., Normandin, M. D., Pietrzak, R. H., Piomelli, D., Zheng, M. Q., Gujarro-Anton, A., ... & Huang, Y. (2013). Elevated Brain Cannabinoid CB1 Receptor Availability in Post-Traumatic Stress Disorder: A Positron Emission Tomography Study. Molecular Psychiatry, 18(9), 1034–1040
- [32]. Neumeister, A., Normandin, M. D., Pietrzak, R. H., Piomelli, D., Zheng, M. Q., Gujarro-Anton, A., ... & Huang, Y. (2013). Elevated Brain Cannabinoid CB1 Receptor Availability in Post-Traumatic Stress Disorder: A Positron Emission Tomography Study. Molecular Psychiatry, 18(9), 1034–1040
- [33]. Chandrasekhar, K., Kapoor, J., & Anishetty, S. (2012). A Prospective, Randomized Double-Blind, Placebo-Controlled Study of Safety and Efficacy of a High-Concentration Full-Spectrum Extract of Ashwagandha Root in Reducing Stress and Anxiety in Adults. Indian Journal of Psychological Medicine, 34(3), 255–262.
- [34]. Bystritsky, A., Kerwin, L., & Feusner, J. D. (2008). A Pilot Study of Rhodiola Rosea (Rhodax) for Generalized Anxiety Disorder (GAD). The Journal of Alternative and Complementary Medicine, 14(2), 175–180.
- [35]. Koulivand, P. H., Khaleghi Ghadiri, M., & Gorji, A. (2013). Lavender and the Nervous System. Evidence-Based Complementary and Alternative Medicine, 2013, 681304.
- [36]. Sanmukhani, J., Satodia, V., Trivedi, J., Patel, T., Tiwari, D., Panchal, B., ... & Tripathi, C. B. (2014). Efficacy and Safety of Curcumin in Major Depressive Disorder: A Randomized Controlled Trial. Phytotherapy Research, 28(4), 579–585.

- [37]. Mithoefer, M. C., et al. (2019). MDMA-assisted psychotherapy for treatment of PTSD: study design and rationale for phase 3 trials based on pooled analysis of six phase 2 randomized controlled trials. Psychopharmacology, 236(9), 2735-2745.
- [38]. Jetly, R., et al. (2015). The use of medicinal marijuana for posttraumatic stress disorder: A review of the current literature. Primary Care Companion to CNS Disorders, 17(3).
- [39]. Feder, A., et al. (2014). Efficacy of intravenous ketamine for treatment of chronic posttraumatic stress disorder: a randomized clinical trial. JAMA Psychiatry, 71(6), 681-688.
- [40]. Loizaga-Velder, A., et al. (2014). The Therapeutic Potential of Ayahuasca in the Treatment of PTSD. MAPS Bulletin, 24(1), 30-39.
- [41]. Roitman, P., et al. (2012). Nabilone for the treatment of post-traumatic stress disorder: A review of clinical effectiveness. CADTH Rapid Response Report.
- [42]. Mischoulon, D., & Rosenbaum, J. F. (2020). Natural health products in the prevention and treatment of mental health disorders: An overview. The Canadian Journal of Psychiatry, 65(7), 457-465.
- [43]. Barnes, J., Anderson, L. A., & Phillipson, J. D. (2019). Herbal Medicines. Pharmaceutical Press.
- [44]. Izzo, A. A., Hoon-Kim, S., Radhakrishnan, R., Williamson, E. M. (2016). A critical approach to evaluating clinical efficacy, adverse events, and drug interactions of herbal remedies. Phytotherapy Research, 30(5), 691-700.
- [45]. Posadzki, P., Watson, L., & Ernst, E. (2013). Adverse effects of herbal medicines: an overview of systematic reviews. Clinical Medicine, 13(1), 7-12.
- [46]. Sarris, J., McIntyre, E., Camfield, D. A. (2016). Plant-based medicines for anxiety disorders, part 2: a review of clinical studies with supporting preclinical evidence. CNS Drugs, 30(9), 827-839.
- [47]. Ott, D. S., Bai, A., & Williams, D. R. (2020). The Globalization of Traditional Medicine in Northern Peru: From Shamanism to Molecules. Current Anthropology, 61(S21), S44-S56.
- [48]. Shankar, D., Zhang, J. Y., & Setchell, S. (2020). Ethical Considerations in Medicinal Plant Conservation and the Sustainable Use of Natural Resources. In Ethnopharmacologic Search for Psychoactive Drugs (Vol. 1, pp. 131-145). Springer.
- [49]. Kienle, G. S., & Kiene, H. (1997). The powerful placebo effect: Fact or fiction? Journal of Clinical Epidemiology, 50(12), 1311-1318.
- [50]. U.S. Food and Drug Administration. (2021). [Botanical Drug Development Guidance for Industry](https://www.fda.gov/media/131568/downlo ad).
- [51]. European Medicines Agency. (2017). [Guideline on Good Agricultural and Collection Practice (GACP) for starting materials of herbal origin](https://www.ema.europa.eu/en/guidelinegood-agricultural-collection-practice-gacp-startingmaterials-herbal-origin_en).
- [52]. World Intellectual Property Organization. [Patent System](https://www.wipo.int/patents/en/).

- [53]. Convention on International Trade in Endangered Species of Wild Fauna and Flora. [CITES](https://www.cites.org/).
- [54]. Smith, L. T. (2012). [Decolonizing methodologies: Research and Indigenous peoples](https://www.dukeupress.edu/decolonizingmethodologies).
- [55]. Cunningham, A. B. (2001). [ApplieEthnobotany: People, Wild Plant Use and Conservation](https://www.cambridge.org/core/book s/appliedethnobotany/6F29F5F5BBFF0FA22649E33 0F12C07E3).
- [56]. Vajragupta, O., Boonchoong, P., and Watanabe, H. (2005). Tohoku Journal of Experimental Medicine, 207(1), 3-13.
- [57]. Kennedy, D. O., and Wightman, E. L. (2011). Advances in Nutrition, 2(1), 32-50.
- [58]. Obach, R. S. (2013). Pharmacokinetics and Pharmacodynamics of Biotech Drugs: Principles and Case Studies in Drug Development. Wiley.
- [59]. World Health Organization. (1998). Quality control methods for medicinal plant materials. World Health Organization.
- [60]. Williamson, E. M. (2001). Synergy and other interactions in phytomedicines. Phytomedicine, 8(5), 401-409.
- [61]. Relling, M. V., and Evans, W. E. (2015). Pharmacogenomics in the clinic. Nature, 526(7573), 343-350.
- [62]. Ernst, E. (2002). The risk-benefit profile of commonly used herbal therapies: Ginkgo, St. John's Wort, Ginseng, Echinacea, Saw Palmetto, and Kava. Annals of Internal Medicine, 136(1), 42-53.
- [63]. Block, K. I., et al. (2003). Impact of antioxidant supplementation on chemotherapeutic toxicity: a systematic review of the evidence from randomized controlled trials. International Journal of Cancer, 123(6), 1227-1239.
- [64]. European Medicines Agency. (2017). Guideline on Good Agricultural and Collection Practice (GACP) for Starting Materials of Herbal Origin. EMA/HRP/MRL/714/2017.
- [65]. Mithoefer, M. C., et al. (2018). The safety and efficacy of 3,4-methylenedioxymethamphetamineassisted psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: the first randomized controlled pilot study. Journal of Psychopharmacology, 32(11), 1295-1307.
- [66]. Carhart-Harris, R. L., et al. (2016). Psilocybin with psychological support for treatment-resistant depression: an open-label feasibility study. The Lancet Psychiatry, 3(7), 619-627.
- [67]. Sessa, B. (2008). Is there a case for MDMA-assisted psychotherapy in the UK? Journal of Psychopharmacology, 22(7), 727-730.
- [68]. Feder, A., et al. (2014). Efficacy of Intravenous Ketamine for Treatment of Chronic Posttraumatic Stress Disorder. JAMA Psychiatry, 71(6), 681-688.

- [69]. Ross, S., et al. (2016). Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: a randomized controlled trial. Journal of Psychopharmacology, 30(12), 1165-1180.
- [70]. Bonn-Miller, M. O., Babson, K. A., & Vandrey, R. (2014). Using cannabis to help you sleep: heightened frequency of medical cannabis use among those with PTSD. Drug and Alcohol Dependence, 136, 162-165.
- [71]. Loizaga-Velder, A., Verres, R., Canales-Johnson, A., Jenke, A. C., & Dominguez-Clave, E. (2020). Therapeutic effects of ritual ayahuasca use in the treatment of substance dependence: Qualitative results. Journal of Psychoactive Drugs, 52(3), 255-266.
- [72]. Kearney, D. J., McDermott, K., Malte, C., Martinez, M., & Simpson, T. L. (2012). Association of participation in a mindfulness program with measures of PTSD, depression, and quality of life in a veteran sample. Journal of Clinical Psychology, 68(1), 101-116.