

PSYCHOLOGICAL RESPONSES TO REMEDIES*

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It is generally understood that after the administration of the similimum the recipient should improve, perhaps after an initial aggravation. This improvement is to occur most importantly in the deepest aspects of the person, namely the mental and emotional levels, as well as generally. However it has been my observation on many occasions that the remedy which ultimately proved to have been the similimum did not always act so smoothly. I have seen very turbulent emotional states persist and resolve only after intervention was applied through counselling or psychotherapy. It seems to me that this situation is much more likely to occur when the precipitating trauma has been very strong or where no 'normal pattern' of relating to people is present. Imagine a child raised in a violent, distorted family, who has bizarre ways of interacting with non-family members. A remedy image may be present, but can one expect, without any intervention save the administration of the remedy, for this to become a loving, affectionate, trusting child?

Psychotherapy can be seen as helping the patient to develop a more useful pattern first in his relationship with the therapist and then later promoting or allowing the resurfacing of emotional trauma into an arena where it can be successfully resolved. Much therapy is intellectual, involving reasoning and talking, but it may not be sufficient. If the person can re-experience his feelings, great changes are possible. The re-emergence of feelings can be brought about in therapy by presenting the person with stimuli of visual, verbal, or other material which can evoke the original situation. This method bears a striking similarity to homoeopathic prescribing, and can cause the re-emergence of old physical symptoms as well.

In this paper I will present several cases which suggest that the homoeopathic similimum *and* psychotherapy may be needed in tandem to bring about deep-seated improvement.

SW, a 13-month-old boy, the third child born to an unmarried woman who has had a different father for each child. She is a severely emotionally compromised woman who suffered child abuse and developed a multiple personality disorder with a strong hysterical component. This child, like her previous two, was slow to develop in all ways, including gross and fine motor control, the appearance of teeth, verbalization, etc. Like his two brothers before him, he responded nicely to *Calcaria carbonica* given every few months. This response included a more alert aspect, more activity and

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the appearance of several teeth, at first rapidly, then when age appropriate. Eventually the mother's pathology became more extreme and the children were placed with her sister in a much better environment. After the move, there was a very striking change in the child. He gained weight as never before, became much more outgoing, alert, and curious. I discuss this case because it showed in a very graphic way how one must *remove the cause*, in this case the lack of nurturing and stimulation that should have been provided by the mother. The remedy did act, without question, but not nearly so well as did placing the child in a proper home environment.

Case-AG DOB: 11/17/49; date of visit: 9/8/83; In July, 1983, after having missed two menstrual periods, she had an apparently normal menses except that the flow never completely stopped. Spotting alternated with a few days of menstrual-like flow and this continued up to the day prior to the consultation. The week before she had her usual premenstrual feelings, i.e. a heaviness and hardness in the low abdomen "like a basketball", sensitive breasts, and irritability. Usually these symptoms let up with the onset of flow. This period they did not cease until day 5. The abnormal bleeding, however, continued. She otherwise felt well and had no complaints.

Her menarche occurred at age 17, and was not followed by another menses until one year after she started oral contraceptives to regulate her cycle.

She continued on the pill for four years, after which her menses remained irregular until the birth of her first child, after which they became quite regular. A second child died in the fifth month of gestation for unknown reasons. She usually slept on her stomach, liked a cool room, the outdoors, especially the ocean, and was at her best around 8-9 p.m. She said, she was "definitely a night person". She was averse to fat and fond of cottage cheese. When ill she liked to be up and working. She wept a fair amount: at the movies, and when she saw other people in pain. She said, "It works best for me to be alone and cry, because then it doesn't make other people uncomfortable". On questioning she very much seemed to want consolation at these times. "I'm more willing to do something which will please someone else than to please myself", she said. Pulsatilla 1M was given.

She had a normal menstruation one month later without any intervening bleeding. She felt more energetic and positive in general. Her energy was now more even. She was more aware of the need to take care of herself and had become more assertive and directive in her life.

This is a case in which Pulsatilla acted very well. On her follow-up visit she spontaneously stated that she was decidedly more assertive than before.

Only indirect questioning had elicited any symptoms of mildness at the initial interview. Apparently, in her case, Pulsatilla acted to strengthen her self-confidence which had been only mildly compromised.

This case shows that when there are no deep conflicts or feelings that need to emerge and be resolved, then the similimum can restore the person

to a greater level of freedom in her interpersonal expression. Unfortunately, in Homoeopathy we cannot go back and retreat the patient in another way to see what might have happened. It seems to me, however, that in other cases similar personality traits have improved even when they were not discussed in the initial interview. In cases where my prescription was not correct, the elicitation of the personality trait alone has not really changed anything. I do feel, however, without any firm data to back it up, that there can be a synergistic effect of the remedy coupled with elicitation and discussion of personality traits and emotional issues. I have certainly seen cases where the velocity of improvement in psychotherapy drastically increased following the administration of the similimum.

Case-DB, 41 y/o female; date of visit: 10/30/81: Four years previously she had been attacked and beaten on her front porch by a psychotic neighbor. At one point she was thrown backward and struck her back—between the spine and right shoulder blade—on the doorknob.

She experienced some nightmares afterwards, and several weeks later developed a severe pain in the injured area. The pain was much worse with any motion, better lying on the painful side, better by heat and worse from cold. Experiencing no relief from conventional medical treatment, having received two myelograms and two surgical procedures, she gradually lost the use of the arm, experiencing a severe coarse intention tremor and constant, severe upper back pain.

She was generally cold, although she felt 'done in' on hot days. She became rather depressed on cloudy days, especially since her mother died unexpectedly one year prior to the injury. Lately, she tended to stay indoors, wanting to be left alone. She was irritable. She told us of problems with some houseguests who were definitely overstaying their welcome and not contributing to the upkeep and maintenance of the house. In relating this story, she smiled, never showing any of the anger I felt that she must be experiencing.

She seemed generally tense and with a lot of repressed anger. I gave Bryonia 200, and had her enter psychotherapy and massage. The remedy definitely helped, without any worsening of her condition generally. I felt that Sepia was her constitutional remedy, but I was concerned about her ability to handle the feelings that might come up. Two months later I felt that her relationship with the psychotherapist was good enough and I gave Sepia 200.

There was not much immediate reaction. She seemed to feel somewhat better, but we noticed much more emotional content in the psychotherapy sessions. She mentioned for the first time that she was very reluctant to participate in a previously normal sexual relationship with her husband, and in particular she could not tolerate his touching her on the breasts, *an area which her neighbor had specifically and viciously attacked*. She was sent home with the exercise that her husband should caress her breasts and

she was to see what emotions 'came up'. The result was 90 minutes of "hysterical crying and screaming, after which I felt better so we did it again. I cried and screamed for about an hour and *then the back pain went completely away*". It returned three weeks later after psychotherapy session failed to resolve her symptom of difficult swallowing. We learned that during the beating she had been strangled. At the next session, while the patient was pushing the therapist's hand away from her neck *fingermarks appeared on the patient's neck*. Her feelings were resolved in the session, and the back pain cleared again, never to return.

Six months later her energy was dropping, and headaches, which the remedy had cleared, were returning. Sepia 200 was repeated with a good response. Four months later she worked through some old anger towards her father. On 2/24/83 I gave Sepia 1M on a return of premenstrual symptoms and lower energy, but there was no real response. She became increasingly fatigued, short tempered, completely lost her sexual desire, had an enormous appetite, especially for sweets, and stated her energy was better if she was "under pressure". I gave Calc. carb. 1M and she did very well thereafter. Later she needed a dose of Natrum mur.

Her inability to express anger and her tendency to suppress that anger (e.g., toward her houseguests) did not serve her well when she became the victim of a violent, unprovoked assault. She must have been very angry, but apparently never expressed it. That she did in fact suppress the feelings was clearly demonstrated in her response to treatment. Bryonia acted superficially to provide some relief from pain. That no suppression from this remedy occurred is shown by the fact that she did not experience any deeper symptoms indicative of worsening. A trusting relationship and some detachment skills were developed in psychotherapy, and when we judged the patient to be ready, Sepia was given. This resulted in a release of more meaningful material which surfaced in therapy at a very rapid rate as compared to previous sessions. As the patient later went on to need other remedies which corresponded to symptom complexes that existed prior to the attack, we felt that Sepia was in fact the similimum. Without the psychotherapeutic intervention I wonder if the patient could have been helped so easily, if at all. The combination of Homoeopathy and Psychotherapy permanently cleared a pain in four months that had existed for four years.

Giving Sepia did result in improvement in general symptoms, but I do not believe that her pain would have cleared until she re-experienced the original repressed feelings that the pain represented. Four years after the original injury it seemed unlikely that there could be any physiological reason the tissues could not heal. She retained the pain in lieu of experiencing and working through the emotions. The remedy allowed her to begin to re-experience her feelings of repressed sexuality and she improved.

In another case where anger could not be expressed owing to certain family dynamics, a chronic pain syndrome emerged together with an accompanying multiple personality disorder. The process of integrating the multi-

ple personalities was painful. It meant remembering the repressed details of the trauma contained in the 'alternate' personality, becoming angry, fighting, crying, and only then forgiving. A few years before my therapy with her, this patient had, as part of a sincere acceptance of Christianity, forgiven all those whom she knew had hurt her. Her 'forgiveness' did not really help her, however, until she remembered the details and *openly expressed the anger*. Then she was able to cry, really forgive, eliminate the pain by obviating the need for it, and integrate the 'alternate'.

I feel that this process is likely to be necessary for all repressed emotions—that they must be openly acknowledged and expressed before forgiveness and acceptance can be made meaningful. Repression of negative emotions leads to illness.

Case-DF DOB: 11/20/56; date of visit: 4/27/81: I had treated her one year previously with *Cantharis 30* for an acute cystitis. In the interim she had entered psychotherapy primarily for marital problems, which finally culminated in divorce. She then consulted me for feelings of exhaustion, anorexia, and a 'burning' sensation, in a "fine line down the center of the chest to the pubic bone". She was restless and complained of bad dreams of being pursued. She would wake almost hourly, occasionally yelling and perspiring. She was eating frequent meals and following a 'hypoglycemic diet' which made her feel better in general. She had seasonal allergies. A sympathetic person, she would wake in the morning weeping for no apparent reason, and crying definitely made her feel better. She had recently been thinking a lot about the death of her grandparents 10 years earlier, which had afflicted her greatly. *Ignatia 1M* was given.

Her energy improved, and any hypoglycemic reactions she had been having improved as well, and she was able to eat more normally. She was somewhat less tearful, but was now waking at night with some fear, thinking about her father, and needing to have the light on. At these times she would think about past unpleasant events in her life. (Originally, she had told me how supportive and loving her family had always been to her.) She developed a strong craving for salt. With these symptoms I gave, on 6/3/81, *Natrum mur. 1M*. She had a very definite general improvement, and her sleep became much better. This improvement continued, but she developed frequent sore throats, an old problem of childhood and adolescence. She seemed to become angry without recognizing it and when, in therapy, she was able to express anger, her sore throats would clear. The salt craving cleared and was replaced by a rather strong sweet craving, and she had more problems with hunger. An acrid yellow vaginal leucorrhoea developed, and on 8/27/81 *Sepia 1M* was given. Her energy, sleep, and all symptoms improved dramatically without an aggravation, but she started to remember more unpleasant things about her childhood including physical, sexual, and emotional abuse by her parents. She realized that they had never been supportive or loving to her. These realizations were *very disconcerting* to

her, and her psychotherapy sessions became very charged. Over the next few months she began to talk about her "fantasy family", which consisted of three members besides herself who lived in New Jersey. One of the members was more assertive than she, and another was more "laid back". It soon became clear that these family members were alternate personalities of the patient herself.

Sepia was continued at intervals as needed by her general condition. She coped with the leucorrhoea for a long time, never demanding that we treat it, as she seemed to understand that homoeopathic treatment was helping her and we should not interfere. She improved greatly on all levels and discontinued psychotherapy.

On 11/9/82 she consulted me for an old childhood problem, namely asthma. She was craving salt again and her sleep was accompanied by somnambulism, with talking. I gave Natrum mur. 1M, and urged her reenter therapy. She did not, but very shortly thereafter, the multiple personalities completely integrated, and she has been completely well since, except for a recent bout of tonsillitis, a very early childhood problem, which responded well to a dose of Lycopodium 30.

This is a case where the initial history contained statements such as: "My parents are very supportive of me, and very good to me". After the administration of Ignatia, she started to have disturbing dreams, the first sign of emerging feelings and memories. She later went on to need Natrum mur., after which she started to remember consciously, with great distress, parental physical, emotional, and sexual abuse. Later, after reaching an apparently stable but unintegrated state, she dropped out of therapy for several months. Then a pre-existing condition developed, namely asthma, and Natrum mur. was again called for. Within days the asthma cleared and she fully integrated the multiple personalities. She has done very well since, approximately 18 months.

Sexual abuse, especially of a child, and even more so if the parents are the abusers, is emotionally devastating. If not handled properly at the time, which is rare, the adaptations made in subsequent interpersonal relationships tend to be very limiting, especially those involving later marital and sexual partners. The traumas and subsequent adaptations throw the system off balance and the person can become ill, on one or many levels. A remedy image can be discerned.

What determines which 'remedy image' emerges? Certainly there are genetic factors which operate to a greater or lesser degree. Some children require treatment at birth or in later years in the absence of significant environmental stress factors, presumably owing to miasmatic influences passed through the genetic mechanism. And what role does stress play? Paragraph 31 of the *Organon* (6th ed.) states: "The psychic and physical influences that we encounter in the world and that we call disease agents do not have an absolute power to untune our organism. We fall ill under their influence only when the organism is disposed and susceptible enough to

their attack for its feelings and functions to be altered and untuned from the normal. Thus these agents do not make everybody sick each time."

In paragraph 77 Hahnemann states that disease induced by chronic emotional stress is not a true chronic disease in that it clears with correction of the stress. Paragraph 78 describes the vital principle becoming "run down by debilitating passions, grief, and worry, and especially by unsuitable medical treatment".

The patients discussed in this paper were poorly equipped to handle life's stresses except through excessive anxiety, fear and worry. Physiologic mechanisms respond to such emotional states with adrenal stress reactions leading to known detrimental effects on the remainder of the glandular system. In addition, the immune response and other bodily functions can become impaired.

The homoeopathic remedy acts on the dynamic plane of the individual and so affects the physiology as well as the emotions. Some new measure of freedom is obtained, which allows the possibility for a different response. Psychotherapy, whether formal as in most of the cases discussed here, or informal through the interaction with the prescriber, friends, etc., can provide the possibility of feedback which can reinforce the similimum. But if sufficient positive reinforcement is not forthcoming, the person has no choice but to adopt the former defensive repressions and ways of feeling and acting. These simply continue to be the best available responses. The action of the remedy may be overpowered. In such cases, I have found Homoeopathy and Psychotherapy synergistic.

Case-PB DOB: 1/15/48; date of visit: 12/4/81: As a child she had chronic headaches with difficulty in breathing through the nose in warm weather. A few years later migraine-type headaches developed, requiring Cafegot. Still later symptoms more obviously related to nasal allergy developed, more noticeable working outdoors. She had several intranasal irrigations with corticosteroids.

In 1981 she developed pins and needles sensations in both hands, for which she received B₁₂ shots, which were initially effective but the symptoms reurred despite continued therapy.

At the initial visit, she was finding it difficult to breathe through her nose in hot weather. Heat fatigued her and she preferred to be slightly cool. She had to eat every 2-4 hours, otherwise she said she was "shaky" and "not feeling well". If angry, she either "withdrew" or "attacked". These negative emotions were helped by exertion. She felt better outside.

She disliked being alone in the house, where she often felt irritable, angry, and tearful. She had severe dysmenorrhea beginning with the onset of flow, and before the menses sometimes felt depressed or "variable" in her moods.

There was a family history of TB. She had had a tonsillectomy. Two cousins were asthmatic. She was given Pulsatilla 30.

Her energy and emotional state improved, despite a fair amount of stress at work. The dysmenorrhea improved, and headache frequency diminished. There was no apparent aggravation except possibly for prolonged menses (she had inadvertently taken the remedy on the 2nd day of flow, and it had continued for another 16 days). She didn't feel such a strong need to go outside and exercise and felt less restless in general. On 4/15/82 she noted more anger was coming up. She said, "I need some time alone now". Two months later no further improvement was apparent and I repeated Pulsatilla 30. Nothing happened and I gave Tuberculinum 1M, which made her feel "terrific". One month later Pulsatilla 200 was given without effect. Tuberculinum 10M was given in December, 1982 and she seemed to improve gradually, still however having premenstrual mood changes of fairly strong intensity. Phosphorus 1M was given in April 1983 without effect. On 10/31/83 Natrum mur. 1M was given. She had stated, "People think I'm an extrovert but I'm not". Also at that time she had a noticeable salt craving. On 12/16/83 she returned, feeling "terrible". She was more depressed, wanted to sit by herself in a corner and not be bothered and was full of tears and rage. This was apparent just by looking at her, but what was very different was how much more open she was to me about her feelings, and how much she cried at the consultation. We discussed her family life very extensively, and the patterns of her relationships.

On 2/13/84 she returned. Her last menstrual period, two weeks earlier, had come without any of the previous emotional and mental symptoms. She told me that she had a lifelong pattern of not telling anyone her feelings. Now, however, she felt much more open towards me and the psychotherapist she had been seeing since we had last talked.

This is a case which initially seemed to respond to Pulsatilla, but I searched for another remedy when, after one year of treatment, her level of health had not really changed. I gave Natrum mur., and on a return visit she stated that she was more depressed than ever. I was able, however, to get a much better picture of her early life (an alcoholic father whom she hated intensely by age 13, and a first husband who rejected her after his return from Viet Nam. She admitted attacking him several times with a knife). She continued to be very angry, especially before her menses, and she would physically attack her second husband, who would briefly try to hold her, and then let go. Although she wanted to be held, she could not ask for it and instead pushed away.

This case illustrates how the homoeopathic remedy appeared to create an increased level of emotional distress. At the same time, however, the patient became much more open and made more progress in therapy. She has continued to improve both in general as well as in particular symptoms, and she has made some important life decisions. In particular, she has gained enough insight to see how her present marriage represents a variation on previous themes and has decided to obtain a divorce. She continues, how-

ever, to be unhappy on the emotional level and still experiences life as a struggle.

Another point is illustrated here. I believe that as part of personal development we are drawn to, or create, situations which present the problems we need to overcome. From this perspective, elicitation of the life history can point to necessary action on the emotional and social planes.

In summary, when a person has no adequate pattern to help integrate his experience, it seems that the similimum makes it more possible for this to happen. Such integration, however, is not automatic. The above cases illustrate this point and briefly suggests how psychotherapeutic intervention can be an appropriate and often necessary adjunct.

From these observations it seems possible to predict with a fair degree of success who will respond well psychologically and who will not. This will depend largely on the experience and perceptiveness of the prescriber. Suspicion and emotional introversion are defenses, compromising the person on a very deep level. To the extent that the basic freedoms to trust, love, and express oneself emotionally are compromised, so will there be difficulty in handling the freedom on the dynamic plane that the similimum creates.

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