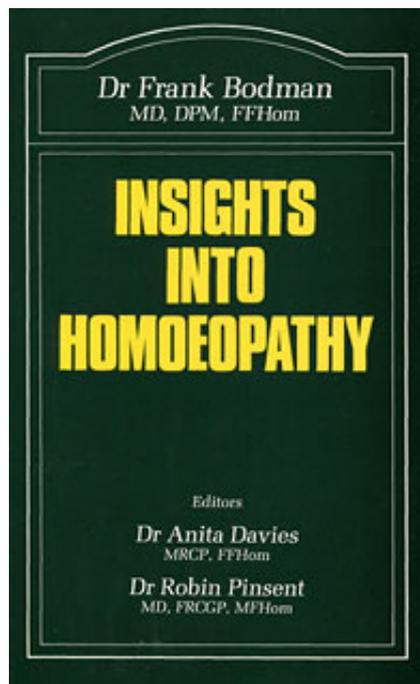




# Frank Bodman Insights into Homoeopathy

Reading excerpt  
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## Chapter 6

### *General Psychiatry*

Hahnemann stated in *The Organon* that The organism is indeed the material instrument of life, hut it is not conceivable without the animation imparted to it by the instinctively perceiving *dynamis*, just as the "vital force" is not conceivable without the organism; consequently the two together constitute a unity, although in thought our mind separates this unity into two distinct concepts for the sake of easy comprehension.' (*Organon*, 6th Edition, trans., Philadelphia, 1922, Paragraph 15.)\*

Hahnemann would quite probably have agreed with the modern psychiatric view that perceives the individual as of body and mind, two incomplete entities uniting to form a whole. Disease is a condition of matter - the body - but matter can have an influence on the mind, as in the organic dementias such as general paralysis of the insane, encephalitis lethargica, and the effects of leucotomy. It is also possible to conceive of disease or alienation of the mind without any disease of the body- the endogenous psychoses.

On the other hand, this postulate is rejected by other psychiatrists as imaginary. The psychoses, they say, are somatoses. In the psychoses the personality no longer functions as a governor and a mechanism subject to organic laws takes over. The pilot has fainted; the automatic pilot takes over. Dr Kretschmer claims no sharp division between organic and psychogenic illnesses. He draws attention to the fact that the modern tendency is to treat psychoses by physical methods and to treat bodily disorders such as asthma and eczema by psychotherapy. It was the Italian Baglivi, a seventeenth-century pathologist, who coined the aphorism 'The patient is the doctor's best textbook.' Psychiatrists were slow to learn that therapy itself discovered new facts and was indeed an instrument of research.

What can we learn from the homoeopathic treatment of the psy-

\*All subsequent paragraph references are taken from this edition of *The Organon*.

choses? When the psychoses are arranged in their order of response to homoeopathic treatment one finds a certain pattern. The psychoses most accessible to homoeopathic treatment, in my opinion, are the confusional states, the deliria of infectious disorders, of cardiac failure and anaemia. Hahnemann speaks of severe somatic diseases, bronchiectasis, puerperal sepsis, where the illness becomes transformed into an insanity, a kind of melancholia or mild mania (Paragraph 216). One thinks of Bryonia in pneumococcal infections, of Baptisia in typhoid infections and Weil's disease, of Laurocerasus in cardiac deliriums and of Cannabis Indica in uraemia. In all these conditions there is a large somatic component - a septicaemia, a defective cerebral circulation with a consequent relative anoxia, a direct toxic effect on the neurones.

The next psychosis most easily influenced by homoeopathic treatment is involuntional melancholia. Though associated with a definite body type, there is no evidence of heredity. It appears to be a post-climacteric phenomenon of a biochemical basis, and responds to such remedies as Aurum, Selenium and Sepia.

When we come to the next group of major mental illnesses - the manic depressive psychoses - we are confronted with conditions that are much more difficult to modify.\* There are few such patients that reach me who have not had electroconvulsive therapy, and the picture is thereby complicated by what resembles a post-concussion syndrome. Very often this must be tackled first. I have had little response from Arnica, but quite good results after Natrum Sulph.

In assessing the results of treatment in manic depressive psychosis we must always take into consideration the tendency to spontaneous cure. It is possible to see the patient for the first time at the end of a depressive cycle. A prescription is given and the patient reports a marvellous improvement and yet, when months or years later the next depressive cycle arrives, the same prescription has no influence. The recovery was spontaneous and not attributable to the remedy. Even though it is possible to help many of these patients in the depressed phase - to relieve them of some of their depression, and support them sufficiently to enable them to hold down their jobs or housekeep for their families, with such remedies as Kali Carb. and Lachesis - I have never convinced myself that I have made a radical impression on the depressive process.

Examples can be given. A young schoolteacher, who had given up her job, wept continually and could only get through one day at a time. Under treatment with Kali Carb. she can look forward to her marriage in

\*Dr Bodman wrote this material before the advent of the anti-depressant drugs.

### *General Psychiatry*

a year's time and has begun to buy furniture for her home, although she is still not well enough to teach a class of forty five-year-olds. Another patient, a married woman who was suicidal when brought to me, sat about in her house doing nothing. She describes herself as still confused, still in a muddle at home, but she does not panic when there are a great many things to be done. The incredible muddle at home no longer worries her. She was a Lycopodium case. Another married woman, wife of a professional cricketer and whose depression was interfering seriously with his career - though still tearful at times, and still nervous of being alone (as so many potential suicides are), was able to let her husband go off to play for his county with the help of Causticum.

In patients with a short cycle of depression, recurring every few months, I have never been able to postpone the expected onset of the depression. (Incidentally, neither does electroconvulsive therapy alter the individual cycle.) I have been able to maintain very intelligent patients at their posts as university lecturers, but have never relieved them sufficiently to enable them to continue with their research or other creative work.

Hahnemann wrote of insanity or mania caused by fright, vexation and the abuse of alcohol. The mania would have broken out as an acute disease but in his view it almost always arises from internal psora. He says it must not be treated with antipsorics in the acute phase but with remedies such as Aconite, Belladonna, Stramonium, Hyoscyamus or Mercury (Paragraph 221). He observes later that if no anti-psoric treatment is exhibited during the remission, then the psora develops completely and passes into either a periodic or continued mental derangement, which is then more difficult to be cured by anti-psorics (Paragraph 223). It is clear from this that Hahnemann was familiar with manic-depressive psychosis although he ranks it as a somatic illness. Of course, 'la folie circulaire', as it was first called, was not recognised as a separate type of mental disease until 1854, after Hahnemann's death. It would certainly be worth while following up the experience of the Australian psychiatrists who have used lithium salts to control hypomanic states, and I suggest that homoeopathic potencies of lithium salts might be of value in depression. The modern accidental provings of lithium make a fascinating story but would be too long a digression here.

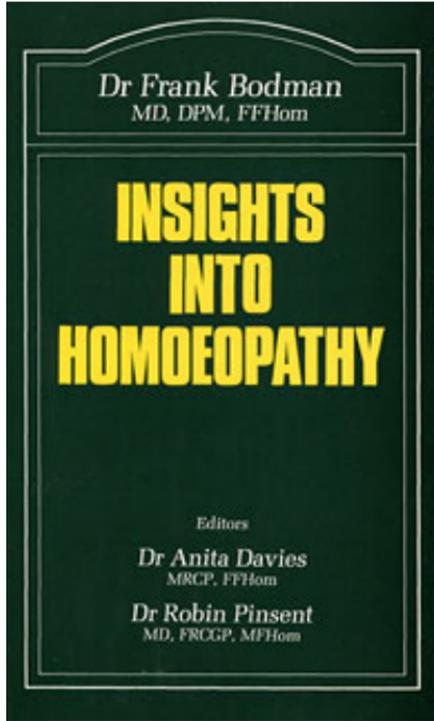
The next psychosis to be considered in our graded scheme is schizophrenia. Here again there are difficulties in assessing the results of any treatment. There is a tendency to spontaneous remission. I have seen two remarkable recoveries in children, which in my view were not due to my prescribing, but may have been due to dramatic changes in their

environment. Once again, here is a major mental illness with a specific hereditary factor. The pathology is obscure but possibly depends on a biochemical perversion at the level of the thalamus. Apart from the difficulties of securing the patient's cooperation in providing a full symptomatology, and his consent to taking any medicine at all, I can report very little success in curing these cases. I have relieved several patients by treating them with such remedies as Arsenicum Album for the fear and horror that their mental breakdown had aroused in themselves, but the underlying psychosis remained unchanged.

I had one university student who was studying social science and who in the course of her work became quite obsessed by the sexual deviations in the families she had to visit. These stories and the fantasies she built round them so completely preoccupied her mind that she had to give up her studies. She relapsed into a silly giggling state, continually asking questions which on the surface seemed irrelevant but which proved to be connected with her fantasies about the sex life of her clients. She was much relieved by Platina: the anxiety and preoccupations were much less intense, although the problems, she said, were still in her mind. However, they did not obtrude themselves and she was able to settle down to a somewhat routine domestic existence, though it was clear she was an unsuitable person to continue with such studies.

I found that other patients had a temporary increase in self-confidence and were more energetic and active after Silica, but the improvement was only temporary. An ex-soldier who had been demobilised after arduous service in Malaya had difficulty in settling down again at his father's farm. His father had an oesophageal stricture and the son could not bear to watch him at meal times. He became morose and silent, and one day smashed up the furniture in his room and tried to burn it. He no longer went to the pub for a drink at nights as he believed that people were talking about him. He was becoming more and more suspicious and the family doctor wanted to certify him, but after Silica he became more trustful and I persuaded him to farm in a different county. He is still very reserved and jerky in speech and action, but is holding down a job.

A Brazilian psychiatrist, Dr Buscaino, has pointed out the similarity of the effects of certain alkaloids on man to the schizophrenic picture - notably mescaline and opuntia cylindrica. Impressed by these resemblances, Buscaino considers that the primary lesion is due to toxic amines which fail to be destroyed by the reticulo-endothelial system and produce disseminated lesions in the cortex. He recommends treatment with T.A.B. vaccine to mobilise the defences of the organism - in effect a non-specific treatment with nosodes.



Frank Bodman

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