

PSYCHOSOMATIC AND TEMPERAMENTAL INTERPRETATION OF COMPARATIVE SYMPTOMS OF ACTAEA RACEMOSA AND PULSATILLA

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MR. PRESIDENT, LADIES AND GENTLEMEN,

I feel very much honoured that you have asked me to read my paper at this Congress where outstanding medical subjects of our time are dealt with. Emphasis must be laid upon the fact that long before the coming of psychosomatic medicine Homœopathy has understood the interrelationship between mentality and disorders of the soma. Whilst orthodox medicine seeks vainly after a synthetic doctrine capable of co-ordinating the impressive progress made in modern medical researches, Homœopathy has for a long time resolved the problem of the individualization of diseases. For it deals with the morbid soil rather than with the aggressive agent, with deep aetiologies rather than with apparent causes, in short, with the personality of the patient rather than with the nosology of the disease.

Faced with the present-day medical discoveries, it is of paramount importance that homœopaths, in those countries where groups arrange a pooling of clinical experience and research, demonstrate from traditional empirical bases that Homœopathy holds an important place in the art of healing. More and more numerous are those of us in France who try and give a rational explanation to homœopathic data, whilst works developing the conceptions and practical applications of a homœopathic biotypology multiply.

The expansion of Homœopathy in our days seems obvious enough. Yet attempts are being made in our country to slow it down. Attacks on the liberty of prescription are unfortunately carried out in France, where certain remedies are prohibited, such as the nosodes "Marmoreck" and "Denys", where Korsakoff's dilutions accused of secret preparations have disappeared, and infinitesimality is combated, dilutions above 9 CH being supplied as magistral formula only.

We apologize for mentioning these facts. We should like ourselves to be informed of your difficulties, for all homœopaths tend to the same aim; defence of sound conceptions and efficient solutions to the problem of diseases and patients.

And now let us turn to our subject and give you the fruits of our researches into a limited sector of psychosomatics. Our demonstration rests on the idea that a rational explanation is capable of bringing forward a link between the psychic symptoms of our remedies on the one hand, and the morpho-physiopathological complex arising out of the elements of the

morbid soil, along strictly individual lines, on the other hand. We shall give an example of a striking relationship between the "mentality" of our remedies and the temperamental factors. The latter bring into play the great metabolic functions which regulate the vital phenomena of the organism, namely, the protoplasmic metabolism. It may be thought a presumption on our part to discover a link involving a minimum of morpho-physio-pathological general characteristics between the cellular element, wherein anabolic, katabolic and excretory processes of a merely nutritive nature take place, and mentality, synthetic expression of a multitude of differentiated mechanisms on the level of the most specialized apparatus of the organism. Yet the Hippocratic temperaments provide, in a suggestive over-simplified classification, simple and on the whole verified connections. Lymphatic (or phlegmatic), sanguin, choleric, melancholic mean both a mass of physical predispositions and a mental behaviour whose apparent simplicity finds a rational and accurate explanation in the multiple biological mechanism lying between the prime cellular element and the supreme edifice of the superior nervous centres.

We shall try to explain the comparative mentality of *Actaea racemosa* and *Pulsatilla* from an essentially synthetic viewpoint, according to the temperamental and physio-pathological notions provided by the rational study of these two remedies.

Actaea racemosa is a lympho-nervous, *Pulsatilla* a lympho-sanguine. Both result from an abnormal extension of anabolism. Both have a fundamental basis: primary vagotonicity, revealing their lymphatic origin. But while *Actaea* reacts against it by means of sympathicotonic crises which try to open a way out, most often genital, *Pulsatilla* takes advantage of an important way out, through the large cutaneous and mucous areas. The lymphatism of *Actaea* leads rapidly to a nervous disturbance through sympathetic irritation, which appears to be the only means whereby an elimination is brought about, for *Actaea* has no direct action on the skin and mucous membranes.

In *Pulsatilla*, the lymphatism is slowly overcome, owing to the excellent cutaneous and mucous elimination of this remedy. Nervous elimination in *Actaea*, lympho-nervous remedy, mucous elimination in *Pulsatilla*, lympho-sanguine remedy.

This explanation is in accordance with the physio-pathological action of these two remedies: nervous diphasic action of *Actaea*; a short action of excitation accounting for the sympathetic spasm, a long action of depression accounting for the vagotonic basis, the whole centered upon the genital apparatus and accompanied by a central muscular and peripheric nervous reaction. Cutaneous, mucous and venous action in *Pulsatilla*, with a swing between the two mucous and venous poles, thus inhibiting the transmission of action onto the nervous system, the latter being affected secondary to the mucous eliminations or venous congestion.

Let us carry on with the temperamental parallelism which will permit us to explain the comparative mentality of the two remedies: in both cases, the lymphatism, fundamental basis, originates a slowing of the metabolic functions favourable to the elimination of toxins and waste products, and the organism reacts by means of the nervous system in *Actaea*, by the mucous eliminations in *Pulsatilla*. According to the localization of the sympathetic crisis in *Actaea*, the genital system, the neuro-muscular apparatus, or the mental sphere will be the seat of the paroxysmal manifestations, localization in a given part bringing about an improvement in the other parts. In *Pulsatilla*, elimination on a definite level brings about an improvement on the other levels. This explains the morbid alternations of the two remedies: alternation of mental and physical disorders in *Actaea*, due to the nervous demand; variability of the physical and mental symptoms in *Pulsatilla*, due to the balancing between the large mucous areas of elimination and the pendent areas of venous congestion.

These diverging paths from a common ground, leading to different morbid manifestations, show us the synthetic triad of:

1. *Actaea*: fundamental vagotonicity (lymphatic element), sympathetic superstructure consisting of reflex disorders, and metastatic manifestations (nervous element).

2. *Pulsatilla*: initial vagotonicity manifested by changes in the lymph nodes and venous congestion (lymphatic element), the sympathicotonic paroxysms are replaced by the mucous eliminations (sanguine element). Morbid metastasis due to the variability of the cutaneous and mucous eliminations, and the balancing between venous congestion and cutaneous and mucous eliminations.

This leads us to the following explanation of their different psychism:

Actaea, diphasic, has vagotonic disorders accounting for the sadness, depression, discouragement of the patient, with a sensation of a cloud enveloping her and an impression of lead on her head. She is overwhelmed by her sorrow, and in a further stage she is dominated by uncontrolled fears; she realizes that she is losing her mental control and is very much afraid of going mad. This state of hypochondria and cerebral torpidity associated with signs of physical slowing and depression, is followed by and alternates with sympathetic reflex disorders of cerebral excitation at the time of the sympathetic crises of elimination, especially the menses: the patient is very talkative, speaks with a great flow of words, and moves continually. She speaks at random, passing rapidly from one subject to another, and does not stick to any. This incoherence of language is the psychomotor manifestation of her nervous disequilibrium. This alternation of excitation and depression accounts for the instability of *Actaea*, for her changeable temper, whereupon a state of mental confusion with excitation and delirium can supervene: strange visions of rats, of devils, and a sensation of mice running on her.

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is in part at least, bliss, for the opener of a discussion. I am sure that many of you will hasten to enlighten me, and if your knowledge while better than mine is still incomplete—why, that will make an even better discussion, for accurate information destroys conversation!

Much of my contribution then will be to ask questions. Before we touch on the main theme—what are the nosodes Marmoreck and Denys? What do our French colleagues understand as Korsakoff's dilutions? We know that Korsakoff was a Russian nobleman who in 1831 developed the high potency beyond Hahnemann's 30c, but I always thought that the objection to Korsakoff's method was that fresh vials were not used at every step and that succussion was neglected. Perhaps Dr. Zissu will correct me if I am wrong.

The attempts to suppress high potencies in France are most significant. They seem to point to what is still our greatest difficulty in arousing interest among doctors, even in these days when so much scientific evidence in favour of high potencies is becoming available. The time is ripe for an informed review of this subject, including clinical cases cured.

I would like to congratulate our French colleagues on having aroused official opposition and at the same time having made so many converts. Their success in attracting doctors to Homœopathy is sadly lacking in Britain today. Perhaps Dr. Zissu would tell us how to do it. And now I must introduce a note of controversy. I have the greatest respect for the sound knowledge of Homœopathy shown by French doctors, but I simply can't understand their obsession with typology. They have been busy formulating typologies for the last 50 years. Why?

We are indebted to Dr. Zissu for a brilliant review elaborating the numerous classifications in the BRITISH HOMŒOPATHIC JOURNAL for January, 1961. This gives an enormous amount of information, but I am not competent to discuss it. The complexities appeal me, and as a simple Scot accustomed to stick to facts I don't find much use for these speculations. Dr. Harling makes a brave attempt, in the April issue (1961) of the BRITISH HOMŒOPATHIC JOURNAL, to summarize the typology of Vannier, but she asks two significant questions:

Is it true? and, Will it be useful?

Personally I feel that we run some risk of incurring the old gibe: making nonsense difficult, but perhaps my ignorance is leading me to too harsh a judgement.

Homœopathy is first a practical art of cure and Hahnemann's injunctions in the *Organon* and *Chronic Diseases* go further with me than any modern typology. His appreciation that the individual peculiarities in each case should be grasped by a study of all the symptoms, selecting for emphasis those reflecting the patient's reaction, and his matching each sick personality with that of a drug as revealed in provings and by clinical use (not signatures or other theoretical notions)—that is the grandest of his

gifts to us. Even now it is beyond the grasp of many doctors who would scoff at the idea of medicines having personalities. And Hahnemann was not formulating a typology when he described the three miasms. His basic idea was to classify latent infections—before bacteriology existed—in order to help doctors cure chronic diseases. Tyler developed this idea with her use of *Morbillinum*, *Diphtherinum*, etc.

Admittedly Hahnemann's brilliant concept not only did justice to the varieties of infection then known but to the importance of predispositions and constitutional susceptibility to diseases and remedy action. But are not the types as numerous as our remedies? Should we not individualize them all? This is really what the makers of our drug pictures do.

A little sketch of *Bryonia* by Dr. Gutman (BRITISH HOMŒOPATHIC JOURNAL, April, 1961) brilliantly summarizes the essence of this drug: "Of choleric temperament, full of sharp pains, worried about his security, he holds on to his back, he holds on to his abdomen, he holds on to his pocket book." Gibson Miller had the same idea about drug personalities when he wrote (*The Value of Symptoms*):

"But there is one other general—the greatest of them all—which I must not omit, for it is created by the blending of all the generals and particulars into one harmonious whole. For lack of a better word we speak of, let us say, the *Sepia* constitution, meaning thereby that special diseased condition of mind and body for which that remedy has so often proved itself curative, that we come to look upon it almost as an entity. At times it is plainly discernible by all, and capable of being described in words, such as the leuco-phlegmatic condition of *Calc.*, the tall, thin, narrow chested one of *Phosphorus*, or "the lean, stooping, ragged philosopher" as Hering called the *Sulphur* patient; but far oftener is it something much more subtle, such as that of *Arg. nit.*, with its fears and anxieties and hidden, irrational motives for all it does. To very few of us is it given to penetrate into these secrets and to understand that almost indefinite something which often lies behind the mere symptoms, modifying and characterizing them all, and so becoming the governing element in the whole case. The masters in our art are those who have had the power to understand this great general, and we stand amazed at their skill in penetrating right into the heart of the most complex cases and evolving order and consequent cure out of seeming chaos."

Is not this sort of typology, that points to a curative remedy, enough for us?

What homœopathic doctor cannot picture instantly a person in the round, when told he is an *Arsenic* or a *Phosphorus*, or a *Kali carb.*, or a *Nux vomica* type. If in doubt whether *Sepia* is the best remedy, try contradicting the lady; the reaction is revealing if positive; or try delaying or interrupting a *Nux vomica* patient, or sympathizing with *Natrum mur.* The *Natrum mur.* people reveal their repressed sad nature in gesture and mien. They will expose only the minimum of body and mind. I prescribed it with

good effect recently in a little boy who always looked as if he were going to weep when noticed, but who indignantly denied such weakness. How different are the open co-operative *Phosphorus* types willing to denude themselves physically and mentally. Again, contrast the weeping of *Pulsatilla*, easy and open and noticed soon after she enters one's room, with the weeping of *Sepia* later under cross-examination, and with *Medorrhinum's* which comes because of a confused forgetfulness and inability to marshal her facts.

Dr. Zissu's own little sketches of the two remedies *Actaea* and *Pulsatilla* give them life, and usefulness to cure, more than efforts to fit them into a theory.

Both *Pulsatilla* and *Actaea* share changeability, variability and menstrual troubles, but they soon part company in the chilliness (except the head congestion), and the choreic jerkings and loquacity of *Actaea*. In the last respect *Actaea* touches *Lachesis* and also in its relief from discharges. But these are only points of contact. Each drug in regular use has a well marked individuality.

Is modern typology not reminiscent of Hughes' attempt 100 years ago to interpret materia medica in the pathology of his day—"homœopathic milk for allopathic babes" was the gibe. But Hughes had far better success in attracting allopaths than we in Britain have today, even though he is not read now, and the theories of Dr. Zissu and his colleagues are obviously an effect to formulate rational explanations for the multiple symptoms of our remedies, and may satisfy strangers to Homœopathy, but I fear may make the subject even more difficult in the end. The temperaments as interpreted by Dr. Glas, and Jung's conception of types help us to understand and treat people's mind—that is another story too long to deal with here.

Reply by DR. ZISSU

1. The interest shown by French homœopaths in biotypology is not an obsession. Biotypology, starting from classically recognized scientific bases, permits of a synthetic interpretation of Homœopathy without disturbing its Hahnemannian conception. The notion of constitutions, constantly revised in the light of modern scientific facts, has, without departing from basic homœopathic doctrines, resulted in a great flowering of Homœopathy in France, where more than 2,000 doctors are practising it. There is no question of neglecting these basic doctrines; together with them, biotypology has enabled many amongst us to gain a better understanding of the materia medica, and to adapt it more closely to the patient. Far from rejecting the similimum, we are helped in our search for it; and this, it must be emphasized, is the primary, necessary, and sufficient aim of all homœopaths, to whatever school they belong.

2. To quote Hahnemann in order to show that biotypology is not men-

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no bounds. One who has been privileged to be introduced to Homœopathy cannot afford to do nothing about its promotion. For it is better to light one candle than merely to grumble about the darkness. One who lights a candle on behalf of Homœopathy generates a force that not only serves as a beacon to countless others who seek the road to better health, but which diffuses his own being. Members of Alcoholics Anonymous have found that they find strength in helping others. Followers of Hahnemann have found this equally true of Homœopathy.

—*The Layman Speaks, April, '60*

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tioned in his work is certainly strong evidence; but why not consider the time at which he lived, and think rather that we are under an obligation to profit from the progress in medicine which has taken place since his day. We are of the opinion that Hahnemann, himself well ahead of his time, would, if he had foreseen the future, been the first to publish his discoveries. We give all credit to Hahnemann and it is no betrayal to go further in the direction he has indicated, by using those discoveries which were made after his time.

3. The nosodes of Marmoreck and Denys are: the former anti-tuberculous horse serum, and the latter a filtrate of bouillon containing tuberculous exotoxins and endotoxins. Their applications are: Marmoreck for tuberculinic subjects of low resistance, whose organs of excretion function badly; Denys for tuberculinic subjects who are florid and fat, but yet resist disease badly and suffer from sudden eliminatory crises.

4. There are two methods of preparing homœopathic dilutions (potencies), in both of which succussion is essential. In the Hahnemannian method separate phials are used for each dilution; in the Korsakovian method one phial is used, and in each successive dilution the last drop is retained to become the basis of the next dilution. It is the latter method of preparation which is at present prohibited in France.

—*Brit. Homœo. Journal, Oct., '61*