1. INTRODUCTION

Patients R.M., female, born 1966 in Sarajevo. At the beginning of the aggression on Bosnia and Herzegovina in 1992 was in surrounded Sarajevo with her brothers. Mother and sister were in Grbavica controlled by aggressor soldiers. She leaves to Grbavica to help a sick mother and sister.

At the Grbavica, the occupied parts of Sarajevo, she remains for eight months, where she survives the daily fear, fear for own life and the lives of her loved ones. To the culmination of fear created by the two, according to her most frightening situations.

First, when soldiers performed a search and examination of the flat and the other when they had the intent to sexually abuse her. From such a difficult situation they were saved by neighbors.

The patient has not slept for days and poorly fed. The visible physical symptoms and physiological symptoms in response to exposure to trauma, large-scale and inhuman living conditions, there is amenorrhea.

2. CASE PRESENTATION

After returning to surrounded Sarajevo patient visited a gynecologist, and begins to take therapy, contraceptive pills, which primarily regulate menstrual bleeding. This period lasts for six months, during which the patient feels tired all the time, fast fatigue, loss of concentration. She contacted the other doctors which said that her condition justify the current situation in surrounded Sarajevo.

The patient has not slept for days and poorly fed. The visible physical symptoms and physiological symptoms in response to exposure to trauma, large-scale and inhuman living conditions, there is amenorrhea.
cope with the same. This meant multiple and universal, profound effects on mental and physical health the same.

Occurred peritrauma dissociations—the defense mechanism of personality in cognition which is separated from the emotional perception to avoid a complete mental breakdown and regression to psychotic levels. The patient was more focused on survival than on the psychological care and mental health.

There is a memory of traumatic events themselves (which can never forget be forgot in life), symptoms lasting excitation, avoidance and enforcement. Thoughts of the patient since that day, go in the direction of a very negative ones “The world is no longer a relatively safe place to live. Whom to believe after the horrors that occurred, on whom to rely? How to be sure that it will not happen again? “

The issue of trust that characterizes the patient’s subjective world does not allow her psychological treatment and speaking about her own psychological problems.

Over time, mental traumatic problems takes character of chronic pain, and the same changes in neuroendocrine and immune system, which represent a link between stress and physical health (immune system reactions in hypothalamus-pituitary-adrenal axis). The hypothalamus is responsible for the patient’s emotional state, which was significantly changed by trauma, weakened, undermined, and is responsible for the secretion of pituitary hormones. Thus, the amenorrhea occurred as a result of trauma.

3. DISCUSSION
To stress and trauma is attributed the decisive role in the development of many physical illnesses, such as psychosomatic diseases, immunity disorders, acute respiratory infections, genital herpes, mononucleosis, hyperthyroidism, anemia, psoriasis, acne, obesity, painful menstruation, amenorrhea, Heart problems, all up to cancer (1, 2, 3, 4, 5, 6, 7, 8, 9, 10).

In the previous case, the connection is visible between the trauma and physical health.

4. CONCLUSION
To identify the disorder at the level of family medicine, refer for further treatment, and prevent their chronic course and development of numerous somatic disorders.

REFERENCES


Corresponding author: Almir Pasagic, MD, MSc, Health Center “Vogosca, Sarajevo 71000, Bosnia and Herzegovina.”