

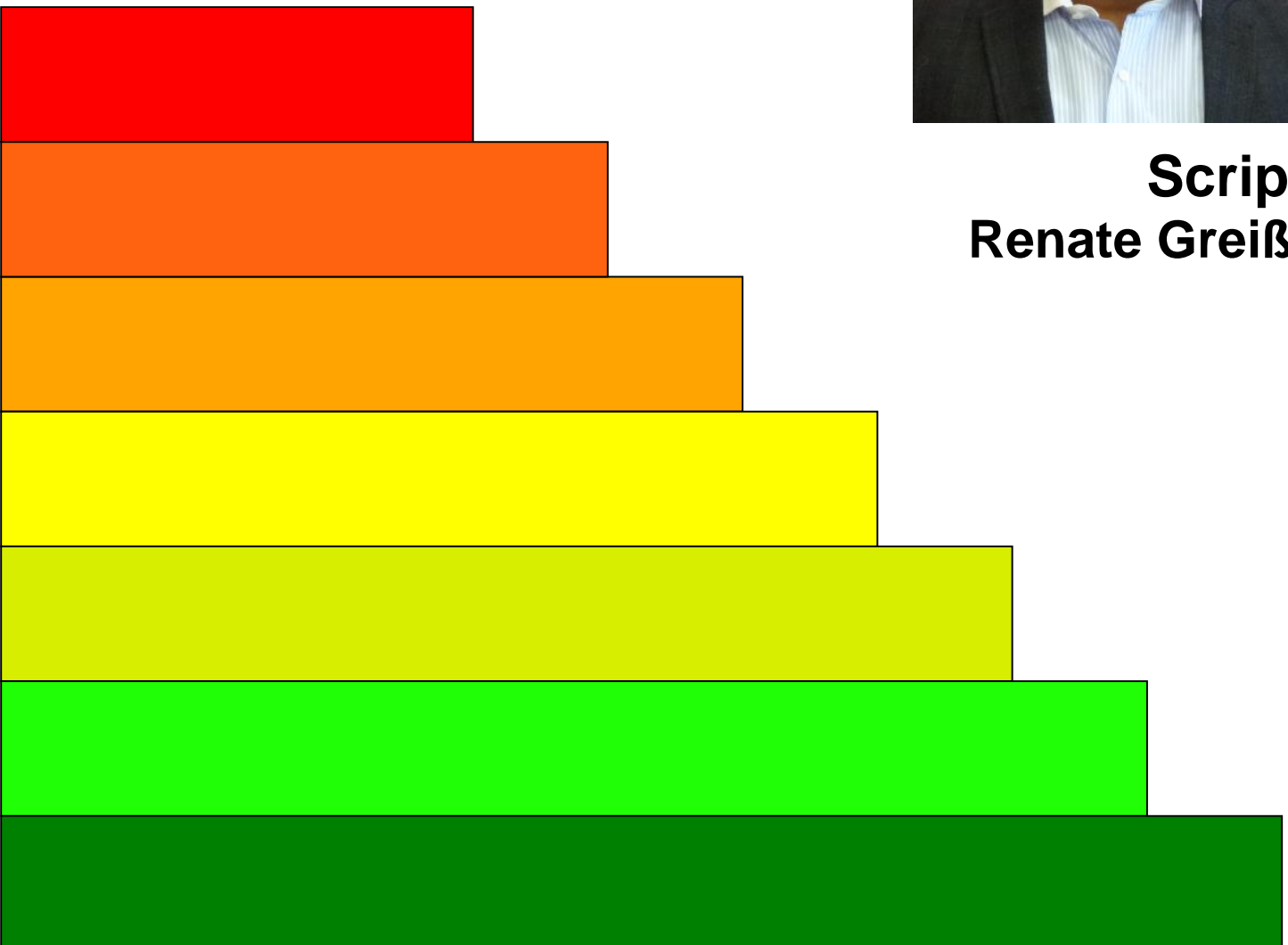
Predictive Homoeopathy[®]

Psychiatric diseases

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Regensburg, November 2015



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If we only consider the syphilitic generals, we will always end up with the same group of remedies. We have to do a finer differentiation and for that we need the particular syphilitic symptom. If we have that, we also can be more certain of our prescription. The remedy will automatically fit in with Psora and Sycosis and show itself clearly.

Miasm – mental plane

Psora	Sycosis	Syphilis
Sensitivity Irritability Anxiety Apprehension Inhibition Anger – moderate Love for life	Cowardice Fear, hiding Show, façade Deceit, foppish Excess intelligent Less intelligent Love for life	Distortion Perversion Destruction Out of control No love for life

Defenses

Psora	Sycosis	Syphilis
Anxiety Apprehension Irritability Hypersensitivity Anger Diligence Nervousness Honesty Timidity	Haughty Deceitful, corrupt, sly Hiding, façade, show, foppish, foolish Childish, timidity, fearful Escapism Rationalization Contented Gamble Finance aptitude for	Hatred Cruel Destructive Morals want of Hysterical Rage, malice Indifference Ennui, boredom

This type of symptoms I used a lot earlier. I had more psoro-sycotic cases and it worked to a certain extent. But then the more pathological cases came in, and I did not reach the simillimum using those rubrics. There were only partial cures and often relapses.

“Human beings are thousand times more complex than the chess-board in the hands of most skillful players ...” (J.T. Kent)

Psychiatric diseases

How to handle psychiatric diseases

- Specific?
- Should I prescribe on physicals?
- Should I prescribe on mind?
- Should I prescribe taking handful of rubrics which we know? Insanity, panic attacks? We always get the same symptoms: anger, rage, destruction, increased stamina, violence etc. and we will end up with Bell, Verat, Merc, Tarent - we will have some result and sometimes it is the only chance to bring the patient under control. But the problem will come back and the same remedy will not help all the time. It only helped because the sphere of action of these remedies is very similar to the patient’s symptoms.
- What potencies should I use? Should I repeat or better not repeat?
- Should I trust the mental history? Is it really a mental case?

Syphilitic symptoms

Exaggeration = Amplification of Psora

Psora = MENTAL - Anxiety, anticipation, sensitivity, irritability
- Faculties e.g. speed of speech, thinking

Psora = PHYSICAL - PAIN, inflammation, sensitivity
- Disease

Psora = GENERAL - Senses
- Craving, aversion, intolerance

Aggravation can be psoric or syphilitic; amelioration is always sycotic.

Exaggerated anxiety

- Anguish with restlessness: driving from place to place: Ars, Rhus-t, Acon, Bism
- Anguish followed by fainting: Nux-v, Verat
- Anguish with cold perspiration on the forehead: Verat
- Anguish, throws off covers with cold perspiration alternates with wanting of covers: Camph
- Anxiety, nausea with: Ant-t, Ars, Bell, Bry, Ign, Kali-c, Nux-v, Tab ... (43)
- Clinging with: Stram, Carb-v
- Anguish, as if in blood: Sep
- Anguish causing palpitation, causing trembling

These symptoms are important to us, when we treat physiological cases like acute high fever; if the case is more chronic like diabetes or growth, psoro-syphilitic symptoms will not help to find the remedy, because the body is more into Sycosis. If I want to reverse diabetes, I will need a symptom from a higher gradation of Syphilis. If I base my remedy on psoro-syphilitic symptoms, the diabetes will temporally get better, but will again shot up after a short time.

Distortion = Syphilis – origin in Sycosis

Distort means to bend, lie, twist, deform, alter, misrepresent, falsification, falsehood, misinterpretation etc.; many delusions come in this category.

- Sense present but changed in feeling or seems different (feels like what is not)
- Delusion – feeling of

Unnatural – perversion = Syphilis

Unnatural, perverse = not natural, abnormal, going against nature, atypical, strange, odd, uncommon, perverse

Perversion = willful misunderstanding, false impression, inaccurate representation

- Strange, odd, uneven
- Imagination, FANCIES
- Unrealistic
- Hallucinations
- Illusion – delusion – delirium

E.g. if there are different syphilitic symptoms in a case of diabetes (acute senses but also fancies, eating feces etc.), the unnatural, strange symptoms are more important. Symptoms going against nature (eating feces, drinking blood) are very important.

Hysterical – out of control = Syphilis

Hysterical = panic stricken, out-of-control, frenzied, frantic, unpredictable, no boundaries

REACTION OUT OF PROPORTION TO STIMULUS

- ERRATIC
- Changeable
- Wandering
- Unpredictable, no axis
- Unprecedented
- Non-static
- Suddenness

Destruction = Syphilis

= OBLITERATION, ANHILATION, ABSENT

- Senses absent
- Senses abolished or lost
- CONTROLS ABSENT
- Anesthesia

The expression of those symptoms should not be because of the disease; e.g. you have numbness in diabetes, it is pathognomonic.

But if there is numbness without any reason, numbness of a small spot, you can take it as entry-point to the case.

It is very important to know the pathognomonic symptoms of a disease to find out the true constitutional symptoms.

P: I have a question to case 2: What have the increased sensitivity and the suddenness to do with the highest level of Syphilis?

AV: The constitution is reflecting some symptoms in terms of defense mechanism. On every level of disease the body will try to defend, first with psoric or sycotic symptoms; if it is not sufficient, the body will defend with syphilitic symptoms, but to do this, it has to have those syphilitic traits in his constitution.

Suddenness is on the level of perverted and hysterical, you should not miss it.

P: In this case the complaints appeared a few days after the incident with the brother and the husband. Why do you put the suddenness in such a high degree?

AV: Everything, which is sudden, is not in our control. The expression of the disease was sudden; she had different complaints, which were sudden.

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I want to emphasize again, that you have to observe the patient very well and how we can decipher it to get the syphilitic entry point.

This does not mean you have to take a very long and complete history. Of course you have to collect the data and understand the complete history, but we have to know what is special in this patient. We don't have to put it out of our own head, because Hahnemann has mentioned everything in the Organon.

Now I will show you a video-clip, please observe the boy carefully.



The boy is climbing the wall.

If this video is the only thing we have in this case – how do you interpret his behavior?

This is not normal, we could find such things also in other cases but mostly it is hidden under Sycosis.

How is he climbing?

He knows the camera is on and he has a special order in his movement – how can we put this in a rubric?

P: He has understood that he has to give pressure on both sides to climb upwards, that means he is intelligent.

P: He doesn't recognize danger, he has a pronounced desire to move and seeks adventure.

P: Maybe he has sticky perspiration on hands and feet.

Rubric: Strange, crank, opinions and acts, in – calc, sulph, verat

Calc – will never do this climbing

Sulph – would not have order in his movements; Sulph would do it anyhow.

Verat – he acts for the camera, sweet looking boy, wants to reach some high position; intelligent in 1-2-3 step-rhythm

→ This boy could be Verat.

You should know what to observe. It is not only **that** he climbs, but **how** he climbs, which is important to us.

This kind of thing Hahnemann has mentioned in § 153:

§ 153

*In this search for a homœopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbific agent corresponding by similarity to the disease to be cured, **THE MORE STRIKING, SINGULAR, UNCOMMON AND PECULIAR** (characteristic) signs and symptoms of the case of disease **ARE CHIEFLY AND MOST SOLELY TO BE KEPT IN VIEW**; for it is more **particularly these** that very similar ones in the list of symptoms of the selected medicine **must correspond to**, in order to constitute it the **most suitable for effecting the cure**. The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, and so forth, demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug.*

§ 154

If the antitype constructed from the list of symptoms of the most suitable medicine contain **THOSE PECULIAR, UNCOMMON, SINGULAR AND DISTINGUISHING (CHARACTERISTIC) SYMPTOMS**, which are to be met with in the disease to be cured in the greatest number and in the greatest similarity, **this medicine is the most appropriate homœopathic specific remedy for this morbid state**; the disease, if it be not one of very long standing, will generally be removed and extinguished by the first dose of it, without any considerable disturbance.

→ These are mostly SYPHILITIC symptoms!

§ 82

Although, by the discovery of that great source of chronic diseases, as also by the discovery of the **specific homœopathic remedies for the psora**, medicine has advanced some steps nearer to a knowledge of the nature of the majority of diseases it has to cure, yet, for settling the indication in each case of chronic (psoric) disease he is called on to cure, the duty of a careful apprehension of its ascertainable symptoms and characteristics is as indispensable for the homœopathic physician as it was before that discovery, as **no real cure of this or of other diseases can take place without a strict particular treatment (individualization) of each case of disease** - only that in this investigation **some difference is to be made when the affection is an acute and rapidly developed disease, and when it is a chronic one**; seeing that, in acute disease, the chief symptoms strike us and become evident to the senses more quickly, and hence much less time is requisite for tracing the picture of the disease and much fewer questions are required to be asked¹, as almost everything is self-evident, than in a chronic disease which has been gradually progressing for several years, in which the symptoms are much more difficult to be ascertained.

→ Approach to acute or physiological illness is different from chronic!

§206

... If such infection have previously occurred, this must also be borne in mind in the **treatment of those cases in which psora is present**, because in them the latter is complicated with the former, as is always the case when the symptoms are not those of pure syphilis; for when the physician thinks he has a case of old venereal disease before him, **he has always, or almost always, to treat a syphilitic affection accompanied mostly by (complicated with) psora**, ...

→ Psora develops and gets complicated, it goes into Sycosis and Syphilis; if it is a psychological, physiological or a pathological case, there has to be developed Psora.

Yesterday we found out the syphilitic symptoms of Calc and Mag-c.

Then we looked for the individual need of Psora; Mag-c was hurt by broken relationship.

But the disease will express itself in a particular manner in Syphilis.

Most of the remedies have a common factor in Sycosis; often also the Psora is the same

→ therefore we have to go to the syphilitic top to differentiate e.g. between a Lach and a Med or between a Sil and a Calc.

