HOMEOPATHY IN THE TREATMENT OF PSYCHIATRIC AND PSYCHOLOGICAL DISORDERS

SAFE & EFFECTIVE MEDICINE WITH A 200-YEAR HISTORY

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BIOGRAPHY

• Received ND degree from Bastyr University in 2003

• Practice in Kent, Washington

• Affiliate Clinical Faculty at Bastyr University

• Received B.S. in Electrical Engineering from University of Washington. Worked as a software engineer for Microsoft for a few years prior to going to Bastyr.

• Graduate of NESH

• Attended many seminars by Henny Heudens-Mast

• Specialize in Constitutional Homeopathy as well as Biotherapeutic Drainage

• Lecture on homeopathy at various ND schools
As a naturopathic doctor who specializes in homeopathy, I have a keen interest in treating psycho-emotional problems. However, I have no formal training in psychotherapy or conventional psychiatry.
LEARNING OBJECTIVES

The learning objectives for this presentation include the following:

To learn the basics of how homeopathy can be used for the treatment of mental/emotional disorders. We will cover homeopathic case taking, case analysis, case follow-up, potency selection, and how to administer the remedies for maximum effectiveness.

To offer you guidelines and resources on how to translate the language of the repertory and old homeopathic terminologies to modern English.

To learn how to use homeopathic remedies in a patient who is using pharmaceutical drugs.

To learn what you can expect from homeopathy versus psychotherapy and pharmaceutical drugs.
PURPOSE OF THIS PRESENTATION

• Encourage the use of homeopathy in meeting the serious mental health needs of our times, and explore its role in reducing the global mental health burden. (Note: Mental disorders cause poor quality of life and productivity, suicide, homicide, etc.)

• (We will NOT be covering all the details of the Materia Medica of remedies or the details of various psycho-emotional diseases/disorders.)
MENTAL VERSUS EMOTIONAL?

• We should distinguish between mental disorders versus emotional complaints. In my view, “mental” disorders tend to be more serious than “emotional” maladies. For example, we tend to consider schizophrenia a mental disorder, whereas, depression is often considered an emotional problem.
MENTAL VERSUS PHYSICAL DISEASES? THE MIND-BODY BRIDGE

• In homeopathy, the mind is definitely considered a part of the whole person. There is really no such thing as “mental diseases” (in our old homeopathic literature referred to as “psychical diseases”), certainly not apart from physical symptoms/characteristics. “Mental diseases” are considered symptoms manifested on the mental level as a result of a derangement of the person’s vital force which flows through the entire body.

• **Wilhelm Reich speaks about how psychological/mental impressions are locked into actual physical states.** Homeopaths understand this assertion, and set out to heal both the body and mind at the same time.
• In conventional medicine, that majority of drugs for mental health (e.g. SSRIs) are prescribed NOT by psychiatrists but by GPs who at times misdiagnose the mental condition at hand.

• To complicate matters even further, “researchers have found that a large % of psychiatric patients receiving medications for their ‘mental health’ troubles were later re-diagnosed as having “medical” disorders causing their psychiatric symptoms.

• Homeopathy may have a clear role to play in such circumstances because it avoids these diagnostic knots* and offers an alternative and cost-effective model of conceptualization and treatment that can be integrated with conventional care.”
  Christopher Johannes, PhD

• * Note that we don’t have diagnosis, per se, in homeopathy, we use mainly symptoms. This is why we can avoid the possibility of misdiagnosis with homeopathy.
DEFINITION OF HEALTH BY GEORGE VITHOULKAS

• "Health is:

• Freedom from pain in the physical body, a state of well being.

• Freedom from passion on the emotional plane, resulting in a dynamic state of serenity and calm.

• Freedom from selfishness in the mental sphere, having as a result total unification with Truth.

• A good parameter for measuring health of an individual is the degree to which he is free to create." (George Vithoulkas)
Homeopathy is the second-most used healing method in the world according to the World Health Organization.

25% of all the people in the world suffer a psychiatric or behavioral disorder at a certain time in their life.

National Alliance of Mental Health (2008) estimates that in the U.S. one in four adults experiences a mental health disorder in a given year. And, the situation in Europe is equally grim.

Depression is one of the most common reasons for using complementary and alternative therapies.” (JAMA Psychiatry, Nov 1998)
In the U.S., % population 18 years or older suffering from various mental disorders in a given year:

About 9.5% have a mood disorder. (Major depressive disorder, dysthymic disorder, and bipolar disorder)

About 18.1% have anxiety disorders:
  - About 2.7% have panic disorder.
  - About 1% have OCD.
  - About 3.5% have PTSD.
  - About 3.1% have GAD (Generalized Anxiety Disorder)
  - About 6.8% have social phobia.

In 2006, 33,300 (approximately 11 per 100,000) people died by suicide in the U.S. **ABOUT 100 PEOPLE PER DAY DIED BY SUICIDE IN THE U.S. IN 2006.**

About 1.1% of the population have schizophrenia.
"In spite of all the advances in psychiatry over the last half a century, the level of mental disorders continues to rise at an alarming rate! Why? It is now well known that all the major classes of psychiatric drugs - antipsychotics, antidepressants, benzodiazepines, and stimulants for ADHD - can trigger new and more severe psychiatric symptoms in a significant percentage of patients. (The side effects of all the drugs are well documented.) Many researchers believe the above to be an important factor in causing a rapid rise in the number of disabled mentally ill." (Dr. Manish Bhatia)

Clearly, we need a more effective alternative or at least adjunctive therapy for treating psychiatric or psychological disorders.
Alternatives
Beyond Psychiatry

Peter Stastny
Peter Lehmann (eds.)

Preface by Robert Whitaker
CAM THERAPIES TO ADDRESS MENTAL HEALTH ...

• “In many countries, mental health resources are chronically short of resources—both human and financial. Of the resources available, most are spent on specialized care of the mentally ill, to the detriment of expenditure on an integrated mental health system.

• Most international health organizations and governments have failed to include various CAM therapies in their mental health programs and policies.

• Homeopathy is one of the most popular CAM therapies, and is used extensively in many parts of the world.”*

• * From a chapter written by Dr. Manish Bhatia in the book “Homeopathy and Mental Health Care”; India; 2010
BENEFITS OF HOMEOPATHY

• Of all the CAM therapies, here are just a few reasons why we ought to seriously consider using homeopathy as one of the main therapeutic modalities for the treatment of mental/emotional disorders:

• Homeopathic remedies are often highly effective in uprooting or CURING diseases or imbalances (VS. PALLIATION). They are more convenient (REMEDI ES CAN LAST WEEKS TO MONTHS VS. HOURS, and TASTE GOOD) and FAR LESS $$$$$$, and rarely (if ever) cause any complications (such as poor libido which is a common side effect to anti-depressants).
• **Homeopathic remedies go beyond just helping a person NOT feel depressed** (or mentally ill or out of balance in any way), the correct constitutional remedy can indeed help bring about a true transformation and create joy in a person.

• **Antidepressants** are not considered to bring about joy, but most often (at the very best) work to numb the “bad” feelings - The patients simply come out of their depression.

  Antidepressants → Psychic Indifference

  Homeopathic Remedies → JOY
HISTORY

- Homeopathy is the **first medical modality to systematically study the psychological effects of medicines**. The collection of data has continued since then and homeopaths have been able to differentiate minute psychological characteristics and symptoms of their patients through **careful observation and meticulous data gathering**. The homeopathic Materia Medica and Repertories list the mental symptoms (along with physical symptoms) that were found during the homeopathic remedy provings. **The symptoms are minutely classified.**
In the cases of mental or emotional disease, if the selected remedy for a particular case is entirely appropriate for the truly sketched image of the disease state, then the smallest possible doses are often sufficient to produce the most striking improvement, which is often quite rapid. **This is never achieved by medicating the patient to death with huge, frequent doses of all other unsuitable (allopathic) medicines.**
HAHNEMANN ON “MENTAL DISEASES”: “MENTAL SYMPTOMS OF THE WHOLE PERSON”

- Hahnemann preferred to refer to mental “diseases” as mental “symptoms of the whole person”. He states “what are termed mental disease… do not, however, constitute a class of disease,” (Aph 210) and employing various phrases, he refers to them as an “altered state of the disposition and mind” (Aph 212) “the so-called mental and emotional diseases,” (Aph 215) “the state of the mind and disposition,” (Aph 213) “the symptom of the mental disturbance,” (Aph 216), etc.

- Hahnemann described the “mentally ill” as “unfortunate beings who possess a clouded spirit”; he saw in each of them “a soul that pines or frets in the chains of the diseased body”. (Aph 229)

- Hahnemann appears to have been one of the first to recommend gentle and humane methods for the treatment of the “mentally ill”.
Hahnemann was a precursor in the field of psychosomatics. He saw the human being having an integrated mind and body, in contrast to the prevailing dualism of his time. In paragraph 210 he says: "In all diseases being treated, the psychic condition of the patient should be written down among the totality of symptoms as one of the most important, if one desires to have a faithful picture of the disease from which to make a successful homeopathic cure."
CLASSIFICATION OF “PSYCHICAL” DISORDERS BY AN OLD HOMEOPATH

- **BOOK: GENERAL AND SPECIAL THERAPEUTICS OF MENTAL DISEASES AND PSYCHICAL DISORDERS, BY DR. G. H. G. JAHR, translated by John Galloway, MD; 1856**

- Derangements of feelings (psychological disorders)

- Derangements of the intellect (psychiatric disorders):
  - The individual’s relation to his perceptions is disturbed by erroneous conclusions.
“THERE IS NO MENTAL ILLNESS PER SE IN HOMEOPATHY.” DR. IRIS BELL, MD, PHD

• Disease is primarily a morbid disturbance or disorderly action of the vital force. Since homeopathic drugs correct the vital force, by domino effect (so to say), the entire organism automatically becomes corrected, including the mind. So, there is NO concept of mental illness per se in homeopathy!*

• An illness of a deeply deranged vital force, never of the mind itself in isolation from the whole person. Remedies remove these derangements and so the flow of symptoms is slowed and then ceases.*

* Iris Bell, MD, PhD; “The homeopathic Healing Process, Transformational Outcomes, and the Patient-Provider Relationship; Book “Homeopathy and Mental Health Care”; 2010, p: 60-71
UNDERLYING CAUSE(S) OF MENTAL/EMOTIONAL IMBALANCE? LIFESTYLE & DIET


  • Lack of a mission, purpose, or reason for one’s existence.  “Religiously active people reported greater happiness.” (Myers, p. 43)

• Poor diet/eating habits.  Alcohol.  Food allergies or even sensitivities (such as gluten sensitivity/allergy).  Caffeine.  Sugar.  Dehydration.  Eating too much junk food (greasy & high starch foods) - not eating enough healthy foods.  Fake foods such as sucralose and aspartame.  GMOs.

  • Dehydration? Ex: My suicidal patient felt over 50% better in 30 minutes after drinking two cups of water.  He was on lithium and a diuretic, both of which had made his body (brain) dry.  His brain needed water!!!  F/U in a few days indicated 80% improvement in overall mood.
UNDERLYING CAUSES - DISEASES

- Diseases: Genetic disorders (such as pyroluria causing low zinc and B6 levels —> mental disorders, methylation problems, and celiac disease), leaky gut, hypothyroidism, adrenal fatigue, urinary tract infections, and numerous other conditions.

- Example: UTI in the elderly causing confusion. Tx the UTI and the confusion becomes alleviated.

- Example: Tx hypothyroidism, and the mood can improve. Note: When the thyroid is balanced, then a remedy can work much more effectively. In more severe cases of hypothyroidism, remedies may not even work until patient starts taking thyroid hormone.
UNDERLYING CAUSES - DRUGS

• Drug-related problems: Drug overdose, drug withdrawal, drug side effects, drug-drug interactions, etc.

• Example: Drug overdose can cause delirium and confusion. Stop the drugs, detox, and the mind feels better.

• Example: Drug side effects: Anti-depressants can cause depression!

• Example: Stopping an anti-depressant suddenly can cause suicidal tendencies and psychosis in some cases.
UNDERLYING CAUSES - NUTRIENTS

• Nutritional deficiencies? Vitamin D deficiency or the need for EFA’s can cause poor mood.

• Nutritional excesses? Too much zinc or copper can cause mental disorders. In fact, excessive amounts of many metals have been associated with mental imbalances.

• Too much copper can cause violence, mood swings, mania, ADD/ADHD, and learning disabilities.

• Too much zinc (with too little copper) can cause confrontational behavior, cruelty and sleep disorders.
UNDERLYING CAUSES
NEUROTRANSMITTERS

• Neurotransmitter imbalances can obviously cause psychic disorders.

• Ex: Dopamine deficiency can cause symptoms of Schizophrenia. Such a patient may benefit from supplementation with DOPA in addition to homeopathic care.

• Ex: Noradrenaline excess can cause anxiety.

• (Doing a urine neurotransmitter test is highly recommended in severe psychiatric diseases.)
UNDERLYING CAUSES - TOXINS CAN ACT AS MOOD DISRUPTORS

• Toxicity (from the food, the environment such as radiation, and even internal toxicity due to poor organ function) can most definitely disrupt our mind, especially in chemically sensitive individuals. In my practice, in the cases of mild depression and/or anxiety, often patients feel significantly better by simply undertaking a simple naturopathic “detox/cleansing” program. Note, however, in more advanced mental disorders, such as Multiple Personality or Schizophrenia, clearly a detox program is most likely not sufficient by itself.

• Note: DETOX HELPS AVOID THE "HEALING REACTION" THAT IS KNOWN TO OCCUR WITH HOMEOPATHIC REMEDIES. Detox also allows the constitutional remedy to work much more effectively by removing toxic layers from the individual.
UNDERLYING CAUSES - TOXICITY

• Toxicity due to a homeopathic energetic imbalance (most likely not helped by normal means of detox):

  ****Homeopathic **Baptisia:** Bodily excretions all smell, lethargy, diarrhea, confusion of mind and mood issues (depression/anxiety).

• Individual with the **Lycopodium** constitution have a **poor functioning liver**. That’s why this remedy is in many homeopathic liver “detox” supplements such as UNDA drops (#243 and #1). Taking the remedy Lycopodium will help detoxify the liver of a constitutional Lycopodium person probably better than any supplements. This practice would be considered constitutional homeopathy. (Note: Even people with a different constitution benefit from repetitive daily doses of very low potency such as 6c Lycopodium for liver detox. However, this approach is not constitutional, and it could be called “drainage”.)
UNDERLYING CAUSES - HORMONAL IMBALANCES

- Sex hormone imbalances: For example, patients without ovaries or with estrogen dominance at times require BHRT (bio-identical hormone replacement), and otherwise, they may not respond well to homeopathic remedies. S/s: Depression, anxiety, fatigue, Insomnia. etc. If estrogen dominant (which is common among women), they may need progesterone. And, without progesterone, remedies may not be as effective.
  - A 24 hour urine steroid hormone panel is highly recommended.

- Postpartum depression is a known fact. Think of the remedy Sepia.

- "Birth control pills can cause depression and migraines." Dr. Edward Shalts, MD (neurologist and psychiatrist) (REFER TO THE "BIRTH CONTROL" PAGE ON DRSHARIF.COM SITE.)

- Note: Birth control pills can cause a variety of other side effects, including HIVES. Some NDs don’t pay attention to BCPs, and try to treat patients despite of them. I find that BCPs (or other synthetic horse hormones) are definitely an interfering factor and can often cause a variety of diseases, including most definitely GI and skin problems.
  - Example: Another ND referred a patient with hives to me. I just asked the patient stop the BCPs, and the hives disappeared by 90% in 24 hours. I have seen this kind of problem with BCPs very often in my practice.

- Anti-depressants can cause depression!!!!!
Germs can also cause psychiatric conditions (such as OCD in PANS), and if so, antimicrobials may be indicated in addition to homeopathic treatment:

- PANDAS ("Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus") or its more recent name PANS ("Pediatric Acute-Onset Neuropsychiatric Syndrome") is characterized by abrupt-onset OCD and/or other neuropsychiatric symptoms in a child.
NORMAL VERSUS ABNORMAL EMOTIONAL REACTION

• If you lose a loved one, you are going to grieve. There is nothing that needs to be fixed here, UNLESS the grief takes over your life for months/years. Then, it must be treated.
PSYCHO-EMOTIONAL DISORDERS ADDRESSED IN HOMEOPATHY

- With the exception of mental retardation and severe dementia, homeopathy can be used to successfully treat any psychiatric illness/condition, including all the modern mental disorders as well some more benign conditions such as poor confidence, dwelling on the past, feeling forsaken, jealousy, guilt, phobias, nervousness, cursing, easily offended, etc.

- Nearly 1/8 of the repertory is dedicated to mind rubrics.

- In Kent’s repertory, there are 529 mind rubrics, with numerous sub-rubrics.
WHAT CONDITIONS HOMEOPATHY CANNOT TREAT?

DR. EDWARD SHALTS, MD

• "Any psychiatric illness except for mental retardation and severe dementia can be treated successfully with homeopathy."

• Note also that “simply finding the correct remedy is not good enough. We must be able to manage our patient’s recovery. And that includes management of any conventional medications (s)he is on.”
TRANSLATING THE LANGUAGE OF THE REPERTORY TO MODERN PSYCHIATRIC TERMS

• Many of the modern pathological diagnoses such as Multiple Personality Disorder or Bipolar Depression cannot be found in the repertory. The repertory is based on symptoms, not diagnoses. There can be numerous rubrics that point to the same symptom. Therefore, we need to be able to accurately translate the patient’s diagnosis and symptoms into the language of the repertory.

• Of course, we also need to take the physical symptoms into consideration as well.
MENTAL RUBRICS IN THE “MIND” SECTION OF THE REPERTORY

• To better understand the language of the repertory’s mind section, refer to:

• 1) Book: “Key to the Rubrics of Mind” by Dr. M.L. Agrawal.

• 2) Book: “A Modern Guide and Index to the Mental Rubrics of Kent’s Repertory” by David Sault. (Contains a list of regular as well as Repertory type words that apply to mental/emotional concepts or conditions in order, with a cross reference.)

• 3) Book: “Manual of Psychiatry” by Dr. J.P.S. Bakshi (Conditions & Their Rubrics) - ABSOLUTELY CRITICAL BOOK FOR HOMEOPATHIC PSYCHIATRISTS

• We need to search for the rubric nearest in meaning to the presented symptom. Therefore it’s critical you thoroughly understand your patient’s symptoms AND the meaning of the rubrics.
SAMPLE RUBRICS (FROM LIST OF 529) FROM THE MIND SECTION OF THE REPERTORY

• Abandoned, absent-minded, abusive, agitation, amorous (strongly moved by love specially sexual), anger, anxiety, arrogance, barking, biting, chaotic, childish, confidence-want of self, confusion, consolation-aggravates, contradiction-intolerant of, CRAZY, cruelty, cursing, deafness pretended, defiant, delusions, dogmatic, eccentricity, egotism, fear, forsaken-feeling, hypochondriacal, hysteria, impulsive, insanity, irritability, jealousy, JOYLESS, kill-desire to, loquacity, mania-madness, melancholy, mortification-ailments after, obstinate, offended-easily, oversensitive, restlessness, secretive, shameless, sighing, swearing, vexation, vindictive.

• There are numerous remedies listed under each of these rubrics. Our job is to find the remedy that best matches the patient’s compilation of symptoms.
HUMOROUS RUBRICS

- Anthropophobia (fear of men)
- Barking
- Biting
- Buffoonery (foolish behavior)
- Dipsomania (a mental condition wherein a person has uncontrollable or periodic craving for alcoholic drinks)
- Idiocy (extreme mental deficiency)
- Spits in faces of people
- Stupidity
- Women, aversion to
- Wrong, everything seems
PSYCHOTIC DISORDERS ~ INSANITY DEVELOPMENTAL DELAYS ~ IDIOCY

• Repertory’s term “insanity” correlates with any of the modern psychotic disorders, like schizophrenia, delusional disorders, and some forms of major depression with psychosis.

• Repertory’s term “idiocy” is used to correspond with modern mental retardation/developmental delay, or cognitive impairment.
CAN YOU TELL SOMEONE’S CONSTITUTIONAL REMEDY BY JUST LOOKING?

• “The skillful observer can often see the picture of the right remedy in the face and build of his patient before he speaks a word.” E.B. Nash

Hahnemann stated that “the disposition of the patient often chiefly determines the selection of the homeopathic remedy.” (Aph 211)

• An important note to be made here is that: You may be able to tell a person’s simillimum by looking, but their constitution may be different from the simillimum. In such cases, merely looking at the person and not knowing anything about them could lead to the wrong remedy. PTSD is a great example of how a person’s constitution can change into an acute PTSD remedy such as Aconite, but the simillimum may be another remedy. Taking Aconite in such a case will eventually bring out the simillimum in the person.
WHAT IS HER SIMILLIMUM (CORE CONSTITUTIONAL REMEDY)?
SAMPLE VOICE - WHAT IS HIS LIKELY CONSTITUTION?
What is Visual Homeopathy (VH)?
Who can practice it?

“Visual Homeopathy” (VH) is a term I developed to describe a **video-based** approach to learning homeopathy rather quickly. Cases are taken by keen **visual observation** and carefully **listening** to the patient. In some cases, I might **ask** a few questions to confirm my assessment.

The VH technique is developed to encourage ND’s to incorporate basic homeopathy into their practices.
A large number of patients in a primary care setting are one of the top nearly 20 polycrests. My "Visual Homeopathy" book and my teaching website www.VisualHomeopathy.com cover these main polycrests. I have dedicated years to gather over 500 actual patient videos, many of which can be viewed under the Members Only section of the website.

I offer weekend seminars on Visual Homeopathy a few times a year at various naturopathic schools. We watch short clips of the above patient videos as well as some Hollywood movies demonstrating the main polycrests. (We watch numerous videos for each constitutional type.)

The electronic version of the book (close to 200 pages) can be obtained through the Visual Homeopathy site.

The seminar notes (containing 40 pages from the VH book, including the TOC of the actual book) for the VH seminars are available free of charge on the website.

You can sign up to receive blogs and information on upcoming seminars, etc.

www.VisualHomeopathy.com
What is Constitutional Homeopathy?

A “constitutional” homeopathic remedy matches the person on the physical AND mental/emotional levels, and thereby can significantly help a person on all three levels. The patient’s personality traits and behavioral patterns are absolutely key in finding the true “constitutional” remedy.

Note: There are COMBINATION REMEDIES (such as HEEL or UNDA products) you can obtain for various mental/emotional/physical complaints. This practice is certainly not considered “constitutional” homeopathy. I use certain combinations such as UNDA drops for detoxification purposes ONLY, but do not ever treat the mind using such formulations. The results are truly not at all impressive, and in fact, you could hurt your patients with such poor quality prescriptions.
Examples: Formulas for fears, anxiety, etc.
DOES A PERSON’S CONSTITUTIONAL REMEDY CHANGE?

• Yes, it can if the stress is large enough and the person is susceptible enough. A car accident, for example, may shift a person’s constitutional type to Helleborus, Arnica, etc.

• If a person’s constitution changes in response to STRESS, they may require an **acute remedy (for the TEMPORARY CONSTITUTION)** to be brought back into their regular constitution. Without the “acute” remedy, the person may not heal with other remedies.

• Refer to Dr. Paul Herscu’s Map of Hierarchy.
**DR. HERSCU’S MAP OF HIERARCHY**

**Phase I**
- Calcarea carbonica
- Lycopodium
- Natrum muriaticum
- Phosphorus
- Pulsatilla
- Sulphur

**Phase II**
- Psorinum
- Medorrhinum
- Tuberculinum
- Carcinosin

**Phase III**
- Baryta carbonica
- Stramonium

**Phase IV**
- Arnica • Bufo
- Cannabis indica
- Helleborus • Opium
- Hyoscyamus
- Tarentula hispanica
- Veratum album

**The Map of Hierarchy**
The homeopathic approach to discover the mental/behavioral characteristics/patterns and causative modalities can often be similar to psychoanalysis and counseling techniques used in modern medicine.
The smallest details matter to a homeopath. Example, if the depression is better/worse based on time of the day or other factors such as exposure to sun, music, etc., that all matters. Therefore, gather as much detailed information as possible about the patient, but mostly what makes them unique.
CHARACTERISTIC SYMPTOMS VERSUS GENERAL SYMPTOMS

• In homeopathic case-taking, characteristic/unique symptoms are of particular importance. You will want to gather all the information that makes your patient UNIQUE instead of just someone with “depression” or “anxiety”.

• Quirky, unique/odd behaviors are called “CHARACTERISTIC” SYMPTOMS, in homeopathy. These unusual characteristics are what lead us to the remedy, NOT the common symptoms such as “depression” or “anxiety” which are called “GENERAL” SYMPTOMS. How the depression manifests in the person is what matters, and this is different in different people.
CASE TAKING - General Guidelines

• Most communication experts agree that 90% of communication is non-verbal. Therefore, OPEN YOUR EYES WIDE, AND OBSERVE YOUR PATIENTS. Don’t just record the patient’s own words, and repertorize accordingly as patients hardly ever recognize their own dysfunction since the dysfunction is often at the subconscious level.

• You want to be an “Unprejudiced Observer”.

CASE TAKING - DO A COMPLETE REVIEW OF SYSTEMS

- **Mental, emotional, and physical symptoms** are all interactive and inseparable elements contributing to the total pattern of clinical manifestations, i.e., the simillimum remedy picture, in the individual case.

- Do a complete **ND Review of Systems** AND physical exam. **Even their smell matters!** Example: Some sulphurs stink!

- Do a **thorough homeopathic intake**, meaning a thorough history and present picture of the CCs. You MUST thoroughly understand what is going on with the patient. Ask about: Sides, times, modalities, extensions, localizations, and descriptions of pain / other descriptions. For example, ask if the patient cries or not when depressed. Worse or better being alone. Ask about all the physical symptoms too. Ask about SRPs (strange, rare and peculiar symptoms). Recurrent dreams?
CASE TAKING - CAUSATION AND PATIENT’S RESPONSE BOTH IMPORTANT

1) Causation is sometimes critical in finding the correct remedy. If there is a direct causation, use it. If the causation is vague, then clearly that’s not useful.

   - Example: Rabies vaccine after a dog bite, then agoraphobia developed. Remedy Lyssinum would fit the picture.

2) Find out how the patient responded to events in the past, physically, emotionally and mentally. Don’t let the fluff (i.e. details of various life events) distract you from their RESPONSE!

   - Each homeopathic constitutional type responds differently to stimuli.
CASE TAKING WHEN PATIENTS ARE ON DRUGS (PHARMACEUTICAL OR ILLICIT)

• Many patients who are on psychoactive drugs (SSRIs or regular illicit drug users) appear/act as if emotionally dull and numbed out. It is often difficult to see their core personality. In such cases, you must be keen in your observational/listening skills in order to correctly identify the person’s constitution. In some more severe cases, you will have to skip the core constitution idea, and prescribe on what you see, the numb affect, etc.

• Example: Numb affect of someone who has used Marijuana repeatedly and has proven it. Homeopathic Cannabis indica may be indicated, and later on the patient’s core constitution will surface. (The acute/temporary constitution may have become Cannabis.)
CASE TAKING- BE A STICKLER WITH CONCEPTS & CHOICE OF WORDS...

• Distinguish between concepts/words that are similar:

• Stubborn or arrogant? Common arrogant remedies are Sulphur and Lycopodium. Common stubborn remedies are Silica and Calc carb. Therefore, the incorrect choice in describing your patient can lead to an incorrect remedy. Ex: My patient’s mother said her daughter was stubborn, but she was an arrogant (Sulphur) child, not a stubborn (Calc carb or Silica) child!

• Nymphomania versus erotalgia? Nymphomania has its seat in the sexual organs; but erotalgia, however, in the imagination.
CASE TAKING - UNCOVER THE MOTIVATION BEHIND BEHAVIOR OR THE IMPETUS BEHIND SYMPTOMS

• During case taking, it’s absolutely critical to truly understand why the person does what (s)he does. For example, “The delusion rubric **Mind: delusion: religious** is specifically and only used in case analysis if there is notable disproportionate need to use religious faith to deny disease and death. If there is NOT a notable disproportionate need to use religious faith then the homeopath should use the **Mind: religious affections** in the repertorization.”*

• * Book “Homeopathic Psychiatry” by Liz Lalor
IMPETUS BEHIND ANGER IN A FEW REMEDIES...

• Understand the impetus behind the symptoms, and understand the meaning of the symptoms within the system. (Massimo)

• You could have anger for a variety of reasons, for example. **Nux vomica** might get angry if you get in their way of work (due to competitive and type A personality)

• **Staphysagria** might get angry if you show disrespect (due to history of mortification)

• **Lycopodium** get angry if they believe you want to control them (since they are so controlling themselves)
CASE TAKING - OPEN ENDED ?’S TO PERCEIVE THE INNER STATE

• **Ask open ended questions** to encourage the patient to describe his/her own story of illness or discomfort. “The aim of this interview process is for the homeopath to **perceive the inner state of the patient**, a single state that best points to the correct single prescription. This **inner state** is expressed through mind and body but is deeper than both. Although in everyday life many of us remain unaware of it, it is constantly expressed in the way we speak and interact with others, in what we choose to do in our spare time, in how we dress, and (often most clearly) in the content of our dreams.” (David Nortman, ND)

• Also, find out all the objective data, including physical signs and symptoms.
CASE TAKING - UNDERSTAND YOUR PATIENTS’ FULL STORY- CASE OF PULSATILLA/PSORINUM

- Ex: My female Pulsatilla patient who had responded very well to her remedy for a few years recently came in with CC of severe red rash on various parts of her body. Two doses of Pulsatilla had NOT helped her at all over last month! Upon a thorough investigation (and I mean thorough), it turns out the rash came on around the time when she lost her grandmother, and she hadn’t properly grieved. She had developed many of the keynotes of Psorinum- hopeless, sad, increased appetite, rash, felt cold, etc. Her constitution had temporarily changed. She needed a dose of Psorinum 200C as an acute (same as her “temporary constitutional”) remedy. Her rash cleared up for the most part in two days. She will later on benefit from Pulsatilla again.
CASE TAKING - DON'T BE FOOLED BY SUPERFICIAL APPEARANCE!

- Example: Another homeopath gave Phosphorus to a Lycopodium patient (with CC of a chronic rash) because he appeared to be, said the homeopath, “a happy, good kid”. He appeared like a good kid alright, but was not really happy. He appeared more on the serious side, critical of mom’s every word, didn't smile or treat me with the lightheartedness that is characteristic of Phosphorus. It was clear that he was an analytical and critical Lycopodium teenager. To confirm, he had right-sided physical symptoms (a chronic rash all over the right side of his body) along with abdominal bloating, two characteristic physical symptoms of Lycopodium. Two doses of Lycopodium 200c (a month apart) completely cleared this chronic rash.
CASE ANALYSIS, HIGHLIGHTS

• We need to find the medicine which is most similar to the patient’s symptoms. In other words, the key features (AKA KEYNOTES) of the remedy should nicely fit the key characteristics of the patient’s physical/emotional symptoms, personality traits, behavioral patterns.

• Correct case analysis clearly depends entirely on correct case-taking. You must have asked all the right questions, and carefully gathered all the data.

• If you don’t know the remedy by pattern recognition, then correct repertorization is absolutely key. Pick out all the concepts/symptoms about the case that truly matter.
FOLLOW UP - MULTIDIMENSIONAL NATURE OF PATIENT OUTCOMES

• In homeopathic treatment, patients report **CHANGES ON ALL LEVELS**, including physical, mental, emotional and sometimes spiritual. Therefore, it’s important when you do a follow up you **do a complete review of systems** so that you can compare and find out what happened between the visits.

• Note: Due to all the healing the remedy brings about, in severe depression or other psychological conditions, I like to see (or at least hear from) the patient much more frequently. **The more severe the psychiatric imbalance, the more often I need to hear from the patient.**
CASE FOLLOW UP - WHAT TO EXPECT SHORT TERM? IMMEDIATE CHANGES IN MOOD & ENERGY

- Often the correct remedy results in an immediate shift in the person’s MOOD and ENERGY*. In MOST cases, I find that the patient feels (or at least appears) healthier in some way BEFORE they even leave the office during their 1st visit.

- * The energy can go up or down immediately after taking the remedy. Often, patients feel energized by the remedy. At other times, they go into a healing state and feel completely exhausted for the initial hours after taking the remedy.
FOLLOW UP - WHAT TO EXPECT LONG TERM?

• What to expect from the remedy?

• 1) If correct, you can often expect a dramatic positive effect. I’d say at least 60-80% improvement overall (physically, emotionally and mentally) over a period of a few months.

• 2) If incorrect, usually the patient will not feel any changes at all.

• 3) If partially correct, you will see a partial or temporary effect.
FOLLOW UP - HERING’S LAW OF CURE

- Healing always follows Hering’s Law of Cure, from emotional to physical, inside out, top to bottom, AND in reverse order in time of appearance of the different symptoms.

- For example, a person’s delusions heal first before his/her skin rash improves (and the rash will improve top to bottom, toes typically being the last area on skin to heal.). We need to thoroughly educate the patient and the referring practitioner ahead of time about all this. If such a patient suppresses the acne with steroids, the delusions can return!

- “In the ideal, the changes include early general improvements in energy, sleep, sense of well-being and a gradual shift in the center of gravity of local symptoms in the case from more important to less important organs (e.g., mind, brain, nervous system, downward), in accord with Hering’s Law of Cure.

(Iris Bell, MD, PhD; “The homeopathic Healing Process, Transformational Outcomes, and the Patient-Provider Relationship; Book “Homeopathy and Mental Health Care”; 2010, p: 60-71)
“Many times (in more advanced psychiatric cases) when the right remedy is given, the patients complain of a desire to weep without reason, to withdraw from all the work and to sleep. The emotions are healed this way. After this phase is over, they come out with (often severe) physical problems and this indicates to us that the problems have left the psyche and have shifted to a more superficial level. This is the only way that real cure can take place.” Dr. Seema, MD, homeopath

Note: If the remedy causes a patient who suffers from multiple personality disorder (who may happen to feel emotionally numb at times) to start experiencing depression for a while, I consider this a positive change (going from a deeper mental/emotional imbalance to a more superficial one). You should prepare the patient and the referring practitioner. The patient should ideally be forewarned to use his/her support system if this were to occur.
"Homeopathic practitioners all report that patients have a peculiar lack of self-awareness of what is happening to them and inability to describe their inner shifts with language. People around the patient may notice significant changes taking place, but the patient may not be able to recognize and/or describe the outcome until they emerge from the change process itself and reflect retrospectively on what occurred." (Iris Bell, MD, PhD; “The homeopathic Healing Process, Transformational Outcomes, and the Patient-Provider Relationship; Book “Homeopathy and Mental Health Care”; 2010, p: 60-71)
FOLLOW UP - PHYSICAL BLOCKS?

If the correct remedy is taken 2-3 times in a row, and the person is not helped, that typically means that there may be a physical problem that needs to be alleviated before the remedy can be effective. In other words, energetic therapies often do NOT work effectively if there is a significant enough physical impairment of function as is the case of many significant physical deficiency states such as anemia (low iron) or hypothyroidism (low thyroid hormone levels).
FOLLOW UP - SOMETIMES FINDING THE REMEDY AND THE HEALING PROCESS CAN TAKE A LONG TIME!

• Similar to finding the correct pharmaceutical medicine for depression, sometimes it may take homeopaths a long time (i.e., many months) to truly understand the patient, and **FIND** that core simillimum remedy. You may want to let your patients know about this process ahead of time.

• Example: Staphysagria girl with cc of headaches. It took me three visits to find out she would scream in a pillow NIGHTLY in her room (i.e., suppressed anger coming out).

• Also, **HEALING** the core mind may take months to years. Meanwhile, the patient may need to use pharmaceutical drugs although sometimes the drugs may interfere with the deep healing. Use good judgement case by case. We need to encourage the patient to stay the course.
• “It’s common after taking a high dose of a constitutional remedy for suppressed feelings to surface, and for unsaid things to be said.” (Dr. Philip Bailey, MD, homeopath)
FOLLOW UP - SAFETY?

- In 10 years of practice, I have had a handful of patients who had a severely negative reaction to the remedy. The remaining cases either improved or did not have much (if any) reaction. None were hospitalized! Only uncomfortable physically and/or emotionally. The severe reactions were usually in the form of physical discharges such as boils, diarrhea, rash, flu-like symptoms, passing kidney stones, etc.

- Note: To reduce the possibility of any unwanted reactions, it’s best to do a naturopathic detox (at least assure regular daily bowel movements) for a few weeks prior to administering the single, high potency constitutional remedy.
AGAIN, HOMEOPATHS TREAT PATIENTS, NOT DIAGNOSES...

- GOLDEN RULE OF HOMEOPATHY- INDIVIDUALITY… The single biggest challenge in homeopathy is that you can’t prescribe the same remedy for everyone with the same condition. For example, you can’t give Nux vomica to everyone who is type A/workaholic.

- WE DO NOT TREAT CONDITIONS/DIAGNOSES IN HOMEOPATHY, WE TREAT THE PERSON WITH THE CONDITION!

- EXAMPLES: In homeopathy, we don’t treat depression, anxiety, schizophrenia, etc. We pay attention to the SYMPTOMS in the case, ideally the unique/characteristic symptoms, and then find a remedy that best matches our case. Remember we want our remedy to fit our patient like a wet suit versus a blanket!
SOLANACEAE FAMILY OF REMEDIES IN TREATING PSYCHIATRIC DISORDERS

• Solanacea family of remedies include: Belledonna, Stramonium, Hyoscyamus, Dulcamara, and Mandragora, etc.

• This family of remedies seem to help with a myriad of more advanced psychiatric conditions including Delirium, Multiple Personality Disorder, Paranoia, and Schizophrenia. (They are always bold under these rubrics.)

• “The whole family is associated with the dark side of the unconscious, with madness, violence, possession, and uncontrolled sexuality.... All of the family seem to cover states where spirits are perceived, or at least believed to be perceived.” (Book Homeopathy and Mental Health Care, chapter by Dr. Philip Bailey, MD)
PSYCHOLOGICAL CONDITIONS
HOMEOPATHY TREATS

• Homeopathy can be used to treat all modern psychiatric conditions, including 1-3 below:

• 1) **Mood Disorders** (such as depression and anxiety)

• 2) **Thought Disorders** (such as OCD, paranoia and schizophrenia)

• 3) **Personality Disorders**

• 4) Additionally, homeopathic remedies can be offered to treat a large variety of emotional/mental “states” that are NOT considered to be diseases including stubbornness, fears, phobias, emotional numbness, workaholic tendencies, clinginess, being extremely reserved and shy, anger, jealousy, rudeness, rigidity, food cravings, etc.
CLASSICAL HOMEOPATHY VERSUS CLINICAL HOMEOPATHY *

• **Classical** homeopathy: Person specific prescription based on the most highly advanced techniques for finding the individual *simillimum*.

• **Clinical** homeopathy: Disease specific prescriptions which treat the collective meaning and roots of the disease.

• Trauma specific prescriptions treat the roots of the disease within the individual.

• Detox prescriptions to treat a history of intoxication, vaccination damage, etc.

* Adopted from book titled Homeopathy for Diseases by Dr. Harry van der Zee, MD.
CONDITIONS - PROPER ASSESSMENT (DIAGNOSIS) IS KEY!!!!

• Even though we do not treat diagnoses in homeopathy, we treat the person with the diagnosis, **PROPER ASSESSMENT OF MENTAL/EMOTIONAL CONDITIONS IS CRITICAL!!** FOR EXAMPLE, **PTSD, in my experience is often missed.** The patient may present with various symptoms such as anxiety and irritability, and fears, and if they don’t happen to realize these symptoms came on AFTER a particular event, you may NOT think of PTSD. (Even though we don’t prescribe based on “dx”, only based symptoms, we clearly need to know what we are treating, PTSD or paranoia, and the causation?)

• Of course, **ANY** constitutional remedy may apply at **ANY** time during the care of **ANY** one with **ANY** psychiatric conditions. However, below I will be mentioning a few selected remedies for each condition based on my own experience as well as the literature I have researched on the condition, which can vary quite a bit depending on the practitioner (some **clinical** homeopathy here). **Please remember this is not a cookbook!** You must analyze and repertorize each and every case individually.
CONDITIONS (TREATMENT BASED ON SYMPTOMS RATHER THAN DIAGNOSIS)

Homeopathic remedies are prescribed based on symptoms rather than conditions/diagnoses, as each case of a particular illness can manifest differently in different people. However, to make it quicker to find the symptoms related to each condition, I have tried to list the most common symptoms/rubrics associated with each condition. You must find the symptoms/rubrics that match your case, not just the dx!!
REFER TO ADDENDUM TO THIS PRESENTATION ON MY SITE FOR RUBRICS FOR MENTAL DISORDERS

NOTE: THERE IS A POWERPOINT PRESENTATION ON MY WWW.VISUALHOMEOPATHY.COM SITE WHERE RUBRIC SUGGESTIONS FOR VARIOUS MENTAL/EMOTIONAL DISORDERS CAN BE FOUND.

CONDITIONS INCLUDED ARE:
Addictions, ADD/ADHD, Anxiety, Autism, Dementia, Depression (including Bipolar Depression which involves Mania), Multiple Personality Disorder, OCD, Panic Attacks, Paranoia (Delusions), & Psychosis (Schizophrenia)
WE CAN ALL HAVE A PLETHORA OF EMOTIONS & THOUGHTS

• ANY ONE OF US CAN POSSESS ANY/ALL OF THE HUMAN EMOTIONS &/OR THOUGHTS regardless of our constitution. How seriously we take our thoughts (if off), how we feel MOST of the time, and how we are affected by our thoughts and feelings is the key, setting our constitution apart from others.

• Note: What you find in the Repertory under a particular emotion are the MAIN remedies that are associated with that emotion. There could be other remedies who can experience the emotion in question that are NOT listed in that rubric!!!

Even though you may be perfect, the repertory is not! :)

Even though you may be perfect, the repertory is not! :)
ADDICTIONS ~ PSYCHOSIS

• Addictive substances can often bring about psychosis. (Refer to section titled “psychosis” later in this presentation.

• Homeopathic medicines don't change people's habits, but they will change people so that they can change their habits themselves.” (Dana Ullman)
ADDICTIONS TO RECREATIONAL OR CONVENTIONAL DRUGS

- Homeopathy may help reduce cravings, decrease the side effects of the drugs and of the withdrawal process, augment the detoxification process, and aid in the recovery of the person's overall health.

- Homeopaths don't treat addiction; they treat people who, among various physical and psychological states, are also addicted to something. Homeopathic medicines don't change people's habits, but they will change people so that they can change their habits themselves.

- The approach to treating an addicted person with homeopathic medicine is the same as the approach to treating any other person. Through a detailed interview process, the homeopath individualizes a medicine based on the "TOTALITY OF SYMPTOMS" being "PRESENTLY" experienced. The key words here are "totality of symptoms" and "presently experienced." The symptoms of a person going through withdrawal will be considerably different than during his or her normal state, and therefore the present symptoms require the appropriate remedy. Then, as the person goes through a detoxification stage, a different remedy will be needed to treat the changing symptoms experienced. As he or she moves on through the recovery stage, another different remedy will usually be necessary.
ADDICTIONS & PSYCHOSIS- SOME POSSIBLE REMEDIES

- **Solanaceae family** (Belledonna, Stramonium, Hyoscyamus, Dulcamara, and Mandragora)
- Mercurius
- Medorrhinum
- **Opium**
- **Canabis indica**
- Nuv vomica
- And, many more
- Remember: you must find a remedy that matches the case.
ADDITIONS, TWO COMMON REMEDIES (CANNABIS AND OPIUM)

• *Homeopathic Canabis indica for marijuana addiction? Maybe!*

• *Homeopathic Opium for Heroin addition? Maybe!*

• When you use a particular substance (such as Marijuana or Heroin), you can “prove” it (as homeopaths would say), which means you would develop the very symptoms that you will find under the homeopathic materia medica of that substance. I have often seen that individuals who use Marijuana develop the symptoms of Canabis indica in the materia medica. And, when I prescribe homeopathic Cababis indica, that reverses the symptoms.

• In a number of cases, I have used homeopathic Canabis Indica and Opium successfully in treating patients who are addicted to Marijuana or Heroin, accordingly.
ADDICTIONS, CASE #1 - HEROIN CASE (RX OPIUM)

- Illicit drugs and homeopathy
- Case 1) Lisa from the Genesis Project- Prostitute and heroin addict who had numerous self-made cuts on her arms/legs to be used for injection of illicit drugs. I offered her homeopathic Opium 1M, one time. Afterwards, apparently, she signed up for college! Unfortunately, due to lack of non-compliance (she did not return), she is presently back on the drugs again.
ADDICTIONS, CASE #2 - MARIJUANA CASE (RX CANNABIS FOLLOWED BY LACHESIS)

• Case 2) Lachesis patient with hx of marijuana use. 22 year old female who lacked focus and concentration during initial visit. Her CC was acne, not lack of focus! I offered her some ND treatments for acne (which were effective for her). However, I had to point out to her how I was concerned for her lack of focus and concentration. I suggested that she allows me to treat her focus problem with homeopathy. She showed interest. I offered her homeopathic Cannabis 1M which completely brought her mental acuity back. After 6 weeks, she started to lose her focus again, at which time I offered her a second dose of Cannabis 1M. A few months has passed, and she does not seem to need any more doses at this time. I suspect she either has or will switch to her simillimum which I believe is Lachesis. Once several months has passed, if the focus is still of no concern at all, I will most likely offer her Lachesis. I have asked her to refrain from using Marijuana since it antidotes homeopathic remedies. Thankfully, she has been successful in staying away from Marijuana.
Using pharmaceutical drugs as a means to help wean off of illicit drugs

- This idea has been around for a while now. If you have a patient who is on illicit drugs, and he/she refuses or cannot stop the drugs on his/her own, consider referring the patient to psychiatrists in order to help the patient stop using powerful street drugs and onto pharmaceutical agents which the psychiatrists can slowly wean the patient off of over time.

- Example) Using methadone for heroin addicts
1990 - The government of India conducted a double-blind study of 60 heroin addicts, of whom 1/2 were given individualized homeopathic medicines and 1/2 were given placebo. The number and intensity of the symptoms during withdrawal were significantly less in patients given an individualized homeopathic medicine than those given a placebo. (Bakshi, JPS. 1990. Homeopathy - A New Approach to Detoxification. Proceedings of the National Congress on Homeopathy and Drug Abuse, p 20-28. New Delhi, India)
ADD/ADHD

BOTTOM LINE: Homeopathy is a safe and often effective natural therapy for children (and adults) with ADD/ADHD and its associated symptoms. There have now been several studies that have confirmed significant results from homeopathic treatment, though no single protocol for homeopathic treatment has been replicated and shown to have efficacy. Homeopathic primary care can be effective, though this condition is best treated by a professional homeopath. (Dana Ullman)

Restlessness is a physical symptom. Anxiety is an emotional symptom. One could have both, but not necessarily.

I have noticed that even if the remedy does not help with the cognitive challenges of ADD/ADHD individuals, the correct remedy most definitely helps them emotionally. With homeopathy, they feel more even keeled and relaxed.
A study in Switzerland evaluated 115 children (92 boys, 23 girls) with an average age of 8.3 years at diagnosis of ADD/ADHD (Frei and Thurneysen, 2001). The children were first treated with an individually chosen homeopathic medicine. Children who did not improve sufficiently on homeopathy were changed to Ritalin and evaluated after 3 months. After an average treatment time of 3.5 months, 75% of the children responded favorably to homeopathy, attaining an improvement rating of 73%. 22% of the children were treated with Ritalin and attained an improvement rating of 65%.

The children were evaluated according to the Conners Global Index (CGI), which is the most respected scale that measures the degree of hyperactivity and attention deficit symptoms. The children who responded to the homeopathic medicine experienced a 55% amelioration of the CGI, while the children who responded to Ritalin experienced a 48% lowering of the CGI. Three children didn’t respond to homeopathy or Ritalin, and one child left the study before completion. The researchers concluded that homeopathic treatment was comparable in its benefits to Ritalin without the side effects.

Because this study was not placebo controlled, one does not know if the good results are from the homeopathic medicine or from the homeopathic interview. In any case, this study showed that 75% of the children with ADD/ADHD benefited from the “PACKAGE OF CARE” provided by homeopaths.
ADHD - RESEARCH
A Double-Blind Study Comparing Homeopathy and Placebo

• 1997: John Lamont (98), a psychologist in California, conducted a double-bind, placebo controlled, randomized trial of 43 children with ADHD. Follow up interviews 10 days after homeopathic treatment showed that majority of the children experienced improvement in their condition. After 2 months, 57% of children experienced continued improvement. This study showed that the effects of the homeopathic medicine were relatively rapid and a significant proportion (57%) of children experienced sustained and increased improvement at two months follow up. (Lemont, J. 1997. Homeopathic Treatment of ADHD. British Homeopathic Journal 1997; 86: 196-200.)
A Major Study Published in the “European Journal of Pediatrics”

- 2005: Frei et al reported a randomized double-blind placebo-controlled crossover trial of 62 children with ADHD. The Conner’s Global Index (CGI), a scale that measures the degree of ADHD, reached 63% long-term (defined as 14 weeks). (Frei et al; 2005; Homeopathic treatment of ADHD; Eur J Pediatr; 2005; 164: 758-767.)

- The trial suggests scientific evidence for the effectiveness of homeopathy in the treatment of ADHD.
ADD/ADHD - POSSIBLE REMEDIES

- Dana Ullman:
  - Stramonium
  - Cina (wormseed)
  - Hyoscyamus
  - Tarentula hispanica
  - Veratrum album

- Dr. E.B. Nash recommends the following remedies for restlessness: Aconite, Arsenicum, Chamomilla, and Rhus tox.
  - (Note that Aconite is also a great remedy for PTSD. Arsenicum is often thought of for anxiety, Chamomilla for irritability, & Rhus tox for restlessness.)

- I have recommended a variety of remedies for ADD/ADHD. Note: Arsenicum’s (physical) restlessness is very visible and palpable.
ANXIETY (MIND: ANXIETY)

- There are over 300 remedies under Mind:Anxiety in the repertory. (Anxiety is a “common” symptom, not a “characteristic” one.)

- Other repertory words for anxiety: MIND: Ailments-anger-anxiety; Anguish; Brooding; Cautious; Delirium-anxious; Dwells-past; Fear; Frightened; Restlessness.
  
  • Find the rubrics that fit the best. Remember, what is characteristic & unique in your case?

- There are also many of the physical sections in the repertory under which we can find anxiety:
  
  • ABDOMEN-Anxiety
  
  • BLADDER-Urging-anxious
  
  • CHEST-Anxiety
  
  • SLEEP-Sleeplessness-anxiety, etc.
ANXIETY - COMMON REMEDIES

• Most common constitutions I see who suffer from anxiety are:

• Phosphorus (Anxiety is a keynote of Phosphorus)

• Pulsatilla (If emotionally out of balance, a Pulsatilla’s mood can often vary a lot. Their anxiety can often be soothed by a hug!)

• Carcinosin (Worry/fears is a keynote of Carcinosin. They are worry warts! Often suffer from excessive cleanliness/fastidiousness, borderline OCD, as well.)

• Arsenicum (Pathological level of anxiety. Also very restless. Their anxiety as well as restlessness are totally visible.)

• Note: As always, the person’s entire constitution must match the patient’s symptoms. We treat patients, not diagnosis!
ANXIETY - LESSER COMMON REMEDIES

• Bismuth subnitricum: “A wonderful homeopathic medicine for anxious children with stomach aches who feel secure only when they are grasping their mother’s hands”*. (Note: Rule out Pulsatilla.)

• Argentum nitricum: “Anticipatory anxiety of all kinds, claustrophobia, fear of heights, perpetual tendency to imagine disasters and catastrophes”*, leading to phobias and panic attacks.

* “The Homeopathic Treatment of Depression and Anxiety” by the Ullmans.”
ANXIETY - RESEARCH

• 1981: Stanton reported a placebo-controlled trial of a homeopathic preparation (argentum nitricum D12) for test anxiety in 40 subjects. Test anxiety was reported to be significantly reduced compared with placebo.

ANXIETY - RESEARCH

A randomized controlled (but not blinded) trial with 60 subjects was conducted in France with patients suffering from anxiety in which half were given a homeopathic formula marketed as “L.72” in France and “Anti-anxiety” in the USA, while the control group was given a diazepam (Valium) (Heulluy, 1985). "The results indicated that L72 was as effective as diazepam on all measures."
Jonathan Davidson, MD, a professor of psychiatry at Duke University, conducted a small study of adults with major depression, social phobia, or panic disorder. He found that 60% of the patients responded favorably to homeopathic treatment (Davidson, 1995; Davidson, 1997).
ANXIETY - RESEARCH

• 1991: Hariveau et al reported a randomized controlled trial of proprietary homeopathic complex Lithium microsol using Benzodiazepines (Loraepam) as the comparator. The homeopathic complex was reported to be as effective as benzodiazepine.

• 1995: Clover and colleagues reported an uncontrolled study of 50 cancer patients in whom response to homeopathy treatment was assessed using the Hospital Anxiety and Depression Scale (HADS) and Rotterdam Symptom Checklist. Improvements were seen on the HADS anxiety subscale when comparing scores on initial and later (3rd) visits and the % with normal HADS anxiety scores increased from 48% to 75% by the 4th visit.
ANXIETY - RESEARCH


• McCutcheon reported a double-blind placebo-controlled trial conducted in FRANCE with patients suffering from anxiety in which 1/2 were given a homeopathic “anti-anxiety” formula and the other 1/2 were given Diazepam. The study was conducted on 77 adults. No significant differences between the groups were found except for less sleep loss with those in the homeopathy group.
ANXIETY - RESEARCH
(POST OPERATIVE AGITATION)

• 1990: Alibeu & Jobert reported a randomized controlled trial of a single homeopathic medicine, Aconitum, for post-operative agitation in children with "95% good results".

AUTISM - CLINICAL FEATURES*

1) Abnormalities of communication:
   - Speech may develop late or never appear.

2) Abnormalities of social development (MOST SPECIFIC TO AUTISM)
   - Autistic aloneness is an abnormality of social development in which the child is unable to make warm emotional relationships with people. A characteristic sign is gaze avoidance.

3) Restriction of behavior and interests (SIMILAR TO OCD)
   - Obsessive desire for sameness, and distress with any change in environment. For example, preference for same food/clothes or repetitive games.
   - Bizarre behavior and mannerisms are common. For example, twiddling the fingers repeatedly or flapping the hands.

* Manual of psychiatry, Dr. Bakshi
OCD is more common among people with ASC (Autism Spectrum Conditions). Obsessive and ritualistic behaviors may be a part of ASC or a separate additional diagnosis.

The main difference between ritualistic or repetitive behaviors which are common in ASC (Autism Spectrum Conditions) and OCD is anxiety. OCD is shorthand for the experience of intrusive, unwanted thoughts and images which come into someone’s mind and make them feel anxious or uncomfortable (obsessions). They then usually perform certain acts (compulsions) to reduce the anxiety or discomfort. When someone feels that they ‘have’ to carry out a certain act or behavior because if they don’t, something negative will happen, and they will feel anxious, you know it is more likely to fit with OCD.

Repetitive behaviors in ASC usually STARTS very early in childhood and tail off a bit in adolescence. Late childhood and adolescence is when OCD often begins, so a new ritual or worry starting at the time that repetitive behaviors should be reducing is more likely to be OCD.

Other differences: Collecting because of special interests in ASC and hoarding in OCD, and distinguishing between needing everything to be ‘just right’ or symmetrical which is common in OCD and a preference for sameness and routine in ASC.
AUTISM VS. MENTAL RETARDATION

• In mental retardation, the child has general intellectual retardation, but responses to other people are more normal than those of an autistic child.

• Although I have often definitely seen cognitive improvements in autistic children, the remedies help with their mood much more than they do with cognitive deficits.
AUTISM (OR ASC=AUTISM SPECTRUM CONDITIONS) - POSSIBLE REMEDIES?

• Since autism can come in a large variety of presentations, the remedy for autism could be one of several hundred. You must totally understand the patient and be able to repertorize appropriately. Truly it takes a highly experienced homeopath to treat autism. If not very experienced in homeopathy, refer out.

• I have noticed that the remedy Bufo seems to come up more often (for autistic patients) in my practice than other remedies. Keynotes: They feel better with pressure, have severe communication issues, and the world is a painful place for them.

• If ritualistic or repetitive behaviors are present (common in autism), you need to choose OCD type rubrics. (Refer to slide on difference between two diagnoses.)

• Remember when treating a complex disease such as Autism, the patient’s constitution will most likely vary over time:

  • Example: Dr. Seema, MD, in the book titled “Homeopathy and Mental Health Care” speaks of a case where the patient needed a different remedy every few months: Mercurius, Medorrhinum, Thuja, Stramonium, Belladonna, and Stramonium again.
Treatment effectiveness can be determined by the ATEC (Autism Treatment Evaluation Check-list) scoring system, an internationally recognized scoring system to measure changes in autistic symptoms after any treatment. The ATEC has 4 subsets that measure a range of symptom scores for the following categories:

Communication
Sociability
Sensory problems
Health and behavior.
In 2011 an outcomes based study reported the results of treating 123 children with autism who underwent homeopathic treatment from 1998 to 2009 (Bravalia, 2011). Treatment effectiveness was determined by the ATEC (Autism Treatment Evaluation Check-list) scoring system. They found groups of remedies that were valuable for autistic children with:

- sensory problems (touch, sound, smell, vision)

- kinetic problems (hyperactive, aggressive, destructive, self-injurious, and violent behaviors)

- regressive problems (involuntary stool or urination and inappropriate sexual symptoms)

- problematic affects or moods

- intense fears (dark, thunderstorms, ghosts, downward motion, being alone, crowds, heights, etc.)
The results of the study were promising. ATEC scores were assessed six months prior to treatment, at baseline when beginning treatment, and were then repeated every three months up to one year after onset of homeopathic treatment.

Changes in the ATEC scores were statistically significant with an average ATEC score improvement of 19.72 points (p value < 0.05). The ATEC scores improved almost 34% in the first three months and by 60% by six months into treatment. The quick change in symptoms within the first three months of treatment suggests a strong positive effect of the homeopathic treatment.

Their ATEC scores began at 73.68 at the time of starting homeopathic treatment and were reduced to 55.74 after 12 months of treatment, and continued to reduce further to 46.41 after 18 months of treatment. This significant 43% reduction in symptoms shows that homeopathy can be very effective for treating sensory integration problems in children with autism.

Of interest to practicing homeopaths, the study showed that a third of the children needed sequentially different changes in homeopathic remedies over time as their pattern of symptoms changed. This observation is commonly seen in homeopathic clinical practice with patient experiencing long-standing chronic illness like autism where several different homeopathic prescriptions over time are needed as the main problems change.
Delirium is an acute and relatively sudden (developing over hours to days) decline in attention-focus, perception, and cognition. In medical usage it is not synonymous with drowsiness, and may occur without it. Most (not all) people who are medically delirious do NOT have either hallucinations or delusions. Delirium is commonly associated with a disturbance of consciousness (e.g., reduced clarity of awareness of the environment).

Delirium itself is not a disease, but rather a clinical syndrome (a set of symptoms), which result from an underlying disease or new problem with mentation.

Delirium is SUDDEN severe confusion and rapid changes in brain function that occur with physical or mental illness.
Delirium is most often caused by physical or mental illness and is usually temporary and reversible. Many disorders cause delirium, including conditions that deprive the brain of oxygen or other substances.

Causes include:

- Alcohol or sedative drug withdrawal
- **Drug abuse/intoxication**
- Electrolyte or other body chemical/metabolic disturbances or failures
- Infections such as urinary tract infections or pneumonia
- Poisons
- Surgery
- Head injury or intracranial causes such as space-occupying mass
- Epilepsy
- Nutritional deficiency: Thiamine, vitamin B12, etc.

- Note: I have had a few cases of delirium where the patient had organ dysfunction.
DELIRIUM - RUBRICS & POSSIBLE REMEDIES

• MIND: Delirium: Agaricus, Arsenicum, Arum triphyllum, Belladonna, Bryonia, Cannabis indica, Chelidoneum, Crotalus cascavella, Hyoscyamus, Lachesis, Lycopodium, Nitricum acidum, Opium, Rhus tox, Secale cornutum, Stramonium, & Veratrum. (These are the remedies in bold.) Under the rubric mind:delirium, there are numerous sub-rubrics.

• Dr. E.B. Nash recommends the following remedies for delirium:
  • Belladonna
  • Hyoscyamus
  • Stramonium
Delirium tremens is a severe form of alcohol withdrawal that involves sudden and severe mental or nervous system changes.

Delirium tremens may also be caused by head injury, infection, or illness in people with a history of heavy alcohol use.

Symptoms most often occur within 48-96 hours after the last drink. However, they may occur up to 7 - 10 days after the last drink.

Symptoms may get worse quickly, and can include:

- Body tremors
- Changes in mental function
- Agitation, irritability
- **Confusion**, disorientation
- Decreased attention span
- Deep sleep that lasts for a day or longer
- **D**elirium
- Excitement
- Fear
- **Hallucinations** (seeing or feeling things that are not really there)
- Increased activity
- Quick mood changes
- Restlessness, excitement
- Sensitivity to light, sound, touch
- **Stupor**, sleepiness, **fatigue**
DELIRIUM TREMENS - POSSIBLE REMEDIES

The aim of homeopathy is not only to treat delirium tremens but to address its underlying cause and individual susceptibility. As far as therapeutic medication is concerned, several remedies are available to treat delirium tremens that can be selected on the basis of cause, sensations and modalities of the complaints.

The following remedies are helpful in the treatment of delirium tremens: (from internet research)

DEMENTIA - NO IMPAIRMENT OF CONSCIOUSNESS, ONLY INTELLECT!

• “Dementia is a generalized impairment of intellect, memory, and personality, with no impairment of consciousness (versus delirium which does involve impairment of consciousness.) It is an acquired d/o, distinct from amentia which is present from birth. Although most cases of dementia are irreversible, a small but important group are remediable.” (Dr. Bakshi)

• Related section in the repertory: Schizophrenia - paranoid
DEPRESSION, SYMPTOMS

• Clinical features: Miserable mood, pessimistic thoughts, lack of interest/enjoyment, and psychomotor retardation (slowing of thoughts and action).

• Anxiety and irritability are commonly present.

• **Biological symptoms** may include: Sleep disturbance, loss of appetite/weight, constipation, and loss of libido.

• **Other complaints**: Fatigue, bodily aches/pains, and loss of memory.

• **Other mental disorders** may be present: Depersonalization, obsessional symptoms, phobias, or dissociative symptoms such as loss of function of a limb.
DEPRESSION IN THE REPERTORY

There is **NO** section titled “depression” in the repertory. Remember the repertory is written based on symptoms, not labels. Some **rubrics that might translate to clinical diagnosis of “depression”:**

- Ailments - anger - silent; Brooding; Despair; Discouraged; Dwells - past; Fear - grief; Fear- sadness; **Grief**; Grief - silent - love; Inconsolable; Moaning; **SADNESS**; Sighing; Suicidal - sadness; Weeping; Weeping - cannot; Weeping - sad - thoughts; Respiration - sobbing

- There are over 500 remedies for sadness in the repertory. There are numerous subrubrics under sadness which may be helpful in repertorization. Ex: Sadness:menses:before

- Find the rubrics that fit the best. Remember, what is characteristic & unique in your case? For example, **sometimes depression is due to grief, in particular. If so, you need to use the grief rubric**.
DEPRESSION - POSSIBLE REMEDIES

• There are hundreds of remedies that can help “depression”. In homeopathy, you need to treat each person individually. However, there are some homeopathic medicines that are more commonly used for treatment of depression.

• The top two most commonly used remedies for depression are probably Nat mur and Ignatia. And, if advanced Aurum met. Aurum depression is extremely deep (often suicidal), and much heavier than Nat mur depression.

• **Nat mur**

• **Ignatia**

• Staphysagria

• Pulsatilla

• Calc carb

• Sepia

• Aurum met.

• Phosphoric acid
DEPRESSION: WRONG REMEDY?

- When treating depression, it is very important that you pick the correct remedy for the patient. Example: I once gave Aurum met 30c to a patient whose cc was severe depression. Her depression became much worse WITHIN HOURS!!! It turned out she needed Nat mur, and did much better with Nat mur.
BIPOLAR DEPRESSION - **MANIA** ALTERNATING WITH DEPRESSION

• The central features of the syndrome of *mania* are:

  • Elevation of mood (cheerful, or irritable turning into anger) - high spirits are interrupted by periods of depression

  • Increased activity (rapid speech, increased appetite for food and sex)

  • Self-important ideas (expansive ideas, grandiose delusions, extravagant, reckless decisions)

  • Hallucinations occur.

  • Insight is invariably impaired.
BIPOLAR DEPRESSION

• Main symptoms: Depression alternating with mania. When manic, they act impulsively. So, think of remedies that cover mania, impulsiveness, depression, and changeable mood.

• Conventional treatment: 1) Lithium 2) Anti-anxiety medicine for the manic phase AND antidepressant medicine for the depressive phase.

• Bipolar and psychosis can sometimes present similarly. They can also be present in the same person.

• Dr. Jeckyll and Mr. Hyde
**BIPOLAR DEPRESSION**

**POSSIBLE REMEDIES**

- **Lithium muriaticum:** (Remember pharmaceutical lithium is given for Bipolar.)
  - “Impulsivity, changeable nature, history of manic and depressive episodes, issues with mothering and her own mother, aggravation from sun.”*1

- Lilium tigrinum (tiger lily)
  - “Lilium tigrinum can be a very effective for bipolar disorder.”*1

- Tarentula hispanica*2
  - Bipolar depression with a particular fascination with rhythmic music and drums

- Veratrum album *2
  - Nightmares, very restless, and craves salt

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*1: Book “The Homeopathic Treatment of Depression and Anxiety” by the Ullmans.

*2: Book Homeopathy and Mental Health Care, chapter by Edward Shalts, MD
**“MOOD SWINGS” VERSUS BIPOLAR - POSSIBLE REMEDIES**

- If you have mood swings (alternating moods), but not necessarily bipolar, think of **Pulsatilla** at the top of the list of constitutions who suffer from this condition. Of course, numerous other constitutions can suffer from mood swings. Note: **Some constitutions (such as Ignatia) can be very moody & irritable, but they don’t necessarily suffer from “mood swings”**.

- Crocus sativa (saffron): For “rapidly alternating, extreme mood swings combined with profuse, often clotted nosebleeds”*

- **Homeopathic Coffee**: Think of Coffee for Mania without necessarily depression… “Remarkable, vivid fantasies, and intense propensity to daydream; animated, vivacious nature and the predilection for caffeine”*. They are also sensitive to many stimuli, excitable, and restless.

* Book “The Homeopathic Treatment of Depression and Anxiety” by the Ullmans.”
GRIEF (MIND: GRIEF)

• Sometimes depression is due to grief, in particular. If so, you need to use the grief rubric.

• Mind: Grief: **Aurum**, Causticum, **Ignatia**, **Nat mur**, Pulsatilla, **Staphysagria**. (These remedies were in bold.)
GRIEVANCES & FORGIVENESS

• There has been rigorous research that documents the effects of unresolved grievances on one’s emotional and physical health.

• Mental/emotional symptoms related to “grievances”: Brooding, disappointment, grief, anxiety, anger, reproach, resentment, hatred, and holding on to the past.

• “Forgiveness is a mindful process that can disconnect us from the past and empower us to heal, but it is not easily accomplished without help and nurture.” Kenneth Silvestri, homeopath

• Forgiveness is not a mental construct, it indeed takes emotional processing and maturing which can take time. It is a conscious choice we make when we forgive. It’s not wishful thinking!

• Selected “forgiveness remedies” - These are examples of just a few remedies that may be indicated for any particular individual in need of forgiveness and psychotherapy:

  • **Aurum** met, Aurum mur, Aurum mur nat, **Ignatia, Nat mur**, Nutricum acidum, Phosphoricum acidum, **Staphysagria**. (The ones in bold are the one you see much more often in primary care setting.)
DEPRESSION - RESEARCH

A double-blind comparison trial found non-inferiority with fluoxetine (Prozac) in the treatment of moderate to severe depression.

Ninety-one outpatients with moderate to severe depression received an individualized homeopathic medicine (in Q potencies=LM potencies) or fluoxetine (Prozac) 20 mg/day (up to 40 mg/day) in a prospective, randomized, double-blind double-dummy 8 week trial (Adler, Paiva, Cesar, 2009).

The primary efficacy measure was the mean change in MADRS depression scores. The mean MADRS scores differences were not significant on the 4th (p=0.654) and 8th weeks (p=0.965) of treatment. The non-inferiority of homeopathy was indicated because the upper limit of the confidence interval for mean difference in MADRS change was less than the non-inferiority margin: mean differences (homeopathy – fluoxetine) were -3.04 (95% CI = -6.95; 0.86) and -2.4 (95% CI = -6.05; 0.77) at weeks 4th and 8th, respectively. There were no significant differences between the percentages of response or remission rates in both groups. The study also found a higher but non-significant percentage of patients treated with fluoxetine reported troublesome side effects and some dropped out of the study for this reason. This study shows the non-inferiority of individualized homeopathic treatment with Q-potencies as compared to fluoxetine in acute treatment of outpatients with moderate to severe depression.
Jonathan Davidson, MD, a professor of psychiatry at Duke University, conducted a small study of adults with major depression, social phobia, or panic disorder. He found that 60% of the patients responded favorably to homeopathic treatment (Davidson, 1995; Davidson, 1997).
FEARS AND PHOBIAS (MIND: FEARS)

• The fear section occupies a large part of the Mind chapter in the repertory.

• Also, refer to PTSD section in this presentation for more information since PTSD can be brought on by not just trauma and grief, but also fright.
FEARS AND PHOBIAS
POSSIBLE REMEDIES*

“BOTTOM LINE: Homeopathic medicines can be successfully prescribed for certain acute stages of fear, though people with chronic or severe fears need to see a professional homeopath.

Homeopathy has an IMPRESSIVE history of effective treatment for people with various fears and phobias. Because of the diversity and complexity of fears and phobias, they require professional homeopathic care rather than self-care.

There are, however, a few homeopathic medicines to consider for specific situations related to fear.

-Aconitum: When a person experiences fear after an accident, injury, or traumatic event of nature (earthquake, tornado, hurricane, fire, etc.) and feels like they may die or that they are in real trouble, this remedy can help them regain a sense of calm.

-Arника: People who experience fear after an injury and who want to be left alone will benefit from this remedy.

-Gelsemium: People who develop stage fright or anticipatory anxiety and whose mind goes blank prior to a performance or an examination can benefit from taking this remedy.

-Argentum nitricum: People who develop stage fright or anticipatory anxiety prior to a performance or an examination and who experience diarrhea and/or flatulence with it.

-Stramonium: When people have a combined fear of animals (even dogs), a fear of water, and a fear of the dark, this remedy should be considered. These people also tend to have a fear of mirrors and other reflective objects. Their fears may create a hyperactive state, even uncontrollable states of rage.”*

* Homeopathic Family Medicine, an ebook by Dana Ullman
FEARS AND PHOBIAS
POSSIBLE REMEDIES, CONTINUED

• I have had very satisfying results treating fears and phobias using constitutional homeopathy.

• Top common remedies I have used in my practice for treating fears include: **Pulsatilla, Carcinosin, and Nat mur**. Clearly you prescribe the remedy that best matches your case, taking all the symptoms/characteristics into consideration.
MULTIPLE PERSONALITY (OR DISSOCIATIVE IDENTITY) DISORDER

• In MPD, the connection between patient and reality is maintained (versus in psychosis, there is a breakdown in the connection between the patient and reality).

• Patients with **MPD do NOT know they have MPD** since the different personalities are not aware of one another.

• “A study by Boon and Draijer in 1993 found that **94% of patients with MPD had a past history of childhood sexual abuse.**”  (Dr. Philip Baily, MD)

• In the book Homeopathy and Mental Health Care, Dr. Baily mentions how he treated 5 cases in 12 years very successfully, but “none could be said to have been cured by it.”

• Dr. Philip Bailey, MD, used the following REMEDIES for the above 5 cases:
  
  • Mandragora (in two cases), Stramonium, Mercurius vivus, Boron metallicum.

  • **Mandragora and Stramoniums may be “mediums”**.

  • **Mercurius and Born are not “mediums”**.
MULTIPLE PERSONALITY DISORDER
THINK OF SOLANACEAE FAMILY OF REMEDIES

• Remember: In homeopathy, we don’t recommend remedies for disorders. The following is only supposed to be a helpful guide, not a cookie cutter approach to prescribing:

• According to Dr. Philip Bailey, MD, homeopath, **think of the Solanaceae family** (Belledonna, Stramonium, Hyoscyamus, Dulcamara, and Mandragora, etc.) for treatment of MPD. This family may have the experience of being a medium.

• Again, Dr. Bailey has also used Boron and Mercurius for two of his cases.
MULTIPLE PERSONALITY DISORDER
THE REMEDY BORON

• Boron, a remedy for immaturity and **fragmentation**. Boron cases are jumpy. They cannot grasp how things work (pointing to their childishness), and dare not say no. Their pathology may stem from abuse, incest, and loss of parents. (Jan Scholten) Example: A person who is sexually abused in an orphanage. **Jan Scholten also finds Boron a remedy for cases of MPD.**

• “Boron is particularly likely to be indicated in cases of MPD where parents were absent, and hence the child grew up without even the most basic sense of identity, security or mirroring…. One physical keynote of Boron: Aggravated not only by downward motion, but also by round-abouts and roller-coasters.” (Philip Bailey, MD)
MULTIPLE PERSONALITY DISORDER
THE REMEDY MANDRAGORA

• The root has been used for over two millennia as a treatment to draw demons out of the possessed.

• Think of the remedy Mandragora where the case involves magic, rituals, and graveyards.

• **Nausea** is a prominent physical symptom of the constitution Mandragora. (Note: If you treat the nausea with GI herbs, digestive enzymes, liver detox, etc, you are palliating.)

• What separates Mandragora from other members of the Solanaceae family is the hidden quality of the violent symptoms.

• The rubric “Ailments from Mortification” is listed under Mandragora:
  
  • Extreme sexual abuse which is almost always found in the history of cases of MPD, and this kind of horrifying trauma is what is meant by the rubric “Mortification” (literally, something that has shocked you to death).
MULTIPLE PERSONALITY DISORDER
THE REMEDY CANNABIS SATIVA

• I have had a Cannabis sativa MPD case:
  
  • Patient experienced depression for a number of days after taking the remedy. It’s completely normal to feel depressed when the mind is healing (in an advanced psychiatric case), so the patient was moving towards direction of cure.

• The Ullmans also talk about a Cannabis sativa case in their book titled “The Homeopathic Treatment of Depression and Anxiety”.
MPD USED TO BE CALLED HYSTERIA

• “Conversation Disorder and Dissociative Disorder refer to disorders that until recently were known as hysteria. The change in terminology has been adopted because the word Hysteria is used in everyday speech to denote extravagant behavior.” (Manual of Psychiatry by Dr. Bakshi)
HYSTERIA- PRESENT DEFINITION

Today, psychology recognizes two different types of disorders that were historically known as hysteria: dissociative disorders and somatoform disorders. Dissociative disorders are psychological disorders that involve a disassociation or interruption in aspects of consciousness, including identity and memory. These types of disorders include dissociative fugue, dissociative identity disorder (also known as Multiple Personality) and dissociative amnesia.

Somatoform disorder is a class of psychological disorder that involves physical symptoms that do not have a physical cause. These symptoms usually mimic real diseases or injuries. Such disorders include conversion disorder, body dysmorphic disorder and somatization disorder.
OCD (OBSESSIVE COMPULSIVE DISORDER)

DEFINITION:
The disturbing thoughts or images are called obsessions, and the rituals that are performed to try to prevent or dispel them are called compulsions.

Obsessive-compulsive disorders are characterized by obsessional thinking, compulsive behavior, and varying degrees of anxiety, depression, and depersonalization.
OCD CLINICAL FEATURES*

• 1) Obsessional thoughts
• 2) Obsessional ruminations
• 3) Obsessional impulses
• 4) Compulsive behavior/rituals
• 5) Obsessional phobias

Anxiety is an important aspect of OCD.

* Manual of Psychiatry by Dr. Bakshi
OCD VS. OCD-TYPE INCLINATIONS

Just like you could have the clinical dx of Bipolar depression versus just suffering from “alternating mood”, we can also have clinical dx of OCD versus propensity towards of OCD-like behavior. In other words, sometimes we can have OCD-type inclinations that are NOT advanced enough to meet the criteria for diagnosis of OCD. Examples are many Silica and Carcinosin type individuals who are extremely clean and organized that one could almost say they have OCD. (Carcinosin are overly clean, are germ phobic; and Silica have the highest organizational skills.)
OCD (OBSESSIVE-COMPULSIVE DISORDER) DIFFERENT MANIFESTATIONS

• “Life becomes a series of rituals, impulses and rote, repeated actions with little room for spontaneity.

• Pathological gambling, pulling out one’s hair or eyelashes or other self-abusive habits, kleptomania, sexual obsessions, and compulsions, extreme hypochondriasis, uncontrollable impulsivity, eating disorders and obsessive jealousy can all be different manifestations of OCD.

• OCD and phobias are sometimes interwoven.”*

• * “The Homeopathic Treatment of Depression and Anxiety” by the Ullmans.
OCD - POSSIBLE REMEDIES

• Just a few remedies to think of: **Carcinosin, Silica, Kali brom, & China.** You will see many Silica and Carcinosin patients in a primary care practice since they are common polycrests.

• Additionally, think of **syphilitic remedies*** when it comes to OCD. However, note that you don’t have to have a predominantly syphilitic makeup to have OCD.

• (* The main syphilitic remedies are: Ars, Aur, Kali-i, kali-s, Laur (Laurocerasus), MERC, Nit-ac, Phyt, **Silica**, Stillingia, Syph.*)
POSSIBLE REMEDIES TO THINK OF:

“Many remedies are used successfully in treating OCD. Among them are Syphillinum, Carcinosin, Silica, Nux Vomica, and Sepia (Sepia- especially when around menses).”*

* Homeopathic Family Medicine by Dana Ullman
OCD - TRICHOTILLOMANIA (HAIR PULLING)

• Compulsive urge to pull out one’s own hair (from anywhere in the body) leading to noticeable hair loss, and social or functional impairment.

• I have had wonderful success (nearly 100% success in the few cases I have seen) treating this horrifying condition with constitutional homeopathy AND EFT (Emotional Freedom Technique) combined. Homeopathic visits of once a month for a few months, plus visits for EFT once a week or twice a month at the same time. Often a total of a few months in a row of therapy is required for total recovery.

• Rubrics: Mind: Pull, desires to, hair, ones
OCD VERSUS EATING DISORDERS

- **Individuals with eating disorders may exhibit OCD type patterns, but they may or may not have “OCD”**. As of 2004, Kaye et al. reported that 64% of individuals with eating disorders also possess at least one anxiety disorder, and 41% of these individuals have OCD in particular.

- An OCD individual counts the number of mouthfuls chewed or pieces of food in a meal, according to some fixed or magical number that is “correct” or “just right.” Whereas, individuals with eating disorders count mouthfuls or pieces of food as a means of limiting portions and thus effectively losing more weight.

- My success treating eating disorders has been variable, anywhere from minimal to complete success in 1-2 visits. (Refer to videos on my site, drsharif.com under Homeopathy as well as EFT Testimonial videos.)

- **I always use EFT alongside homeopathy to treat eating disorders**. I also recommend counseling for patients with eating disorders.
PANIC ATTACKS
R/O AND TX PHYSICAL CONDITIONS

• Most of the panic attack cases I have seen over the last 10 years in my practice have had significant physical problems. In my experience, it’s rarely just a mental matter. (Note, however, that you can definitely see anxiety by itself in a person who appears to be perfectly healthy physically.)

• Example: A 50 year old women with CC of panic attacks was also experiencing menopausal symptoms along with uncontrolled diabetes.
PANIC ATTACKS - POSSIBLE REMEDIES

- Refer to the three sections “Anxiety”, “Fear”, and “PTSD” of this presentation for many more rubrics and remedy ideas that apply here as well.

- Aconite is a great remedy to think of for panic attacks. (Of course, the keynotes of aconite must match the symptoms of the pt.)

- Remember the remedy may be one of many choices, depending on the case.
PARANOIA SYMPTOMS OR SYNDROMES (DELUSIONAL DISORDERS)*

- **The term paranoid (or delusional) is descriptive and **NOT** diagnostic because delusions can occur in a variety of mental disorders.**

- **The central abnormality implied by the term paranoid is a morbid distortion of beliefs or attitudes concerning relationships between oneself and other people.**

- **Paranoid symptoms** are delusional beliefs which are most commonly persecutory but not always so.

- **Paranoid syndromes** are those syndromes in which paranoid symptoms form part of a characteristic constellation of symptoms, such as pathological jealousy. They can be divided into two groups:
  
  1) Paranoid features occur in association with a primary mental illness such as schizophrenia, mood disorder, or an organic mental disorder.
  
  2) Paranoid features occur without any other primary disorder detected.

* Manual of Psychiatry by Dr. Bakshi
DELUSIONS

• A delusion is usually a false belief, but is not invariably so. Hallmark is that it is *firmly held on inadequate grounds*… it cannot be altered by evidence to the contrary.

• There are nearly 200 remedies for delusions in the repertory. This rubric takes up a large section under the Mind chapter of the repertory.

• Delusions can occur in a variety of mental disorders, including schizophrenia, organic brain diseases, and severe mood disorders.
There are numerous delusions in the Mind: Delusions section of the repertory. EACH CONSTITUTION HAS ITS OWN DELUSIONS. The following are just a few delusion rubrics:

- MIND: Delusions that have to do with grandiosity (Refer to next page)
- MIND: Delusions-persecuted (Delusions of persecution)
- MIND: Delusions-visions (Visual hallucinations - the largest section in the Mind chapter of the repertory)
- MIND: Delusions-voices-hearing (Auditory hallucinations)
• **Persecutory delusions**: Patient thinks someone or something is trying to harm his/her. *(Persecutory delusions is what we think of when we hear the term paranoia.)*

• Delusions of reference: Example: Something on TV is thought to be a personal message to you!

• Grandiose or expansive delusions: Beliefs of exaggerated self-importance

• Delusions of guilt and worthlessness: Usually found in depressive illness.

• Nihilistic delusions: Beliefs about non-existence of some person or thing. Pessimistic ideas.

• Hypochondriacal delusions: Patient thinks (s)he is ill contrary to all medical evidence.

• Religious delusions

• Delusions of jealousy: Some jealousy is normal, but if a delusion, it can lead to dangerous behavior.

• Sexual or amorous delusions: A women believes is loved by a man who is inaccessible.

• Delusions of control: Patient thinks his thoughts are controlled by an outside agency.

• Delusions concerning the possession of thoughts (Thought insertion, thought withdrawal, and thought broadcasting). These delusions occur much more commonly in schizophrenia.
DELUSIONS OF GRANDEUR IN HOMEOPATHY
(IN MIND SECTION OF REPERTORY)

• Delusions-Christ-himself to be: cann-i, VERAT

• Delusions-God-communication with God-he is in: Stram, Verat, etc.

• Delusions-God-messenger from God-he is a: verat. (Many of us homeopaths may fit in this rubric!) :)

• Delusions-heaven-is in-talking with God: verat

• Delusions-power-all powerful

• Delusions-consciousness-higher consciousness

• There are many other delusion rubrics indicating a sense of grandiosity in a person.
Dr. Lalor: “**Homeopathic psychiatry is the psychoanalytical study of the meaning and application of the Delusion rubric in homeopathic case-taking and case analysis.** A psychological delusion is a perception or opinion which is exaggerated or disproportionate to reality. In both psychiatry and homeopathy, the psychological delusion exists, and is diagnosed because the patient needs to avoid reality.”

- Note: **Delusions=Imaginations in the repertory.**
THE NEED FOR DELUSIONS

In Liz Lalor’s book “Homeopathic Psychiatry” the NEED for various DELUSIONS is analyzed for EACH of the constitutional remedy profiles. (Refer to her book for details of each remedy’s delusional profile.)

The psychotherapeutic understanding of the PATIENT’S NEED for the psychological DELUSION is the indicator of, and explanation for, the SIMILLIMUM. The simillimum must have delusion rubrics which match the delusional state of mind of the patient.

Example: “Sulphur has a psychotherapeutic need to avoid personal responsibility for failure which manifests as an intense psychological need to delude themselves into believing they are great.” (Liz Lalor) Therefore, the need for the delusion of grandeur in Sulphur comes from the need to avoid personal responsibility for failure.
MISDIAGNOSIS OF “DEPRESSION” WHEN PATIENT MAY BE DELUSIONAL!!!

• Sometimes a person may clearly be delusional and yet may be mis-diagnosed with other diagnoses such as depression and be prescribed an anti-depressant!!

• Just as seen in MPD (Multiple Personality Disorder), patients will NOT be aware of their delusions. You need to discern them yourself.
PARANOIA (DELUSIONS)
POSSIBLE REMEDIES

- Remedies: Belladonna, Hyoscyamus, Medorrhinum, Nux-vomica, Rauwolfia serpentina* (Belladonna and Hyoscyamus are members of the **Solanaceae family**.)

- * Note: Rauwolfia can be used as a herbal supplement to lower blood pressure. In rare cases, if used in high doses, it has been thought to cause depression as a side effect. I have had one case of this in 10 years.
***PSYCHOSIS (SCHIZOPHRENIA & OTHER PSYCHOTIC DISORDERS)

- Psychosis is typified by schizophrenia. However, psychosis may be present in some types of dementia, substance-induced delirium, and major depressive disorder.

- Psychosis used to be called insanity. So, you won’t find “psychosis” in the repertory, you will find “insanity” and numerous other rubrics that may reflect psychosis such as all the delusional rubrics.
PSYCHOSIS

- **Find the rubrics that fit your case the best. Remember what is characteristic & unique in your case?**

- For example, if your patient presents with singing and babbling, that is what is characteristic of your patient. Versus, if your patient wants to kill others.

- If the patient is being **paranoid, find out why?** Don’t just use rubric Mind: Paranoia. Figure out how is the paranoia manifesting- perhaps as feelings of “guilt, committing a crime”? If so, use the rubric “Delusions-crime-committed” instead of the blanket rubric paranoia.
PSYCHOSIS - RUBRICS, INCLUDING MIND-DELUSIONS, ETC.

- Possible relevant rubrics that may apply to symptoms associated with psychosis may be:
  
  **MIND-Delusions** (=MIND-Hallucinations)

  - MIND-Confusion of mind (and all the many relevant rubrics such as MIND-Speech-incoherent)
    - >40 remedies just in the MIND-Speech-incoherent section
  
  - MIND-Violent (and all the many relevant rubrics)
  
  - MIND-Concentration-difficult (and all the many relevant rubrics)
  
  - MIND-Singing (Relevant rubrics: Delirium-singing; Mania-singing; Weeping-singing; Whistling)

  - You may also find rubrics in chapters other than the MIND that may apply to your case:
    
    - EXTREMITIES-Motion-irregular or loss of power of (as found in catatonic schizophrenia)
    
    - FACE-expression-bewildered
    
    - Face-expression-confused
SCHIZOPHRENIA

• “Schizophrenia is characterized by recurrent acute psychotic episodes in which the person may experience hallucinations, delusions, confusion, a sense of disconnectedness from reality and, less frequently, violence and catatonia which can be completely incapacitating.” (Dr. Dana Ullman)

• Schizophrenia is challenging to treat with any modality, including homeopathy. However, many homeopaths have cured many cases of schizophrenia.

• Challenging aspect of treating these patients is their compliance—i.e. avoiding coffee and returning for follow up visits.
Catatonia is a state of neurogenic motor immobility, and behavioral abnormality manifested by stupor.

Catatonia is not recognized as a separate disorder, but is associated with psychiatric conditions such as schizophrenia (catatonic type), bipolar disorder, post-traumatic stress disorder, depression and other mental disorders, as well as drug abuse or overdose (or both).
SCHIZOPHRENIA
KALI BROMATUM - A CASE BY DR. EDWARD SHALTS, MD

- A case of Paranoid Schizophrenia by Dr. Edward Shalts, MD (psychiatrist, neurologist, homeopath) reported in the book Homeopathy and Mental Health Care

- Rx: Kali bromatum: Combination of grandiose delusions with severe facial acne.

- The acne became worse as his delusions improved (This was expected according to Hering’s law of cure). However, his family forced him to seek conventional medicine for the acne. His general practitioner prescribed Acutane for his severe nodular acne, and Zoloft (an antidepressant!).
Paranoid schizophrenia that began towards end of her pregnancy. Family noticed that she was indifferent to her baby, and this situation advanced to full fledged schizophrenia. Crying for hours without known cause. Headache in left forehead above the eye.

Rx: Sepia 200c and later 1M. Within 7 months she was functional.
SCHIZOPHRENIA
CASES BY DR. JUDYTH & ROBERT ULLMAN, ND

- Covered the following cases* Zinc metallicum, Zinc phosphoricum, Hydrogen, Anhalonium, Anacardium.

- Notice that a few of the above constitutions (Hydrogen and Anhalonium) are not grounded at all.

- (Note: Anacardium has a split/break between good and evil. And, the psyche of the patient literally breaks down in Schizophrenia.)

* The Homeopathic Treatment of Depression and Anxiety book by Drs. Judyth and Robert Ullman, ND.
SCHIZOPHRENIA
ANHALONIUM- A CASE BY THE ULLMANS

• They feel one with the universe. (Note: This is not to be confused with a high spiritual state that gnostics refer to as “unity of being.”)

• “It’s used in people, often with a history of hallucinogenic drug use, who feel completely merged with the world around them. They are much too open and lack the boundaries needed in the world.”*

• * “The Homeopathic Treatment of Depression and Anxiety” by the Ullmans.
SCHIZOPHRENIA, THE REAL TRAGEDY!

“Schizophrenia is a human experience with meaning, meaning that is hard to uncover, but it only takes patience, kindness, a tolerance for not understanding, a willingness to understand the human condition at its most painful; a tolerance for desperate defenses ... understanding persons with schizophrenia means facing facts about ourselves, about our families, and our society that we do not want to know ... the real tragedy of schizophrenia is not the severity of the symptoms but that we know the psychoanalytic therapies that work and we are not using them.” (a professor of psychology from book “Alternatives Beyond Psychiatry”, p333)
PTSD (POST-TRAUMATIC STRESS DISORDER) ~ SHOCK & FRIGHT

• PTSD is classified as a variant of a broader category of ANXIETY Disorders.

• PTSD: Ailments from trauma, shock, fright, or grief. (If from grief, refer to depression/grief section in the notes.)

• PTSD Mnemonic
  • E - Event/experience (threatening to life or physical integrity of self or others)
  • R- Re-experiencing (flashbacks, nightmares, fears, etc.)
  • A - Arousal (anxiety, startle, hyper-vigilance, irritability)
  • A- Avoidance (of things, places, images reminiscent of event)
  • D- Duration of more than 1 month
PTSD, TYPES:

- The dx depends on length of time the symptoms last after the traumatic event:
  - **Acute Stress Disorder**: Symptoms occur within 4 weeks of the trauma, and last 2 days - 4 weeks
  - **Acute PTSD**: Symptoms last for more than 4 weeks
  - **Delayed-Onset PTSD**: May not appear until years after the initial traumatic experience
  - **Chronic PTSD**: Symptoms last for more than 90 days. Lapses can occur, but symptoms will always return.
PTSD, NO SPECIFIC DRUGS FOR IT, BUT THERAPY WORKS...

• "Conventional psychopharmacology does not have medications specific for PTSD and fails to provide cure or even significant relief for this fairly prevalent illness." (Dr. Edward Shalts, MD, Psychiatrist/Neurologist, Homeopath, former vice president of the National Center for Homeopathy)

• Psychotherapy has been shown to be effective, as opposed to pharmaceutical medications.
**GENUS EPIDEMICUS**

- **Most people in a catastrophic event (Earthquake or a pandemic disease) will most likely benefit from one or a few remedies, i.e., the Genus Epidemicus.**

- Example: In Seattle, over a period of about 6 months this Fall/Winter (into Spring), nearly 100% of the patients I saw with upper respiratory infection needed the remedy Kali bich. A few needed other remedies.

- The best book I have read on the epidemics and trauma is titled “**Homeopathy for Diseases, Vital Remedies for Epidemics, Trauma and Chronic Disease**” by Peter Chappell and **Harry van der Zee, MD**.

- Dr. Zee talks about applying the Genus Epidemicus to treating chronic diseases. Refer to his book on the specifics of this very interesting subject.
ACUTE STRESS DISORDER —> GENEUS EPIDEMICUS RESPONSE

• “If you hear hoof beats, think Horse, not Zebra. An acute stress disorder produces a Genus Epidemicus-type response”*. Although some people respond to a stress without changing to a new constitution, “a few remedies will most likely be frequently required for the majority of the population”*. For example, the following remedies were effectively used in the following disasters:

  • Earthquakes in Honduras - Aconitum
  
  • Hurricane Katrina - Ignatia
  
  • Bali terrorist attack - Aconitum and Arnica

• * Dr. Edward Shalts, MD
ACUTE STRESS DISORDER IS NOT THE SAME AS ACUTE PTSD!!!

• Acute stress disorder is NOT the same thing as acute PTSD. Acute stress disorder lasts 2 days - 4 weeks, but acute PTSD lasts longer than 4 weeks.

• “Even where a Genus Epidemicus has been clearly identified, one must remain alert and conduct thorough evaluations as different people will still react differently to the same stressor.” (Dr. Edward Shalts, MD). Therefore, in an acute stressful event, one person can end up needing remedy X, and another person can end up needing remedy Y. (Just remember, most people in a catastrophic event will most likely benefit from one or a few remedies, i.e., the Genus Epidemicus.)
PTSD - POSSIBLE RUBRICS

• PTSD can be caused by ailments from trauma, shock, fright, or grief. Patients can experience anxiety, hyper-vigilance, or irritability. Additionally, nightmares and avoidance tendencies may be present.

• Therefore, the rubrics can be found in any of the above sections, depending upon the particular case.
PTSD (ACUTE AND DELAYED ONSET) REMEDIES
DR. EDWARD SHALTS, MD

- Dr. Edward Shalts, MD, recommends the following remedies in order of importance.

- Summary of his descriptions of the remedies:

  - 1) **Aconitum** - Great remedy for chronic panic d/o. Terror drives the person to move. Visibly scared and restless. Great for disasters. Extremely sensitive. “Bunch of raw nerves”. Individuals who have heart palpitations and SOB which produce a tremendous fear of death. It’s often the first remedy given for trauma, even if the trauma occurred years ago.


  - 3) **Opium** - Paralyzed by terror leading to severe constipation.

  - 4) **Arsenicum album** - Extreme anxiety. Very organized, fruitlessly busy, and anxious. Critical and slightly paranoid. Patients are very needy and hypochondriac.

- Note: Of course, you MUST ALSO PAY ATTENTION TO PHYSICAL AND GENERAL SYMPTOMS IN ORDER TO NARROW DOWN THE CHOICE TO THE REMEDY THAT BEST FITS THE CASE.
PTSD ~ FRIGHT (ACONITE & OPIUM)
DR. E.B. NASH

- According to E.B. Nash, think of the following remedies for "fright". Again this is "clinical" homeopathy, not "classical" homeopathy.
  - Aconite
  - Opium
  - Ignatia
  - Veratrum Album

- Note: The two remedies Aconite and Opium are recommended for PTSD by the old homeopath E. B. Nash as well as a more recent famous homeopath/psychiatrist/psychologist, Dr. Edward Shalts, MD.
Dr. Navneet Bidani’s recommended remedies for PTSD include:

- **Aurum**: Trauma puts the person in deep, dark depression

- **Ignatia**: Depression from a broken heart and betrayal. Sighs often. globus hystericus.

- **Nat mur**: Silent grief. Wants to be left alone. Easily offended. Dwell over the painful event.

- **Phosphoric acid**: Feels that the trauma has made their life flat. So depressed that indifferent to everything. Even physically numb.

- **Sepia**: Indifferent and emotionally flat after the trauma.

- **Staphysagria**: Much suppressed anger. Imagines insults. Highly sensitive to what others say about her.

Homeopathy has many more remedies for PTSD like Arsenicum album, Causticum, Calc carb, Nitric acid, Nux vomica, Pulsatilla, and Thuja,
- **Arnica** (mountain daisy): This is the most common remedy for shock of injury and unless some other remedy is clearly indicated, this medicine should be given. It is useful for both mild and serious levels of shock. It is particularly indicated when the person doesn’t realize that he or she has been injured (seriously or not). It is also useful when there has been much loss of blood or significant bruising. (Patient denies that anything is wrong after a traumatic and shocking incidence.)

- **Aconitum** (monkshood): This remedy is indicated for shock of injury when the person is restless and full of anxiety or fear, usually of death or of impending doom. It is also indicated when the person experiences rapid or violent heart palpitations after an injury.

- **Carbo vegetabilis** (vegetable carbon): If the person in shock is weak and collapsed, has difficulty catching his or her breath, desires to be fanned, and has pale bluish skin color, consider this remedy.

- **Cinchona** (Peruvian bark): When the person has lost a lot of blood and then experiences intermittent fever interspersed with chills, consider this remedy.
PTSD IN CHILDREN

• Aside from hallmarks of PTSD, here are a few misc. facts about PTSD in children, in particular:
  
  • They may worry about dying at a young age.
  
  • They act out- oppositional and/or violent behavior.
  
  • Most frequent remedies for PTSD in children: **Ignatia**, **Aconitum**, **Stramonium**, and **Mancinella**. Ignatia is a very important remedy in this category. Ignatia frequently have a hysterical component to their behavior.
PTSD IN CHILDREN AND THE REMEDY MANCINELLA

• According to Dr. Edward Shalts, MD:

• Particularly helpful in adolescents

• Unique feeling of being controlled by some outside entity.

• Provers of this plant report feelings of "being taken by the devil" (possessed)

• Consider Mancinella as a great possible remedy after a traumatic event which results in PTSD.
PTSD IN VETERANS

• One study done showed only 23-40% of returning vets who suffered from mental issues sought help.

• Exposure to numerous toxins during the war and experiencing emotional trauma are obvious concerns.

• Detox and homeopathy can help the vets greatly.
SLEEP DISORDERS

• Sleep may be disturbed by a variety of physical and/or psychological conditions. There is an entire “SLEEP” chapter in the repertory. You will, as always, need to find out exactly why the person is being the way (s)he is.

• SLEEP-Disturbed-anxiety from (Anxiety causing insomnia?)

• SLEEP-Sleeplessness-restlessness, from (Restlessness causing insomnia?)

• SLEEP-Sleeplessness-thoughts-activity of thoughts-from (Too much mental activity causing insomnia?)

• Note: The DREAMS section is a separate chapter of the repertory. So, if the sleep d/o is related to dreams, you can use the DREAMS section. EX: DREAMS-Anxious (anxious dreams, potentially causing insomnia?);

• DREAMS-Nightmares (nightmares, potentially causing insomnia?)
TRAUMA, INDIVIDUAL
TRAUMA CAN CAUSE PTSD...

• Refer to PTSD section of these notes. (PTSD can be caused by trauma, grief, or shock.)

• I believe a great book on the subject is by Dr. Harry van der Zee, MD, titled “Homeopathy for Diseases”.
TRAUMA, COLLECTIVE
HEALING THE COLLECTIVE CONSCIOUSNESS

• “There seems to be a chain reaction:
  
  (Collective) Trauma —> Miasm —> (EPIDEMIC) Infections —> Genetic damage in individuals —> Chronic disease

• The higher purpose of homeopathy on a global level is to know what needs to be cured in the world, a continent, country, society, or other such grouping of individuals.

• For this we need to be able to read the signs and symptoms of our time.

• An epidemic is an expression of a need for collective change.

• Treating today’s trauma is preventing tomorrow’s epidemics.

• Treating today’s epidemics is preventing tomorrow’s chronic diseases.

• Healing today’s collective diseases is preventing tomorrow’s individual diseases.” *

• If we can imagine implementing the above ideas into our practices, then we can also make it happen!

* BY DR. HARRY VAN DER ZEE, MD HOM, NETHERLANDS
MISCELLANEOUS PSYCHOLOGICAL IMBALANCES (WITHOUT ICD9 CODES?)

There are numerous other conditions (not necessarily with specific ICD9 codes) that can be effectively treated using homeopathy. Here are some common examples we see in our practices:

Feeling stressed, stubbornness, fears/phobias, emotional numbness/indifference, workaholism, clinginess, reserved and shyness, anger, jealousy, rudeness, rigidity, food cravings, etc.

Of course, as always, you will have to follow proper case-taking/analysis to find the correct constitutional remedy that best matches THE PERSON who may be suffering from any of the above symptoms. We treat the person in homeopathy, not the symptoms.
HOMEOPATHY = MEDICINE + COUNSELING? WELL, SORT OF, BUT NOT REALLY...

• Since homeopathic patients often share their deepest secrets with their practitioner, often, a healing relationship or (as Dr. Iris Bell, MD, puts it) a “trusting alliance” develops between them, ‘something that they could “count on through everything”, a place where it was “safe to explore who I was and what I was feeling”, a place where “I was heard - truly, wholly heard”. They felt that their suffering was validated, their experiences and feelings understood within the totality of life, not as a dis-embodied mind experiencing fear and social anxieties, but as an embodied person where the phobias might have a physical cause.’

• (Iris Bell, MD, PhD; “The homeopathic Healing Process, Transformational Outcomes, and the Patient-Provider Relationship; Book “Homeopathy and Mental Health Care”; 2010, p: 60-71)
Homeopath, as Merely a Psychotherapist, OR a “Whole-Person” therapist?

- The role of the homeopath in the total treatment process is that of a unique type of “whole-person” therapist, not merely a psychotherapist.*

- The homeopath as a “whole-person” clinical therapist + Simillimum = Overall treatment package

- * Iris Bell, MD, PhD; “The homeopathic Healing Process, Transformational Outcomes, and the Patient-Provider Relationship; Book “Homeopathy and Mental Health Care”; 2010, p: 60-71
A TEAM APPROACH, AN INTEGRATIVE APPROACH TO MENTAL HEALTH CARE

• If the complaint/disorder is not severe, homeopathy by itself tends to be completely sufficient. The best approach to treating advanced psycho-emotional disorders, however, would be a TEAM APPROACH:

  • Patient — Homeopath — Psychotherapist — Psychiatrist

• When homeopathy is combined with psychotherapy, the process of becoming “whole” is much more attainable.

• “Be prepared to meet resistance. Interestingly, psychotherapists can be very difficult—more difficult than physicians.”*

• * Dr. Edward Shalts, MD, psychiatrist, psychotherapist, homeopath)
THERAPY VS HOMEOPATHY... HOW THEY AFFECT THE UNCONSCIOUS

• Therapy attempts to make conscious what is unconscious, and the patient is then encouraged to consciously control and correct dysfunctional thought/behavioral patterns. Homeopathy works directly on the unconscious mind, and pushes suppressed stuff (emotions/trauma) out which can then get processed with therapy.

• It is much easier to access the unconscious mind with remedies versus psychotherapy. And, therefore, psychotherapy can be both shortened and deepened with homeopathy.

• Correctly chosen homeopathic remedies not only help alleviate symptoms of psychological disorders, they can also resolve the UNDERLYING MENTAL PATTERNS which perpetuate mental disorders.

(Dr. Philip Bailey, MD, psychotherapist, homeopath)
“Have you tried turning off your conscious mind and then turning it back on again?”
HOMEOPATHY AND PSYCHOTHERAPY

• “Very often treatment with a constitutional homeopathic medicine can give the patient enough clarity and emotional security to cope far better with psychotherapy than they would otherwise. The remedy can both strengthen them and help them to get in contact with suppressed feelings. Consequently, psychotherapy can proceed at a quicker pace and achieve more if homeopathy is used as well.”*

• * Dr. Philip Baily, MD, psychotherapist, and classical homeopath
WHERE HOMEOPATHY TAKES PRECEDENCE OVER PSYCHOTHERAPY...

• In my experience, there are constitutions* which are so deeply dysfunctional that **psychotherapy is simply NOT able to effectively address the dysfunction in such (advanced psychiatric) cases.** Examples: Stramonium or Opium.

• Remedies provide an emotional shift or movement of the psyche at a very deep level, and thus can help extremely deep-seated imbalanced thoughts.

• Helping a child or adolescent who may be challenging or sometimes impossible to counsel can be much easier to treat with homeopathic remedies.

• *: It is my belief that such severely dysfunctional constitutions are in Phases 3 and 4 of Dr. Herscu’s Map of Hierarchy.
THE “HOMEOPATHIC COUNSELOR”

• “The relationship between the patient and the homeopath is a crucial factor in the healing process and outcome. The relationship opens a safe, supportive, and encouraging space within which to contain the client’s experience and full expression toward organic healing outcomes.

• Homeopaths employ active and reflective listening skills that encourage a complete unraveling of the patient’s life story, which in itself has a very therapeutic effect. Furthermore, the process of putting one’s experience into words causes “distilling and clarifying insight, order, structure, meaning, and some measures of acceptance, control, and value.

• The process of narrating their own life story helps patients make sense of their experiences which can have a healing effect. The narration can help “update certain belief and explanatory models on which to base current and future decisions. In this way, the homeopathic process may encourage a new way to adapt, cope, relate to self and others.

• **Client self-monitoring and self-reflection are embedded throughout the homeopathic healing path.** The individualizing of the homeopathic case is in line with humanistic counseling principles of regard and respect for the unique individual.

• The homeopathic consultation often involves specific advice and education (e.g. self-care suggestions, dietary advice, stress management guidance).”*

• * From the book Homeopathy and Mental Health Care, a chapter by Christopher Johannes, PhD
HOMEOPATHY & PSYCHOTHERAPY
JUNGIAN DREAM ANALYSIS

- **Carl Jung**: In many cases in psychiatry, the patient who comes to us has a story that is not told, and which as a rule no one knows of. To my mind, therapy only really begins after the investigation of the wholly personal story. It is the patient’s secret, the rock against which he is shattered. If I know his secret story, I have a key to the treatment. In most cases exploration of the conscious material is insufficient.

- “There can be profound healing from emotional trauma using homeopathy and Jungian dream analysis.”*

- Consider the symbols from the dreams since they may be messages from the psyche. **Ask the patient his/her own view of the dream.**

- Example: Pt with dreams of crystals. Could the constitutional remedy be Silica (since Quarts Crystal is primarily Silica)?

* Book Homeopathy and Mental Health Care, chapter titled “Unlocking the Door to Human Potential” by Jane Tara Cicchetii, homeopath.
PSYCHIATRISTS REFERRING TO HOMEOPATHS? THEIR FEAR?

“When one recognizes the considerable safety in using homeopathic medicines, it is remarkable that the majority of psychiatrists and psychologists are not referring appropriate patients to homeopaths prior to having powerful conventional drugs prescribed for them.” (Dr. Harry van der Zee, MD)

One major fear that conventional psychiatric practitioners may have regarding their patients seeking any natural medicinal approaches is that the patient may stop his/her psychiatric drug(s) without consulting with them (or any doctor, for that matter).
SEEING THE SIMILLIMUM WHEN PATIENT IS ON PSYCHIATRIC DRUGS CAN BE CHALLENGING...

• One problem in treating patients who are on psychoactive drugs (specially if on multiple drugs) is that it may be difficult and sometimes impossible to see the simillimum. In such cases, we clearly have to prescribe on what we see, the presenting “constitution”, not necessarily the core constitution (aka simillimum).
CAN WE COMBINE HOMEOPATHY AND DRUGS?
“YES, WE CAN!”, SAYS DR. EDWARD SHALTS, MD

• “The reality is that we live and work in a culture of fear. People are afraid that something bad is going to happen if they don’t suppress the symptoms right away. And allopathic medicine offers this opportunity. It is very tempting: We cannot blame our patients for looking to get immediate relief. While we can easily provide not only temporary relief but a CURE for acute conditions right away, doing the same for chronic mental illness is not always possible. Patients ‘desert’ homeopathy and come back disappointed with psychototropic medications. But they are on these medications anyway. What do we do? Or, what do we do when a new patient comes asking for homeopathic treatment and we discover that (s)he is taking psychototropic medications?”
“Establish a good working relationship with a psychiatrist and a psychotherapist. This way you will have a good working team. All that needs to happen after that is that the patient has to agree to switch to a new psychiatrist and a new psychotherapist.

One should not introduce homeopathic remedies unless the patient and the treating psychiatrist agree that the current treatment regimen is NOT going to change for the duration of the initial homeopathic treatment. There also has to be agreement that the patient will NOT stop taking any of the current medications, unless instructed by the treatment team.”
“Once homeopathy begins to work its magic, the need to discontinue conventional medications will become obvious. It means that there has to be a clear plan of how psychotropic medications will be decreased and discontinued. This is not an easy task, however. Some medications are very difficult to discontinue. It is especially true in the case of short-acting antidepressants and benzodiazepines.”
HOW TO WEAN A PERSON OFF OF PHARMACEUTICAL PSYCHIATRIC DRUGS?

• We should refer to psychiatrists or other professionals who are skilled in this area. This is specially necessary if the patient is on multiple drugs and/or suffering from psychosis as it can be extremely complicated to know how to navigate through the process of weaning the patient off of such drugs without in-depth knowledge and experience in the area. Clearly, the process has to be monitored closely, and must take place extremely slowly and cautiously. I always ask my patients to promise me they will NOT stop their drugs on their own.

• I particularly do NOT want my patients to stop or wean off of any psychiatric drugs until they feel a definite positive shift with their homeopathic remedy. We need to see how our patients do with one change at a time.

• Note: Make certain all physical conditions are well treated such as thyroid disorders, female hormone imbalances, etc.
SOME GENERAL TIPS ON HOW TO WEAN OFF OF PSYCHIATRIC DRUGS:

• Use any or all other therapies available to you: **Exercise and dietary counseling** (Exercise has been found to be at least as effective as anti-depressants in treating mild-to-moderate depression.)

• Consider recommending **supplements** such as 5-HTP, GABA, flower essences, anxiolytic herbs and nutrients, etc. (Note: Look out for Serotonin Syndrome. Don’t recommend 5-HTP to be taken on days when they are taking an SSRI. Take 5-HTP only on days when taking no or less of the SSRI.)

• Psychiatrists may consider switching off of short-acting anti-depressants such as Paxil onto a longer-lasting anti-depressant such as Prozac since it’s easier to go off of the longer-lasting anti-depressants.

• Do periodic drug urine tests on all patients who are on illicit drugs since they can lie about being sober.
DOSING OF REMEDIES FOR ALL AGES:

- You can administer any potency (low or high) to treat any condition (acute or chronic). This subject is too extensive, but here are a few useful tips:

- **I often start with a single dose of a 200C or 1M**, and ask the patient to **return in 2-3 weeks** (as opposed to the usual 6 weeks most doctors recommend). I have found that I am more likely to have a new patient return for follow up in a few weeks versus six. What if the remedy is incorrect or wears off (due to coffee, chronic pain, or even some drugs) sooner than 6 weeks? A follow up in six weeks is too idealistic, in my opinion.

- **If the patient is highly sensitive or toxic**, **OR if you are uncertain of your remedy choice**, a lower potency such as **12C or 30C** is a safe dose to start with. You can increase the potency later when confident of the prescription.

- Some practitioners prescribe **daily 12C to maintain the improvements** brought on by the initial 200c or 1M potencies. In such cases, you prescribe the daily 12C potency once the effect of the initial 200C or 1M is starting to wear off.
HOW OFTEN TO DOSE? DEPENDS ON THE AMOUNT OF STRESS AND PT’S SENSITIVITY

Sometimes the remedies wear off faster during the first few months since majority of our patients suffer from multiple chronic diseases and are on multiple drugs. The dosing frequency depends on the severity and the amount of STRESS* the patient is exposed to. It also depends on the patient’s level of sensitivity/reaction to the stress as well as to coffee, drugs, etc.

*Any kind of stress can make the remedy wear off either suddenly or gradually. Stress may be physical or emotional, acute or chronic. Any trauma, illness, PAIN, infection, etc., can make the remedy wear off faster than it would otherwise!! Therefore, the patient may need the remedy more frequently if under a lot of stress (acute or chronic).
HOW OFTEN TO DOSE? HIGHER POTENCIES TEND TO LAST LONGER

- Healing will occur with a single dose of the remedy for as long as the remedy has energetic momentum in the body. When the momentum decreases, the effect of the remedy will start to wear off, and the remedy will need to be redosed.

- **Higher potencies (200C and higher) seem to last much longer, weeks to months. Lower potencies (12C or 30C) may typically last hours/days, however.**

- **Acute illnesses such as the flu require a much higher frequency of dosing versus chronic illnesses:**
  - For acute illnesses, dosing may be as often as once every few hours to 1-2 days (regardless of the potency).
  - For chronic illnesses, dosing is often needed once every several weeks, on average once a month. (Note: I usually use higher potencies of 200c or 1M with chronic d/o’s.)
HOW OFTEN TO DOSE? WHAT PATIENTS NEED TO KNOW

• What I tell my patients is: When the positive effects of the remedy (on all levels) have worn off by 50% or more, it’s probably time to redose. But, you must wait for at least 2 full days (of not feeling well) before you do so!!!! Everyone can have a bad day or two. You don’t have to wait until ALL the benefits have worn off.

• Ideally I like to monitor the patient for a few months BEFORE I dispense any extra doses for them to take home. I never give a full bottle of a 200C or higher potencies of any of the remedies to patients as I find they always OD on the remedy, and tend to not come in as often; And, as a result they forget the benefits of other therapies, including lifestyle, diet, supplements, and EFT. They also miss out on the therapeutic effect of talking to a practitioner about their health, etc.

• Practice much caution with extremely ill constitutional types such as Mercurius or Stramonium. “Proving” (overdosing) Mercurius or Stramonium would clearly be a disaster!!! Therefore, do not dose such remedies often at all, perhaps once every few months, only if the patient is definitely still in that state. (Do not EVER give a full bottle of such remedies to your patients.)
LOOK OUT FOR PROVING

• In homeopathy, you can “prove” remedies. This means that you can develop the symptoms of the remedy (as outlined in the materia medica) that you have prescribed, or develop the very symptoms you are trying to cure! This can happen with even one dose of a remedy, let alone frequent doses. Proving occurs if the remedy you are taking is not the correct choice for the patient, or if the correct remedy is taken too often (i.e. more often than indicated).

• For example, Aurum metallicum is a remedy that can be highly effective in treating many different forms of depression, with or without suicidal ideation. I once gave it to a patient who proved it within 12 hours. Her depression became much more severe with one dose of Aurum 30C! It turned out she responded much better to Nat mur. I am glad she hadn’t taken a higher potency of Aurum such as 200C or 1M.
REMEDIES “ADJUST” OUR ENERGY

- Homeopathy is energy medicine, similar to acupuncture. I sometimes tell patients **homeopathy is the Western equivalent of Acupuncture**, one is with pills while the other uses needles. (Coincidentally, the higher potency single remedies have a longer lasting effect than the needles, and in my opinion go energetically deeper into a person.)

- The remedies affect our energy, resulting in physiological and functional changes throughout the body and mind.

- **The remedies provide an energetic “adjustment” very much like how chiropractic techniques provide bony adjustments.** Therefore, if you can use other energetic tools, hopefully before the administration of the remedy, the remedies appear to work better. **Once the person’s energy is adjusted, then healing starts to happen automatically. This is how our self-healing and auto-regulating mechanisms get “jump started”.**
THERE IS AN ART IN ADMINISTERING THE REMEDIES - ENERGETIC TX

• 1) Drink 1-2 glasses of water. *(Water carries everything in our body, including the energetic impulse from homeopathic remedies.)*

• 2) **Perform some EFT (or tapping) on the patient for at least seconds, if not minutes.** *(Tapping the patient while she talks about what is immediately stressful helps release the energetic tension from her body so that the remedy will work more effectively. Tapping even without the patient talking is still helpful. I recommend tapping the patient for at least a few seconds prior to the patient taking the remedy in the office.)*

• 3) Invite the patient to relax her mind and body. Sit in a comfortable position.

• 4) Place the remedy (several pills) in a souffle cup. Then ask the patient to empty the cup in her mouth, ideally place the pills under the tongue. Let the pills dissolve on their own. All along you should focus on sending positive energy with good intention to the patient.

• 5) Avoid eating and drinking for 15 minutes afterwards. No accidental drinking of water in the lobby!

• 6) I encourage the patient to **avoid as much stress as possible the day she takes the remedy.** Relax, meditate/pray, go to bed early, etc. No stressful working, **studying**, socializing, etc.

• 7) Avoid alcohol and other forms of unhealthy foods/drinks (of course coffee) at least on the day the remedy is taken.
DR. SHARIF’S “DOUBLE DOSING” IDEA

• On many occasions, I have seen that giving the same remedy back to back, 15 or so minutes apart, helps make the remedy more effective. After having the patient drink 1-2 cups of water in the office, I perform a few minutes (or at least seconds) of EFT (tapping) on the patient, THEN administer the remedy. I then wait for 10-15 minutes to see if I detect an energetic shift. If not, I tap the person again (while they talk about what is acutely stressing her/him at the time), and then repeat the remedy. I make use of this approach mainly when I am completely certain of the remedy AND when I find that the 1st dose is not helping quickly shift the patient’s energy.
ANTIDOTES TO REMEDIES

• Coffee (regular or decaf) appears to be a definite antidote.

• Strong essential oils such as camphor and menthol may also antidote.

• Contrast materials injected for imaging studies such as MRI or CT scan.

• Pain (acute as well as chronic). Example: Migraine headaches, severe back pain, etc.
  
  • Note: Patients with chronic pain may need their remedy more often as a result.

• Drugs (some pharmaceutical drugs are much more capable of antidoting remedies than others).

• Recreational drugs (marijuana and other street drugs) antidote remedies, not to mention how they skew the psychological picture/profile of the patient, making it difficult to identify how the remedy is affecting him/her.

• Acupuncture can, in some cases, antidote remedies since both therapies seem to affect the Chi in somewhat similar ways. If patient undertakes both therapies, it’s better to receive acupuncture prior to taking the remedy.

• Some other factors can make the remedies not last as long, but are not necessarily “antidotes”. Examples: Poor lifestyle (poor sleep, poor diet, hair dyes, abusive relationships, etc.)


COFFEE DOES ANTIDOTE REMEDIES :( 

• Unfortunately, coffee (regular or decaf) almost always antidotes single dose homeopathic remedies. 
• The **antidoting effect can be complete & immediate versus partial & gradual**. 
  – In other words, for one person, one cup of coffee can entirely antidote their remedy within minutes. For another person, one cup may antidote their remedy slightly every time they drink it. In most cases, the antidoting effect is rather significant and rapid. 

• A major difficulty in treating patients (especially those with psychological/psychiatric disorders) homeopathically is being able to motivate them to avoid coffee since patients often come to depend on coffee as an energy/mood boost, and are very reluctant to give up their addiction. An energy/mood boost for a short period of time is enticing for anyone with poor mood. 
• Refer to the "coffee" page on www.VisualHomeopathy.com for more information.
The success rate of homeopathic practitioners varies widely depending on their skill level. I can say **over 80-90% of my patients** (adults and children alike) feel close to **at least 70% improvement** (on all levels). This often requires **redosing for several months**. In many cases, specially with children, the remedies are completely curative. In others, it may be 100% curative for some of their conditions, and partially helpful for the other conditions. **Majority of adult patients do need redosing on a regular basis.**

However, **be ready to not receive any credit, at least not during the first 2-3 months** until the patient comes to see the value of her remedy. (This typically won’t happen until the patient has gone through a few cycles of taking the remedy and feeling it wear off.)
EMPATHY, SYMPATHY, CARE, INTENTION, AND HOPE GO A VERY LONG WAY IN HEALING OUR PATIENTS

• I believe empathy and hope are the two of the most precious gifts we can offer our patients. The idea that tomorrow is better can help many patients endure today!

• According to J.T. Kent, “Sympathy and SIMILAR can go a long way in the realms of the psyche.”

• Remember the “care” part of “mental health care”. Mental health CARE is more than TREATING mental disorders. “Care” is different from “treatment”. I believe the healing power of caring is far deeper than simply providing treatment for our patients. Hopefully we can all do both!

• As much as possible, administer the remedy in the office with positive intention instead of having the patient take it him/herself at home.
ENERGY MEDICINE
Balancing Your Body’s Energies for Optimal Health, Joy, and Vitality

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A NEW PARADIGM IS ARISING, AND IT’S CALLED ENERGY MEDICINE

• The seeds of grassroots energetic therapies seem to be springing up everywhere through the cracks in the old newtonian model of medicine.*

• There are an enormous number of energy therapies literally springing up from everywhere. Chinese medicine and homeopathy, two of the pioneers in the field of energy therapy, are probably the most extensive, thoroughly established and studied of all the energetic modalities.

• * This line was inspired by a statement by Frances Voughan.
BEYOND FEELING OK TO DEEP PSYCHOLOGICAL TRANSFORMATION, LEADING TO SELF-ACTUALIZATION

• Although homeopathic patients may report the types of quantum changes described by Miller (e.g., increased self-actualization or sense of purpose in life), their experience of the change process appears to diverge in major ways from a purely insightful or mystical event. For homeopathy, transformation would involve an all-encompassing (global and local) dynamical change that includes marked shifts out of previous spiritual, social, mental, emotional, and physical symptom ruts into comprehensively healthier patterns of function (i.e., behaviors of the person as well as the body parts).
HAHNEMANN ON THE "HIGHER PURPOSE OF OUR EXISTENCE"

“In the healthy human state, the spirit-like life force that enlivens the material organism as dynamis, governs without restriction and keeps all parts of the organism in admirable, harmonious, vital operation, as regards to both feelings and functions, so that our indwelling, rational spirit can freely avail itself of this living, healthy instrument for the higher purpose of our existence.”
IN CONCLUSION:

- Homeopathy, one of the most commonly used CAM therapies, has focused on the mental health of its patients for more than 200 years. Its holistic approach, the meticulous recording of mental symptoms during drug provings, the importance it places on the mental and emotional symptoms in EVERY disease, the high patient satisfaction, and the safety and the low cost of the medicines make it a strong candidate for inclusion in global mental health care policies.

There is a need for integration of homeopathy into mental health care globally. Researchers and physicians from different therapies should come together to develop better patient care protocols. So, let us come together to reduce the mental and emotional suffering of our fellow humans, let us work together to give our children a better tomorrow, a healthier tomorrow - a tomorrow where life is not constantly dependent on drugs!
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  • www.DrSharif.com (Clinic website- blogs for patients)
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  • Subscribe to visualhomeopathy.com site to receive info on future seminars and blogs on various homeopathic subjects, including the latest info on epidemics, etc.)
BOOKS I USED TO PREPARE THIS PRESENTATION: PART 1

- ***Manual of Psychiatry by Dr. J.P.S. Bakshi (Conditions & Their Rubrics) - ABSOLUTELY CRITICAL BOOK FOR HOMEOPATHIC PSYCHIATRISTS

- ***Homeopathic psychiatry by liz lalor, ND (Delusions) - Phenomenal description of close to 150 remedies based on their delusions

- ***Homeopathic Psychology by Philip baily, MD (Mental profile of major constitutions) - Deeply insightful view on numerous common remedies

- ***A Modern Guide and Index to the Mental Rubrics of Kent’s Repertory by David Sault (Modern and old words that apply to mental/emotional concepts or conditions in order, with a cross reference) - Indispensable for those unfamiliar with the repertory

- Homeopathic Family Medicine by Dana Ullman, EBOOK (Research articles on homeopathy and various ailments) - Absolutely unique book, I haven’t seen any other books out there on the subject.
BOOKS I USED TO PREPARE THIS PRESENTATION: PART 2

- Homeopathy for Drug-Induced Psychosis and Bipolar Disorder by Traub; an ebook
- Homeopathy for Anger and Mortification by Massimo Mangialavori
- Special Therapeutics of Mental Diseases, edited by Dr. G.H.G Jahr.
- Homeopathic Treatment of Depression and Anxiety by Dr. Judyth Reichenberg-Ullman & Dr. Robert Ullman. Wonderful book for our patients and their relatives to learn more about homeopathy and how it can be used to treat psychiatric problems.
- Key to the Rubrics of Mind by Dr. M.L. Agrawal (Interpretation of each mind rubric) - This book complements David Sault’s book above.
- Alternatives Beyond Psychiatry by Peter Stastny and Peter Lehmann. An anti-psychiatry book. Written by 61 authors from all continents. Covers humane treatments for those experiencing madness. A MUST READ.
- Homeopathy for Diseases, Vital Remedies for Epidemics, Trauma and Chronic Diseases by Dr. Harry van der Zee, MD, and Peter Chappell.
- ***Robin Murphy’s Repertory (Lists symptoms and conditions in alphabetical order instead of the complicated way the repertory is arranged. Modern dx are included. A handy index in the back.)