

The Antidepressant Mirtazapine (MIRO), the Wonder Drug Applied in the Confrontation with the Traumatic Effects of Battle. Post-Traumatic Stress Disorder

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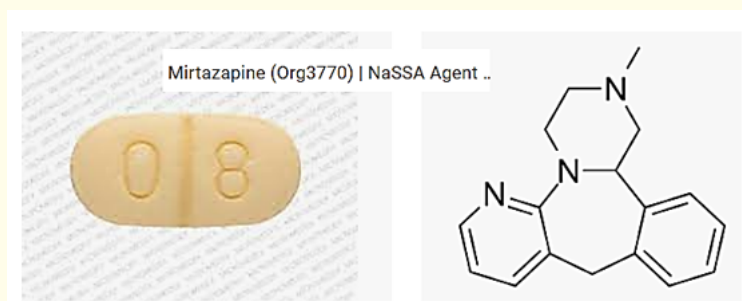


Figure 1

The new antidepressant mirtazapine has a dual mode of action. It is a specific noradrenergic antidepressant (NaSSA) that works by antagonizing alpha2-adrenergic receptors and alpha2-receptors as well as by blocking 5-HT2 and 5-HT3 receptors. It, therefore, enhances norepinephrine release and 5-HT1A-mediated serotonergic transmission. This dual mode of action may be responsible for the rapid onset of action of mirtazapine. Mirtazapine is extensively metabolized in the liver. The cytochrome (CYP) P450 isoenzymes CYP1A2, CYP2D6, and CYP3A4 are mainly responsible for its metabolism. When used in a once-daily dose, steady-state concentrations reached after four days in adults and six days in the elderly. *In vitro* studies indicate that mirtazapine is unlikely to cause clinically significant drug interactions. Dry mouth, sedation, and increased appetite and body weight are the most common side effects. Unlike selective serotonin reuptake inhibitors (SSRIs), mirtazapine has no sexual side effects. The antidepressant efficacy of mirtazapine has been demonstrated in several placebo-controlled trials. In major depression, its effectiveness is similar to that of amitriptyline, clomipramine, doxepin, fluoxetine, paroxetine, citalopram or venlafaxine. Mirtazapine also appears to be helpful in patients suffering from depression associated with anxiety symptoms and sleep disorders. It seems to be safe and effective during long-term use.

Prologue

The victims of the Israeli battles - only a few came out of all the actions unscathed. There is a rise, and it becomes apparent only after decades that the matter floats, sinks, and rises again. And it is not clear where it comes from. Many bear the scars and are treated by psychiatrists with drugs, the drug "Miro" being the most common. It is a disability for the rest of life, and no savior exists. Explain that you are suffering from hallucinations based on firing from the "Nokhila" outpost in the north before the Six Day War. They will make fun of you. Take some Miro and continue to suffer. The main thing is that we won.

הלומי הקרבות הישראליים - מעטים יצאו מכל הקרבות כשהם לא פגועים. הדבר צץ ועולה. יש ורק לאחר עשרות שנים צף הדבר ועולה מחדש, מתהום השכחה. ולא ברור ממה הוא נובע. רבים נושאים את הצלקות ומטופלים על ידי פסיכיאטרים בתרופות שונות ומגוונות, התרופה " זו נכות לכל שארית החיים. " היא הנפוצה ביותר Mirtazapine (MIRO) ואין מושיע. לך ותסביר שאתה סובל מהזיות על בסיס ירי ממוצב "נוחילה" בצפון, "והפיספוס" שתוקן על ידע "טליק", מלפני מלחמת ששת הימים, " ותמשיך MIRO הימים שלפני 1967, .. הרי יעשו ממך צחוק. קח קצת " ! לסבול

Figure 2

The hums.

Recently, a former officer in the IDF, CEO of an American company who probably lives in New York, approached me. This because I dared to say that in my youth, I was involved in quite several fire incidents before the Six Day War as a young artillery officer and later in the Israeli wars. Especially incidents in the north, Nochayla (1+2) and Tel-Hamra with the latter's victims. The battles over the Jordan rivers sources.

Usually, I don't think about those days, the hard days of battles and live fire. The dust-smoke clouds the impact of shells and bullets. The noises of the explosions, the cry of the wounded. But it goes back and forth, and it goes without saying, that there are among us much greater heroes who also probably suffered from the bitterness of battle and what followed.

Many are the victims of the battles; even today, when I am considered, and rightly so, as an elderly person. The anxiety and terror have not entirely receded.

You have to get over it and internalize and not show it, but the brain probably works differently, and the plastic memories come back stronger as if it is happening today before your eyes.

Let us turn to the path of reconciliation and peace.

Indeed, we fought and loved and acted and did and built for ourselves and our descendants an incredible country.

But this, the carnage, is not good. The live fire battle continues.....

Yaacov Harel.

Yes, my dearest... and is it a good idea to remind them of the statistics of the dead from enemy missiles? They don't even have statistics, and not only because not all the scoundrels haven't matured yet...they already have "successors" American factory managers...of course, it will help; To them, it's like a toast to the dead...

I owe thanks to the same psychiatrist from a nearby clinic who prescribed me about 30 years ago in the beautiful hemisphere called MIRO. To save my wife's mystery from my nocturnal screams while the racing voices and fears from the battles came to mind. And it didn't matter if it was "Tel Hamra", the shooting at "Korazim," the alertness, shootings, or the barrages in "Ein Hesuda" in the Beit-Shean sector. Also, the death hawk shot on the field of flash fake bombing to attract enemy fire, which I prepared as bait in "Tel Rehov". Only my colleague Amos Yaron, who wished me luck in surviving the shelling, who laughed at me, and my wife, who traveled most of this way with me, could disarm the girl in the Sheko without yelling and shouting. Just thanks to the psychiatrist. These days, every evening, I take my friend Yeru. And play it a big "Antar".

I am an old man, about 80 years old, and the signs of old age are already starting to take their toll on both my physical condition and my memory. The same layers of short-term bitterness become thinner and older memories rise from areas that have forgotten those ancient experiences from 50, 60, and more years ago. Among these experiences are the experiences of many combats and situations of the disaster from decades ago, and they are battles. We will measure the anxiety hiding that the sea of forgetfulness is rising and rising. You are the turn for salvation by use of "MIRO".

(Psychology) shell shock, combat stress

Combat Stress Reaction (CSR) is known as shell shock or battle fatigue. It results in a range of adverse behaviors due to stress from battle. Some universal symptoms are exhaustion, decrease in responsiveness, hesitancy, and uncertainty, feeling like you are disconnected, and inability to focus. The combat stress reaction is generally short-term and should not be confused with acute stress disorder, or post-traumatic stress disorder, even though some of the symptoms are similar in nature.

Reactions to a combat experience can be emotional, physical, mental, and even behavioral. All replies will differ from one person to the next. More importantly, it is imperative to normalize your reactions given your experiences instead of being overly critical of yourself if you are experiencing combat stress.

What are the key symptoms of combat stress, and what resources are available to help?

Emotionally you may:

- Feel frustrated
- Experience mood swings
- Become more fearful and have anxiety
- Experience feelings of sadness, hopelessness

- You may even have nightmares and flashbacks too.

Some physical reactions may include:

- Increased body aches and pains
- Trouble sleeping: either too much or too little
- You could have panic attack symptoms like heart pounding, sweating, and difficulty breathing
- Changes in your appetite: eating more than usual or eating too little
- A woman may experience changes in their menstrual cycle.

Mental reactions include:

- The inability to focus and concentrate
- Obsessive thoughts about the stressful event(s)
- Increase in thinking about death and dying
- Making impulsive decisions or even showing a lack of judgment
- Making self- critical remarks.

Behavioral reactions include:

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- Increased alcohol use or other substances
- Compulsive behavior like checking doors and locks for safety
- Increased anger: confronting others, throwing, breaking things
- Isolating from others
- Decreased sexual activity.

It is important not to blame yourself if you are experiencing combat stress-related reactions. There are many ways to speak to someone about your concerns. Some helpful resources for you and your family are below.

Combat stress is often confused with post-traumatic stress disorder, which can occur after someone goes through a traumatic event like war, assault or disaster. While many of the symptoms are similar between the two conditions, they are different.

Combat stress usually happens for brief periods and is considered a natural reaction to the traumatic events that service members experience. Symptoms often disappear after a service member is a home for a few months or weeks.

Post-traumatic stress disorder, on the other hand, is more severe. It can often interfere with a person's daily responsibilities and demands more aggressive treatment. PTSD usually requires sessions with a mental health professional and methods to process difficult emotions.

Living with someone who has PTSD

When a partner, friend, or family member has post-traumatic stress disorder (PTSD), it also affects you. PTSD isn't easy to live with, and it can take a heavy toll on relationships and family life. You may be hurt by your loved one's distance and moodiness or struggling to understand their behavior-why they are less affectionate and more volatile. You may feel like you're walking on eggshells or living with a stranger. You may also have to take on a bigger share of household tasks and deal with the frustration of a loved one who won't open up. The symptoms of PTSD can even lead to job loss, substance abuse, and other problems that affect the whole family.

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