A CASE OF DEPRESSIVE HEBEPHRENIA

DR. EDWARD C. WHITMONT, M.D., NEW YORK

A. G., aged 33, was hospitalized for over two years with the diagnosis of schizophrenia, hebephrenic type. During this time his treatment consisted of numerous series of electroshock and Rauwolfia preparations; all these without any appreciable result. Now Homœopathy was to be tried as a last resort. If it failed, he would have to be commited permanently to a State Institution.

He was the youngest of ten children and felt that he never got enough attention and care; he had always felt neglected, had felt that nobody valued his opinion about anything. He was overconscientious and carried out orders literally. For instance, when, as a child, he was sent to a store to buy a newspaper and was told not to come back without it, he would not return home and had to be fetched when he found the store closed. His mother died of old age; but he blamed himself for her death. He was convinced that he had caused her to die by giving her milk to drink. Inspite of what at that time were considered neurotic traits, he served his term in the army and saw action in France. Discharged at the end of the war, he became more and more gloomy and held himself aloof from people. Eventually he joined the police force. Once a man got away whom he had arrested and the patient was reprimanded. Thereupon he went into a deep depression and became apathetic, unresponsive and disoriented. At times, still imagining himself on police duty, he would attempt to "arrest" family members, the doctor or nurses and had to be forcibly restrained. When first I saw him he was apathetic and unresponsive, almost catatonic. As a constitutional type, he was dark complexioned and lean, of Italian extraction. He was fearful and suspicious and would not sleep except with the light burning. When food was offered he refused to eat and

would only here and there pick a few morsels when no one was present in the room. His ability to orient himself did not go beyond the most immediate aspects of the environment. There was a complete amnesia in respect to the recent years of his illness and hospitalization. In his habits he was extremely rigid and excessively critical of everybody and everything that did not conform to his "standards." To the doctor he was unresponsive and personal rapport necessary for psychotherapeutic contact could not be established.

From the prescribing standpoint the symptoms were few and uncharacteristic: suspicious, absentminded, aversion to talk, censorious and food.

Following were the 17 drugs with their relative numerical values that run through these symptoms in the repertory:

Aconite (10), *Arnica* (10), *Arsenicum* (12), *Baryta carbonica* (11), *Belladonna* (10), *Chamomilla* (7), *China* (8), *Cocculus* (10), *Lachesis* (10), *Lycopodium* (10), *Mercurinus* (7), *Nux vomica* (11), *Plumbum* (6), *Rhus toxicodendron* (8), *Sepia* (10), *Silicea* (6), *Sulphur* (11).

Arsenicum, Baryta carbonica, Nux vomica, and Sulphur were in the lead. Then came *Aconite, Arnica, Belladonna, Cocculus, Lachesis, Lycopodium* and *Sepia.*

The overall impression of the patient is most nearly approximated by *Nux vomica, Sulphur, Lachesis, Lycopodium.* The remedy chosen was *Lachesis*, since the study of this drug reveals an extremely close relationship to the intrinsic dynamism of schizophrenia. For a year and a half *Lachesis* was given in potencies between 200, and CM. Of technical interest may be the fact that for the first year the drug had to be repeated about once a month, during this time the potencies were varied, not according to Kent's method in gradual rise, but following the late Dr. Morgan's suggestion by balancing the extremes of the potency range up and down as determined by objective tests. The potency sequence was as follows: 200, CM. 10M, 1M, 10M, 50M, CM, 20M, 10M, 20M, 50M....After the last potency the patient was not seen for half a year. During this time the improvement continued and when last seen he was given the

CM. After about 8 months, Mr. G. was able to resume clerical work at Police Headquarters. Official examination by the police psychiatrist pronounced him socially recovered. He could communicate with people and fit himself in a co-operative fashion into a group and work pattern. His mental and adaptive radius remained limited. While reasonable and sensible as well as passably adapted in every day life and able to do the simple clerical work, on a basic human emotional level he still remains blocked. Eventually, psychotherapy would be required to lead him further.

This case would seem to demonstrate the presence of a physiological factor in the dynamism of schizophrenia. The properly selected homœopathic drug, by affecting this physical factor, can counteract the deterioration of the personality. For a full restoration of adequate psychic functioning, however, it *is felt that psychotherapy would be indispensable....On the other hand, a case of this sort shows that, without the help* of the drug which unblocks the physiologic factor, the minimal ability to respond, which is a prerequisite for psychotherapy, cannot be established.

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