

## IV - DSM and HOMOEOPATHY<sup>1</sup>... AN UNUSUAL ENCOUNTER...

If the DSM has an advantage as regards common views and diagnostic points of reference, it is also the cause of many a difficulty for the practitioner.

Although they are made with a view to precision and clarification of concepts, the categorisations that come from it engender much confusion.

**It is not easy to make the pathological expression from the DSM coincide with the clinical reality of the patient ;**

And it is all the less so with the additional information brought by the knowledge of the Hahnemannian discipline.

Given that, in this perspective, a specific treatment corresponds to a given illness, any attempt to make a nosological entity coincide with a medicine appears difficult :

This is already so in allopathy but this is even more so in homoeopathy, where it proves to be as antinomical as impossible<sup>2</sup>...

Either in allopathy or homoeopathy, the doses, time and choice of the medicine are peculiar to each and must be appropriate to each<sup>3</sup>.

**There is an element which complicates matters even more :**

Given the specificity of each clinical case, all the symptoms or possibilities presented by the subject do not always seem to find very precisely their place in the classification of the DSM.

At most, one can sometimes try to do what they think best to put their pathology into a category which will be more or less satisfactory as regards the appropriateness of what it indicates : it often proves to depend on the practitioner's clinical experience.

The manner they apprehend the disorder according to their training and the various additional views which affect their way of observing plays a role.

One cannot put the subject under a diagnostic 'heading' or reduce them to a concept any more than one can confine a subject presenting a pathological expression to a medicine, define them by a univocal medicine or link in an absolute and final way a medicine or classes of medicines to an illness. The Hahnemannian view can only stress this fact even more.

**Many criteria are generally taken into consideration to support the diagnosis : they are always more or less conditioned by the doctor's experience and training.**

One must bear in mind how the latter should remain concerned about both perfecting their diagnostic conclusion and being also capable of questioning it...

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<sup>1</sup> Fourth section of a five-part article published under the title *Psychiatric classifications, 'Depression' and homoeopathy*, homeopsy.com, April 2015, Doctor Geneviève Ziegel.

<sup>2</sup> At most, it is possible to mention the medicines that are most frequently found in a certain pathology and see how their way of behaving illustrates its expression and psychopathological foundation as they emerge from psychoanalysis and neuroscience.

<sup>3</sup> See the theses done within the context of the Faculté de Pharmacie de Montpellier about the analogies between allopathic medicines and homoeopathic types mentioned in *De la psychiatrie à l'homéopathie*, Editions Similia, 2000.

So many obviously psychotic pictures have revealed their hidden meanings afterwards and shown how sideration linked to a traumatic experience which is impossible to reveal or repressed was at the root of the symptomatology presented... When it was apparently psychosis, delirium or manic depression, hysterical conversion was at work<sup>4</sup>... Conversely, how many of the pictures of inexplicable anxiety have proved after long observation to be only the consequence of true dysthymic disorder hidden under apparent calm...

**The homoeopathic viewpoint often permits to understand it even better, especially as regards 'depressive' disorders.**

The somatic component of each of the types in question, the diatheses they show and knowledge of their essential weak points, the prevailing times when they undergo decompensation and their risks speak for themselves : they give precious information for the diagnosis, potential risks and way of approaching the therapy<sup>5</sup>.

## **TEMPERAMENTS AND DEPRESSIVE PREDISPOSITIONS**

**The classification based on temperaments<sup>6</sup> can be helpful.**

It can only be used as an indicative example.

Given the often interlinked aspect of what comes from the medicines which are linked to it<sup>7</sup>, its oversimplified aspect results in it being only a somewhat 'rough' point of reference, which is nonetheless useful in some respects :

**It has two advantages :**

By linking the disorder to certain aspects of its somatic foundation, it can help determine the modes and faces which 'depression' is more likely to adopt.

In certain cases, it even seems to permit to give a possible indication<sup>8</sup> of the way it must be approached as regards the doses and types of molecules which are more particularly appropriate.

Consequently, in a somewhat oversimplified manner and as an example, given the non-exhaustiveness of their list and the impossibility of each medicine belonging in an absolute way to a certain category :

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<sup>4</sup> One needs only to consult a fascinating book written by the psychoanalyst Philippe de Georges and entitled *Mères douloureuses*, Ed. Navarin. Le Champ freudien, 2014.

<sup>5</sup> It is essential to bear in mind that each subject has their own history and if one sometimes tends not to treat their depression or apparent excitement enough, one should not, conversely, confine oneself to the only medicinal response, even if it is a homoeopathic one : to invite the subject to try to understand the meaning of their symptom, the manner in which it appears and the way of preventing it and sometimes of helping to overcome it is essential... One should neither neglect the diagnosis nor hesitate to question it... One should avoid the subject's being imprisoned in it, 'labelled' or finding a form of identity in it but help them to choose the most appropriate solution which will permit them, if necessary, to live with their disorder, accept it, understand the risks of it and not to avoid the reality of it.

<sup>6</sup> As it can also be used by acupuncturists.

<sup>7</sup> According to the state of their circulatory system and the stage of their sclerosis, Lachesis may be linked as much to the nervous temperament as to the sanguine or choleric one, and it is the same for *Lilium tigrinum* to a lesser extent. As for *Aurum*, they may take aspects corresponding to the category of 'phlegmatic' people in spite of their predominantly vascular component.

<sup>8</sup> Which requires confirmation and a more thorough analysis and remains a possibility for research as regards analogy - the side effects of medicines and pathogenetic types apparently corresponding to it.

The medicines of 'Sanguine' people will easily evoke **Sulphur** :

The typical feature of periodicity and alternation does not take a pathological aspect in them ;

This is not the case of **Aurum**, in whom the 'luétique' and choleric note brings its pathogenetic impact.

Between 'sanguine' and 'choleric' people, the following may be found :

**Phosphorus**, in whom the note of dysthyroidism engenders a form of cyclothymia ;

Alternating **Sulphur Iodatium**, whose mood depends very often on their elimination ;

**Lachesis** and **Lilium tigrinum**, whose dysthymic and more or less manifestly periodic points are obvious.

The medicines of 'choleric' people evoke **Lycopodium** and **Sepia**, whose depressive aspects are generally much less marked by periodicity.

Between 'choleric' and 'nervous' people, **Mercurius solubilis** can be found, with a worsening in autumn.

Between 'sanguine' and 'nervous' people, **Platina**, with their depressive forms already marked by sclerosis and the 'melancholy' aspect which very often comes from it.

The medicines of 'nervous' people with sclerosis and periodicity according to the circulatory sudden activity and strength of elimination evoke **Hyoscyamus**, **Arsenicum album** but also **Causticum** and **Actaea racemosa**, marked by their polydiathetic aspect.

As for 'phlegmatic' people, they evoke **Nat Carb**, **Calc Carb** and **Thuja**, with their long-term depression and its aspect little marked by periodicity.

## **DSM, MATERIA MEDICA, REPERTORIES...**

**Their comparison reveals certain interesting observations.**

It is about the word bipolarity :

As regards this concept in the broadest sense of the term, it is possible to say that :

There is no medicine for bipolar disorder but there are medicines which may help the subjects with +/- bipolar disorder or similar ones to regain mental stability.

In Materia Medica, the cyclical aspect of the disorder inherent in 'bipolarity' is not underlined in an essential way...

It is one of many signs.

It is little described and commented on.

It is often linked to seasons and is sensed - or becomes apparent - as descriptions are made...

Confirming in a way the Hahnemannian point of view, Kent's repertory is not very significant on this subject<sup>9</sup>...

Only the words 'periodic' and 'alternating', which are facts of observation and not references to an illness, exist.

**An analogy DSM-Materia Medica, repertories deserves to be underlined.**

*It is about the degrees of severity of the symptoms :*

Present in the DSM, it becomes apparent through the words used in the various Materia Medica and repertories : 'melancholy', 'sadness', 'depression' obviously refer to degrees of various severity which must be differentiated.

The terms used and those which are linked to them speak for themselves.

*It is also about the periodic aspect of certain medicines.*

It is linked to certain of their characteristics.

It is therefore found with :

The agitation of *Arsenicum album*<sup>10</sup> ;

The despair of *Arsenicum* and *Aurum* ;

The sadness of *Ars*, *Aurum*, *Conium* (every 14 days ??), *Copaiva* ;

The failing memory of *Carbo veg* ( + memory lapses), *Natrum mur* ;

The mental confusion of *Staphysagria* ;

The delirium of *Sambucus*.

*It is also about the notion of alternation between :*

Despair and sexual arousal in *Lilium tig* ;

Hilarity and tearful mood in *Plumb*, *Psorin*, *Sepia*, *Spongia*, *Sambucus* (?) ;

Hilarity and tears in : *Arg*, *Carbo an*, *Iodum*, *Spongia* (?) ;

Hilarity and sadness in *Cannabis Indica*, *Caustic*, *Crocus*, *Ferrum*, *Helleborus*, *Nat Carb*, *Nitric Acid*, *Petroleum*, *Phosph*, *Platina*, *Sepia*, *Tarentula*, *Zinc* ;

Hilarity and indignation in *Aurum*, *Capsic*, *Crocus*, *Ignatia* ;

Hilarity and gravity in *Platina* ;

Hilarity and irritability in *Caustic*, *Crocus*, *Natrum mur* ( $\Psi$  problem), *Spongia*, *Coccus Cacti* ( $\phi$  problem) ;

Despair and mania in *Belladonna*, *Cannabis Indica*, *Crocus* (hysteria) ;

Despair and palpitations in *Spigelia* (!).

**It shows the difficulty of basing one's judgement only on the information of any classification to determine the medicine to prescribe.**

If these elements show a form of rather a remote analogy between the characteristics which come from the DSM and those revealed by Materia Medica and the repertories, they need to be studied in their real meaning, put back in their context and, if necessary, checked:

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<sup>9</sup> Which is no wonder given that, as regards the parallel between nosological entity and medicine, Kent always had the same position as Hahnemann.

<sup>10</sup> In bold, the medicines which are most frequently found in pathogenetic experiments ; in italics, those found moderately ; in roman, those found least frequently.

The agitation every 3 days evoking Anacardium (!) poses a problem as regards its meaning - if not its reality (?);

That alternating with sexual arousal in *Lilium tig*, less;

The periodic anxiety of *Sepia*, *Arsenicum*, *Phosphorus*, *Sulphur*, Nat Carb, Natrum mur, +/- Platina does not pose a problem given the underlying psora;

But, as regards that of *Chamomilla* as well as that of *Arnica*, *Coccus Cacti* and *Spongia*, it poses a problem in its real meaning.

There is therefore as much difficulty in basing one's judgement only on the DSM classification as on the elements coming only from repertorisation to determine which medicine to prescribe...

Whatever the methodology, only the reference to clinical observation can permit the closest view of the subject and the reality of what they show.<sup>11</sup>

To be continued...

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<sup>11</sup> Translated by Pascale Tempka