

THE MOUNTING CONCERN WITH MENTAL HEALTH

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The real causes of most difficulties with employees in industry—alcoholism, accidents, trouble with discipline, shirking, complaining, discontent—lies in mental illness, or so psychiatrists believe. Mental disturbances come within the field of psychiatry. Putting the two things together, big industries are making places for big psychiatrists.

A full page in a green box is filled with this in *Time* for May 30, 1960. According to that page, psychiatrists think that about one in four industrial workers have personality disturbances ranging from anxiety to severe mental disorders like schizophrenia, and they think about one in every hundred is schizophrenic. The article cites Charles J. Zimmerman, President of the Connecticut Mutual Life Insurance Company whose estimate is that mental illness on the job costs business three billions of direct loss every year and another nine billions of indirect loss. He computes that the direct losses alone would cover 150 million hours of a psychiatrist's time at \$20.00 an hour. At that rate, certainly a nice field opens for the psychiatrist. Dr. Graham Taylor, consulting psychiatrist for two firms in Montreal is quoted in the article as saying: "Industrial psychiatry is at the threshold of a stage of expansion and development."

Businessmen, the article says, are coming to think that to improve the mental health of employees and so to raise their efficiency is simply "practical humanitarianism". Mental health programs under full-time or part-time psychiatrists are already under way at Eastman Kodak, Metropolitan Life Insurance, International Business Machines, Du Pont, New York Telephone, and American Cyanamid.

The *Time* page says that company psychiatrists often cannot keep track of the mental states of all workers, so they coach managers and supervisors to be on the lookout for signs of mental disturbances, a line which takes, for example, half the time of Dr. Alan McLean who is full-time psychiatrist for International Business Machines. But of course he is very careful about that. He would never wish to see managers or supervisors try psychiatry. Treatment, when it comes to that, must be always professional.

From the early part of the story one might surmise that all the mental illness is in the lower brackets, but the story is careful to point out that mental illness occurs at all levels in the organization about in proportion with the numbers working at the various levels. Often the impression is that executives break down under stress of work, but psychiatrists have found that most mental breakdowns are caused outside and are only aggravated by work. Often the impression is that the impersonality of modern mass

production contributes to mental stress, but Dr. Gerald Gordon, chief psychiatrist for Du Pont, thinks that the job actually provides a needed center of reality for the worker and so tends to steady him.

Some mental problems, says *Time*, solve easily. One alert foreman at Jones & Laughlin Steel noticed that when one of the men was under close supervision he complained of pains in the back, but when working by himself he had no pains. Between the alert foreman and the company's consulting psychiatrist they concluded that the man was "allergic" to supervision, so they put him where he could work alone. It might seem that this was an escape rather than a cure, but it seemed to satisfy the psychiatrist.

In the young field of industrial psychiatry, says *Time*, there is about as much conflict among psychiatrists over methods as there is in the mental states of the workers, but Dr. John MacIver, full-time psychiatrist for America Fore Loyalty Group, is quoted as saying: "We have already established in fact that a psychiatric program in industry is not only feasible but high priority." If this is already established, it would score as not too bad a sales job for him and his colleagues.

Time concludes: "The important point, to both doctors and executives, is that the problem of mental health is finally out in the open, where it can be defined, understood and debated. Out of the debate over how to handle the problem, industry is sure to gain a new awareness of the need for *mens sana in corpore sano* among its workers—and, gradually, to do more about it."

There is one area in the field of medicine where the problem of mental health has been out in the open for more than a century and a half, and where considerable is done about it. That area was unsurveyed and unexplored by those who planted a separate profession to handle the psyche (mind and emotions). While they were taking it for granted that medicine is for the body and psychiatry is for the mind, Homœopathy had long been able to treat the man as an individual whole.

Two scientific reference works are tools in the hand of the thorough homœopath. After the process of case-taking, he has the symptom-picture, and with that he enters the first of the two which is arranged by symptoms. This is the homœopathic repertory. It places against symptoms the remedies which, according to remedy provings, are called for. The choices are rated according to value, and the ratings are shown by type face. When the homœopath has worked down these choices as they key in with the symptom-picture, he comes out with a small and handy number of remedies, one of which will prove to be the one homœopathic remedy for the case. To see which one, the homœopath turns to the other reference work, which is arranged by remedies, placing against each remedy the symptoms which arise in the healthy when that remedy is scientifically proven. This second reference work is the homœopathic materia medica.

Now with the story in *Time* before us, let us peep into a standard

homœopathic repertory. We are struck at once with a very great fact. Of all the parts of the human beings where symptoms are manifest, the repertory is obliged to give more space by far to the mind than to any other. That is one of the sharp distinctions of Homœopathy. Nowhere else is the importance of the mind so vividly appreciated. And not only that, but also the mind comes *first* in the homœopathic repertory.

For editorial purposes, we have in our library a sample homœopathic repertory. It is the one by Kent. It is an old one. It is the Third Revised Edition and was issued thirty-six years ago. Yet a little exploring in even that book seems to put the psychiatrist's concept of mental health, modern as it may appear, pretty far out of date.

In the first place, counting through the many pages at the very front devoted to the mind, the symptoms fall under groups representing no less than 545 mental states. Of these mental states, insanity is just one.

For a glimpse at the wealth of information and some examples:

Abusive: In a long list under this head, here is a sample; "Scolds until the lips are blue and eyes stare and she falls down fainting".

Anxiety: This covers several pages and includes such a peculiar anxiety as this: "As if pursued when walking".

Desire for Company: "Yet treats them outrageously".

Delirium: Samples: "Tries to gather objects off the wall".

"Rocking to and fro".

"Rolls on the floor".

Delusion: Samples: "Has lost affection of friends".

"That she is hovering in air."

"Does not belong to her own family."

"That he has cancer."

"Thinks himself to be Christ."

"Sees cucumbers on the bed."

"Thinks he is a corpse on a bier."

"Believes himself deaf and dumb."

"Thinks himself an emperor."

"That he is going to lose his fortune."

"That she is made of glass."

"Head belongs to another."

"Has three legs."

"Sees rats."

"Thinks people are looking over his shoulder."

"Does everything wrong—cannot succeed."

"That he is three persons."

Restlessness: Samples: "After midnight."

"Wants to go from one bed to another."

"On closing eyes at night."

"After dinner."

"Ending in a rage."

Speech : Samples: "Monosyllabic." "Prattling."

Suicidal : Samples: "With knife."

"With axe."

"During menses."

"By poison."

"By throwing self from height."

"By leaping from window."

"By shooting."

Weeping : Sample: "From contradiction."

Irritability : Sample: "During perspiration."

"Says he is not sick; sends doctor home."

Memory : Samples:

Weakness."

"For what he has just done."

"For what he has just said."

"For what he has just heard."

"For dates."

"For proper names."

It takes but a few minutes glancing through such notes as these to feel the impression of meticulous observation coupled with precise differentiation between remedies, for there are remedies indicated by their homœopathic provings to apply under every one of these symptoms, and in most cases a choice of remedies rated by value. It is only necessary to take a random gleaning like this and multiply it some fifty times to gain some notion of the breadth and depth of the work behind the references.

Because the thorough homœopath has at hand this knowledge about mental and emotional states, and the remedies appropriate to them, the psychiatrist who ever happens to stumble across Homœopathy is amazed. He finds it hard to see how any medical doctor could become such a thorough psychiatrist and still practice medicine. But there is still no record of a psychiatrist looking into the science of Homœopathy beyond letting it amaze him.

Let us now take a peek at a homœopathic materia medica, the second work of reference that is a tool in the hand of the thorough homœopath. This time we shall go even further back, decades before there was a psychiatry, when the current concern over mental health and the rush of psychiatrists to fan it was far, far in the future. The book we shall consult is *A Handbook of Materia Medica and Homœopathic Therapeutics*, compiled by Timothy Field Allen, a book the size of a Webster Dictionary, published seventy-one years ago.

Pretty much at random we shall look at two very common remedies as they are given in this book, and see what it says about the symptoms of the mind. If we thumb through even hastily, we are struck with the amount of

space given the mind under every remedy in the book, and with the striking fact that this precedes everything else about the remedy and takes highest priority.

Let us look up the mind under *Aurum* (Gold), and *Natrum muriaticum* (Common Salt). Neither of these is a remedy at all in ordinary medicine because in ordinary medicine there is no way of proving them, but when we see what the homœopathic provings show as to mental symptoms we have some idea about the value of these two remedies to the human sick.

First, *Aurum*: "Awoke at 3 A.M. and said rapidly in a strong voice and with red face, 'Mother, thou art my jewel of a daughter! What sort of a dog is that? What sort of a head is that on the wall? What is running about there in the room?' and asked many other such foolish questions. Says something absurd in a reverie. Religious excitement. *Howls and screams and imagines herself lost.*

"*Disgust for life, suicidal tendency. Anguish, increasing unto self-destruction, with spasmodic contraction of the abdomen; anguish with palpitation, weariness of limbs and sleepiness; with weakness and appearance as if near death. Peevish and vehement wrath at least contradiction. Silent peevishness alternating with cheerfulness. Sullen mood and taciturnity. If left alone he sits still in a corner, taciturn, melancholy, but the slightest contradiction excites his wrath, which he manifests by disputing and talking much, afterwards by a few detached words. Anger and vehemence; when thinking of absent persons. Quarrelsome; and abusive. Impatience. Some persons are offensive to him. Melancholy; imagines that he is unfit for this world and longs for death, which he contemplates with delight; imagines he can succeed in nothing; and he seeks solitude. Weeping; because he imagines he has lost the affections of his friends; alternating with laughter as if unconscious of himself.*

"Discouraged at least trifle; and out of humor with himself. Dissatisfied with everything, imagines obstacles everywhere, partly occasioned by adverse fate, partly by himself, the latter making him morbidly depressed. *Apprehension, anxiety from a noise at the door, and fear lest someone would come in, anthropophobia. Anxiety less while eating. Timidity. Uneasiness; he imagines that he neglects something and deserves reproaches, which deprives him of energy and perseverance. Cheerful, with constant desire to converse. Anxious to reflect deeply about this or that subject, but this makes her weak, tremulous, cold and damp over whole body. Intellectual faculties more active and memory more faithful. Memory sharp, afterwards bad; impaired.*"

Now, *Natrum muriaticum*: "*Excitement; in morning after early waking; then falling asleep and deadness of limbs; and scorn; greater towards evening, with anxiety, then crawling beginning in finger-tips, hands and arms, arm fell asleep as if dead, crawling mounted into throat, lips and tongue, which became stiff, with boring in a tooth, then weakness of head, with impaired*

vision, even lower limbs felt asleep and joints seemed dead. Lively; in afternoon, conscious of physical and mental power; towards evening she wished only to sing and dance. She felt happy and light after coition, but soon was peevish. *Laughed immoderately at something not ludicrous, so that she could not be quieted, and tears came into her eyes, so that she looked as if she had been weeping; easily made to laugh, though not lively; inclined to laugh in evening.*

"Hastiness; anxious. Fidgety of manner. *The more he was consoled the more he was affected. Weeping mood; when alone; if one looked at him; because he concluded from the look of everyone that he was pitied for his misfortune; all night after a slight vexation, with cough and ineffectual retching; at thought of a want long past. Sad; all day apprehensive, disheartened, with palpitation; during menses; and preferred to be alone; in afternoon, as if insulted; in sudden attacks. Despair that deprived him of all power.*

"Anxiety in morning before appearances of delayed menses, with nausea, something sweetish came into mouth, then expectoration of blood and saliva; anxiety in evening, then inclination to sweat; at night, with heat, necessity to uncover, vivid dreams on falling to sleep (with profuse flow of menses); at night during a storm, anxious heat forced her to rise: before menses; during menses with faintness, cold cheeks and internal heat; with heat and sweat; anxiety and restlessness alternating with indifference; about the future; sudden, forenoons, with palpitation; about herself when alone, with weeping; as if she had done something wrong, with heat and night-sweat; as if he would fall when walking. Looks often into the mirror and imagines that she looks wretched. *Easily startled; in evening. Fear of dying; of insanity; he seemed paralyzed by fearing evening, afterwards he seemed horrified and apprehensive.*

Anger at trifles. Anthropophobia. Hatred of people who had insulted him. Offended by a joke. Quarrelsome. Passionate; towards evening; passion and vehemence alternating with moodiness and silence. Loathing of life. *Ill humor; all day; in morning; in morning on walking, then quarrelsome mood; in forenoon; in forenoon, with indolence, prefers not to speak; evenings; greater on being spoken to; about persistent thoughts of affronts he had given and received, and he had no real interest in anything; indolence and exhaustion alternating with cheerfulness and lightness of limbs; but necessity to sing and hum to herself. Taciturn; and fretful when questioned. Talked more than usual, but did not like so much to be talked to, when she had nothing to say she became melancholy. Much affected by conversation. Indifference.* Lack of circumspection. Lack of independence. Irresolute at his work. Sluggish. *Disinclined to work; in afternoon; but disposed to think acutely. Disinclined to mental work; in evening.*

Easily makes mistakes in talking; in writing. Distraction; in evening; when talking. Confusion all day, with pain in forehead. Felt almost as if

losing his reason. Loss of ideas; from 3 till 7 p.m., with sleepiness; after physical exertion, with apathy. Thought suddenly leaves him if he follows an idea. Control over thoughts lost in evening. Inability to perform mental work. Thought difficult. Lost in thought of what would become of him. *Memory weak*; everything remained in his mind like a dream; *lost*, and he thinks he has lost his reason; forgetful all day; forgetful in evening."

If these notes seem involved and there seems to be some confusion of personal pronouns, the fact is that as notes they originate with provings on numbers of individual provers and are transcribed as faithfully as possible from the original records.

The books show, as we have said, two things: The mind and the symptoms pertaining to the mind are given *far more space* in Homœopathy than any other division of the human economy, and secondly they come *first*. What ordinary medicine and psychiatry, too, have always failed to see is that whatever happens to a person, in the field of medicine or out of it, invariably affects the mind. Therefore every case of sickness involves the mind. Therefore no case of sickness is scientifically considered without the mind. It is quite as impossible to separate the mind from the patient as it would be to remove his head.

Mental symptoms in all cases where medicine is practiced scientifically are most essential of all when it comes to selecting the remedy. Often the case would be quite baffling without them. An illustration:

In the *Journal of the American Institute of Homœopathy with The Homœopathic Recorder*, July-August, 1960, there is a paper entitled, "Some Interesting Sidelights on Our Materia Medica", by Dr. Julia M. Green. She says that at the outset of her career she had a patient desperately ill with erysipelas over his head, shoulders, neck, mouth, etc. He was thrashing about and delirious. She was unable to find the remedy and she called in consultation an older doctor who had once quizzed her on materia medica as part of her tests for license to practice. Taking a look at the tongue, the older physician, out of his knowledge of the materia medica, suggested *Veratrum viride*, and left. Dr. Green goes on: "He had just left the house and I had not yet given the remedy, when the patient beckoned to his wife rather stealthily and told her she need not fret any more, that they were going to have lots of money, they could pay all their debts, take trips and enjoy themselves. Truth was that they owed me quite a sum, so the wife was much embarrassed. But I was delighted because I happened to know the remedy for that outburst: *Pyrogen*. It started things in the right direction almost immediately and cure came in a very few days".

Yet the modern physician would even now try to devise a cure for erysipelas and if the mind went off the track the case would go to a psychiatrist. There would be no attention to Homœopathy, where it is known that the mental and the physiological go together to comprise the totality and that in the totality the mental takes the lead.

Practice of medicine in ignorance of such a vital principle too often suppresses the physiological and drives it towards terminal conditions degenerative of internal organs or of the nervous system or of the mind. Cases in early life of an acute nature are converted into chronic states in later life. Homœopathy frequently has a double check on that principle, so unfamiliar to ordinary medicine and so universally neglected; for cases coming under Homœopathy after having been suppressed, which show advanced states ordinarily chronic but still curable, are taken back over their course in reverse by the power of the homœopathic remedy, and the early states are seen again. By thus seeing the link between successive illnesses in the sick patient and being able so often to resolve it, Homœopathy is a force liberating the race and elevating its level of health. And nothing works more powerfully against this happy trend than to disregard the totality, the oneness, of man and to separate of the mind as an exclusive specialty.

Time and the psychiatrists, along with the large businesses now beginning to employ psychiatrists, are becoming aware of the mind and its ills more than a century and a half late, and are taking the wrong way to handle them.

—*The Layman Speaks, Nov., '60*

MOSCHUS MOSHIFERUS

(Continued from page 499)

DR. A. DWIGHT SMITH: Keep on with the higher potency. I think you will get better results, even though we don't agree.

DR. STEPHENSON: I think it is not a matter of agreeing or disagreeing. It is a matter of what is good for the patient, experimenting with different dilutions.

DR. SUTHERLAND: And what does Dr. Smith mean by "better results"? It seems we have had good results here and, compared perhaps with the very first dose, the results are now better than they were then.

DR. A. DWIGHT SMITH: What was the last potency?

DR. ROGERS: The CM in April.

DR. SUTHERLAND: Now you should go down.

DR. W. W. SHERWOOD (West Los Angeles, Calif.): Go down to 200 and start over again.

—*Jourl. of the Am. Inst. of Homœopathy, Sept.-Oct., '61*