# Tomas Paschero
# Homoeopathy - Imperfect copy

## Extrait du livre

Homoeopathy - Imperfect copy
de Tomas Paschero
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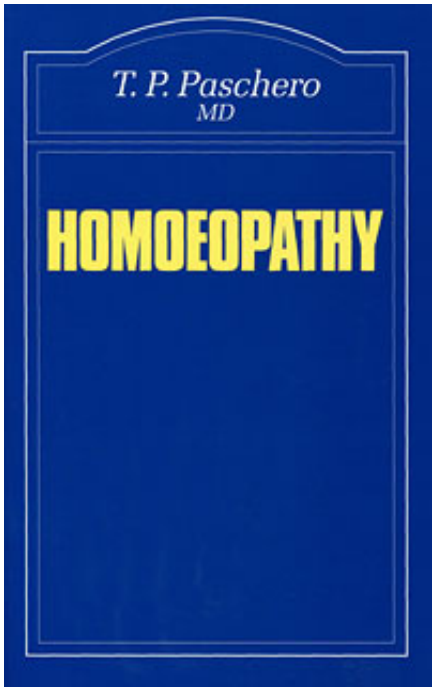


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# Chapter 7

# *Mental Symptoms and the Meaning of 'Totality' in Homoeopathy*
(1957)

With the advent of Hahnemannian homoeopathy at the beginning of the nineteenth century, the ancient Hippocratic concept of 'totality' was again brought to the forefront. To perceive the whole patient was once again an essential clinical objective. Thus medicine had the opportunity of complying with the precept supported by all the great masters of clinical practice, that disease can be understood only in terms of the whole human being.

Nevertheless, validated by discoveries in physiology, bacteriology and biochemistry, organic medicine segregated the pathological lesion from the patient and began to study the isolated organ, divorced from the patient's whole life context. Absorbed by this scientific endeavour, organic medicine overlooked the fact that the lesion is not the cause of disease but only its consequence. Disease is the result of a dynamic process, of an alteration of organic functions that compromise the totality of each individual. Some homoeopaths, trained according to the principle that the pathological lesion and organic disease are products of a vital derangement involving the whole individual in a single total reaction, have lost this tenet of Hahnemannian doctrine and have committed themselves to symptomatic medicine, giving no thought to wholeness. It is an urgent task to restore this principle of wholeness.

Above all, it is necessary to clarify a basic principle that gives meaning to a homoeopath's clinical practice. The patient who consults a physician is subject to a detailed scrutiny of his most recent symptoms. This individualisation of the case leads to the selection of a remedy that matches the patient's particular current syndrome, which, according to Hahnemann, corresponds to the currently activated miasm. However, this type of diagnosis is precarious.

The current ailment, together with the total physical and psychological reaction experienced in the present moment, expresses an underlying constitutional chronic process which has conditioned the emergence of the current symptom picture. Homoeopathy is

sidetracked from its real task if it is content with prescribing for the current symptom picture and neglects to inquire into the morbid constitutional terrain that has predetermined the current ailment.

The main objective of Hahnemannian homoeopathy is to match the individualisation of the remedy similar to the current symptom picture with the individualisation of the constitutional remedy, which is the true simillimum of the case. The dynamic action of the constitutional remedy must coincide with the morbid spirit of the patient's dynamic core: that is, with his or her deep-seated personality.

If Hahnemann had not begun the *Organon* by stating that the only mission of the physician is to cure, and if he had not maintained in Paragraph 3 that the physician must know 'what is to be cured ... in every individual case of disease' as well as 'what is curative in medicines', the practice of homoeopathy would have been reduced to the local application of remedies more or less similar to the patient's current needs.

But this was not what Hahnemann had in mind. His study of the miasms as the dynamic substratum of chronic disease has undoubtedly provided insight into the constitutional problem, but at the same time has also compelled the homoeopath to have more honesty and intelligence in the analysis of each individual case.

Ever since Hahnemann wrote the *Organon,* no homoeopath is exempt from the obligation to transcribe a complete clinical history. This will help the physician relate the nature of the patient's current symptom picture to that person's personal life history. The physician's *leitmotif is* to discover the key to the patient's illness. This key to the case reflects the patient's characteristic mood, conflicts of adaptation and morbid constitutional terrain. As Hahnemann maintained, no remedy is the simillimum unless it contains the patient's mental character or spirit.

Functional disturbances of the organism and local alterations must be referred to the totality of the patient's symptoms - the totality of symptoms reflects the patient's soul. General symptoms and organic sensations depend on the patient's personality structure. As Claude Bernard maintained, 'The vital force directs phenomena that it does not produce, in contrast to the physical agent that produces phenomena that it does not direct.' *(Les liquides de I'organisme,* Vol. 3, 1839)

The totality of symptoms that reflect the patient's chronic disease is neither any single one of those symptoms, nor the sum of all of them. Just as a melody or a musical chord is something new and different from the individual tones of which it is composed, something new has emerged from the harmonious integration of symptoms.

The experimental psychology of the nineteenth century aimed to construct a picture of the human personality by measuring and combining the various individual psychic functions. It was only with the advent of holistic psychology that personality began to be considered not as a mere composite of separate experiences, but as the total reaction of a living being, distinct from each and every sensation. Similarly, in current medicine, the system is conceived as a 'summary' of the complex interaction of diencephalic regulatory centres, where essential elements of the personality come together with the physical and biochemical systems as functional categories. Peripheral regulation and events in the organic visceral zone also depend upon the oscillations of biological 'will' originating from diencephalic centres which act as a central coordinating isthmus of the personality.

In the study of each patient, the physical, organic, psychic and environmental factors must be integrated into a clinical synthesis which allows the physician to view the case with a morbid tendency and destiny that is valid for that individual.

When von Bergmann (1836-1907), who created functional pathology, studied gastroduodenal ulcers he observed that the ulcerous lesion was not the cause of the disease, but a disorder due to a constitutional stigma rooted in the patient's bodily and mental terrain.

This anthropological insight has helped the physician understand that the task is not to describe the morbid process but to discover the importance that this process has for the patient, and what role it plays in his or her whole life and what it means to be cured. No valid prognosis can be based exclusively on organic processes - time and again, physicians have observed patients with a fatal prognosis survive, as they have a strong will to live which counteracts the natural tendency to final dispersion or self-destruction.

We do not know if science will some day measure this will to live, this Hippocratic *physis, natura medicatrix* or immanent principle of biological activity that propels the human being towards growth, evolution and freedom. However, we do know that if a person's will to heal is not stimulated, whether spontaneously, or with a dynamic form of therapeutics or by any other means, the law of cure, which is his preservation and destiny, will not be activated.

This is what Hahnemann clearly states in Paragraph 3 of the *Organon* and what he develops in his concept of chronic disease. To perceive the clinical case requires that the diagnostic value of symptoms be conferred by the understanding of the patient's whole and unique life history. The research supplied by physics, chemistry and biology allows

the physician to gather the data into a harmonious whole and give birth to the clinical reality of the case. This is what Hahnemann establishes when he says in Paragraph 153 that the physician must take into account only 'the more striking, singular, uncommon and peculiar signs and symptoms of the case of disease ... for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to ..." A natural cure will never be brought about unless mental and emotional symptoms are addressed.

One of the most difficult paradoxes is that of patients who have eradicated their disease, have corrected their pathology and have improved their symptoms, but nevertheless are mentally and emotionally worse, and less able to deal with their circumstances. The innermost core has remained untouched, or even worsened. Sooner or later, the physician realises that he has treated the products of the disease but not the disease itself. Thus, from a Hahnemannian perspective, what must be cured in these circumstances is the mood, character or vital attitude of the patient towards life.

Undoubtedly, medication that solves the patient's immediate problem complies with the patient's momentary requirements - often the patient asks for no more than this. Patients do not usually know what it is that must be cured in them, but ask the physician to restore a balance in their emotional and mental life that they think depends on their organic ailment. To treat a patient for diabetes, rheumatism, a stomach ulcer, an inflamed gallbladder or any other organic ailment does not solve the patient's essential pathological problem. To attend to these localised affections can, however, restore a relative balance which may be mistaken for a real cure. This, in fact, is what occurs in many cases where the patient attains some degree of physical and mental health. Here the physician who really knows the patient is aware that he must not 'touch' the constitutional substratum, must not stir the latent diathesis that will muddy the still waters of a precarious but effective homoeostasis.

Human beings are healthy when they fulfil the purpose of their existence. If it is true that the physician must reach the level of spiritual determination in order to do something more, he also relies on the patient's will to heal, which is often simply not there. In chronic diseases, the patient's psychic reaction generates a functional pathological syndrome which provides feedback to the organism's response. This explains why addressing the current pathological problem always improves the patient and often cures, by suppressing the retrograde influx of the organic lesion on the nervous system. The Hippocratic

# Chapter 16

# *Child Psychology in Homoeopathy*
(1963)

In homoeopathy, child psychology is studied as a symptomatic expression of diathesis. Character and behaviour faithfully reflect the morbid temperament which, in turn, responds both to the child's unique constitutional susceptibility and to emotional stimuli from the child's environment.

By matching the child's behavioural symptoms and reactions with the major remedies of the materia medica, homoeopathy can improve the constitution. Speculative psychology has no place in homoeopathy except to help us confirm the validity of mental symptoms. From Freud to the present time, most schools of psychoanalysis acknowledge that the constitutional predisposition is an important factor in childhood behavioural disorders.

In his theory of chronic diseases, Hahnemann inductively concluded that psora, a dynamic derangement of vital equilibrium, expresses itself mainly through anxiety. Psora, then, is that primal state of susceptibility, irritability or homoeostatic imbalance which conditions the terrain for infection. From psora springs the basic existential anxiety which every child brings into the world, expressed as primal withdrawal and fear of life upon separation from the mother.

To experience anxiety is to long for something, to anticipate with fear something that will relieve a tension caused by an unsatisfied need, such as the sensation of hunger - the original expression of our instinct for self-preservation.

For Hahnemann, symptoms pertaining to the unconscious will - what psychoanalysts call the libido - determine the patient's characteristic symptom picture. This is so because the underlying derangement of the psoric miasm is grounded in the instinct for self-preservation, and its natural outlet is the digestive system. Disorders of the appetite, food likes and dislikes, the compulsive need for salt, sugar, fat, calcium, stimulants or indigestible foods, which are part of homoeopathic symptomatology, as well as psychological keynotes such as

anticipation, apprehension, epileptic aura, and other symptoms localised in the stomach, indicate that the digestive system reflects the primal tension caused by the instinctive need for self-preservation. This is deeply experienced by the child as a vague anxiety or a confused fear of annihilation.

Psora is not an infectious state, nor a toxic residue from previous infections, nor a disturbance created by a deficiency. Underlying all pathology, psora is a state of hypersensitivity or allergic susceptibility. Psora is a dynamic alarm signal for our internal imbalance, produced by our instinctive conflict of self-preservation. And we say 'instinctive conflict' because, opposed to this basic core of anxiety that conditions the ancestral fear of death is the life instinct — the vital force which moves the child to react with rage and aggression in order to neutralise the intolerable, corroding sensation of hunger. Because the outer world does not yet exist for the child, and because the child cannot bear to be separated from its mother, he or she projects this unbearable sensation on to the mother, and with it the aggression necessary for neutralising it.

The infant will bite the mother's breast that gives it sustenance. Later on, the child may even hit her, and later still will develop many forms of aggression against the world, experienced as a surrogate mother. During his lifetime the child will struggle with this conflict between anxiety and aggression, representing the opposite and interacting forces that animate all human beings and which are present in all physical, chemical, biological and psychological processes: attraction and repulsion, anabolism and catabolism, creation and destruction, love and hate.

The process of growth, and thereby of healing, in the child consists in severing the umbilical cord that unites him with the mother, thus resolving the conflict between anxiety and aggression. While anxiety ties the child to the mother, father or any other person (later on it may even be spouse and children), aggression creates guilt feelings which lead to the obsessive symptom pictures that afflict so many human beings.

The subtle, insidious and varied ways in which the child's precarious defence mechanisms respond to this basic conflict between anxiety and aggression are still a puzzle for psychology. As can be gleaned from every child's symptom picture, these defence mechanisms involve in-security, uncertainty and instability. And although a person's psychic mechanism can be influenced to a certain extent from the course, clinical reasoning and conjecture can never penetrate the nature of the

deep experience which gives rise to it. As Saint Augustine said, 'What then is time? I know what it is if no one asks me what it is; but if I want to explain it to someone who has asked me, I find that I do not know.'

Thus, the child defends itself from this basic conflict between anxiety and aggression by reacting with organic disease and with various forms of behaviour, according to their unique functional stigmatisation. The highly potentised homoeopathic remedy which strikes that psoric core of anxiety is the only recourse available to medicine for influencing the patient's dynamic constitutional plane from which that basic conflict springs.

I saw a girl who had suffered a sprain in her right foot ten months before. Fifteen days after the incident her right knee had swollen with much pain. The fluid was tapped and drained, she wore a cast and was treated for rheumatism. (The guinea-pig test was negative.) She was given twenty-five bottles of streptomycin as well as cortisone and other drugs until, as a last resort, exploratory surgery was suggested. Except for a bout of measles at the age of three, this young patient's pathological history was almost nil. However, her emotional symptom picture was quite clear. As a very small child she feared being alone and would often tremble with terror when night approached. She constantly expressed her anguished fear of the possibility of losing her mother or her father, who both pampered her and to whom she was very much attached.

She also woke from nightmares crying, and as she grew older her family observed that she developed a fear of physical weakness and of not being as 'as clever as the other girls', as she put it. On the whole, she was physically healthy and was developing normally until, a year before coming to see me, her father had died of a heart attack. She then suffered an emotional collapse with a loss of consciousness, followed by inconsolable weeping. Three weeks after her father's death she went to the cemetery, and near his tomb she sprained her foot. Two weeks later her knee swelled up and a month after that she had a serious infection in a molar which turned into an abscess, followed by influenza with pulmonary congestion and, a few weeks later, suppurating conjunctivitis in both eyes.

The connection between this chain of ailments and the emotional shock of her father's death (both father and mother are a single person in a child's emotional life) was so obvious that there was no room for doubt in my mind, or in her family's mind as well.

This young patient's latent psora had been unleashed by emotional

# Chapter 29

# *Psorinum*
(1950)

Psorinum is often indicated in those chronic cases where the well-chosen remedy does not act or when improvement is temporary.

It can act as an intercurrent remedy to clarify the underlying symptom picture. Sulphur is the indicated remedy in acute cases that do not resolve as long as no other remedy is indicated. When Sulphur does not act, Psorinum may be indicated.

Like all nosodes and other remedies of the materia medica, Psorinum must be diagnosed according to the individualising symptoms.

Psorinum is extremely sensitive to cold and weather changes, and catches cold or feels chilly if the head is exposed.

As in Phosphorus, Psorinum feels much restlessness and malaise before thunderstorms. All symptoms are worse in winter - especially the skin eruptions, which disappear in summer.

One peculiar symptom is a fetid body odour, even after bathing. All discharges such as stools, leucorrhoea, menstrual blood and perspiration smell like rotten flesh.

Psorinum is useful when there has been suppression of skin eruptions, diarrhoea or emotions.

He feels unusually well before a crisis, whether it be an asthma attack, diarrhoea, a rash or any acute disease.

On a mental level he is nervous, easily startled and restless, full of fear, anxiety, forebodings, and pessimism.

Psorinum despairs of recovery, of salvation and of success. He makes life intolerable for others with his continual acrimonious and bitter complaints.

Other peculiar symptoms are:

Headaches with hunger which, like Anacardium and Kali Phosphoricum, improve while eating. Psorinum's headaches are generally brought on by suppressed eruptions or menses. As in Melilotus, these headaches improve with a nosebleed and, as in Lac Defloratum and

Kali Bichromicum, are often preceded by dullness and seeing sparks, flies or rings.

Like Lycopodium, the hair lacks lustre, is dry, brittle and tangles easily.

As in Graphites and Mezereum, the scalp is dry, has dandruff and offensive, suppurating, sticky eruptions.

Very sensitive to light, eyelids are very inflamed.

Humid eruptions with fetid, crusty discharges inside and behind the ears. Extremely fetid, chronic thin watery discharge from the ears after a bout of measles or scarlet fever.

Psorinum patients get up at midnight or early dawn to eat, and always have a snack on top of the night-table to eat as soon as they wake up in the morning. Phosphorus, Lycopodium, China and, to a lesser degree, Ignatia share this symptom.

As in Arnica, Antimonium Tartaricum, Agaricus, Sepia and Sulphur, Psorinum has offensive eructations which smell like rotten eggs.

Enlarged tonsils, with repeated inflammation with intense burning pains, much salivation and copious catarrh of the throat which causes constant clearing of the throat. As in Kali Muriaticum, Psorinum will often expel putrid-smelling and putrid-tasting particles from the tonsils.

As in Sulphur, Aloe, Kali Bichromicum, Lilium Tigrinum, Phosphorus, Podophyllum, Rumex, Silica, Tuberculinum and Zincum, Psorinum has a sudden urging for diarrhoea, forcing the patient to jump out of bed in the morning. Stools are watery, dark-yellowish, offensive, smelling like rotten flesh and tend to be passed involuntarily, often after acute diseases, during teething or when the weather changes before a thunderstorm. Psorinum patients tend to feel worse between 1 and 4 a.m.

Diarrhoea alternates with constipation, with inactivity of the rectum like Silica. The bladder is paretic and there is nocturnal incontinence or enuresis.

As an antisycotic remedy, Psorinum is often the intercurrent in stubborn cases of chronic gonorrhoea that do not respond to the constitutional remedy.

In women, Psorinum is useful when there is profuse, offensive leucorrhoea, with general weakness and pains in the sacrolumbar region. It is very useful in pregnancy, especially when there is involuntary vomiting and violent movements of the foetus. When administered in this way, the baby's psoric diathesis is corrected in time.

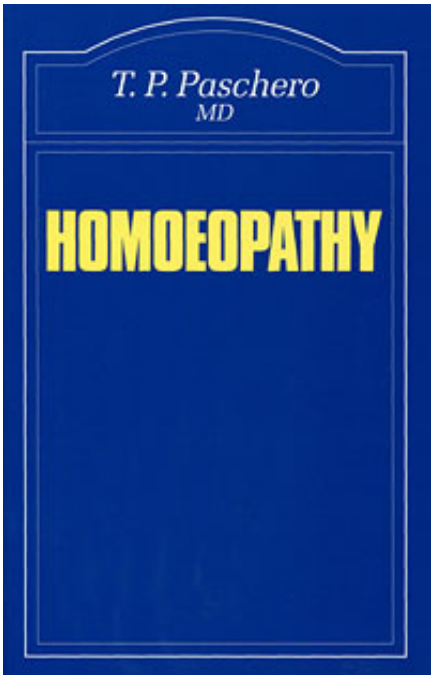
Unlike Arsenicum, the asthma and bronchitis of Psorinum are worse in the open air and when sitting down; better by lying down with the arms outspread. There is despair of recovery, with the sensation that he is dying.

Coughing returns every winter along with the rest of the symptoms. Allergic symptoms of the skin or mucous membranes reappear at the same time of year, and the patient can tell the physician the precise time at which his symptoms will come back.

If the patient is treated throughout the winter it is possible to eradicate the underlying diathesis in future years.

As in Phosphorus and Tuberculinum, the cough is particularly violent in the morning on waking and at night before retiring. Yellowish-green, salty sputum is often present. The cough follows the suppression of a skin eruption or eczema.

Like Sulphur, there is a tendency towards eczematous eruptions which may look like impetigo, as in Hepar Sulphuris. The skin is dry with no perspiration and looks dirty, as if the patient never washed. The face will often have a thin coat of seborrhoea, which makes the skin look greasy. These are sad, depressed, despairing, discouraged patients who are sensitive to cold, dirty, unkempt, with bad breath and disagreeable body odour, and dry or scaly skin eruptions that force them constantly to scratch.

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