

Homœopathy and Mental Health – Hahnemann’s Perspective

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Abstract: Exploring the aphorisms of *Samuel Hahnemann’s Organon of Medicine* on mental/emotional disease and the implications of his work in the context of contemporary psychiatry.

Introduction

Psychiatry is an important, and somewhat neglected, area for homœopathy. This is partly because people who are acutely unwell with psychosis, mania or suicidality need containment and skilled interpersonal intervention for the safety of themselves and others; and partly because people with acute mental illness are put in institutions and medicated as the first line of treatment. There are no facilities in Australia or the UK offering mental health care and homœopathy.

Samuel Hahnemann’s contribution to the field of psychiatry is equally overlooked. His philosophy, as expressed in the *Organon of Medicine*, is ahead of his time and his humane approach to the management of psychiatric patients indicate that he is the founding father of contemporary psychiatry. He also forged a system of medicine that not only elicits what is curable in medicines but is capable of curing mental/emotional disease.

Kim Elia and *Joe Kellerstein* tell us (2010:1st lesson) that Hahnemann was so far ahead of his time we have to go back and understand exactly what he was saying; to go back to the origins of Hahnemann, *Lippe* and *Hering* and understand their level of competency; to learn from the roots and go beyond.

To support the development of a strong foundation, it’s imperative to revisit the origins of thinking around mental/emotional disease, since it is a key part of all homœopathic practice. As *Andre Saine* (2004:6) tells us,

“History is important because you can easily be misled and you won’t know you are misled, because you don’t know your history... Once you know your history you just go forward.”

Below is a study of Aphorisms 210 – 230 of Hahnemann’s *Organon of Medicine*. The text in italics is a summary of each aphorism; the

regular text provides thoughts, examples or analysis of each aphorism.

Aphorisms on Mental and Emotional Diseases in the Organon of Medicine

Hahnemann devoted a mere twenty aphorisms to mental and emotional disease because ‘...(mental/emotional diseases) do not constitute a separate class of disease.’ Hahnemann (1996:196). However, Aphorisms 210 – 230 are absolutely vital, since according to Hahnemann, the mental/emotional state is the chief ingredient of all diseases. And relatedly, all other aphorisms of the *Organon* apply to mental/emotional disease accordingly.

Chief ingredient of all diseases

§210: *Mental/emotional diseases don’t constitute a separate class of disease because in all somatic disease, the mental/emotional frame of mind is always altered. In all cases of disease to be cured, the mental/emotional state should be noted as one of the most pre-eminent symptoms along with the symptom complex if one wants to record a true image of the disease in order to successfully cure it.*

“Disease is a pattern of change away from the harmonious.” *Elia/Kellerstein* (2010:lesson 1). In aphorism 11, Hahnemann states that the mistunement of the vital force makes itself discernible by disease symptoms everywhere present in the organism; in no other way can it make itself known.

Homœopaths do not separate the mental/emotional symptoms from the physical. There is only one vital force in each person, and a mistunement of this affects the whole organism. *Kellerstein* maintains, “The mental state is not a complex, psychological interpretation or hidden phenomenon. It is as Hahnemann says, what can least be hidden from the physician. It’s got to be obvious.” (2010:lesson 1)

A. Saine proposes that Hahnemann was the first person to take mental/emotional symptoms into account in every case in the history of medicine. "...this thing about the importance of mental symptoms, I don't think he got it from somebody else. There is no sign of this from the literature of this time." Saine (2004:23)

§211: *The person's emotional state often decides the medicine.*

Consider two children with ear infections. The aetiology in both cases is similar, however, their mental/emotional reactions are quite different. One is fractious, wants to be carried, wants one thing then another, is dissatisfied, knows not what they want and settles with vigorous movement such as in the pram or car. The second child is weepy, whiny and clingy, won't be put down and improves once they go outside into fresh air. The first needs *Chamomilla* and the second, *Pulsatilla*. It is the mental/emotional symptoms that determine the medicine. This is an example with an acute condition, but the rule also applies in chronic cases.

§212: *Each medicine alters the mental/emotional state of the individual who proves it, each in a different way.*

Today, provings are conducted with a wider range of potencies than in Hahnemann's time. It has been noted that provings with higher potencies produce more mental/emotional symptoms than lower potencies. Materia medica has evolved to reflect the additional healing potential of each homoeopathic medicine. Equally, the patient demographic has also changed. Documented cases from Hahnemann's time show predominance in physical acute, chronic and epidemic diseases.

213: *One will never cure homoeopathically unless one attends mental/emotional alterations in conjunction with other symptoms in every case, including acute ones; and one selects a medicine that is capable of engendering a mental/emotional state similar to the person.*

Since "...one will never cure homoeopathically unless one attends mental/emotional alterations in conjunction with other symptoms in every case...", understanding these twenty aphorisms is crucial. **This is the heart of the Organ(on).**

§214: *Mental/emotional diseases are treated in the same way as other diseases:*

"What I have to teach about the cure of mental and emotional diseases can be confined to a very few remarks, since these diseases are to be cured in the same manner as all the other diseases...with a disease agent capable of producing in the body and psyche of healthy people symptoms as similar as possible to those of the case." Hahnemann (1996:197)

Vis-a-vis aphorism 214, the whole *Organon* applies to the treatment of mental/emotional disease.

That is, in mental/emotional cases, take the case as per any other and analyse the case according to the totality of symptoms, observing pre-eminent symptoms, peculiarities, concomitants, mentals, generals, particulars and modalities, causation, history; know the materia medica and prescribe according to the Law of Similars; apply the knowledge of the minimum dose in relation to the vital force and observe direction of cure and adjust treatment as needed.

Chronic one-sided mental and emotional diseases

This next section of aphorisms is profound and requires deep reflection to absorb and truly understand what Hahnemann is saying.

§215: *Almost all mental/emotional diseases are somatic diseases where the mental/emotional mistunement peculiar to each disease is heightened and the somatic symptoms diminish until finally the disease transfers itself to the invisibly subtle mental/emotional organs (one-sided case).*

Hahnemann believed that most mental/emotional diseases were extensions of physical disease. That is, disease starts on the physical level and progresses to the mental until there are almost no symptoms left on the physical. Andre Saine (2004:26) reports that a British psychiatrist between the years 1920 – 1960 found that in the treatment of psychosis, prognosis was better if some physical symptoms existed. Further, the more physical symptoms remained, the better the prognosis; in psychosis with no physical symptoms, the less good was the response to homoeopathic treatment. Saine states that this has been confirmed by other psychiatrists.

Joe Kellerstein states (2010:1st lesson) that people suffering with schizophrenia don't have physical symptoms; they don't have acute fever or cold, and if they do, the schizophrenia goes away. In twenty years of mental health nursing, personal experience and observation concurs with this. Kellerstein also attributes schizophrenia to a metabolic disorder, evidenced by different alkaloids in urine. He thus claims that its basis is in physical disease, as described by Hahnemann. This is not a concept considered by allopathic medicine, but would be interesting to research further.

§216: *It's not uncommon for potentially life-threatening diseases to degenerate to mental/emotional symptoms such as insanity or melancholia and the somatic symptoms to vanish.*

Kim Elia (2010:1st lesson) explains it as the body's way of deflecting to the mental/emotional plane in an attempt to save life: "The energy of the disease seeks to extend itself to some non-life-threatening intensity at a mental/emotional level; a palliation of the vital force."

Saine (2004:27) reflects that the quick transference of physical disease to mental diseases, thereby deflecting death, is something we don't see today, except in some cases of puerperal fever and very severe septicaemia. Delirium could possibly be added to this. It would be rare for critically ill patients to be under the care of a homoeopath in Australia or the UK, so the chance to observe this phenomenon first hand would be rare.

§217: *How to treat these chronic one-sided mental/emotional diseases:*

1. *Investigate the whole complex of signs – the somatic symptoms and the individuality of the malady's chief symptom.*
2. *So that a medicine can be selected to extinguish the whole disease; a medicine whose symptoms are the most similar to the somatic and mental/emotional state.*

In mental/emotional cases, it could actually be the physical generals or particulars that become the individualising symptoms. That is why it is important to take a complete case in every instance.

§218: *Symptoms should include an exact description of the somatic disease before*

it degenerated into the mental/emotional disease.

The case history must include the original symptoms that are now gone – from the memory of the patient, and the people that knew them in their previous state.

Elia/Kellerstein (2010:lesson 1) state that there is a documented case by H. C. Allen, where he treated the somatic state to cure insanity, which came to light by interviewing relatives.

Hahnemann instructs homœopaths to observe persistently and closely to notice the transference of disease. Having awareness of this potential is the start. To know what to look for and to seek collaborative history from family/friends might reveal physical conditions that had not been otherwise noted. In the rare instance of treating a major mental illness, this adds another whole dimension to case taking to consider in treatment.

§219: *“The continuing real presence of these earlier physical symptoms is confirmed by the fact that a vestige of them remains, vestiges that are not obvious but that stand out in lucid moments when the mental disease temporarily subsides.”* A. Saine (2004:28)

Saine further observes that in psychosis, depression, schizophrenia and bipolar affective disorder, the pattern is usually up and down, with periods of exacerbation and remission. Each flare up tends to be worse and lasts longer. He says that during remission, as the mental/emotional symptoms start to diminish, physical symptoms will start to appear. *“As the disease progresses, you will have less and less remissions of the mental/emotional picture, but when they are not present, then you will have a moment to discover the physical symptoms, and you must use this”*. (2004:28).

This is a revelation in the treatment of major mental illness – to look for the physical symptoms emerging during remission as guiding symptoms. However, most patients today with schizophrenia, bipolar affective disorder, major depression or other psychotic disorders would be on psychotropic medication. It is unknown whether the vital force would still follow this previous flow of expression under these circumstances.

§220: *By adding the mental/emotional state, a complete image of the disease is formed. In order to cure, seek a medicine which is capable of producing similar symptoms – especially the mental derangement.*

According to Saine (2004:31), Hahnemann recommends that you make one complete picture of the previous physical symptoms and the present mental/emotional symptoms. That is the picture you use for prescribing. He also says that 50% of the symptoms in the mental/emotional sphere used in prescribing will be objective symptoms – what you have observed and verified from the family. The more mentally sick, the more objective symptoms you will use.

In prescribing, Hahnemann tells us in Aphorism 153 to look for the most characteristic and unique elements first; to carefully analyse what is most unique and peculiar – as per any other case.

Acute flare-ups of psora

§221: *Acute insanity may have a trigger but almost always springs from internal psora. An acute flare up can't be treated with anti-psorics. It must first be treated with apsorics to dispatch the acute flare-up. For example, Aconite, Belladonna, Stramonium, Hyoscyamus.*

There are three states:

1. the original physical disease
2. the emerged mental/emotional disease
3. the acute flare up.

States one and two are considered as one in analysis and prescription. State three is the acute exacerbation of the chronic state and will need to be treated first with an acute medicine matching the acute totality.

§222: *Once the acute flare up has passed, don't regard as cured. Give an anti-psoric (and possible anti-syphilitic) treatment to free from the chronic miasm, which is now latent but may flare up. This will prevent recurrence.*

Kent also says that the best time to prescribe the chronic medicine is after an acute.

J. Kellerstein (2010: Lesson 1) discusses latent Psora – the phase between the external disease and diagnosable chronic disease. He states that people in this in-between state will develop obvious

sensitivities. For example, headaches before thunderstorms, liability to catch cold with weather changes; emotional triggers; skin disorders – none of them definitely diagnosable as a chronic disease. *“...the phase of less than good health where people start to wake in certain patterns; a latency of predisposition to definite diseases and a class of remedies to address it.”*

Case illustration: a young woman comes into clinic with chronic fatigue. Every time she gets a viral infection, recovery is within normal range, but then chronic fatigue sets in. Symptoms include sleeping more; mental depression; fatigue after low exertion; lethargy; malaise etc. This is latent Psora, and won't resolve until she takes the homœopathic medicine fitting the chronic totality of symptoms.

If treated during this period of latent psora, it is possible to cure the mistunement of the vital force before it begins to produce diagnosable pathology (disease ultimates).

If flare-ups of latent psora keep recurring, then the prescription needs to change. J. Kellerstein (2010:lesson 2)

§223: *If the anti-psoric/anti-syphilitic treatment is not given, the acute flare up can recur but will get progressively worse and may even become a periodic or constant mental derangement, which is more difficult to treat.*

This is true for any disease, including mental/emotional disease.

Differentiating between different types of mental and emotional disease

Conventional psychiatry accepted the concept of psychosomatic disease around 1970. Hahnemann documents not only the concept of it, but also the rationale for how it fits with organic mental/emotional disease, and how to approach the management in 1810.

§224: *Mental/emotional disease can stem from faulty upbringing, bad habits, perverted morality, neglect of the spirit, superstitions or ignorance. These will respond to psychological approaches.*

Elia and Kellerstein (2010:1st lesson) bring light to this important aphorism. They state that in true mental disease, the person is not able to respond to rational approaches because they are not in control. If they do respond to

counselling or therapeutic approaches, the less it is a true dynamic mental disease because they are in control of it. This is neurotic behaviour.

Mental/emotional disease stemming from somatic disease will worsen with these approaches. The melancholic patient will become more downcast and withdrawn; senseless talk will become more nonsensical.

That is, psychological approaches aggravate somatic mental/emotional disease.

This is certainly true in some types of mental/emotional disease. However, therapeutic techniques and interventions have evolved today and can be effective even in florid psychosis and mania. For example, not colluding with the delusions whilst giving reassurance and reality orientation can bring relief to someone with persecutory delusions; providing a low-stimulus environment and adopting a calm persona can de-escalate and soothe the elevated person. These techniques will not cure the organic mental/emotional disease but will relieve the positive symptoms experienced by the person.

The illness that is most interesting to consider with Hahnemann's theory here is Borderline Personality Disorder. The use of psychological techniques can actually exacerbate behaviours such as rumination, deliberate self harm and threats of suicidal ideation. If indeed Hahnemann's theory is correct, it would imply that BPD is caused by somatic disease. To know this and trace back the history to this disease and treat it, would help bring relief to what is otherwise considered incurable.

§225: *Diseases spun and maintained by the soul. Some diseases develop from the mind and can ruin the somatic state of health to a high degree. Causes: persistent worry; mortification; vexation; abuse; fear or fright.*

This can be illustrated beautifully with a case:

A 66-year-old woman came to clinic with severe ulceration of the throat. Tracing back the history and causation reveals underlying stress from feeling controlled and not appreciated all her life. She has coped by suppressing the anger and feeling 'resigned' to the situation. Initially it triggered digestive disturbance and heartburn in her 30s.

Had the stressor been removed at this point, equilibrium may have been able to be restored on its own. Because it wasn't, the symptoms developed a life of their own, because the vitality responded to the irritation that was occurring at the emotional level. It then became a dynamic disease, and continued. After a certain point, even though the stress was removed, pathology got worse over time. After 30 years, a similar trigger worsened the pathology to produce extensive ulceration of the throat. Homœopathy was able to cure this state even after all those years, by taking into account the presenting complaint along with the causation, as experienced and articulated by her. It was a 'light-bulb' moment as she connected the thread of the case herself and she experienced improvement on the mental, physical and emotional level from treatment.

§226: *These diseases can be transformed by psychotherapeutic means, as long as the disease is new and hasn't deranged the somatic state too much.*

Saine (2004:34) states that in an ideal world,

"...we should diagnose the patient, evaluate the patient and know if it is a case for homœopathy or if it is a case for psychotherapy. Similarly, for the greatest benefit of the patient, they should be able to diagnose the patient and do the same thing."

It is important to refer on in cases where the disease level is beyond the limitations of homœopathy or the particular practitioner. However, it is evident that many emotional diseases will improve with homœopathy alone. Many patients who attend clinic after therapy can be some of the most difficult to treat since they are so compensated and the original state is not overtly expressed. In aphorism 153, Hahnemann tells us the way to find the right remedy is with the most characteristic and unique elements first. These might be hidden in such compensated cases.

§227: *These diseases are also psoric and should be treated with an anti-psoric during convalescence.*

That is, mental/emotional diseases evolving from external factors (stress, shock, worry etc.) respond to psychological approaches. They do not originate from somatic diseases. Both

types of mental/emotional disease are psoric and need to be treated with anti-psoric medicines after the acute episode.

Behaviour towards the patient

Hahnemann's experience in the treatment of people with mental/emotional disease extends beyond his *Organon of Medicine*. In 1792 he took charge of an asylum for the mentally insane. And in 1793 he agreed to treat and cured the case of insanity of Herr Klockenbring (a public figure of his day) with homœopathy, which caused a sensation. His approach was, namely, to treat the mentally ill with respect, kindness and as an equal.

"Hahnemann appears to be the first to recommend gentle and humane methods for the treatment of the mentally ill, a year before Pinel, Tuke or Reil, thus making him the true pioneer of psychiatry." P. Morrell (2010:93)

In addition, his pioneering work with homœopathy, documented in the first edition of the *Organon*, stimulated new concepts of mental illness and management of its expressions.

§228: *Mental/emotional diseases that arise from somatic disease can only be cured by an anti-miasmatic medicine in conjunction with adapted living habits plus the appropriate psychological approach to feed the soul – calm and firm, without reproach.*

In the footnote, Hahnemann talks about the approach of care in dealing with people with mental/emotional disease. This is ahead of his time and is directly comparable with the mental health nursing approach today. He deplores the cruelty applied in mental institutions of his day as 'unconscionable'.

§229: *Always appear to credit patients with reason. Contradiction, eager arguments, violent reprimands and vituperations, as well as weak, timid compliance are not acceptable. Seek to remove all kinds of external disturbances to their senses and emotions.*

Here is a point of difference.

Hahnemann promotes care entailing no entertainments or diversions, advice or soothing words. In the right context such interventions can provide meaningful distraction from expressions of mental/emotional disease, such as intrusive ruminations, alterations in perception such as auditory and visual hallucinations, delusions and alterations in mood, including suicidal ideation.

Conclusion

“As homœopaths we have a window to understand a human being... we have a capacity to understand human nature differently, unique and probably greater than any other type of biological science. Through my study of homœopathy, I think I understand better the human being than to study philosophy or reading the best philosopher, or a psychologist, or a sociologist...” A. Saine (2004:34)

As a homœopath and mental health nurse, there is resonance with this statement. There is a depth of knowledge and understanding of people that comes from the unique way we engage with people and take their cases. These skills provide homœopaths with a greater ability to support people suffering from stress and to help free them from the limitations in their lives caused by ill health.

Consistent stress and turmoil in life will cause psora to flourish, and psora

can turn out to be hysteria, mania, melancholia, imbecility, frenzy (§ 80). In our culture today, people live in a state of constant stress, the effects of which we see in clinic daily. Hahnemann’s *Organon of Medicine* outlines truly original thinking in the field of mental/emotional disease. Since his time, the art and science of homœopathy has continued. There are many other perspectives in the field of mental/emotional health to consider, but to know your history is to know your roots. Roots nourish the plant to grow and evolve and fulfill their purpose.

NOTE: Healthcare for people suffering with acute mental health issues requires specific skills for the safety of all involved. Practitioners need to be aware of their Code of Conduct and legal aspects of care. Please see the AHA’s website for the Code of Conduct and more information.

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