

Centre for Integrative Medical Training  
In Association with London Integrated Medical Health Education



# Pre-membership Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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Unit 60

**PRINCIPLES & PRACTICE** - Supplement for Week 4

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## Section 1 The Homeopathic Consultation and Difficult Psychological Cases

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### References:

- Kirschenbaum H. & Land Henderson V. (eds.) The Carl Rogers Reader, Constable 1989  
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### WHAT ARE DIFFICULT PSYCHOLOGICAL CASES?

How do we classify psychological disorders?

DSM-IV is a useful and comprehensive classification of all mental disorders. Especially useful in diagnosis of personality disorders. Very much the 'psychologist's Bible' and a sort of 'Mims manual of the mind'

1. Psychosis and intractable depression.
2. Neurosis: Patients in need of psychotherapy, but 'prefer' homoeopathy.
3. Patients with unrealistic expectations of homoeopathy.

#### 1. Psychosis

NB in all cases insist that the patient is being supervised by their GP and psychiatrist. If they refuse to do so, do not take on the case until they accept the necessity of this.

##### a) Schizophrenia

Strategies:

- refuse to take on the case
- take on the case with conditions:
  - i) with the understanding that you probably cannot 'cure' the schizophrenia but will try to help the patient in other ways.
  - ii) insist that you work in conjunction with both the GP and psychiatrist and that the patient remains on orthodox medication.

Homeopathically: focus on physical keynotes as mentals will be plentiful but repetitive and confusing. Remedies: Lachesis, Cannabis indica, Agaricus. But try to find a remedy that fits the totality of symptoms with a good balance of physical and psychological symptoms.

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## b) Manic depression

Strategies:

- refuse to take on the case
- take on the case with conditions:
  - i) with the understanding that the patient may never be able to come off Lithium
  - ii) insist that you work in conjunction with both the GP and psychiatrist.
  - iii) make it clear to the patient that although you will try to help him/her with homoeopathy that you will never make the decision to take him/her off the Lithium. This can only be done by the psychiatrist when s/he decides the patient has improved enough to warrant a trial off medication.

Remedies: Lachesis may be useful

## c) Severe intractable depression Eating disorders. Selfharmers. Attempted suicides and others..

Strategies:

- Take on the case conditionally
  - i) insist that you work in conjunction with both the GP and psychiatrist.
  - ii) with the understanding that the patient remains on medication until the psychiatrist thinks a trial without treatment is justified.
  - iii) try to ensure that the patient is getting psychotherapy as it is unlikely that homoeopathy alone will ever replace medication but that it may be possible in the future for the patient to be treated with homoeopathy and regular psychotherapy.

Remedies: try to find the constitutional remedy. Routine prescriptions of Aurum and Natrum mur tend not to be too useful.

NOTE: It is quite possible for a homoeopath to make the first diagnosis of psychosis. especially schizophrenia. This is because many present day psychotic notions may have a “New Age” feel to them and these patients feel they are best suited to homoeopaths or are strongly paranoid about orthodox doctors. It is therefore very important for us to make the diagnosis if possible and deal with these cases sensitively.

Ideally we would like to refer them to a psychiatrist but very often they will not accept this advice initially. Occasionally it is worth treating homoeopathically for a while, gaining the patient's trust and then getting a full psychiatric assessment, hopefully from a psychiatrist sympathetic to homoeopathy.

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## 2. Neurosis:

This is well worth treating homoeopathically in almost all cases and forms.

### a) **The patient who is also having psychotherapy.**

- i) Try to get the patient's permission to talk to the psychotherapist. This can be immensely useful in getting good mental symptoms. We must not assume that one hour with a homoeopath which includes an orthodox history and possibly examination cannot be enhanced by the opinion of a psychotherapist who has spent many hours with your patient.
- ii) If the patient is not keen for you to speak to the psychotherapist, drop the subject and don't bring it up again.
- iii) Be aware that psychological changes may occur after the remedy. These may be obviously beneficial but also may be cathartic and this could influence what happens in psychotherapy.

### b) **The patient who is not having psychotherapy.**

- i) Be prepared for a cathartic reaction to the correct remedy and be prepared to deal with this.
- ii) Be aware that many patients, especially neurotic patients have heard about homoeopathic aggravations and their chances of 'feeling worse' after the remedy is quite high. One may consider using sac lac as the first prescription to help you discriminate between true and false aggravations, but you cannot use this to convince your patient that it was not the homoeopathy that made him/her feel worse!
- iii) In some cases it is necessary to suggest the possibility of psychotherapy being complementary to homoeopathy. Some very rewarding results are not uncommon with this combination. e.g. a very closed and reserved patient is prescribed Natrum muriaticum, becomes more open and is now able to benefit enormously from psychotherapy or simple counselling.

Remedies: The constitutional remedy or remedy based on the totality of the symptoms is most likely to give the best result

However in my experience.....

Ignatia is often useful in acute anxiety.

Argentum nitricum is often useful in apprehension. especially fear of flying.

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**3. Patients with unrealistic expectations of homeopathy,**

- i) Ask the question "What do you hope from homeopathic treatment?"
- ii) it is essential to give your own expectations of the case, especially with regard to how many visits you think may be needed. Some patients have read about 'miracle cures' where psychological problems have been sorted out in one visit.

NB. Always remember that the simple skill of listening, which every homoeopath should develop, can be very therapeutic to many patients. It is therefore possible that patients with psychological problems may request to see you sooner than the suggested month. Every fortnight can be useful in some cases. However if the patient wants to see you every week it could be wise to think of psychotherapy. Otherwise transference can develop to a degree that you may not be equipped or prepared to deal with later!

