

II - TO MAKE UNDERSTAND THE SPECIFICITY OF THE HAHNEMANNIAN APPROACH ?...

This seems essential...

Complex, the practising of homoeopathy in psychiatry is still relatively little known and new as regards a regular and specialised use.

Specific on certain points, enlightening on others which are only envisaged at the present time, it needs to be explained more.

The way the Hahnemannian discipline is dealt with by the media requires the truth to be revealed about many mistakes which, because of the confusions they engender, contribute to 'fogging the issue' and facilitating its discredit since the words used or the concepts put forward are inappropriate.

To confuse symptoms with nosological classes and to draw inappropriate conclusions from particular situations to generalise shows lack of information about the reality of the practising of homoeopathy and still more about its use to treat psychological disorders.

- **Different elements engendering confusion should be cleared up concerning the practising of homoeopathy in psychiatry :**

The listing of the medicines corresponding to a certain symptom or psychopathological picture is regularly asked for... : if this can be done, with qualifications, in the first case, this is not advisable in the second...

To mention a few remedies symptomatic of anxiety, fear or insomnia is quite different from enunciating *the* remedy(ies) corresponding to a certain mental pathology. If the public may not, by copying exactly the allopathic approach, see any drawback to this on the other hand, to encourage this idea totally distorts the very nature of the homoeopathic approach :

- **If it is possible to state medicines corresponding to a series of symptoms which might be treated by homoeopathy rather than by allopathy¹, it is not possible to name medicines corresponding *specifically* to mental illnesses...**

Even if certain homoeopathic types seem to be found more particularly there, there are no, and even less in mental pathologies, medications usable in a precise manner in a certain nosological category²...

If one can, in a somewhat broadened way, mention a few general main categories of disorders : obsessive, phobic, depressive, anxiety, mood and sleeping, using again the way

¹ The far from negligible importance of it is to make known and facilitate the use of medicines which might substitute in many cases for tranquilisers, sedatives or sleeping pills...

² Which, after Hahnemann, certain old or more recent authors have *pointed out and specified* : cf. Alain Horvilleur's introduction to his book, *Vademecum de la prescription en homéopathie*, 2ème édition, Editions Elsevier Masson.

they are named³ and sometimes classified in homoeopathy, one cannot, after drawing up the table of the main nosological categories, mention the medicines of it, as can be done in allopathy with those recommended for schizophrenia, manic depressive psychosis, hallucinatory delirium...

The subjects who have phobic, anxiety or obsessive pathologies *very often correspond to a certain type⁴ which can be stated* but this cannot be generalised or engender any *systematisation*. This is a very important qualification.

In all cases, this cannot permit to deduce that *a certain medicine constitutes the one for phobic or depressive disorder*.

If the classification of disorders can be tolerated to follow editorial dictates, it must be constituted *like that of symptoms and not of nosological classes*, that is of diseases.

No mixing up likely to facilitate the already great confusion can be permitted, given the evolution of language and the concepts they cover and the popularisation of knowledge. The latter very often gives the reader the erroneous impression of understanding *completely* what is announced when the actual knowledge of what is said and what the words used really cover is acquired only through specialisation.

If, as is often the case, the words and terminologies used lack rigour and precision, *even* the *slightest* variation in the meaning which is linked to them makes the comprehension uncertain and permits misunderstandings fraught with consequences.

- **It is important, when generalisations in responses are put down in writing, to insist that qualifying statements should be added to that effect.**

As regards common somatic pathologies, the classification into main groups of disorders - eczema, lung infections, colds... - is possible, but with many reservations :

The medicines which can give mirroring responses to the symptom(s) can be mentioned, but it is necessary to point out that the object is very often only to help comprehension and it is a form of 'travel warrant' making it possible to spot the disorder...

The *opinions given* as regards any use by the public *are only pieces of advice⁵*, not more...

Except with extremely mild disorders comparable to what is often compared to 'bobologie'⁶ or in very exceptional cases of epidemics, when the most similar medicines to certain precise symptoms sometimes emerge and can be used by many and are valid only in that phase, it is necessary, barring appropriate medical supervision, to confine oneself to that.

³ With, sometimes, words used as they were at the time and not always - or sometimes not really - covering the meanings of today... for instance, the word 'melancholy'...

⁴ Even if certain of them can benefit from medicines which are sometimes very far from those often found in phobic subjects !

⁵ To get round a relatively minor emergency situation or when the symptoms are sufficiently usual, before a consultation - an apparent diagnosis always likely to hide something else.

⁶ To use again the word of the journalist who is the author of the text concerning homoeopathy in psychiatry (cf. the first part of this article).

(From 'bobo', which is in French a child's onomatopoeia for 'physical pain'.)

To take medicine from such rudimentary knowledge proves not only risky but can, in certain cases, be dangerous - it is important to stress this...

- **As regards mental pathologies⁷... the problem could not be more complex...**

It is possible to draw up a list of the medicines responding to nervousness, anticipation anxiety, fear of heights, of the crowd and of diseases... Patients will be able to recognise themselves in it...

But it can reassure them as well as upset them and make the problem more complicated, engendering worried questions about what will follow⁸ or the appropriateness of what is prescribed to them if it is not part of the list of the medicines listed... *The news or the Internet is the law to them...*

Moreover, it is not unusual, like with allopathic medications, to be asked to prescribe a certain medicine or to hear that it has already been taken at an untimely moment. The advice given by an ill-informed or ignorant healthcare professional who has read in a certain paper or handbook that such medicine 'acted on...' does not always have the best effects, giving an impression of easiness and potential 'recipe'. Authenticated by the training of the person who provides the information, it is all the more valuable.

That is all the more annoying as, even if the medicine proves appropriate, the dilutions may pose problems more than in somatic pathology... Who has not seen aggravations of Ignatia in, precisely, an Ignatia patient... etc. ?⁹

In mental pathology, even relatively minor unforeseeable medical complications do not go unnoticed and are annoying not only for the treated person who experiences their inconveniences but also for the future¹⁰...

Therefore, nothing is totally of trivial importance and all the less so in psychiatry, where the necessity to listen and maintain the confidence of the patient made sensitive to anything new and the attentive observation of what is happening are essential...

To try to understand what is happening and to get one's bearings in the signs given are not always very easy.

Without drawing a black picture of the problem of those medications whose choice or dilution is inappropriate¹¹, it is important that it should be said...

⁷ The displacement of symptoms exists and, especially in case of high dilution, unless one is aware of the problem or has received training in homoeopathy, one may not necessarily link their new mode of expression to the dose given or sometimes associate an apparent aggravation with the troublesome effects of an inappropriate dilution.

⁸ Sometimes, also, about the way they feel they are 'displayed'.

⁹ Who has not observed reactions to the taking of too highly diluted Gelsemium taken 'without preparation' the day before an examination and which had the opposite effect to what was aimed at, engendering somnolence ? Who has not seen the excessive effects of certain remedies, the one generated by a dose or even granules of Argentum nitricum, which was nevertheless appropriate, but was given in too high a dilution for the person in question whereas it was only in 7C... ? These are minor reactions but these are reactions all the same and, in an anxious subject, they can be annoying...

¹⁰ Which doctor has not heard, 'Doctor, I'm very sensitive to medicines - which is sometimes true - and I can take only one granule' ? Arsenicum album will be battling with their fear of death, Argentum nitricum with their anticipation anxiety... One might sometimes be tempted to say that this is an exaggeration... It is in some cases but what does one know about bad experiences of the past and their - physical as well as mental - after-effects ? Can the reactivity of an organism be made sensitive to the smallest foreign body, even if it is given to treat... ? The question can sometimes be asked...

Therefore, to point out in a brief preamble that the elements given should be considered to be information and a possible alternative to a heavier - and troublesome - therapy rather than a therapeutic rule permits to clarify things...

- **To point out that each subject is likely to react differently is important...**

And that sometimes this does not constitute a negative effect in spite of appearances can even be reassuring... It also permits to avoid thinking that to take granules is always a trivial matter... A gentle type of medicine !...

To say in a few words that, beyond the most usual symptomatic effect, everyone is likely to react differently is the lesser evil. If there is a 'problem', it will be experienced more serenely insofar as the subject has been told about this possibility and knows their disquiet will not last long...

This will also remind them that, beyond what is often conveyed, granules do not have only a strictly placebo effect.

- **The 'instructions for use' of the medicine cannot be *really* provided, and even less so in its use in psychiatry except to overcome certain of the most common symptoms and with certain reservations linked to the reactivity proper to the subject...**

Without having too puristic an attitude, it is important to point it out, if only to stress the specificity of that approach...

It is therefore important to repeat this : *except in cases* which are very simple and *purely symptomatic* - nervousness and Gelsemium, lump in one's throat and Ignatia, insomnia 'following good news' and Coffea - and provided the precautions mentioned earlier are followed, *this is not a trivial matter...*

The effects might not always be spotted by the person themselves as much as regards the benefits as the inconveniences... An inappropriate use can be problematic¹² if not dangerous¹³, all the more so as sometimes one has to think for a moment before being able to link the problem given to the true reason for it...

- **It is not possible to state the medicines corresponding to the diseases... but those responding to the symptoms which express *in a specific way* the manner in which the subject reacts to a given disruption...**

If it is possible, before a more exhaustive study concerning the illnesses to which the subject is susceptible, etc. is done if the problem recurs or becomes chronic, to make a list of

¹¹ Whose serious aspect, fortunately, is very often only to engender momentary disquiet and sometimes insistent complaining...

¹² Cf. a few granules of Phosphoric acid in 7 C which engendered a liberating reaction in the form of delirium which generated a few days in a psychiatric hospital, lingering and exhausting bleeding in a patient who took too repeatedly the doses of Lachesis which improved the state of her psyche... there are many examples which can be mentioned.

¹³ Notably all the medicines with effects on circulation and whose inconveniences can be sudden and unforeseeable... Aurum, Naja... as those of Natrum mur, Staphysagria - sudden fits of anger -, Platina - dangerous impulse - or even of Pulsatilla - tearful 'confusion' - can sometimes be...

the main medicines for, for instance, ENT pathologies and, in acute diseases, sometimes to confine oneself to the symptom, it proves much more tricky in mental pathology :

Even when referring to a symptom of anxiety, fear of the crowd or motorways, or of panic attack with palpitations, one cannot confine oneself to it.

To prescribe Aconite, Gelsemium, Ignatia or any appropriate medicine without asking any other questions or trying to know more about 'Who ? When ? How ?' before moving to 'Why? In whom ?' *is not a homoeopathic approach...*

It is no more a psychiatrist's approach¹⁴.

- **If medicines must be mentioned as mirroring the symptoms shown, they are *only, as such, one of the reflections of the homoeopathic approach.***

The latter is much less simple and systematised.

This qualification should always be mentioned when talking about a homoeopathic *approach and not about the homoeopathic medicines* likely to be of use immediately for...

There should be no uncertainty about this or room for any interpretation generating errors through its inadequate and erroneous aspect...

Unless one presupposes that the reader of a daily magazine with very large circulation figures is well informed about all the complexity of the approach, to see in a magazine the retranscription of a classification not of semiological symptoms but of psychiatric illnesses with the remedies corresponding to them is therefore problematic¹⁵...

These dangerous shortcuts can only keep people in a state of confusion and, if they prove how great the lack of knowledge is, they show what a long way one still has to go and how essential it is to inform and be careful to use the right words that will be put down in writing and to avoid any shift in words in such a little-known field.

This deserved to be pointed out.¹⁶

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¹⁴ And even less that of a homoeopathic psychiatrist, and what is more, trained in psychoanalysis...

¹⁵ At my request and following my explanations, an article written for the general public was modified in its original draft to be more in line with the reality of our practising... I was asked in it, in ten lines at the most and among the phytotherapy, acupuncture, etc. approaches, to say how *stress was treated* in homoeopathy and to mention the stress 'medicines'... with the directions for use, frequency, etc. I had to argue things over and explain that to treat in homoeopathy was not just to prescribe a certain medicine and that *a more appropriate title had to be found* which would mention a few common symptoms of stress and the medicines which might respond to it, which was done by the journalist who understood perfectly well what I meant and did what had to be done - a minor detail, but that is not of no importance !

¹⁶ Translated by Pascale Tempka