

The psychiatrist and homoeopath faced with psychic pain (1)

II - The view of a homoeopath and of a psychiatrist¹ as well

They complement each other and go in the same direction to reach the same conclusions :

When one tackles the sphere of the psyche, no theorisation of a scientific nature can be put forward to account for what happens in the therapeutic space.

The present use of the data of quantum medicine mentioned regularly within the world of homoeopathy to justify quite heterogeneous phenomena equally - therapeutic relationship, action of the medicine, way of functioning of the dilution - does not seem appropriate in the present state of knowledge..

It can be so only as a hypothesis² and with the greatest caution, given that what it covers would still be in its 'infancy'³.

It is all the less so if one tries to explain in this manner, without discrimination, the way the treating process happens.

The effects of the relationship, of the medicine, of the knowledge of the doctor on the impact of the substance used all play a role.

One cannot therefore fully understand what is linked to each of those parameters and is currently put into a 'hotchpotch' of explanations of quantum medicine in the hope of giving a 'scientific' connotation to what is put forward.

In the same way, one cannot use a scientific point of view to justify the choice of a homoeopathic medicine determined according to its 'mental' signs.

This is a topic which has been regularly discussed for several years with many doctors who are little aware of how important this problem has become. Paradoxically, it finds an echo among colleagues of different types of training and who are interested in homoeopathy.

This is how it was clearly stated during interdisciplinary exchanges⁴ and readings about today's evolution of that discipline that many of the theorisations which are fashionable today give confused and problematic explanations of the way of getting to those 'mental signs'.

¹ Second section of an article made up of several parts, entitled *The psychiatrist and homoeopath faced with psychic pain*, Dr Geneviève Ziegel and published on homeopsy.com

² And not as an explanatory certainty based on what is currently linked more or less seriously and felicitously to that assertion... The 'quantum man', 'quantum touch' etc.

³ As Professor Levy-Leblond, a specialist on the subject, said.

⁴ Notably with Doctor René-Philippe Halm, the founder of the G.I.R.I. (Groupe International de Recherche sur l'Infinitésimal) and the secretary of The Monaco International Talks, who noticed many discrepancies at the scientific level and published in different journals and on different sites several articles about that subject - one of them, which is well argued and developed, must be published very shortly.

Even if the elements of these approaches, which lend credibility to their assertions, spread widely⁵, it is important to check what is proposed in the light of more specialised knowledge : the recent use of the very new phylogenetic Classification of plants⁶ and animals, the fact of using the modern way of viewing classifications⁷ to back up the theoretical bases advanced⁸ and justify a way of proceeding⁹ urgently demand it.

It is from those bases that the types of psyche are determined and recorded and the medicines prescribed.

Several essential points are obvious and make one doubt the reliability of what is put forward :

To use the hallmark of science conferred to the new mode of approach of classifications to deduce directly from it that the methodology used may be extended to **all** the substances which can be classified and used in homoeopathy is already problematic, but to say officially, and at the same time, that it is no longer necessary to carry out pathogenetic experiments since what is revealed through meditation alone is enough can only make it worse because of the contradictory aspect as well as the subjective side of those assertions...

If they are analysed by anyone with the slightest bit of enlightenment in those fields¹⁰, the points of view advanced to explain the reference to Mendeleev's Table¹¹ can on no account 'hold water'.

As regards the elements used from that classification, the lumping together of physico-chemical properties with homoeopathic characteristics to justify the way of seeing their prescription is not conceivable ;

The fact of adding homoeopathic modalities according to their horizontal and vertical positions and their belonging to a certain group is not either : it shows a mixture of levels unacceptable to anyone who is the slightest bit enlightened¹².

⁵ Where, it is important to know, most of the time, homoeopathy is practised by non-doctors, which explains the lack of possibility of looking critically at what is put forward. The title of doctor, which is widely used and associated with other approaches linked to the art of treating, very often fuels confusion - it is sometimes issued by colleges of naturopathic medicine.

⁶ Which is based not on their sexual characteristics but on elements coming from genetic, morphological, biochemical data ; a mode of classification extended to the mineral and animal domains - and what can be brought by palaeontology.

⁷ Which follows from new coherence of classification inherent in the advances made in molecular biology and palaeontology etc.

⁸ Even though no information of medicinal nature nor any homoeopathic property corresponding to it seems to be potentially drawn from this classification.

⁹ By referring to this new way of seeing classifications, it was directly concluded that, since they were conferred the hallmark of science, all classifications relying on their data and the way they are described - whether they concern the mineral, animal, or vegetable kingdom - could be authenticated in the use made of them in their mode of approach of homoeopathy and therefore permit the extension to all the substances which can be used in that discipline...

¹⁰ A position which, unless one is not anxious that the homoeopathic approach remains within the scope of medicine, the capacity as doctor makes one retain.

¹¹ Cf. , on the subject, the article by René-Philippe Halm, *Le Cymothoa et l'homéopathie moderne*, Cahiers de Biothérapie, mars 2017.

¹² It is as if one wanted to explain the psychic effects of psychoanalysis by the observation of the functioning of neurons. If their interactions can be modified, they cannot reflect the effects of psychoanalysis in what constitutes its essence, with its impact on the subject's way of being.

To recommend a medicine from the elements which make it up, as it was done about Natrum bromatum, also shows flagrant incapability to be objective about what is stated - notably when one sees the criteria for recovery published about the case analysed : after he had taken the medicine, he would have got married and been cured of his homosexuality (sic !). The psychic aspects of Natrum noted - withdrawal - associated with those of Bromium - sexual problems - had led to conclude that Natrum bromatum was the medicine to be administered¹³.

Besides, if, from the hypothetical scientific hallmark conferred by the new criteria of classification, a 'mentality' or set of problems is attributed, from various elements and analogic reasoning, to each group or family of medicines, what about individualisation¹⁴, which is, at several levels, at the heart of the homoeopathic approach ?

Feeling the necessity to find in the mentality the mark of the sin signalling the original disease, Kent himself never abandoned that concept. On the contrary, he relentlessly made repeated 'pathogénésies' in the hope of being able to attribute **their** medicine to everyone.

At least, lines of argumentation that cannot be called so should not be put forward.

If one can concede that it is impossible to have all the data permitting to vindicate a point of view and if they reassure those who espouse its assertions, they obviously show a glaring lack of knowledge about what is put forward and the impossibility of finding an explanation to everything, even with untenable arguments.

Unless one leaves the domain of homoeopathy and clearly says one places oneself only in that of homoeotherapy and of the traditional types of medicine - which is understandable and which some practitioners claim - , one cannot authenticate what one puts forward with the aid of inappropriate explanations.

In the same way, one cannot content oneself with saying that the patient 'is better' or is 'recovered'¹⁵...

This is not enough to lend credibility to the prescription : when one tackles the sphere of the psyche, one can only be in trouble on this point.

The main symptoms must always have disappeared in a way which can be observed if not quantified and the context must be carefully examined.

One cannot always conclude¹⁶ that only the medicine takes effect, which is even truer as regards the sphere of the psyche.

This is as true in allopathy as in homoeopathy.

Many events have often occurred, about which the patient does not always think of talking : the beginning of a romantic relationship or of a friendship, entertaining spare-time activities, therapy undergone at the same time or, simply, the disappearance of nervous strain.

¹³ See *Rêves et cauchemars au coeur de l'homéopathie*.

¹⁴ Of the medicine, of the sequence of prescriptions, of the listening, of the different types of indications.

¹⁵ The word is not used in psychiatry if not to talk about an episode. Recovery implies the return to the earlier state. As regards psychic pain, improved well-being can only be associated with inner evolution and realisation permitting a different sort of apprehension of the anxiety-inducing situation.

¹⁶ Either in allopathy or in homoeopathy ;

On the other hand it can be said unhesitatingly that the medicine has often facilitated a better relationship with oneself and the environment ;

Hence greater development and putting in place of better living conditions.

Thus :

If a depressed or bipolar subject is pacified by a chemical treatment and psychological support permitting better arrangement of their everyday lives, they will make their relationship with their environment easier.

If, a sign of their improved well-being, the Natrum mur subject, who 'withdraws into themselves to think about their problems', becomes more sociable, puts on weight, eats healthier food, they will get on better with everyone...

If the Lachesis subject becomes less logorrhoeic and has less headaches before her periods, she will be less difficult, which will make her relationships easier and will alleviate the profound feeling she has that she is not loved.

If the Nux vomica subject has less fits of anger or the Lycopodium subject becomes pleasanter, their lives - and those of their close relations - will only be made easier...

Those are objective signs. Visible and repeated as clinical cases are observed every day and accompanied by physical signs, they permit to conclude that the prescription and the treatment are effective.

Tangible elements must be put forward to conclude that there has been an improvement.

Apart from the general impression of the patient and of their family circle, several parameters must be examined to permit to conclude that a medicine is effective.

This applies to the substances used in allopathy as well as to the homoeopathic ones.

The experiment carried out with this aim in view must be done under the same conditions¹⁷ : different elements, which must be as objective as possible, given the domain observed, must be meticulously observed :

A clinical experiment put in place in Switzerland¹⁸ showed, in this respect, how a comparative study could be carried out, permitting to use the protocols usually current, with an application appropriate to homoeopathy. The latter compared children treated classically with Ritalin® with others treated with homoeopathy, with individualised treatments supervised by the practitioner in charge of the study. Adjustments of the medicines and of their dilution were made at regular intervals. The assessment of several characteristics permitting to judge the two therapeutic approaches in a similar way permitted to conclude that the Hahnemannian approach was effective.

When one tackles the problems linked to psychic pain, one cannot content oneself with 'case studies'.

It must be noted that this practice, put in place by Hahnemann to check the effect of a prescription and assess the impact of its medication, has somewhat deviated from its original aim : used since Kent to authenticate the exactness of 'pathogénésies' by observing the way in which the patient responded to the treatment prescribed according to the Kentian rules, those 'case studies' do not have the same function as the observations recounted by Hahnemann.

They became all the more necessary as the number of 'pathogénésies' increased, their mental signs became more important and it was essential to compare the results : as many

¹⁷ - by giving the same place to the placebo effect -

¹⁸ Cf. , on the subject, the book, *De l'hyperactivité aux nouvelles pathologies.*

of them had slightly different modalities and not insignificant nuances in the description of points which they each saw as essential, it was important to check the impact of the substance administered.

The need to find the 'essence' associated with it has certainly played a role in the way of apprehending and describing this 'mentality'.

Probably in question as regards the drifts which appeared just after Kent, it has sometimes become a form of synthesis of what emerged from different experiments and case studies.

This certainly runs counter to what comes from materia medica and the psychic signs that are stated in it : coming from the observation of the behaviour and of the words said, they can be spotted and are present in everyone.

To distinguish the 'mentality' of a medicine from its 'psychic signs' is important.

Objective, the psychic signs constitute neither an interpretation of the behaviour nor an explanation.

On the other hand the explanations¹⁹ and the sometimes particular - if not individual - context which are associated with the 'mental signs'²⁰ cannot be inserted in materia medica.

They can be 'used' only as information to guide towards a medicine : if they permit to understand the signs presented or to broaden the view associated with the substance tried out, they cannot serve as a basis for the prescription : they should not be considered an inviolable 'truth' and even less a truth for everyone.

Therefore, to have observed that the Lycopodium subject often has a mother whose behaviour is contradictory and a father who often reacts in fits and starts and inappropriately is not enough to decide to prescribe it. On the other hand it partly justifies their way of reacting as, from a different viewpoint, the state of their liver, the changes in their fatigability may give an explanation for their fits of temper, which permits to understand them and to help them in various ways.

This is very different from the fact of putting forward that Lac Felinum is a 'medicine for incest', 'dreams about rape'²¹, even by close relations' and for 'situations of prostitution' where, like the cat, one is forced to 'give up one's freedom in order to eat and survive' even though one is 'divided between dependence and independence' and one 'finds it difficult to bear constraints'²². This seems to be an 'after' medicine even though the symptoms stated have no specificity and can apply to many other homoeopathic types.

The Arnica subject has precise signs showing the impact of their shock, as the Staphysagria subject somatises in a way peculiar to them and which can be spotted. On the other hand the Lac Felinum subject, apart from dreams about 'earthquakes'²³, the 'feeling that they are not respected', and the desire 'for clean food', has no particular sign clearly showing their mentality. Are the modalities presented to try to outline it specific ? Do the

¹⁹ The consequences of the 'original sin' for the psyche versus Elizalde A. Masi and the vagaries of the psychological development versus P. T. Paschero belong only to their views : their particular classification and the list of the medicines corresponding to it cannot be inserted in materia medica and the similitude used is 'broadened' similitude which no longer has anything to do with Hahnemann's.

²⁰ With which they are now mixed up, increasing the confusion between the two words and concepts since the phrase 'mental signs' is not linked to Hahnemann but seems to have appeared with the Kentian doctrine.

²¹ To be used in homoeopathy, unless they are signs of a particular situation - dream about tiring work by the Arnica subject - , dreams, according to Henri Voisin, must be recurrent.

²² *Homéo et Juliette*, Patricia Leroux, Publibook, 2003.

²³ Which only they can decipher and help understand in their true meaning.

'desire to eat paper'²⁴, the feeling of disparagement, the taste and loathing for milk' define them in what they really are ? In the same way, are 'dreams about rape'²⁵, the situations in which they often seem to be - prostitution etc. - characteristic insofar as they constitute more an element linked to the context of life ? Are they modalities specific to the medicine or are they linked to the environment in which the 'pathogénésie' was carried out²⁶ ?

In the same way, if one can put forward that the psychological profile of many subjects with a cancer is representative of Sepia and their psychology, one cannot run the risk that it might be inferred that all cancers correspond to a Sepia subject - or, fortunately, that all Sepia subjects will have cancer.

And yet this is²⁷ what can be concluded about Lac Felinum : insofar as it was announced²⁸ that it could be considered a medicine recommended in the event of 'incest'²⁹, and many subjects who seemed to correspond to its psychology had been 'given over to prostitution', it was seen as potentially being *the* medicine to be prescribed in that case - if one could also spot a desire 'for dependence and independence', non-acceptance of constraints³⁰, and humiliating situations imposed³¹.

The ophthalmological signs 'aggravated in September', those showing a hormonal imbalance, the 'lump in the throat', the uncharacteristic dietary modalities - 'desire for clean food' and 'to eat paper'³² - , the contradictory ones - taste and loathing for milk - visibly give way to those coming from the mentality, the previous history, and the lifestyle : the latter seem to count the most for the prescription even though, while predominant in the description, they are³³ reduced to a few inexplicit elements : 'Dreams about earthquakes, desire for paper, independence, ophthalmological signs'.

²⁴ Does it have to be replaced in its context and does its meaning have to be understood at the pathophysiologic - cf. the desire of Calc Carb for chalk or indigestible food - and psychological - which only the patient can analyse - levels ? And does it have to be marked in order to be usable ?...

²⁵ Like the 'dreams about earthquakes', which may express a risk of inner chaos as much as the fear of what may be experienced as not reassuring in the outside world, they can be understood if they are replaced in the context of the life of the subject.

²⁶ India, seemingly.

²⁷ - And this is one of many examples meant to shed light on what is currently happening and which, fascinating and enthralling many seasoned, conscientious, and 'honest' colleagues, is gradually moving to the forefront throughout the world and for a new generation of homoeopaths. Visibly desirous of being in phase with a world that evolves, the latter do not seem to be able to weigh up the consequences of the change which is gradually happening and which they contribute, sometimes without being really aware of it, to reinforcing if not instituting and spreading.

²⁸ From a few cases observed ;

²⁹ Hence, apparently, the 'dreams about rape, even by a close relative', 'the feeling that one is not respected, the feeling that one's reputation is sullied, that one is treated outrageously', the fear of other human beings, of falling down the stairs, of thieves, of needles and sharp objects - expressing the feeling that one is inwardly fragile - , that of being 'locked in', the desire for travelling which, like that to 'torture those who torture animals', expresses the desire to get away as well as to protect what may be maltreated whereas it is weak and defenceless.

³⁰ Which is, it must be noted, not characteristic at all...

³¹ *Homéo et Juliette*, Patricia Leroux, Publibook, 2003.

³² By analogy with the 'desire for reading' of the Lac Felinum child described as someone who often 'devours books' and has the desire for 'knowledge, essential for their intellectual and psychic independence'.

³³ - like in many of the new 'pathogénésies', which are exhaustive if not over detailed as regards the mental, psychic, and behavioural signs recounted.

One may also mention³⁴ those dreams about 'earthquakes' which are present in the Lac Felinum subject and are explained analogically, with reference to the Apocalypse and to the symbolism of the cat - linked to the snake in certain Traditions...

As it is also seen about many other medicines, the description of Lac Felinum visibly also refers to various elements coming from symbolism, the Kabbalah etc.

One can therefore only ask oneself the following question : does one want, with the aid of the most various elements, to make the 'pathogénésie' coincide with the elements given by the patient or to compare the patient's signs - even if it means choosing and interpreting them - with a pathogenetic description of various origins³⁵ to check the signs before instituting, listing, and using them as the 'essence of the remedy' ? This is a crucial point...

The general confusion, the plethora of pathogenetic elements, the lack of unity which sometimes characterises them so much that they sometimes add on the signs of the other ones explain many current positions³⁶.

The 'pathogénésie' of Lac Caprinum and the way the presence of the 'fear of sharp objects' and the 'desire for heights' - visibly coming from two different 'pathogénésies' - are linked together in order to appear coherent take one back, in this respect, to the foundation course for first-year university students.

This may throw light on what several practitioners who are supporters of this new post-Kentian type of homoeopathy say : it consists in declaring that it is possible, according to the case presenting, to choose the psyche according to so-and-so, which shows in an obvious way that the **description of 'the essence of the remedy' is subject to changes.**

Therefore, if it does not correspond to that with the greatest similitude to the signs presented by the patient, one can reach the conclusion that one can refer to that which is the most acceptable to the therapist through the elements which they have chosen as modalities and interpreted in their own way³⁷.

In the domain of the psyche, the aggravation of symptoms is not necessarily a sign of 'non-improvement'.

This is an element which it is important to emphasise. Like their therapists or the people who have witnessed their evolution, the patients who have analytic psychotherapy or analysis can confirm this.

This is what also happens in homoeopathy : an apparent exacerbation of the malaise is sometimes a sign of struggle or of problematic realisation insofar as the need for difficult changes or decisions appears...

In both cases, the improvement in the state of the subject, who regains their capacity for reaction, is not always well received by their family circle, which does 'not recognise them' and often finds it difficult to adapt itself to the person they have become.

The family does not always prove to be the best judge of these matters. They often make the patient go back to their previous deadly so-called stability and make them have doubts about their therapeutic and medical choices. This can be an undeniable brake on the improvement in their state.

³⁴ - simply as an illustration -

³⁵ - or composed of elements coming from several experiments - ,

³⁶ And the denseness if not the apparently muddled aspect of this text !

³⁷ (Sic !)

Psychiatrist and homoeopath : a strange position

Isolated because they are new to the practising of their profession, steeped in the advances and steps backwards, the negation of the human being and of the remaining in the movement of life which society offers, the homoeopathic psychiatrist can only be concerned with these essential points...

Perhaps their role is to share what they observe and to analyse it further.

Put between the intellectual rigour linked to the world of science which was instilled in them and what comes from the world of psychiatry and psychoanalysis and gives them greater possibility of discerning the illusion that fascinates and distorts judgement, they have the benefits of earlier knowledge and of the most recent advances in these different disciplines.

Forced to take into account the somatic component underlying all pathologies - which corresponds to their training as a psychiatrist in the most fundamental sense of the word³⁸ - , they concur in this way with the world of homoeopathy, and this gives them a most specific if not particular role to play which is, it must be said, still little known...³⁹

To be continued...

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³⁸ As it was taught by the masters of psychiatry Charles Brisset and Henri Ey, who strongly stressed the importance of these two components to define the scope of the psychiatrist's exploration in the original sense of the word : even if they may have the training as a psychoanalyst or their function - under conditions to be distinguished for the patient - , their role is not that of a psychoanalyst but of a doctor.

³⁹ Translated by Pascale Tempka