II - DSM... HOMOEOPATHY : ELEMENTS FOR REFLECTION[1]...

If the homoeopathic approach raises the weaknesses, shortcomings and limits of an inappropriate use of the DSM by showing the risks of any approach or classification based on a list of signs in order to give an account of the subject or their pathology, one must also recognise its useful points.

The latest version concerning this mainly North American work is worth mentioning in this respect.

DSM-V

As regards mood disorders, several types of disorders are mentioned :

The following are differentiated :

I - Thymic episodes :

They include a major depressive episode, manic episode, mixed episode present every day and during at least 7 days, hypomanic episode.

II - Depressive disorders :

They are represented by what is described as 'Major depressive disorder', whether it manifests itself in an isolated or recurrent episode - at least 2 - , is described as Dysthymic Disorder, constitutes an unspecified depressive disorder - a single or recurrent premenstrual dysphoric one, or accompanies a psychosis, an illness, the taking of a substance...

III - Bipolar disorder :

Bipolar I : including an isolated or recent manic episode, a hypomanic, mixed, depressive, unspecified... episode.

Bipolar II : consisting of recurrent major depressive or hypomanic episodes.

Cyclothymic with alternating disorder for two years - 1 year in children - and no more than two consecutive months without any disorder.

Unspecified bipolar with alternation for several days of manic and depressive disorders, recurrent manic episodes without any depressive phases, manic or mixed episodes with delirium, psychotic disorders, disorders originating from undetermined causes - toxic ones, illness.

IV - Other depressive disorders :

Whether they are linked to an illness, caused by a substance or unspecified, which engenders a difficult choice between depressive state and manic state.

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[1] Second version of a 3-project article published under the title "Psychiatric classifications, "depression" and homoeopathy", homeopy.com, April 2015, Doctor Geneviève Dugat.

It seems necessary to specify certain elements to permit a more precise categorisation of the disorder :

- The way it began, concerning the post-partum period,
- The predominant characteristics of the disorder and its seriousness, notably the damage to social links and judgement, the aspect of rapid cycles, episodes, their lengths, those of intermediate phases, their possible seasonal nature.

New disorders have been added…

The necessity of not diagnosing and treating without due reason possible bipolar disorder in the child has led to categorise *disruptive mood dysregulation disorder* in those aged 6 to 18 with a persistently irritable mood and often behaving uncontrollably.

The more severe form of premenstrual syndrome (PMS) and that of a picture characterised by strong emotional symptoms such as depression, anxiety, mood lability and irritability has been described as *premenstrual dysphoric disorder* (PMDD).

Depression linked to bereavement has been removed…

If it takes on pathological aspects and reveals major depression, dysthymia or dysthymic disorder, it is included within the scope of persistent depressive disorder and integrated into chronic major depression.

Both various and of unequal importance, even if they can be classified, all these disorders should be explained in their true meanings : physiopathology, psychopathology, psychoanalytic knowledge and homoeopathy are very valuable to back up the diagnosis, confirm the treatment and refine prognostic possibilities.

The 'will to get liberated from the duality body/soul' and to 'reaffirm the fundamental non-distinction between mental disorders and common disorders' and 'the primacy of clinical judgement[2]' repeated previously and mentioned in the preface to DSM-IV show the importance of the somatopsychic link and clinical observation.

This can only be echoed by what was used as the foundation stone of the methodology of the founder of the Hahnemannian discipline :

Physical signs and psychic signs are linked together…

They have the same value and the same importance to lead to the appropriate medicine…

And yet, this classifying approach to psychological disorders offers much food for thought, which can only interest homoeopathy confronted with modernity and the trends that appear in medicine as a whole.

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[2] Cf. Avant-propos Mini DSM-IV, Critères diagnostiques, Masson 1994. Traduction JD Guelfi, P. Boyer, C-B. Pull et M-C. Pull.

DSM-HOMOEOPATHY : CERTAIN PRINCIPLES SHOULD BE RESPECTED…

To remain in the spirit of the Hahnemannian approach and not to run the risk of slipping imperceptibly into one which is a little too similar to the spirit which has determined - and still determines - an inappropriate use of the DSM, several principles seem to stand out.

It seems important to mention them again :

If one can question the trend which would support the idea that, to a certain illness classified according to the diagnostic criteria of DSM-V, not an individualised approach but a medicine or category of medicines recommended to correct its disorders corresponds, one can also say :

That there is no homoeopathic medicine for some illness or other but rather one or several likely to get rid of the disorders of a subject showing signs, certain of which might be due to a given illness.

If not to take into account the somatopsychic totality that the subject represents deprives the approach to the psychological illness of many useful elements for the diagnosis and treatment, it is the same in homoeopathy.

If they have a depressive disorder, a subject deficient in essential minerals will not justify the taking of the same antidepressant[3] as that of a congestive subject : the risk of committing suicide will not be the same in the two cases and they will not require the same useful doses[4] ;

In the same way, in homoeopathy, the choice of the appropriate medicine(s) cannot be made from the signs coming solely from the psyche, excluding the somatopsychic totality that the subject constitutes[5].

If one considers that it is not possible to define in an absolute manner a disorder concerning the psyche from apparent signs and infer from them a corresponding medicine, it is not possible either, in this type of disorder, to define the appropriate homoeopathic medicine from the *only* repertorisation of the apparent signs observed :

As regards the prescription of an antidepressant or mood stabiliser, the knowledge of the difference linked to active metabolites and their clinical effects is essential.

In the same way, it is necessary for one to have a knowledge of materia medica and the nuances it suggests if one wants to choose the homoeopathic medicine(s), which must correspond not to the only apparent signs but to the subject's psychological dynamics.

To prescribe from the sole repertorisation of signs may have the same inconveniences as a prescription made in the sole light of what comes from the DSM.

Only the rigorous observation of the subject and the comparison of their dynamics with what comes from Materia Medica can lead to appropriate valorisation of the elements gathered.

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[3] - and, often, even a different category -

[4] Cf. , on the site, the book 'De la psychiatrie à l'homéopathie', Editions Similia.

[5] Which Hahnemann - and Kent, despite the application of a different theoretical standpoint - always advocated.

As with a prescription made from elements from the DSM but using day-to-day observation and experience, the latter must come from clinics and be engendered by what they bring up.

Moreover, the elements used in the DSM cannot come from theoretical observations changed into fundamental symptoms capable of describing the illness and it is the same with those used in homeopathy, which cannot come from analogical elements drawn from 'pathogenèses' and changed into signs : in both cases, their value must be authenticated by clinical experience and what comes from the knowledge of the psyche.

If one cannot describe a medicine from its effects to infer from them the indications for it or draw up the picture of the disorder which requires the prescription of it, one cannot do so in homeopathy either

The elements coming from various sources and applied to families of plants or groups of metals do not seem to permit to infer from them psychological modalities or to use them for prescription. The dynamics on which the subject is based and the somatopsychic unity that they represent must be taken into account.

As one cannot try to find signs intended to make a clinical picture and a heading of the DSM coincide, one cannot, to respond to a way of thinking or theorisation, draw an analogical parallel between the patient's accounts of their desires and elements from a pathogenetic description. This has never been done, either by Hahnemann or even by Kent.

Perhaps this trad to be mentioned again to avoid running the risk of distorting the fundamental essence and specificity of Hahnemannian thought or of slipping gradually into the possibility opened up by the appearance of the DSM and its approach to the illness - and to the subject.*

To be continued...

Doctor Geneviève Ziegel,
May. 2015.

* Translated by Pascale Templa