

## ALLOPATHS, HOMOEOPATHS, PSYCHOANALYSTS (1), PSYCHOLOGISTS, PSYCHOTHERAPISTS...

**Different ways of looking, different perspectives, various approaches...**

**But, facing them... a Subject...**

The definition of "to look", in the Larousse dictionary, is : "To direct one's eyes in order to see", but also : "to apply oneself to seeing, that is to say to perceiving the images of objects through the sight".

That is the doctor's way of looking...

They are led to observe and have to perceive and anticipate. All their job consists of gathering together in a sort of permanent synthesis, the elements which might first seem disparate or unconnected and which appear before their eyes, and then making the message emerge from them.

The look of the clinician, marked with knowledge...

That term introduces the notion of experience as well as that of self-knowledge... A priori reasoning, closings as instinctive as unsuspected will always occur. It will arise in the therapeutic relationship and should encourage self-questioning.

The way of looking at the disorder poses a problem.

It calls to mind the approach of the "therapist", that which includes them in the art of treating patients: "What are they looking at? What are they trying to observe? How?" – if the look can also be "an ear" at all...

The look at the subject themselves? At the sick subject? At the illness?

The distinction seems simple...

And yet...! That is where the peculiarity of what pervades every therapeutic approach emerges.

### FACING THE SUBJECT: THE DOCTOR

Are they going to examine the patient with the intention of; making a diagnosis; spotting the signs of the disharmony involved in the pathology; or trying purely and simply to find the saving medicine ?

**Here the classic medical approach and the homoeopathic approach fundamentally differ.**

As the allopathic doctor disregards or uses to a limited end the information given by the morphological appearance and the way the subject is which, even before the clinical questions often evokes their "reality" and inner outlines, they quite often confine themselves to the symptoms and what they evoke:

Jaundice, the symptom of...

Eczema, the symptom of...

Dizziness, the symptom of...

The homoeopathic doctor, when they start the same approach, will think:

Jaundice, the symptom of in... or in...

Eczema, the symptom of in... or in...

Dizziness, the symptom of in...

Beyond the diagnosis made and the disequilibrium it goes to show, and when the homoeopathic medicine appropriate to the disorder is not obvious ; in most of the cases, it can be : jaundice, or eczema, or dizziness, the symptoms of... but, in a long-limbed subject of the PHOSPHORUS type with fine and delicate hair and long hands... the beginnings of basic fragility and its pathological potentialities already emerge.

Their general appearance, integument and colour will do the rest.

Then the subject will speak...

When questioned, they will say : "Jaundice since... Eczema since... Dizziness since..."

Here the notion of "Since" becomes very important and the way of saying it has a language of its own : the irritated and monotone voice of the SEPIA individual, the critical words of the LYCOPODIUM individual, or the sadly exhausted or fiery flights of the PHOSPHORUS individual...

The pathology and what it is conditioned by, become clear.

What the subject will tell about it from now on will already be suggestive: "How long? How?... What preceded the illness, how it occurred..." Everything will make sense.

The three types of jaundice, the look of the eczema and the forms of dizziness will be studied but they will on no account be dissociated from the subject who experienced them. The mode of approach and way of looking at the patient and their illness will then be different.

**Whether the doctor is a homoeopath or an allopath, the symptom and the way it occurred- "Where, when and how?" are taken into account in the very first place.**

**The initial approach, which leads to the diagnosis is the same...**

To both of them, the diagnosis and, in the same time, the potential prognosis, which is statistically foreseeable, constitute the first concern.

In the best case, the allopath will include the disorder in a pathological and sometimes psychological history. The links between the different episodes are not always obvious or often considered worth evaluating in their respective role. The biological history highlighted by the different examinations and analyses shows the development of the disorder which led to the consultation.

**If the allopathic doctors confine themselves to it before writing their prescription, the homoeopath will already show some difference in their approach.**

The information collected will be straightaway supplemented by what concerns in an almost foreseeable way the conceivable future of the subject and the disorder shown:

Jaundice, even if it has the same intensity, will then not get, barring particular complications, the same prognosis in a subject of the PHOSPHORUS type who, in essence, has weak liver and vital organs, as in a NUX VOMICA individual, suffering more from pathologies linked to overeating.

The icteric pathology will have straightaway a more disastrous effect on the former than on the latter, for whom the doctor will very likely decide to prescribe LYCOPODIUM, which will change the original active, dynamic and quick-tempered person to an asthenic and timorous one who will keep only their caustic and hypochondriac irritability from their initial impulsiveness.

#### FACING THE ILLNESS: THE CLINICIAN

The way of looking of the allopath includes the subject in their somatic, biological and psychological history...

What, in the genesis of the disorder, is linked with heredity and places them in their family past with, their pathological mark, the way they "are in the world" and they take responsibility for the factual hazards are very importants.

Even though the psychosomatic aspect is less and less considered unimportant or worth leaving aside, if only to give it a modern medicinal or psychotherapeutic response, yet it often leads the doctor to rank the problem among "'nervous'... or functional problems" with, on top, a prescription of tranquillizers more or less appropriate, quite often accompanied by stimulating words (2).

If the doctor is sufficiently open-minded, they will suggest the patient should see a specialist, to provide them with a more appropriate solution.

In more enlightened cases, psychotherapy will be suggested. Unfortunately, it is not always appropriate in the choice suggested. To begin with, the lack of knowledge about the different types of psychotherapy quite often leads, according to the vogue of the moment, advertising, or acquaintances of the doctor to whom some approach was vaunted, suggesting an answer which is not really the most suitable for the pathology in question.

The different types of psychotherapy, it must be repeated, are not of the same relevance to all types of subjects. The misknowledge of their approach and aims (3), as well as choosing them in an unenlightened way, can lead to ill-timed intervention: the modes of care-taking will then generate difficulties or a feeling of ineffectiveness, whereas the problem is often inadequate or ill-timed instructions.

#### **The attitude and way of looking of the homoeopath will be slightly different.**

After the clinical aspect and diagnosis have been dealt with ; the most suitable therapeutic solution and the most appropriate homoeopathic medicine(s) have been found, the search for the cause of the pathology -seen from every angle- and the way it took hold will have to be made.

The elements given by the homoeopathic type that shows the pathology or momentarily corresponds to it will have to be analysed... They are often very revealing.

The doors to the past, which has generated the disorder- and to the future, which is linked to it - will then open. The subject suffering from the disorder will then be treated as a whole. Here the spotting of the alternating or vicarious symptoms, reactional modes and slight setbacks, will be invaluable elements in the understanding and emerging of the underlying pathology, responsible for the disorder revealed.

When taking into account the "Since", the homoeopath will look beneath the event or series of events. They will focus their attention on what may have generated them - and the signs will have to be spotted, if not found – but also on the consequences which they may entail for the subject. The way they react and the particular risks of progression will then always be implicitly analysed.

**They lead to a single question: "'Who' is sick and why? »**

**Surprisingly, the approach of the disciple of Hahnemann will be very much like the psychotherapist's- psychologist or not- and the psychoanalyst's...**

The **psychotherapist, psychologist or not**, when raising the problem of the subject's mode of functioning in their reactions, affect and types of behaviour, **leaves the illness aside to, as it were, see only the "sick person"**. Save the difference in their response, their progression is somewhat similar to the homoeopath's.

**The psychoanalyst concerns themselves with their unconscious functioning:** the way they express themselves, what is unspoken, the closings and Freudian slips will be studied and noted.

As with the homoeopath, the subject will be asked questions about the hidden meaning of their disorder and the underlying "pathogenic piece of information", whose eclipsed presence generates the ill-being: here the illness is the obvious expression of unspoken words or else affects which, since it has not found its way, cannot be integrated.

The disorder will not be analysed with a view to bringing out signs, which might be put into any particular classification regarding the illness. It will be tackled with that to spotting the way the elements which come from the unconscious are organised and might emerge in the subject's words.

The analyst will not speak of neurosis of any type, as a doctor – psychiatrist or not – or else a psychologist might do; they will speak of personality structure expressing itself by... or else difficulties of any stage of development.

Here their approach is very much like the homoeopath's who, instead of trying only to make a diagnosis, will look for anything that will show them signs and certain modes of organisation which might, through all the physical and psychological facets, lead them to the remedy representative of the subject.

**If, to the allopath and homoeopath, the aim of observation is the diagnosis of the illness, to the psychologist, non-psychologist psychotherapist, psychoanalyst and homoeopath, it is the "diagnosis" of the "sick person".**

The psychologist will be at the factual, behavioural and psychological level. The non-psychologist psychotherapist will look into the "How long, how and why now?" to try and give a practical solution without, for all that, tackling the underlying causality of the disorder and its root in the past.

The way of looking of the psychoanalyst will focus on the elements which, in the subject's words, reveal an unconscious way of functioning responsible, through its mental blocks and failures, for a whole active pathology.

Perhaps the homoeopath will be on the particular borderland between the diagnosis of the illness and that of the "sick person".

Moreover, their status as a clinician urges them to integrate as well both the biological and psychological aspects present, together with the unsuspected relation there might be between them.

Furthermore, they will have to integrate, like the psychologist, behavioural and factual particulars as well as psychopathological expressions but, like the psychoanalyst, they have to listen to words... Revealing an inner way of functioning, they reveal, through what they convey, the framework and keystone of what constitutes the particular way of "being in the world" of the subject who, facing them, reveals the unknown aspects of it.

**Perhaps this is the specificity of the way of looking of the homoeopath : they claim to be a form of point of convergence between three approaches :**

The diagnostic approach of the allopath : the subject "suffers from..."

The descriptive approach of the psychologist or "psychotherapist" : their "illness" is indicated by...

The "explicative" approach of the psychoanalyst : their "illness" is linked with...

The homoeopath will take the diagnostic perspective from the first.

They will, like the second, analyse the behaviour and affect through their way of expression.

They will also, like the third and in a way as astonishing as unexpected, show an interest in the chain of significative elements which unfold self-evidently and can be spotted in the words said.

If, to the analyst, those significative elements are linked together by a verbal chain which conveys the structure of the unconscious, with its particular organisation revealing the subject, their specific reactions and mental blocks, the guiding line embodied by diathesis

(4), its reactive characteristics and specific expression in the form of the medicine revealing the subject at this time of their life, will be, to the homoeopath, another of the facets. And those two facets are in some respects superimposable on each other...

Diathesis and its expression in the main medicine might, so to speak, be the "biological" equivalent of the constituent fabric of the subject's personality with knots of obsession then spottable in the "course" medicines.

The definition given during a lecture by the homoeopathic doctor, Doctor Michel Guermonprez: "Any morbid episode, whatever it may be, is the expression of an ever-present disease called diathesis" might be supplemented by a sort of analogical counterpart consisting in adding : "Any psychopathological episode, whatever it may be, is the expression of ever-present problematics of which diathesis is the medium".

#### FACING THE PATIENT: A WAY OF LOOKING

**It depends on the therapist and their approach and means, in a way, what is carried out:**

- The way of looking of the doctor,
- The way of looking and "ear" of the homoeopath and psychologist,
- The "ear" of the psychoanalyst...
- The "psychotherapy's" way of looking at certain spottable behavioural permanent features.

**It might be necessary now to define what the notion of ear or look can encompass.**

It might be necessary to observe what, beyond listening or observing the symptoms only, plays a part well before and thus penetrate deeper the spotting of the "other thing" essential to understand both the subject and what they reveal of themselves.

**Here the approach of the homoeopath and that of the analyst will, in a way as surprising as unexpected, meet:**

Does the fundamental point of the subject's words, the one which will at one go throw light on them and be the keyword spottable by the analyst, not echo the "Key note" which, through the signs given by the subject, will tell the homoeopath what the medicine in question is?

Is the analyst's interpretation, in its backward movements to the psychological organisation of the subject, not the counterpart of what the homoeopathic medicine does to their "biological organisation"?

Whereas, to the disciple of Hahnemann, words lead, as it were, to the "springing" of the medicine, the medicine itself also often makes the words burst.

The taking of the medicine, which facilitates verbalisation, will quite often make memories come back to the subject's mind and smooth their elaboration into words. That is regularly seen in the subjects that undergo psychoanalysis or psychotherapy...

Conversely, the modification, through analysis or an appropriate type of psychotherapy, of the way the pathology expresses itself, often requires the prescription of a new medicine.

The problematics which emerges from the words as well as the new fundamental or occasional preoccupations of the subject will make the prescription of it necessary. One needs only to refer to the THUYA type and their obsessive guilt, the AURUM type and their melancholic ruminations, or the NATRUM MUR type, their narcissism and psychotic risks.

**To the homoeopath, the psychopathological past and present are brought to light and catch the eye, at the same time as the disease shown.**

To them, the sick subject belongs as much to the past of their history as to their future. The triggering elements and risks of progression which are more or less foreseeable on the physical and psychological planes will be spottable just beneath the surface.

The reactional mode of the medicines, framework of their mode of functioning as well as their possible succession round a fundamental guiding line will speak for themselves.

**To the psychoanalyst, the psychological past is revealing and physical hazards will not be overlooked but they will become meaningful only when their true origins and what consequences they imply for the psyche are understood.**

And yet it must be stressed that, even if the language and hidden meaning of the disorder are understood and the time when it occurs can be anticipated up to a point, on no account can all the risks be truly assessed...

**Homoeopathy goes further: one of its distinctive characteristics is that it can, as it were, anticipate the possible future.**

The spotting of the medicines organised in accordance with an order defined by the Laws of Hering and Arndt-Schultz, their mode of occurrence indicative of improvement or worsening, makes it possible to obtain patent clues. The simple observation of objective signs will then show what point the subject has really reached.

**Homoeopathy treats the individual as a whole and has a triple singularity:**

- Listening: all the subject's characteristics will be straightaway spotted, hence easier approach and relationship;

- The understanding of their pathology and the way it was triggered: the diagnosis will thus be established even quicker;

- The singularity of the response given to the disorder. It will necessitate, according to its type and the time when it occurred, the suggestion of some type of approach or therapeutic or other : homoeopathy of course, with the choice of dilution and prescription at some time or other and at some intervals or other ; allopathic medicinal therapeutics targeted more

precisely as much in the choice as the prescribed dosage, as the synergy of action will make the medication more easily accepted, in every sense of the word (5) ; psychoanalysis when possible, CBT, different types of psychotherapy...

As their choice will be strengthened by the knowledge of the homoeopathic type, their fragility, morbid potentialities and mode of fitting into relational life, they will thus be suggested more precisely and will, each in its way, facilitate the return to better stability.

**If homoeopathy makes it possible to work out more exactly the subjects at risk, it is not of minor importance to understand the way certain pathological developments occur.**

It will be possible to add some appreciable information to the elements usable for the classic diagnosis because of more intimate knowledge of the psychopathological potential and its risks of progression. It is quite often the origin of discoveries which are surprising to say the least.

Thus, it makes it possible to understand:

The relative potentiality of return of certain psychoses. Their luetique (6) component is sometimes a factor favourable to an adaptation. It is certainly shaky, but will turn out to be sufficient to avoid too great disability: here the aspect of less great sensitivity of Luetique part is a stroke of luck.

That is not the case of what happens when there is only a background of pure tuberculinism (7) which is often a factor favourable to the maintenance in a non-psychiatric relational context and the potentiality, in the case of early disorders of the behaviour in the child, of a "mending" with a return to an almost "normal" state, providing that the disorder has been dealt with soon enough.

The protective part of phobic disorders is another of the unexpected discoveries. The necessity to limit and narrow the sphere of activity in a subject prone to excessive nervousness and anguish is often a form of "safeguard".

Usually without regard for their inner limits and incapable of tolerating the perturbing effects, they will then be undeniably protected by their disorder, which will oblige them to reduce themselves both their activity and area.

The part of age in the periods of fragility, which reminds the LACHESIS type how unfavourable menopause is to them, or the NATRUM MUR type how problematic adolescence is for them, is sometimes quite obvious. It often makes it possible to anticipate what may happen.

The triggering factor of the disorder can, in the same way, turn out to be foreseeable for many homoeopathic types: parting for the PULSATILLA type, the loss of power for the PLATINA type or the diminution in their efficiency for the NUX VOMICA type, are problematic situations. The fact of being aware of it will often make it possible to anticipate the necessary support which will enable them to turn the corner.



Certain factors favourable to the loss of stability can also be found through the homoeopathic perspective. It may be important to consider it. Thus ;

The psychic symptoms will occur last : they will show themselves when the subject's ability to react are overburdened, which might, by analogy with the psychic functioning, be comparable to the overburdening of the subject's defences.

The constitution and breeding ground will play a part in the time when the morbid episode is triggered off - that also applies to the psychic functioning.

Even though they do so in a less precise way, certain mental structures will prove to be prone to bring out their pathology at certain particular ages or in certain conditions of fragility : psychotic structures will be rushed during adolescence, hysterical ones, when confronted with the hazards of adult life and subjected to its frustrations ; obsessive structures, when the weight of constraints accentuates the strength of their guilt and throws them, breathless, into depressive pathology.

Whereas the homoeopath can, through diathesis and the medicine in question, grasp the importance of those key moments when overpowered psychological and psychic defences might collapse, the psychoanalyst cannot anticipate as precisely. Although they can scent the risk and see some forewarnings, on no account is it likely that they will be in a position to spot it as tangibly and objectively.

In the same way, if taking into account the meaning of somatic symptoms proves to be, to the homoeopath, extremely precious regarding the spotting of worsening or improvement; to the analyst, even if they note it, it will be of no real help apart from leading to be more cautious in the handling of the treatment and transference relationship (8).

**To the homoeopath, every morbid episode has a meaning in a subject's somato -psychic history; to the analyst, every morbid episode has, in that history, undeniably, a meaning too.**

To each of them, and here they both use the same language; the "illness" indicates the collapse of defences and perturbation of stability of which it is necessary to define the consequences to find their origins. Physical, psychic, or an interweaving of the two?

**If the homoeopath spots the disorder in its double meaning and double impact both somatic and psychological, giving all its weight to neurovegetative regulation, that is not the object of the analyst's interest.**

The latter, if they can see the somatic impact of the psychological disorder, is not in a position, even if they are a doctor, to follow the opposite processes: the object of their attention is at quite another level.

As the expression of somatisation is no fruit of the laws of fate, it leads to some reflection... When considering the stomach ulcer of the ARGENTUM NITRICUM type, the cramps or periarthritis of the NUX VOMICA type, or the rheumatism of the NATRUM CARB type, it is easy to see that the place and mode of somatisation quite obviously speak for themselves.

Even if the analyst can decode their meaning and hidden message, giving the desire for mastery of the ARGENTUM NITRICUM type, the suffocating clashes of the ARSENICUM ALBUM type or the existential anguish of the AURUM type, their true meaning ; they cannot

understand their mode of occurrence or, apart from what is said about them, anticipate their expression.

**As it sheds bright light on the disorder in its different facets and various lines of understanding, the double approach of the homoeopath makes it possible:**

Confronted with somatisation, homoeopath doctor cannot content himself with describing it as an allopath would do, explaining its mode of development, and studying it from various angles.

He cannot either, as an analyst would do, only limit himself to noting it, and explaining its mode of occurrence by the hazards of psycho-emotional history.

**They should define its meaning, spot its encoded language in the double psychological and somatic main line, give the expression of diathesis all its importance and when the disorder occurs, all its meaning.**

The somatisation on any part of the body, its mode and time of occurrence will be fundamentally important and sign a progressive history on both physical and psychological levels. Thus it can, without taking the risk of hiding its language, be interpreted in its true meaning, the evidence of some perturbation to be spotted.

Although it should be distinguished, among physical disorder, from hereditary marks and their perturbing "miasmas", the somatisation can also be sought in what attests to the effect of the last-mentioned on the psyche. Their impact on the conscious or unconscious ways of being, which are reactivated by the hazards of the subject's history and events of their life, is worth studying too.

**Everything happens as if, as generations follow one another, the themes of a score whose aim in the line and whole living body was to maintain stability and progressive potentialities were played again.**

It is up to the allopathic doctor to find the problematic expression to treat its symptoms.

It is up to the analyst to make it possible to undo its suffocating or ossifying original knots.

It is up to the non-analyst psychotherapist to give it an active and pragmatic solution which might, once the obstacles have been defined, be a cure for it.

It is up to the homoeopathic doctor to grasp its pathological framework in a double aspect including the soma and what hereditary miasmas it has and the psyche and the perturbation stemming from the personal and family past, which is linked with it.

Different ways of looking and various - but sometimes, complementary approaches- will be with progression, patent factors of change...

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(1) From : **Ziegel**, Geneviève : *Du stress au transgénérationnel*. Editions des entretiens internationaux de Monaco.

(2) That is not criticism but more and more frequent observations favoured by current trends of thought centred on speed and, quite often, immediate medicinal response.

(3) Considering the importance of the problem, a whole book will be devoted to it under the title : *Du trouble psychosomatique aux psychothérapies*. Forthcoming...

(4) "Any morbid episode, whatever it may be, is the expression of an ever-present disease called diathesis", Doctor Michel Guermonprez.

(5) Cf. **Ziegel**, Geneviève : *De la psychiatrie à l'homéopathie*. Editions Similia.

(6) Diathesis characterised, on the physical plane, by a potentiality of destruction and anarchical construction and, on the mental plane, by behavioural tendencies dominated by the refusal of rules, a destructive, unstable, variable and deviant potentiality on one hand, and disorders linked with tissue and **mental** sclerosis.

(7) Diathesis characterised by great physical and psychological sensitivity, with a tendency to feel intensely the world about them and seek refuge in the imagination or protective withdrawal into themselves.

(8) Moreover, it is important to assess the help given by the prescription of homoeopathic treatment together with various psychotherapeutic methods of all types : psychoanalysis, CBT (cf. the book by Doctor Patrick Vachette which mentions CBT in eating disorders with the help of homoeopathic treatment).