

Hahnemann and Homeopathy: Pioneering Work in Psychiatry

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Abstract: The article begins with a literature review of clinical studies and case reports documenting the efficacy of homeopathy in the treatment of various psychiatric disorders. The homeopathic method of treatment is described. There is a remarkable convergence of the proving symptoms of many homeopathic remedies and the symptomatic characteristics of many modern psychiatric clinical syndromes (example are provided).

Keywords: psychiatry, Hahnemann's influence on; psychiatric disorders, homeopathic treatment of; homeopathic treatment of psychiatric disorders, clinical studies of, a summary

Hahnemann was a pioneer in the area of mental health. According to Richard Hachl, Hahnemann began to promote the humane treatment of the mentally ill in 1793. In 1796, Hahnemann wrote: "The physician in charge of such unhappy people (the insane) must, indeed, have at his command an attitude which inspires respect but also creates confidence. He will never feel insulted because a being that cannot reason is incapable of insulting anyone."

Homeopathy and Psychiatry

The first homeopathic hospital for the mentally ill was founded in Middletown, New York, in May 1874. According to the attending physicians, it "...did not require the use of the opiates, bromides or chloral hydrate in order to control the patients." (Stiles, 1875)

A report published in the *Transactions of the American Institute of Homeopathy* compared the patient discharge rates of homeopathic mental hospitals in the state of New York to those of conventional hospitals between 1883 and 1890. The homeopathic hospitals were able to discharge fifty percent of their patients as contrasted to thirty percent for the conventional hospitals. The conventional hospitals also had a thirty-three percent higher death rate. (Talcott, 1891)

A prominent physician who used homeopathy to treat the mentally ill was Charles Frederick

Menninger, founder of the Menninger Clinic in Kansas, which is still in operation, but no longer uses homeopathy. Dr. Menninger was an active member of the American Institute of Homeopathy and is quoted as saying, "Homeopathy is wholly capable of satisfying the therapeutic demands of this age better than any other system or school of medicine . . . It is imperative that we exhaust the homeopathic healing art before resorting to any other mode of treatment, if we wish to accomplish the greatest success possible." (Menninger, 1897)

Few studies on the use of homeopathy in the mental health field have been published and even fewer follow acceptable scientific methodology. Some meta-analyses show homeopathy is a viable medical therapy and can be adapted to modern research methodology. There are ten high-quality studies on the treatment of mental problems that include depression, insomnia, nervous tension, agitation, aphasia, and behavior problems. Of these ten studies, eight demonstrated positive effects of homeopathic treatment. None of those studies have been replicated, but they suggest that homeopathic treatment should continue to be explored in the mentally ill. (Kleijnen, Knipschild and Reit, 1991) (Linde, et.al., 1997)

Dr. Jonathan Davidson has noted that there are similarities between modern psychiatry and homeopathy, and in his article (Davidson, Psychiatry and Homeopathy, 1994) he discusses self healing, microdoses, the disappearance of the symptoms in

reverse order of their appearance, and the diagnosis by pattern recognition of the symptoms. Other treatments invoke the concept of similarity as in the treatment of depression with sleep deprivation or the use of reserpine in the treatment of refractory depression. (Ananth & Ruskin, 1974) (Wu & Bunney, 1990)

Tricyclic antidepressants are used in small dosages in the treatment of panic disorder, yet these antidepressants tend to cause an exacerbation of those symptoms at higher dosages in these patients. (Kaplan & Sadock, 1995)

Davidson and his colleagues concluded that homeopathy may be useful in the treatment of some patients who suffer from anxiety or depression, either as an adjunctive or sole treatment. The authors noted several limitations of the study, and felt that only larger, double-blinded, controlled trials could provide answers to the questions that arise when using homeopathy in the treatment of disease, in general, and in psychiatry in particular. (Davidson, Morrison, Shore, *et.al.*, 1997)

Chapman, *et.al.*, performed a randomized, double-blind, placebo-controlled study on sixty patients with persistent mild traumatic brain injury. The results suggested that homeopathy used alone or concurrently with conventional pharmacological and rehabilitation therapies might be effective in treating patients with persistent mild traumatic brain injury, a condition which is notoriously recalcitrant to conventional treatment. (Chapman, Weintraub, *et.al.*, 1999)

Lamont, performed a double-blinded placebo-controlled study on the treatment of forty-three children with the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). It showed statistically significant differences in the group that received homeopathic treatment compared to the group that received placebo. (Lamont, 1997)

Another study of ADHD done in Switzerland involved 115 children (more boys than girls). It used standard diagnostic criteria and screening tools to confirm the diagnosis. Seventy-five percent of the children were treated with homeopathy prescribed according to Hahnemannian criteria. The study lasted three-and-a-half months. (Frei & Thurneysen; Treatment for Hyperactive Children: Homeopathy and methylphenidate Compared in a Family Setting. 2001)

This same research group decided to do a "cross-over" phase of the study and stopped the remedies. What they found when the children who had improved with homeopathy were selected randomly to receive the homeopathic medicine or placebo was that those receiving placebo deteriorated and then subsequently improved when the remedy was

reinstated; it is important to note that the study was double-blinded. (Frei, *et. al.*, 2005)

Hundreds of case reports have been published in homeopathic journals, during the nineteenth and twentieth centuries, of patients suffering from mental disorders who were treated successfully with homeopathy. Even though some of the cases were inadequately evaluated, many of these patients could meet DSM-IV criteria for a mental disorder.

A case series of 120 patients with diagnoses of anxiety neurosis, phobias, psychosomatic disorders, or neurotic depression was published by Gibson, *et.al.*

Priestman described twenty cases of anxiety, phobias, and hypochondriasis treated with homeopathy (Priestman, 1953).

Reichenberg-Ullman and Ullman have successfully treated patients with ADHD, depression, and behavior disorders. (Reichenberg-Ullman & Ullman. *Ritalin Free Kids*, 1996) (Reichenberg-Ullman & Ullman, 1999)

Detinis presented six cases of patients suffering from depression with suicidal ideation, chronic pain, sleep disorder, premenstrual syndrome and anxiety disorder treated homeopathically.

Bodman presented a series of cases of depression, anxiety, sleep disorder, phobias, neurosis, cerebral sequelae from a stroke, Meniere's disease, migraines, and other conditions treated successfully with homeopathy. (Detinis, 1994) (Bodman, 1990)

Boltz and Phalnikar presented patients with acute psychosis who recovered after homeopathic treatment with long-term follow-up. These patients had failed to improve with conventional treatment (Bolz, 1968) (Phalnikar, 1962).

Saine presented a series of cases of patients with psychosis, manic-depressive disorder, obsessions, and neurosis (Saine, 1997).

Shevin presented several cases of patients with dissociative disorders, character pathology, and post-traumatic stress disorder treated homeopathically. (Shevin, 1989)

Gallavardin published a series of alcoholic patients who recovered with homeopathic treatment.

Grazyna, M, *et. al.*, presented a series of thirty men treated for alcohol withdrawal and delirium tremens. They reported that about thirty percent of the patients continued treatment for 12-18 months with most of them abstaining during a long follow-up period of up to seven years. (Gallavardin, 1960/90) (Grazyna & Trzebiatowska-Trzeciak, 1993)

Some authors have presented cases of children

with mental retardation who improved with homeopathic treatment. Haidvogel, *et al.*, presented a series of forty cases of handicapped children. They reported that close to 75% of the children responded to treatment with nearly 50% showing improvement of all the target symptoms. The authors pointed out that the children with organic brain injury, autism and definite syndromes responded well generally in comparison to the children whose handicap was due to social deprivation. (Haidvogel, Lehner, Resch, 1993)

Griggs presented a series of four of cases, including one with a seizure disorder (Griggs, 1968)

Wright-Hubbard presented four cases of mental retardation, with seizures, autism, and muscle twitching who responded well to homeopathic remedies when there was nothing else conventional to offer them. (Wright-Hubbard, 1965)

Cortina presented a series of twenty cases of children with enuresis and behavioral problems treated with *Ilex*, a plant derived remedy. They reported 50% improvement in the enuresis and behavioral symptoms. Unfortunately, the study was not controlled, which makes it difficult to evaluate. (Cortina, 1994)

There are a number of single case reports of patients suffering from anorexia nervosa, anxiety neurosis, and manic-depressive illness treated successfully with homeopathy. Boericke reported an interesting case of a patient suffering from dementia with psychosis treated with a homeopathic preparation of chlorpromazine after the patient had worsened with the usual dosages of this drug. (Gray, 1981) (Crothers, 1981) (Whitmont, 1980) (Boericke, G, 1965)

Though the above cited cases provide documented evidence that homeopathic medicines can be effective in medical disorders, many other cases reported in the homeopathic literature do not. Most single case reports in our literature give only anecdotal information.

Patients with depression and bipolar disorder respond very well to homeopathic treatment. Some of these patients have required conventional medications, but the dosages have tended to be moderate; they have rarely needed more than one or two medications, and intercurrent symptomatic problems were treated with homeopathic remedies. (Merizalde, 2003-4)

Patients with Tourette's disorder have also responded well to homeopathic remedies, as well as patients with trichotillomania, anxiety, chronic fatigue and fibromyalgia, and dissociative disorders, including multiple personality disorders. These patients have been treated in situations when they have had poor responses to conventional medica-

tions or did not tolerate the side-effects from them. (Merizalde, 2002-3)

Therapeutic Considerations for the Use of Homeopathic Remedies in Psychiatry

After the homeopath takes a complete case, he or she selects those symptoms which are uncommon, rare and peculiar; that is to say, they are outside of the common or usual. An example of an unusual symptom might be when a chilly person wants to apply something cold to his headaches.

The selection of the remedy is always based on the totality of symptoms of the patient with special consideration given to their peculiar or characteristic qualities, such as: congestion of the face, red skin, glaring eyes, throbbing carotids, excited mental state, hyperaesthesia of all senses, delirious and restless sleep, dryness of the mouth, etc., which are found in the proving of *Belladonna*. These are the symptoms of an anticholinergic intoxication and, according to the theory, can be treated with minimal dosages of the same substance, following the principle of hormesis.

Hahnemann identified two contrasting biological actions that could be induced by medicinal substances: the first, the pharmacological, or toxic, effect of the substance, and the second, the organic reaction, which represented the drive of the organism to return to a state of equilibrium. This is known today as the "rebound phenomenon," and can be induced by certain drugs such as vasoconstrictors, alcohol, coffee, benzodiazepines and narcotics.

This phenomenon, called *hormesis*, is a dose-response relationship phenomenon characterized by low-dose stimulation and high-dose inhibition observed in carefully designed and rigorous *in vitro* and *in vivo* scientific research. (Calabrese EJ, 2004) (Merizalde, 2005)

Hormesis may play a role in conventional pharmacological treatments in psychiatry, such as the use of tricyclics in the treatment of panic and anxiety, or paradoxical reactions from benzodiazepines. Perhaps, the reported increase in suicidal ideation caused by the SSRI medications could be part of this same phenomenon. It is also often seen that antipsychotic medications can worsen psychotic symptoms. (Kaplan & Saddock, 1995)

A manic state of a quarrelsome and obscene character, with immodest acts, gestures and expressions, such as exposing oneself, is characteristic of *Hyoscyamus*.

There are thirty-nine remedies cited by Guernsey with symptoms characteristic of mental illness. In addition to the mental symptoms, characteristic,

physical symptoms are also included in the amnesia. (Guernsey, 1866) (Boericke, W, 1927)

Hahnemann observed that one can often observe an initial aggravation of the patient's symptoms after which improvement begins. A similar phenomenon has been observed in the treatment of anxiety disorders with tricyclics. (Kaplan & Sadock, 1995)

The clinical pictures elicited in the proving of certain remedies can sometimes bear an uncanny resemblance to modern clinical syndromes. A good example occurs in the proving of *Aurum metallicum*. Provers reported: "Hopeless, despondent and great desire to commit suicide, disgust of life, feeling of self-condemnation and utter worthlessness."

Contrast that description with that of *Staphysagria*: "Nervous affections with marked irritability; ill effects of anger and insults; very sensitive to what is said of her; prefers solitude." (Guernsey, 1866)

The *Aurum* picture could correspond to a melancholic depression and the *Staphysagria* one is akin to the rejection sensitivity of a patient with Donald Klein's Hysteroid Dysphoria or atypical depression.

As previously mentioned, the remedy is selected not only on the mental picture but any concomitant physical symptoms. For example, *Aurum* seems to have an affinity for cardiovascular system, while that of *Staphysagria* is often for the genitourinary system.

Another interesting picture is that of *Arsenicum album*, which is characterized by great anguish and restlessness; it also has fear of death and of being left alone. These are symptoms commonly found in anxiety disorders, especially with panic attacks.

The picture of *Natrum muriaticum* (sodium chloride) presents with: ill effects from grief, fright, anger, etc.; depressed and irritable; gets into a passion about trifles; wants to be left alone to cry. These symptoms may be found in a Dysthymic or Adjustment disorders.

Nux vomica manifests with a zealous fiery temperament, great irritability; intolerance of noise, odors, light, or touch. The remedy is also: sullen and fault-finding, desirous of stimulants, sometimes in excess, and suffers from constipation. These symptoms are found in patients suffering from neurovegetative dystonia, as well as other forms of dysthymia, usually of organic nature.

These are some of the mental symptoms reported in the homeopathic materia medica.

Homeopathic remedies are non-toxic and safe; however, they need to be prescribed with care as

they can elicit symptoms in sensitive persons. Just as someone can react emotionally to an intense movie, including nightmares that could last several days, or react to a psychotherapeutic intervention, certain very sensitive patients can "prove" homeopathic medicines. In patients who are extremely sensitive the LM potencies may be necessary. If the symptoms of aggravation are too intense, an antidotal remedy that covers the old and the new symptoms will be necessary, at a lower potency than the remedy that caused the aggravation (this last recommendation is based on personal experience). (Hahnemann, 1842/1996)

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