

## THE PLACE OF HOMŒOPATHY IN PSYCHIATRY

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*Mr. President, Ladies and Gentlemen,*

It is twenty-five years ago that I submitted a thesis for the Leopold Salzer Prize on the Homœopathic Treatment of Mental Disorders. At that stage in my career, my experience was limited, and my essay was largely concerned in relating the conceptions of psychiatry of a quarter of a century ago with the principles of homœopathic treatment. In short, the essay was highly theoretical but had been based more on wide reading than extensive practice.

By contrast I stand before you today having been engaged predominantly in psychiatric practice for the last fifteen years both with children and adults. The bulk of this work as a psychiatrist has, of course, been concerned with neuroses, and psychosomatic disorders, but I have also in that time been asked to see and treat several hundred patients suffering from the major psychoses.

I do not propose to inflict on you any statistics tonight, but rather to bring forward for your consideration certain broad general deductions, and to discuss these with you.

Hahnemann stated in the *Organon* that "the organism is indeed the material instrument of life, but it is not conceivable without the animation imparted to it by the instinctively perceiving dynamis, just as the vital force is not conceivable without the organism; consequently the two together constitute a unity, although in thought our mind separates this unity into two distinct conceptions for the sake of easy comprehension" (para. 15, *Organon*, 6th edn. Boericke trans, Philadelphia, 1922).

One would have thought that Hahnemann would have agreed with the modern school of psychiatrists, exemplified by Schneider who conceives the individual as of body and soul, two incomplete entities uniting to form a whole.

Disease is a condition of matter—the body—but matter can have an influence on the soul as in the organic dementias, i.e. general paralysis of the insane; encephalitis lethargica; effects of leucotomy. But it is also possible to conceive of a disease or alienation of the soul without any disease of the body—the endogenous psychoses. But, as I hope to show later, Hahnemann did not accept this view.

On the other hand, this postulate is rejected by Thiele as quite imaginary. The psychoses, he states, are somatoses. In the psychoses, he argues, the personality no longer functions as a governor, and a mechanism subject to organic laws takes over; the pilot has fainted: the automatic pilot takes over.

Kretschmer claims no sharp division between organic and psychogenic illnesses. He draws attention to the fact that the modern tendency is to treat psychoses by physical methods and to treat bodily disorders such as asthma and eczema by psychotherapy. It was the Italian Baglivi, seventeenth-century pathologist, who coined the aphorism, "The patient is the doctor's best text-book". Psychiatrists were slow to learn that therapy itself discovered new facts, was indeed an instrument of research.

What can we learn from the homœopathic treatment of the psychoses? When one arranged the psychoses in their order of response to homœopathic treatment, one finds a certain pattern.

The psychoses most accessible to homœopathic treatment, in my opinion, are the confusional states, the deliria of infectious disorders, of cardiac failure and of anæmia. Hahnemann speaks of severe somatic diseases, bronchiectasis, puerperal sepsis, where the illness becomes transformed into an insanity. A kind of melancholia or mild mania (*Organon*, para. 216).

One thinks of *Bryonia* in pneumococcal infections, of *Baptisia* in typhoidal infections and Weil's disease, of *Lau-rocerasus* in cardiac deliriums, of *Cannabis indica* in uræmia.

In all these conditions, there is a large somatic component—a septicæmia, a defective cerebral circulation with a consequent relative anoxia, a direct toxic effect on the neurones.

The next psychosis most easily influenced by homœopathic treatment is involuntional melancholia. Though associated with a definite body type there is no evidence of heredity. It appears to be a post-climacteric phenomenon of a biochemical basis, and responds to such remedies as *Aurum*, *Selenium*, *Sepia*.

*Selenium Case.* Woman in 60's complained of extreme weakness, pains on muscular effort. Exhausted after slightest effort. Constipated (usually liable to diarrhœa). Some muscular wasting of shoulder girdles, thighs; on examination nothing found except a raised sedimentation rate. Depressed, querulous; ordinarily strong-minded woman of considerable drive and energy, with crisp mind; now bathed in self-pity, hopeless of recovery.

But when we come to the next group of major mental illnesses—the manic depressive psychoses—we are confronted with conditions much more difficult to modify.

There are few cases that reach me who have not had electrical convulsion therapy, and the picture is thereby complicated by what resembles a post-concussion syndrome. Very often this must be tackled first. I have had in my experience little response from *Arnica*, but quite good results after *Natrum sulph*.

In assessing the results of treatment in manic depressive psychosis, we must always take into consideration the tendency to spontaneous cure. It is possible to see the patient for the first time at the end of a depressive cycle. A prescription is given and the patient reports a marvelous improvement, and yet, when months or years later, the next depressive cycle arrives, the same prescription has no influence. The recovery was spontaneous and not attributable to the remedy.

While it is possible to help many of these patients in

the depressed phase, to relieve them of some of their depression, and to support them sufficiently to enable them to hold down their jobs, or housekeep for their families, with such remedies as *Kali carb.* and *Lachesis*, I have never convinced myself that I have made a radical impression on the depressive process.

Examples can be given of a young schoolteacher, who had given up her job, who wept continually, who would only get through a day at a time. Under treatment with *Kali carb.*, she can look forward to her marriage in a year's time, has begun to buy furniture for her home, though she still is not well enough to teach a class of forty 5-year-olds.

Or a married woman who was suicidal when brought to me, sat about in her house doing nothing; she describes herself as still confused, still in a muddle at home, but she doesn't panic when washing day comes round. The incredible muddle at home no longer worries her. She was a *Lycopodium* case.

Another married woman, wife of a famous cricketer; her depression was interfering seriously with his career—though still tearful at times, and still nervous of being alone (as so many potential suicides are), she was able to let her husband go off to play for the country with the help of *Causticum*.

In patients with a short cycle of depression, recurring every few months, I have never been able to postpone the expected onset of the depression. Incidentally, neither does electrical convulsive therapy alter the individual cycle.

With very intelligent patients, I have been able to maintain them at their posts as university lectures, but never relieved them sufficiently to enable them to continue with their research or other creative work.

Now in the manic-depressive psychoses, no overt pathology has been described—not even the electro encephalogram is distinctive. The hereditary factor is marked, but there is no relation of the psychoses to body chemistry.

Hahnemann wrote of insanity or mania (caused by

fright, vexation, abuse of alcohol). The mania has broken out as an acute disease, but in his view it almost always arises from internal psora. But he says it must not be treated with antipsorics in the acute phase but with remedies such as *Aconite*, *Belladonna*, *Stramonium*, *Hyoscyamus*, *Mercury* (para 221).

He observes later, that if during the remission no antipsoric treatment is exhibited, then the psora develops completely and passes into either a periodic or continued mental derangement which is then more difficult to be cured by antipsorics (para. 223).

It is clear, therefore, that Hahnemann was familiar with manic-depressive psychosis, although he ranks it as a somatic illness. Of course *la folie circulaire*, as it was first called, was not recognized as a separate type of mental disease until 1854, after Hahnemann's death.

It would certainly be worth while following up the experience of the Australian psychiatrists who have used lithium salts to control hypomanic states, and I suggest that homœopathic potencies of lithium salts might be of value in depression. The modern accidental provings of *Lithium* make a fascinating story but it would be too long a digression here.

The next psychosis to be considered in our graded scheme is schizophrenia. Here again, there are difficulties in assessing the results of any treatment. There is a tendency to spontaneous remission. I have seen two remarkable recoveries in children, which, in my view, were not due to my prescribing, but may have been due to dramatic changes in their environment.

Once more, here is a major mental illness with a specific hereditary factor. The pathology is obscure, but possibly depends on a "biochemical perversion at the level of the thalamus".

Apart from the difficulties of securing the patient's cooperation in providing a full symptomatology, and his consent to take any medicine at all, I can report very little

success in curing these cases. I have relieved several patients by treating them with such remedies as *Arsenic* for the fear and horror that their mental breakdown had aroused in themselves, but the underlying psychosis remained unchanged.

I had one university student who was studying social science and in the course of her practical work became quite obsessed by the sexual deviations in the families she has to visit. These stories and the phantasies she built round them completely preoccupied her mind so that she had to give up her studies. She relapsed into a silly giggling state, asking questions continually which on the surface seemed irrelevant but proved to be connected with her phantasies about the sex life of her clients.

She was much relieved by *Platina*: the anxiety and pre-occupations were much less intense. The problems, she said, were still in her mind, but they did not obtrude themselves and she was able to settle down to a somewhat routine domestic existence, though it was clear she was an unsuitable person to continue with such studies.

This is rather parallel to Sargant's experience, who treated very advanced cases of psychosomatic disorders with a secondary hypochondriasis by leucotomy. The leucotomy had little effect on the somatic symptoms of arthritis, tachycardia, eczema, but their constant mental preoccupation and increasing anxiety about their symptoms disappeared.

I found that other patients had a temporary increase in self-confidence and were more energetic and active, after *Silica*, very much as some schizophrenics respond for the time being to dehydroisoandrosterone, but the improvement was only temporary.

An ex-soldier, who had been demobilized after arduous service in Malaya, had difficulty in settling down again at his father's farm. His father had an oesophageal stricture, and the son could not bear to watch him at mealtimes. He became more morose and silent, and one day smashed up

the furniture in his room and tried to burn it. He no longer went to the pub for a drink at nights as he believed people talked about him. Becoming more and more suspicious, the family doctor wanted to certify him, but after *Silica* he became more trustful, and I persuaded him to farm in a different country. He is still very reserved and jerky in speech and action, but is holding down a job.

A Brazilian psychiatrist has pointed out the similarity of the effects of certain alkaloids on man to the schizophrenic picture—notably bulbocapnine, mescaline and *opuntia cylindrica*.

Impressed by these resemblances, Buscaino considers the primary lesion is due to toxic amines which fail to be destroyed by the reticulo endothelial system, and produce disseminated lesions in the cortex, and he recommends treatment with T.A.B. vaccine to mobilize the defences of the organism—a rather crude non-specific treatment with nosodes!

Once more Hahnemann appears to have noted the schizophrenic. Surely this is the illness he refers to in his reference to the chattering fool (the hebephrenic). This was one of the real mental maladies he described as opposed to those mental illnesses due to environmental stresses (he lists them as faults of education, bad practices, corrupt morals, neglect of the mind, superstition or ignorance) (para. 224).

These mental diseases of long standing he claims sprang from somatic maladies, or were developed simultaneously with them (para. 230).

Last on my list of major mental illnesses is paranoia. Here is an example of a purely psychological disturbance with no pathology, and no somatic accompaniments. Again there is evidence of hereditary factors.

These patients usually find their way into mental hospitals, but I followed one case as a private patient for three years. He had a classical *Lachesis* symptomatology, but

there was no response to any potency even after inter-current nosodes.

To sum up these findings, it would appear that the greater the somatic element in the psychosis, the better the response to homœopathic treatment. But if the somatic element is minimal, and the psychological factor preponderating, the smaller the response to homœopathic potencies.

Such conclusions are, no doubt, surprising to the homœopathic physician, who has learnt to value the "mental" symptoms in individualizing his patient.

Let me remind you of Hahnemann's views on mental diseases. He writes, "What are termed mental diseases do not constitute a class of disease sharply separated from the others, since in the so-called corporeal (or what we now call somatic) diseases, the condition of the disposition and the mind is always altered, and in all cases of disease the state of the patient's disposition is to be particularly noted along with the totality of the symptoms" (para. 215). And again, "Almost all the so-called mental and emotional diseases are nothing more than corporeal (i.e. somatic) diseases in which the symptoms of derangement of the mind and disposition, peculiar to each is increased, while the somatic symptoms decline" (para. 215). Here Hahnemann's thinking is characteristic of his era. "The terms 'natural philosopher' and 'nature' seem to have acquired an unconscious meaning of this earth. The word 'natural' seemed to have only the meaning of corporeal (somatic) existence." And, indeed, in the *Dictionary of Psychological Medicine* published in 1892 by Dr. Tuke, one of the most scientific and advanced psychiatrists of his day, insanity is defined as a brain disease.

We constantly refer to the totality of the symptoms, but this does not necessarily mean the totality of the personality, but only the totality of the disease.

Hahnemann began by stating that "the sum of all the symptoms and conditions must be the sole indication—the



sole guide to the remedy" (para. 18). But a little later he allows a slight modification: "the greatest number of symptoms similar", and expands this concession in a footnote (to para. 67); "If only the stronger well marked characteristic and peculiar symptoms of the disease are matched and covered, by the same medicine with similarity of symptoms—the few opposite symptoms will disappear".

Hahnemann, however, blurs this clear-cut totality of the symptoms by introducing the concept of the disposition of the patient as an additional indication (para. 210) and he does this precisely in the field of mental diseases.

He goes so far as to say that the "state of disposition of the patient often chiefly determines the selection of the remedy, as being a decidedly characteristic symptom" (para. 211). And the corollary follows in the next paragraph: "No powerful medicinal substance in the world does not very notably alter the state of the disposition and mind in the healthy individual" (para. 212). Does a study of provings really substantiate this claim? Hahnemann's dispositions appear to represent emotional attitudes rather than intellectual qualities.

He speaks of dispositions as soft, patient, chaste, modest, ungrateful, cruel, malicious, obstinate, violent, hasty, intolerant, capricious, impatient, desponding, lascivious, shameless (footnote 121).

I must admit that I find some confusion here and have some difficulty in accepting a disposition or emotional attitude as a symptom pure and simple. I can say my leg is numb, my head aches, but *I* feel angry or bewildered. Are not symptoms referable to organs but dispositions to the whole person?

This, of course, opens up very wide fields for discussion beyond the scope of this paper, such as the nature of personality, and the interaction of body and mind.

Without attempting to answer these questions, I would draw your attention to the recent German theories of stratification of the personality. Of course this is not a

new idea. The American novelist Herman Melville in his (1888) last short story, *Billy Budd*, speaks of the captain "letting himself melt back into what remains primeval in our formalized humanity".

These theories postulate the "depth person" of early infancy "living out of the old brain", seeking only to satisfy vital needs; but as the cerebral cortex matures and develops its inhibitory and controlling powers, the "cortical person" arrives.

"The maturing organism continues after birth to unfold, not new organs but a prescribed sequence of locomotor, sensory and social capacities; which are the material out of which habits and personalities are built."

And, indeed, this sequence of events appears to be paralleled by a sequence of changes in the electroencephalograms of normal children (Gray Walter, 1952) (in the press).

In acquiring a social personality, the individual is obliged to play many roles. His apprenticeship is served in childhood play, and in adolescence many imaginary roles are discarded and repressed, and the remaining effective roles combined.

But not only food and shelter may be matters of life and death—to some individuals it may seem that love and affection are literally vital, and Rosen has pointed out the lifesaving function of the mirage principle behind the schizophrenic delusion.

By a process of differentiation, the subjective ego is built up from the objective unconscious, and this differentiation involves repression and the emergence of consciousness.

Here at last, perhaps, we can formulate the useful question: How far are conscious processes influenced by homœopathic potencies? And as a corollary, are unconscious mental processes to be included in Hahnemann's automatic vital force?

Is it reasonable to expect the "energy" in potencies to produce "consciousness"?

Once again, let me remind you of Hahnemann's description of the vital force—or automatic life energy (para. 72) as he called it.

In various paragraphs he describes it as instinctive, irrational, unintelligent, crude, senseless, self acting, improvident, imperfect, not guided by reason, knowledge or reflection, incapable of any reflection or act of memory, it can only act according to the physical constitution. It is clear that Hahnemann excludes conscious activity from the vital force—and yet it is only by guiding what remains of the vital principle in the patient to the proper performance of its functions, by means of suitable medicines, that cure can be expected.

It is true that Hahnemann calls this vital force "spiritual", but that, I believe, is because he wishes to emphasize its non-material nature, and he compares its energy with that of gravity and magnetism.

Indeed, the last paragraphs of the *Organon* refer to the work of Mesmer, Hahnemann's contemporary, whose practice laid the foundations for the modern treatment of neuroses. But, however successful Mesmer was in practice, his theoretical concepts were of no consequence. Mesmer believed that a certain harmony or balance of magnetic fluid within us always protects us from various ills. A disequilibrium of fluid caused a variety of illnesses.

Must we consider the "cortical person" as outside the range of homœopathic action—functioning at a level that cannot be explained in biochemical or electro-physical terms?

Is it possible perhaps that only the "depth person" concerned with essential vital needs—needs that can be expressed in biochemical terms, of oxygen, glucose and the related enzyme systems—is within the sphere of action of homœopathic potencies?

And is our difficulty, therefore, of treating psychoses

bound up with the complications of uncovering and exposing the genetically determined "depth person" with its stereotyped patterns of behaviour?

May I recall what Dr. Dudgeon wrote in his final lecture: "In many theoretical points I have dissented from the views of Hahnemann, more especially in regard to his explanation of the curative process, his doctrine of chronic diseases. In these matters Hahnemann may be proved to be in error and yet the truth of the great therapeutical principal with which his name is for ever associated is left unaffected." He continues, "I am very far from agreeing with those homœopathic practitioners who see in the doctrines of Hahnemann a perfect and unimprovable system of medicine; on the contrary, I believe there is much, very much to be done."

We can all join Dudgeon in his exhortation, "Let us not rest contented with what has been done, but let us each ask ourselves what is still to do and let each contribute his mite towards the great work of reformation so promisingly commenced by Hahnemann."

—*The British Homœopathic Journal, Jan., 1953*

## ANNOUNCEMENT

### LITERARY GOLD & SILVER AWARDS

"The Homœopathic Society" Mangalore branch (India) has decided to award two medals—Gold & Silver—on the essay in Homœopathy—"*Homœopathy and her limitations in the treatment of diseases.*" The articles from all countries should reach the undersigned not later than 30th July, 1956. Articles should be neatly typed on one side of the paper and should not exceed 3000 words. The result will be decided by three world famous homœopaths.

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