

Homeopathy in Psychiatric Disorders

Psychiatry is a very important field for homeopathy, but it is neglected all over homoeopathic world. Partly, it is neglected because we don't have the facilities to receive and care for these mentally sick patients anymore. Often you need more than just homoeopathic medical college you need an environment that will be soothing to the mind also we need professional to handle such sick person as psychiatric patients are not at all responsible. In past we had a few facilities in Europe and United States, but unfortunately they don't exist anymore; most of them have been converted into allopathic institution today. I don't know of any place currently in the world, except maybe some homoeopathic hospital in India, However having homeopathic asylum in this planet is still a dream of every homoeopath!

Biggest problem of psychiatric patients not coming to a homoeopath in the very beginning of their illness is, once these patients are diagnosed with a psychiatric label the psychiatrics quickly puts the patient on anti-psychiatric drugs and if the case is severe put those patients in an institution where a homoeopath is not allowed to enter forget giving homoeopathic medicine!!. Once they are on drugs, they are so sedated that everyone is pleased from doctor to his nearest family to the patient; They are so pleased that the patients are quiet, that nobody is thinking what further should be done for these people to cure as this is just a suppression. Once the patients is on drugs for many years then the complication of the drugs starts appearing also over the period of time the dosage has been increased by 3-4 times the original dose which adds extra burden on suppression.

These allopathic drugs used in psychiatric illness is such a big suppression for the patient that in last 36 years I have witnessed many such cases, allow me to give you an example a man who was on anti-depression medicine for last 15 years from the age of 35 years to 50 years, he during this period developed first urticaria, gout and finally a stroke... this was just an example but I can quote many such cases, another case was of a women in sixties complain of chronic insomnia taking diazepam for last 30years during this period she suffered from myocardial infarction, high cholesterol and fungal infection of nails. Another complication of the drugs is suppressive effects on homoeopathic case taking. The longer they have been on them, the further away their original symptoms are and the more difficult it will be for everybody (the family, the patient himself), to give you the original history.

To treat a psychiatric patient successfully with homoeopathy we need a good knowledge of medicine, psychiatry and homoeopathic materia medica To be able to really benefit these patients to the maximum of our science and art, we should have to have a lot of experience before we can provide sufficient care for these people.

Let's, examine some factors first and foremost is lack of fully developed materia medica unfortunately our materia medica is not fully developed to describe the mental sphere of the 20th or 21st century patient. If you look in the materia medica, both from the proving and cure point of view, you will see that many of the remedies were not fully developed on the mental sphere. Most of our information comes from homeopaths of the 19th century, only a small percentage of the information that we use today is

20th century, and we are going towards the 21st century. We almost skipped a century of gathering information.

Also the information that we have in our old books and journal is loaded with information related to infectious disease, because people like Allen, Hering, and Hahnemann during most of their life were dealing with epidemics. This is the main reason why we have very little information on psychiatry.

At present we have many chronic as well as acute cases of neurosis and psychosis especially in metropolis as compared to villages possibly because there is less stress in the villages, less mental pressure to perform, and often adaptation for the mentally sick patient is easier than in the city. In the city it is a free-for-all, while in the countryside there is more family type of community, which makes it easier to be accepted.

The real reason why we don't have fully developed pictures of mental illnesses is that during proving due to its limitation we only get symptoms of the beginning of the pathology. You don't develop the ultimate symptoms of pathology. The fully developed pictures can only be developed in cases of intoxication or poisoning.e.g. When people were working in match factories with matches they were exposed to small doses of phosphorus for years and they would develop tumours of the jaw. From this we have discovered in homeopathy, clinically (from slow intoxication), that Phosphorus is one of the remedies that is indicated in bone tumour of the jaw. But, generally speaking, the proving and even the intoxication do not provide us with the extremes.

Hahnemann asks us to classify many psychiatric cases as defective cases. Because by the time we see them in our clinic there are hardly any symptoms of the individual left for treating as most of the symptoms we see are symptoms of the disease picture. Mental diseases along with cancer cases form a big group of defective cases in homeopathy. But even so, with all these difficulties above, the great majority of patients suffering from mental-emotional disease will receive enormous benefit from homeopathy, even the ones that are mentally retarded or the ones that are on heavy medication.

Hahnemann can truly be called father of modern psychiatry if you read his works you will understand how he sowed the seeds beginning his works from the book "The Friends of Health" .In this book he wrote two articles on rabies. He describes what rabies was perceived as in his time. Allopathic doctors perceived rabies as being possessed by evil spirits. He mentioned that the disease was a result of infestation of the virus from the saliva of an infested dog. He mentions in the article to show kindness to them instead of chaining them and beating them he says

"I never allow any insane person to be punished by blows or other painful or cruel inflictions. Since there can be no punishment where there is no sense of responsibility and since such patients only deserve our pity, and cannot be improved but must be rendered worse by such rough treatment. The physician of such unfortunate creature ought to behave so, as to inspire them with respect".

In 1792 he founded his asylum. Now when he had his asylum, he had only one patient from the beginning to the end. Unfortunately the asylum was forced to closed after 18 months after its inaugural. I believe he was able to completely cure the patient without any remedy, just by using kindness to this patient.

In 1796 Hahnemann published the first article about the principle of Similia, the discovering of the curing principle of medicine. He wrote, in 1796:

"However wearing, even when followed by success, the uninterrupted and personal attention given to this kind of patient may be, seeing that it is capable of giving the joy of life, more effectual than anything else and sadly shakes the soul of the human and thoughtful physician. Yet I feel strongly the inward call to continue this work

In other words, even if psychiatry is a difficult type of work, he felt compelled to further develop treatment for these unfortunate people. It is in the Organon that Hahnemann fully developed his understanding and comprehension about the treatment of mentally sick patients.

Hahnemann gave a lot of interest to the mental symptoms in any case of disease, and this is very unusual.

In § 211, it says:

"This is so important that the psychic condition of the patient is often the decisive factor in choosing a homeopathic remedy, because it is a particularly characteristic symptom, and one that can the least of all remain hidden from the careful observant physician

And in § 212:

"The creator of the healing forces has also made special provision for the special aspect of all disease: the outer emotional and mental state, because there is no potent medicine or substance in the world which does not very markedly alter the emotional and mental state of the healthy man testing it. And each medicine does this in its own distinctive way".

In § 213 he continues:

"The successful prescriber is the one that would pay attention to the mental symptoms, even in acute patients

Today you have homeopathic teachers that will tell you that you have to divide the symptoms into an acute or chronic . and you only consider the symptoms of the chronic as the first remedy to start with. This is not in the *Hahnemannian tradition and we can see that in § 213:*

"One will never cure according to nature - that is to say, homeopathically - unless one considers the mental and emotional changes along with the other symptoms in all cases of disease, even acute ones, and unless for treatment one chooses from among the remedies a disease agent that can produce an emotional and mental state of its own, similar to that of the disease ".

The remedy has to have this mental aspect in your case, as well as the other symptoms similar to those of the disease. Your remedy must be most similar to the complete case. but especially to that mental aspect.

"Thus, Aconitum napellus will seldom or never cure, either quickly or permanently, if the disposition is calm and undisturbed, nor will Nux vomica

if it is mild and phlegmatic, nor will Pulsatilla if it is glad, cheerful and wilful, nor will Ignatia if it is steady and without fearfulness or irritability ".

In § 214 he starts to tell us that a patient with a mental-emotional disease must be perceived the same way as other patients and then he tells us something more specific:

"What I have to teach about the cure of mental and emotional disease comes down to very little; they are to be cured in exactly the same way as all other disease, not differently; i. e. with a remedy, a disease agent capable of producing in the body and psyche of healthy people symptoms as similar as possible as those of the case

In § 215 he specifies that most mental and emotional diseases are extensions of physical disease. This is a very difficult point to understand.

"Almost all so-called mental and emotional diseases are nothing but physical disease in which the symptoms of the mental and emotional disorder characteristic of each one, increase (more or less rapidly) as the physical symptoms diminish

So the disease localises itself on the mental sphere as it is leaving the physical sphere. In the mental disease it starts on the physical level, and then slowly it progresses onto the mental level until you have almost no more symptoms of the physical level.

I for some reason have not seen this in my 36 years of practice even though Organon gives many examples from Hahnemann's practice.

Dr. Frank Bodman in his excellent book Insights into Homoeopathy mentions more a patient suffers with physical symptoms the better he has a chance to recover from his mental psychosis. On the other hand, the greater the psychotic patient presented only mental symptoms and almost no physical symptoms, the less good was the response to homeopathic treatment.

Hahnemann says it is only the physicians who observe persistently and closely that will notice that there was transference of a serious physical acute disease into a sudden mental disease.

In § 218 he mentions that when you are treating a mental disease you have to be very careful in finding symptoms which were present in the past and now they have disappeared you must try to uncover them from the memory of the patient, or the memory of the people that knew the patient prior to the present state. So § 218:

"The first thing that belongs in the symptom picture of these diseases is a precise description of all the symptoms of the previous so-called physical disease, before it degenerated into a mental or emotional disease by the disproportionate growth of the mental symptoms. This can be learned from the report of the relatives".

In § 219:

"The continuing real presence of these earlier physical symptoms is confirmed by the fact that a vestige of them remains, vestiges that are not obvious but that stand out in lucid moments when the mental disease temporarily subsides".

Especially in psychosis, either in depression, manic depressive states or in schizophrenia, as the mental symptoms diminish, you will have the appearance of more physical symptoms.

Another very important point is that Hahnemann says that you must look at a case totally, and the mental and emotional symptoms are often the most important. Now, he tells us that we must also pay attention to the other symptoms in the case.

In § 217 he says:

"In these cases, the physician must carefully investigate the symptom totality, primarily, of course, for understanding exactly the particular character of the principal symptom, the specific mental and emotional state predominating in each case

And we must study this, of course.

"But also to uncover the physical symptoms, so as to find from among the remedies whose pure effects are known, the homeopathic medicine or disease agent to extinguish the disease totality. A remedy that can contain among its symptoms to the greatest possible degree of similarity, not only the physical symptoms of the case, but also, above all, its mental and

emotional state

It is a complex paragraph and it is a complex thing to do clinically. In other words when you treat a patient generally speaking at all times -except probably in emergency and some mild acute cases- **you must take a complete case of the patient**. This is the beginning point of treatment: a complete case.

There are some practitioners that teach you to take just the chief complaint the first time, and then have the patient come back the next day or the following week, to do the rest of the case. I would suggest not doing this. I would suggest that when you plan to see a patient, try to plan the needed time that would be required to do the total case of that patient in one session.

CASE 1 H.C. Allen: "A case and its lesson".

I will illustrate this with a case, reported by H.C. Allen in 1903. There were several Allen's, but the most reliable of all the Allen's is Henry Caldwell Allen.

"Mr. A.F., about twenty-five years, came into my notice six or eight years ago when he suffered from an acute attack from over-mental-exertion. After private treatment for some time, he was sent for rest and restraint to a sanatorium, from which he was dismissed cured in a few weeks. In a year or two a similar outbreak from a similar cause produced a relapse "

It is coming back. Usually, these always come back.

"And again, after a few months in F. sanatorium, he recovered. In June 1890 I received a telegram to meet him at the North—western depot It he

train depot) prepared to take charge of him, as he was suffering from another attack. I took him to a private hospital near my residence, where I could have personal charge of him. He was given a room and put in bed, his clothes being put in a closet in an adjoining room across the hall. A nurse occupied a cot in his room and another nurse, a cot in the hall beside the door of his room. I took this precaution as I had been informed that his only desire was to escape and I saw that while he lay in bed, apparently quiet and passive, with his arm thrown carelessly over his face, he watched every movement of the nurse with the sly cunning of one only waiting an opportunity to escape".

It is a good description. The symptom is desire to escape.

"He feigned sleep. The nurse slept, and then in some way he obtained his hidden clothes except his shoes, dressed and departed. He was hidden under the front porch of an adjoining house for two days while police and friends searched the whole city. He was then taken to G. Park Sanatorium (in Chicago), where he was put in a room with a night and day nurse, but eventually became so violent that he was put in a jacket and strapped to the bed. I prescribed for him to the best of my ability, selecting the remedy from the symptoms of the mental derangement, from the remedies for acute mania, such as Aconitum, Belladonna, Hyoscyamus, etc., with a very indifferent result. Finally, I did what I should have done much sooner: took the dyscrasia (ed: 'the morbid condition') and previous attack of so-called 'grippe' (AS: the 'flu' into consideration, and from the mental symptoms chiefly based on the diathesis and previous relapse when partially cured, gave the remedy of the previous grippe, which was Tuberculinum, in various potencies, with complete recovery".

If he had not taken the symptoms that preceded the original attack, which was the 'flu, he would probably never had cured this patient. This is the point that Hahnemann discussed in § 218 and 219.