

ROLE OF HOMOEOPATHY IN PSYCHIATRY*

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Summary

The work embodied in this paper was carried out at Central Research Institute for Homoeopathy, Kottayam, Kerala which is conducting clinical research exclusively on Behavioural Disorders based on stipulated aims and objects. There is an In-patient Department and an Out-Patient Department for Behavioural Disorders and a Mobile Clinical Research Unit for Mental Retardation at 14 centres. A Child Mental Health Care Programme in a School is also in progress.

A total number of 3700 cases of various mental disorders were registered for study in the in-patient and out-patient Departments, and through visiting the Schools for Mentally Retarded Children periodically. At the schools for Mentally Retarded an effort is being made to relieve the behavioural changes in such children. 600 such children are registered for study.

Child Mental Health Care Programme is aimed at exploring the possibility of prevention of mental illness as it is one of the aims and objects. In this project, a total number of 320 cases were screened and behavioural problems noted in 55 children.

The cases selected for the study are the persons in whom the primary mental functions such as conscious, attention, concentration, memory, orientation, judgment and insight are disturbed.

Introduction

MIND is that plane of an individual which registers changes in understanding or consciousness and with the mind an individual thinks, criticises, compares, calculates, classifies, creates, synthesizes, conjectures, visualizes, plans, describes, communicates etc. Disturbance of these mental functions constitute the symptoms of mental illness.

Mental disorder is found in all social strata although more common in advanced civilized states, more in cities than in rural areas. Its incidence increases with the uncertainties accompanying war, affecting the soldier and the civilian as well. It more or less interferes with the necessary activities of a complex social set up making it difficult for the individual to meet the needs of economic existence.

The occurrence of mental disorders is widespread, both hereditary and environmental habits being

the main causative factors to this subtle condition (Table 7). Patience and tactful approach are needed for eliciting the complete symptom group directing to remedy selection, which unless modified, will ultimately lead to organic disease. In this respect Homoeopathic therapeutics with an extensive background in both health and pathogenic proving, presents a successful technique in case coverage, inclusive of both mental and physical conditions. Experience has repeatedly proved that a careful use of the homoeopathic method results in improved psychological and physical health, thereby offering irrefutable evidence of medical efficiency of its treatment (Table 14).

Each mental case carries with it a certain amount of obscurity. One of the basic symptoms of mental disorders is *Despair* which is an outgrowth of fear and confusion. Another is *Disgust* which is developed from discontent and discouragement.

In these days of uncertainties, we see all-round evidence of these mental attitudes which have their inception in psora and tend to become malignant, in sycosis and syphilis (Table 8). The various stages of depression leading to deep melancholia may easily be misinterpreted by excitement and exaltation of fancies. It may eventuate into malignant behaviour, suicide, homicide, sex perversion, family disruption and a long train of corresponding antisocial acts.

The interrelationship between the body and mind in health and disease especially in mental diseases is a very important factor for consideration. By keeping these factors in view, psychic symptoms found in corporeal diseases always are relevant indications in the selection of remedy homoeopathically. As such in mental diseases the corporeal derangement plays a vital role, if not at least the prominent factor to select the perfect remedy and to annihilate the same.

Psora, being the inherent fundamental miasm, the disease aspect in a latent manner finds a favourable step to be binded and to emit the ferociousness in the circumstances in which the living organism is exposed. The Psoric manifestations are expressed either through the mental plane or physical plane and vice versa. The other miasms, and constitutional and hereditary

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dyscrasia infiltrate as preventives, palliatives and addictions especially ganja and alcohol which complicate the manifestations (Table 12). All these dyscrasias constitute the true picture of mental diseases.

Hahnemann has classified the mental diseases on the basis of the theory of chronic miasms as follows:

- I. As a result of corporeal illness.
- II. Due to continued worry, vexation, anxiety, wrongs and frequent occurrences of great fear and fright.
- III. Sudden outburst of insanity or mania precipitated by exciting factors such as fright, vexation, mental shocks etc.
- IV. Corporeal causes of psychological factors such as faults in education, corrupt morals, superstitions, ignorance etc.

Hahnemann took not only the physical but most important the mental symptoms of the patient into consideration and as a result of this today we are in many cases able to save people who are mentally disturbed and enable them to lead a life of perfect normalcy.

Mental Characteristics of Miasms

Psora

Mentally alert, nervous and fearful
Easily fatigued mentally and physically
Restlessness at night during sleep
Inclined to lie down
Oversensitive to noise and odours
Aversion to bath.

Sycosis

Suspicious, jealous, cruel
Forgetful of almost all the recent happenings
Fixed ideas.

Syphilis

Mentally dull, morose, stupid and suspicious
Depression, never fearful
Desire to be alone, suicidal thoughts
Extreme forgetfulness.

It is observed that high incidence of mental illness is due to or related to the Hahnemannian classification II & III

(Table 6). The phases of symptoms based on the nature of symptoms that the patient exhibits are as follows:

1. Elation (Patient is happy and passive)
2. Aggression (Patient is violent, active and impulsive)
3. Depression (Patient is gloomy and self-contempted)

After studying many cases it is observed that the phases of Elation, Aggression and Depression are in close relation to Hahnemannian Category II. (Table 11).

During the course of study of a particular mental case, personality of the individual is also studied. To a certain extent this also helps in individualisation.

Classification of personality is as follows:

1. Psychological typeor
2. Temperamental type.

Psychological Type

Introvert

Magnifies his failures
Pre-occupied with self-analysis and self criticism
Visionary inhibition in his emotions
Sensitive to criticism

Extrovert

Never deeply affected by failures
Neither self-analytical, nor self-critical
Thoughtful, spontaneous in emotions
Insensitive to criticism

Temperamental Type

Schizoid

Careless
Social withdrawal
Personality disturbance
Poor social adjustment
Having very few friends

Paranoid

Suspiciousness
Rational
Critical
Jealous
Angered
Inordinate attention to small details
Self-importance

Hysterical

Desires attention
Sensitive

Anti-social (Psycho-pathic)

Unexplained failure in job
Changes job repeatedly

Easily weeps	Antisocial behaviour-motivated
Obstinate	Irresponsible
Desires sympathy	Inability to distinguish between
Vague physical symptoms	moral or immoral truth or falsehood
	Inability to accept blame
	Incapacity to live
	Impersonal response to sex life.

Material and Methods

A total number of 100 cases (72 male and 28 female) were taken for study from In-patient Department. The detailed data of these cases is mentioned in the Tables 1 to 13.

TABLE 1

Total	Male	Female
100	72	28

TABLE 2

Age Group	(Min.13yrs. Max.70yrs.)		
	T	M	F
Upto 10 yrs.	0	0	0
11yrs. to 20 yrs.	19	10	9
21yrs. to 30 yrs.	32	23	9
31yrs. to 40 yrs.	33	26	7
41yrs. to 50 yrs.	11	9	2
51yrs. to 60 yrs.	3	2	1
61 yrs and above	2	2	-

TABLE 3

Duration of Illness	(Min.1 day Max. 30 yrs.)		
	T	M	F
Upto 5 yrs.	48	32	16
6yrs. to 10 yrs.	22	17	5
11 yrs. to 15 yrs.	12	10	2
16 yrs. to 20 yrs.	12	10	2
21 yrs. to 25 yrs.	5	2	3
26 yrs. to 30 yrs.	1	1	0
31 yrs. to 35 yrs.	0	0	0
36 yrs. to 40 yrs.	0	0	0
40 yrs. and above	0	0	0

TABLE 4
Clinical Types

	T	M	F
Schizophrenia	43	35	8
Affective disorder	42	24	18
Alcoholic dependence	6	6	0
Childhood and adolescent psychosis	2	1	1
Anxiety disorder	2	2	0
Reactive disorder	1	1	0
Drug dependence	3	3	0
Hysterical neurosis	1	0	1

TABLE 5

Duration of Treatment (Min. 1 week Max. 45 weeks)

	T	M	F
Upto 5 weeks	34	26	8
6 to 10 weeks	30	24	6
11 to 15 weeks	19	11	8
16 to 20 weeks	5	3	2
21 to 25 weeks	4	2	2
26 to 30 weeks	3	2	1
31 to 35 weeks	3	2	1
36 to 40 weeks	1	1	0
40 weeks and above	1	1	0

During the course of study and evaluation of the cases, due importance was given to Hahnemann's classification of mental diseases.

TABLE 6
Hahnemann's Classification

	T	M	F
I	8	4	4
II	61	48	13
III	29	19	10
IV	2	1	1

TABLE 7
Aetiological Factors

	T	M	F
Heredity	6	4	2
Life experience & learned behaviour	55	41	14
Interaction of both	55	41	14

TABLE 8
Premorbific and Morbific Miasmatic Background

Miasm	Premorbific			Miasm	Morbific		
	T	M	F		T	M	F
Psora	89	66	23	Psora	42	29	13
Sycosis	6	3	3	Sycosis	19	16	3
Syphilis	4	2	2	Syphilis	21	11	10
Psora + Syco	1	1	0	Psora + Syco	6	6	0
Psora + Syph	0	0	0	Psora + Syph	9	8	1
Syco + Syph	0	0	0	Psora + Syph	2	2	0
Psora + Syco + Syph	0	0	0	Psora + Syco + Syph	1	0	1

TABLE 9
Pre-morbific Personality of the Individual

	Psora	Sycosis	Syphilis	Mixed
Schizoid	19	1	1	0
Paranoid	5	0	0	0
Introvert	35	1	1	0
Extrovert	12	1	0	0
Hysterical	5	1	0	0
Antisocial	1	1	0	1
Mixed	12	1	2	0

The phase of the symptoms and its relation to the miasms, and to Dr. Hahnemann's classification (Table 11 & 12) are mentioned below.

TABLE 10
Phase of Symptoms versus Miasms

	Psora	Sycosis	Syphilis	Mixed
Aggressive	28	19	2	8
Elated	3	2	2	1
Depressed/dull	9	3	18	10

TABLE 11
Relation of Phase of Symptoms to Dr.Hahnemann's Classification

	I	II	III	IV
Elation	0	5	3	0
Aggression	0	28	17	2
Depression	0	26	11	0

TABLE 12

	Total	Tobacco/ Ganja	Alcohol
Schizophrenia	43	28	8
Affective disorders	42	13	4
Alcohol dependence	6	0	6
Childhood psychosis	2	0	0
Anxiety disorders	2	2	1
Reactive disorders	1	1	0
Drug dependence	3	3	1
Hysterical neurosis	1	0	0

TABLE 13
Basis of Prescription

	T	M	F
Predisposing	9	9	0
Precipitating	2	1	1
Miasmatic	1	1	0
Mental Generals	62	40	22
Physical Generals	13	12	1
Modalities	1	1	0
Keynotes	4	3	1
Repertorial	7	4	3
Constitutional	1	1	0

Results

The homoeopathic medicines were prescribed on the basis as mentioned in Table 13 and improvement in varying degree was observed in 70% of the cases (Table 14).

Table 15 shows extent of effectiveness of various drugs with their potencies. The drugs which have been found most effective are Pulsatilla, Stramonium, Arsenicum album, Belladonna, Nux vomica, Phosphorus, Sulphur etc.

TABLE 14
Improvement Indices

	T	M	F
Marked improvement	58	42	16
Moderate	34	28	6
Mild	1	0	1
Not improved	7	2	5
Worse	0	0	0

TABLE 15
Drugs Found Effective

Name of the Drugs	Total Cases Prescribed			No. of Cases Found Effective		
	T	M	F	T	M	F
Ars. alb. 30,200,1M	10	9	1	9	9	0
Arg. nit. 200	1	0	1	1	0	1
Baryta carb. 200	1	1	0	1	1	0
Bell. 30, 200,1M	11	8	3	9	7	2
Cham. 200	1	1	0	1	1	0
Calc. carb 1M	4	3	1	3	3	0
Gels. 200	2	2	0	2	2	0
Hyos. 30, 200,1M	4	2	2	1	1	0
Ign. 200,1M	8	3	5	7	3	4
Lachesis 30,200,1M	5	4	1	4	3	1
Lyco. 200	3	3	0	2	2	0
Merc. sol. 200,1M	5	4	1	3	3	0
Nat. m. 30,200,1M	5	3	2	5	3	2
Nux v. 30,200,1M	11	8	3	9	7	2
Phos. 30,200,1M	9	7	2	9	7	2
Puls. 30,200,1M	14	7	7	13	6	7
Platina 200	1	1	0	0	0	0
Sepia 200,1M,10M	5	3	2	3	2	1
Sulph. 200, 1M,10M	12	10	2	9	8	1
Stram. 30,200,1M	13	9	4	11	8	3
Silicea 200,1M,10M	1	1	0	1	1	0
Staph.1000	1	1	0	1	1	0
Taren.h. 30,200	6	3	3	5	3	2
Zinc. met. 200	3	2	1	1	1	0

TABLE 16
Follow-up of the improved cases

	Improvement continues			Fluctuation with less intensity			Fluctuation with same intensity			Fluctuation with more intensity		
	T	M	F	T	M	F	T	M	F	T	M	F
Schizophrenia	27	24	3	2	2	0	4	3	1	4	3	1
Affective disorders	35	20	15	3	2	1	1	1	0	2	1	1
Alcoholic dependence	5	5	0	0	0	0	1	1	0	0	0	0
Childhood & adolescence psychosis	2	1	1	0	0	0	0	0	0	0	0	0
Anxiety disorders	0	0	0	1	1	0	1	1	0	0	0	0
Reactive disorders	1	1	0	0	0	0	0	0	0	0	0	0
Drug dependence	2	2	0	0	0	0	1	1	0	0	0	0
Hysterical neurosis	1	0	1	0	0	0	0	0	0	0	0	0

Pulsatilla and Stramonium cover all the three phase of symptoms such as aggression, elation and depression (Table 17)

TABLE 17

Phase of Symptoms	Drugs
Aggression	Ars. alb; Bell; Ign; Lach; Nux v; Phos; Sulph; Taren.h.; Stram.
Elation	Phos; Puls; Stram.
Depression	Ars. alb; Ign; Nat. m; Puls; Stram; Sulph; Gels; Lyco.

The miasmatic response is shown in Table 18 and it is observed that Stramonium is indicated in all the miasms.

TABLE 18

Miasm	Drugs
Psora	Ars. alb; Bell; Calc; Ign; Puls; Phos; Nux v; Stram; Tart.
Sycosis	Lach; Lyco; Phos; Nux v; Stram
Syphilis	Ign; Merc sol; Nat m; Puls; Stram.
Mixed	Ars; Stram; Sulph.

The drug response related to aetiological factors and in particular disease conditions are mentioned in Tables 19 & 20.

TABLE 19

Aetiology	Drugs
Predisposing	Ars. alb.; Nat m.; Nux v.; Ign.; Sulph.; Puls.
Precipitating	Ign.; Nat m.
Miasmatic	Merc. sol.

TABLE 20

Diagnostic Types	Drugs
Schizophrenia	Ars.alb.;Lach.;Lyco.;Nuxv.;Puls.; Stram.; Sulph; Calc
Affective disorders	Bell; Ign.; Nat. m; Puls; Phos; Nux v.; Stram.; Sulph.
Childhood and adolescence psychosis	Nux v.; Phos.
Anxiety disorders	Ars. alb.; Nux v.
Alcoholic dependence	Ars. alb.
Drug dependence	Nux v.
Reactive disorders	Ars. alb.
Hysterical disorder	Ign.; Puls.

Conclusion

The results of the studies conducted are encouraging as the improvement rate is high and more than 70% of the cases which have been followed up, show continuous improvement. The study conducted shows that males especially between 20 to 40 years of age are more prone to mental and behaviour problems as this is the age group which has great responsibility, mental stress and strain, occupational problems, socio-economic problems and this group usually falls victim to addiction and dependence.

The variety of cases studied clearly shows that true psychoses are amenable to Homoeopathic treatment (of the total 100 cases 87 were true psychoses). Table 7 shows that life experiences and learned behaviours, and the interaction of heredity and life experiences are the major factors responsible for the initiation and maintaining of behavioural problems. Miasms have great bearing on the set up of the particular personality and abnormal behaviours.

The drugs which were frequently indicated in the cases under study were Ars. alb, Bell., Ign., Lach., Nat. mur., Nux v., Phos., Puls., Sep., Sulph., Stram., Taren. h., etc. (Table 15). Potencies ranging from 30 to 10M have been used in different cases (Table 15). However, the most frequently used potency is 200. Regarding the repetition of doses, subsequent doses were given whenever there was aggravation of the complaints.

It has been found that proper case taking, administration of suitable similimum at suitable interval in suitable potencies and proper follow-up of the cases lead to improvement of the mental disorders, even though the cases were of chronic nature and came after taking various treatment for many years.

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"We may regard matter as being constituted by the regions of space in which the field is extremely intense....There is no place in this new kind of physics both for the field and matter, for the field is the only reality".

Albert Einstein