



CASE OF ANXIETY AND INDECISION

By Melissa Dair, Lauren Trimble and Kate Hudson

The following is a case write-up written by the student intern homeopath who took the case in the supervised MICH Intern Clinic in 2014.

In each Clinic case, attending intern observers and the student intern homeopath enter into dialogue. An experienced supervisor is present, but only intervenes when the process leaves the framework of dialogue, to guide the students back into the process.

The dialogue focuses on the essence of the deepest aspects of the patient, and dialogue continues until there is group consensus that this essence has been reached. It is then that the materia medica is read thoroughly to determine what is the best similimum via the symptomology. Repertorization is used as it was designed: as a memory tickler for the homeopath, to provide hints for possibilities of remedies, and direction for materia medica research.

HOMEOPATH:

LAUREN TRIMBLE - MICH STUDENT INTERN

Summary of two sessions leading to prescription: September 2014 and October 2014.

PATIENT:

Patient is a 46yr old female. She has anxiety related mainly to accidents and danger, illness, the unknown and the future. She feels fatigued and overwhelmed. She has been unable to lose the weight she gained as a teenager and now has knee and hip pain and chronic pain in the evening before sleep. She presents with a very strong presence and a feeling of solidity, although this is not representative of her inner experience.

PATIENT'S CHIEF COMPLAINT, ETIOLOGY, SYMPTOMS, HISTORY

Chief Complaints:

- Weight Gain
- Pain in left knee and hip
- Fatigue/Anxiety
- Difficulty making decisions

History:

- She had a serious accident at 5 yrs old when an arrow went into her left eye. She stayed in hospital for almost a month then stayed in bed at home for a time and could not move much and with both eyes covered.

Etiology:

- Her son had an accident in the bathtub when a few years old, and she went to the hospital. She went into a complete state of panic and couldn't come out of it, and since then she has suffered from severe anxiety and has been on anti-anxiety medication.

Remedy Prescribed:

- Graphites 200K and 1MK

PATIENT'S DYNAMIC

We start off our case synthesis by feeling into the client's dynamic movement in life.

On the emotional level there was great anxiety, a fear of making mistakes, which corresponded to the inability to decide (the mental level). Her indecision was a symptom of an even deeper dimension of striving for absolute wisdom, from which every decision and discernment would be infallible.

Her fear of regretting an action lay in that such an action could not be "corrected" or erased.

Observations:

Our patient is a **large overweight woman** with an imposing presence, a loud voice, and appears very strong or solid. She seems at ease with the case taking team and is very social.

Making decisions/choices:

- Once she starts to speak it is clear that in everything she speaks of **there is nothing she can leave to be just that**, as it is. Everything has **another side**, and a reasoning as to why it is an issue for her. There is never a still point in her experience or her movement in life. It is always that it **could be this or it could be that**.
- She talked about enjoying nature and physical activity where she could be relaxed and not keeping track of time. There her actions were not encumbered by complex decision making and there she feels like she knows and is confident.

Correcting mistakes:

- In her work as an elementary school teacher she does not experience this difficulty with decisions. Here she can make a plan and go forward and commit to it, because here if she makes a mistake **she can go back and fix it** with the student so she is not left with regret.
- There is always a reason behind everything, but it is more than sharing and giving a reason; it is always that it is this, but then it could be something else. She is always **taking back every statement she makes**.

Regret:

- Never wants to experience regret and so she can't stick with anything, because she is scared to have a **regret**. Dynamically there's no still point, no decision, one way or the other. She is **always going back and forth so there is no regret**.
- She then wants to manage and control, but since things have continued unchecked for so long it is more difficult to deal with and she often can't control it. When this happens she can feel ashamed, embarrassed and shocked at what is happening to her. This can lead to extreme anxiety and she resorts to medications to calm her down.

Px's words that describe this dynamic:

- I'm not a good decision maker. It feels a bit tortured, something I have to work on. I am afraid of making the wrong decision, not confident enough to make the right decision and it overwhelms me. I am regretful.
- When things are too hard, such as losing weight, I experience failure, I over think things to avoid this. I prefer feedback, reinforcement, to know I have succeeded or made the right decision.
- She describes her waffling: "I take a lot of time thinking simple things through. It is tiring. I spend all this time dragging things too long. I am lacking confidence and will cling to the other choice, so it is hard to be happy with the choice I make. This makes the decision process not very rewarding or comfortable since I am always looking at the other side."
- I usually wrestle with decisions, slow, waffle back and forth. I take a lot of time thinking it through, tired, spent at all this time dragging this too long. Wonder why I struggle so much. Brother and Dad have trouble making decisions. We are not a fast moving family. Planning vs. just do it. Making the decision ... it overwhelms me. Mind gets caught up in the details.
- Still cling to the other side, the other choice. (Hard to be) happy with the choice I make. I can be regretful. Fear regret. You could have done this. Question decisions. This is in my mother's family too. Things that could have been.
- More feeling this is the right answer. Direct intervention by therapist, I enjoyed this. No right answer. I don't have to worry about it, think about it. In the outdoors, physical tasks, not encumbered by complex decision making. I feel like I know, confident. I can move forward and not drag.
- "I have a lot of knowledge [about weight issue - fitness - nutrition] but unable to apply the knowledge."

SUSCEPTIBILITY TO

In our next stage of the case synthesis, we look at what our patient is most stressed by, or "susceptible to" (either in a positive or negative way). In other words, what threatens or reinforces the definition of self or conditions of existence. We identified the following areas of susceptibility:

- Making decisions
- Choice, doubt
- Not being able to go back and correct a mistake
- Discernment
- Being in nature, outdoors, physical tasks (no decision making)
- Feedback, reinforcement (helps her know she has made right choice)
- Regret - does not make decisions to avoid this
- Taking action - cannot commit to one action in case it is the wrong thing to do

What holds all these details together is the need for absolute understanding in order to take action, or inertia from incomplete (human) understanding.

SUSCEPTIBILITY

From here we look at: What are the conditions of existence for this individual? What does she feel is necessary in life to exist? What reinforces her sense of self? We see that her primary focus and susceptibility is:

- Action (will) must be based on and within the context of understanding. If understanding is too limited, will is misdirected - I will do the wrong thing = mistake = regret.

STRIVING

In this case, Absolute wisdom (which is humanly impossible) is the necessary element for the patient to take action.

SENSATION/DELUSION

Once we can encourage the patient to explore their experience within their susceptibility, we can further fill out the case with the sensation and delusion levels of experience. We can now be certain that these sensations are directly related to the core movement and susceptibility or conditions of existence, in other words, central to the patient as a whole. In this case, we see that the mineral sensations are more about the sense of self, rather than the more tangible sensations we might see in a plant remedy case :

- This or that - waffle back and forth, inability to make a decision.
- Self worth depends on ability to make the right choice and take the right action.
- I can move forward and not drag. When I don't feel confident, it can drag.
- Too hard, effort but no results.
- Dehumanize, narrow, flexible, inclusive, eclectic.
- Canoe trip felt really good ... you're following and you have to adjust ... it's not a decision that's going to stay ... a responding in the moment. Rather than a fork in the road. Not a definitive choice.
- Ability to go back and fix mistakes (to erase like a graphite pencil ... not written in ink).

REMEDY CHOICE

This case is nicely filled out in all areas: sensation, delusion, striving and susceptibility.

If we look at our striving and susceptibility, we see that divine understanding which leads to no regret is very important. Under the theme of regret in Loutan's repertory we came to Graphites as a possibility by finding the following rubrics for Graphites.

- thought or ideas inhibiting action
- understanding (wisdom) via analysis
- choice, doubt
- inertia (inability to act)
- correction of a mistake
- decision making
- detail (precision)
- discernment (understanding)
- educate, teach
- infallible
- intellect & analysis
- Fears changing state, defense through inertia. The smallest problem is too big and beyond his forces.

Highlights from *Repertoire de thèmes et de matière médicale dynamique* by Guy Loutan (translated by MICH)

The following is a translation of key points of the description of Graphites in Loutan's repertory¹:

The human being must go through the work of comparing options in order to discern the value of different choices. Graphites feels incapable of subtle analysis, calculations, and prefers things that are physical and natural. (Showing a greater ease with the natural dimensions of consciousness versus the rational or contemplative.) Reality is crushing, difficult, heavy, effortful. He is torn

¹ Loutan, Guy, MD. *Repertoire de Thèmes et de Matière Médicale Dynamique*, dix-neuvième édition 2014, page 152.

between his worries about being useful and his value and his desire for stability. The graphite in the pencil symbolises the passage of time and events through writing, the moments of choice between what will be remembered in history and what will be erased and forgotten.

The essential question for Graphites is how to attribute the right value to things, to discern which are essential and which are not. That is what is crushing, a heavy weight - a pressure that is similar to the pressure exerted on the pencil to write. The desire of graphites is to write, but only with the condition of being able to erase or correct what is written.

Overwhelmed by trifles, drowned in details, unable to synthesize. An emotional person who becomes calm if she can confide, shed her feelings on another, but tends to create a protective shell.

Fear of changing state, develops inertia as a defence, stays in her bubble. Does not dare to decide because he desires absolute infallibility. He assigned a level of greater importance to something which it should not have had. In the desire for infallibility and absolute knowledge, finds himself to be in constant doubt about his discernment, and cannot take action. Does not dare to make the decision because something might have a hidden value that he does not see. He cannot assign the fair value to objects, and does not dare to decide. He gives a high value on something that did not have it. Wanting to be infallible, yet he finds himself in constant doubt of his judgment, can not move his will to act. Does not dare to risk taking a decision because everything can have an unexpected, or unseen value.

Highlights from *Sankaran Schema, Rajan Sankaran*

We also see that the Carbon themes are very present here. In Sankaran's Schema² we see the theme of indecision and that sensation of this or that:

"Alternating state. On one side feels 'Can I be on my own or do I need to still be there', and on the other side he feels 'I have to let go, can I let go?'" In the Carbons in general, we also see themes of self worth, ethics, success, failure, stable, unstable, loss of will or ambition, and especially of values (Scholten).

Highlights from *Carbon: Organic and Hydrocarbon Remedies in Homeopathy, Roger Morrison*³:

(from Vithoulkas described the typical Graphites patient as bland, peasant or laborer types: slow thinking, heavy and unreactive. Sankaran describes instead a state of great excitability and fretfulness. These polar opposite views represent two different adaptive reactions to the same basic inner state. As with all other organic compounds, a basic insecurity about life exists in Graphites. This anxiety is manifested by great anxiety which is either expressed (with great sentimentality, over-excitability and tears) or by denial of the insecurity (with dullness, coarseness and materialism). Female patients appear more often in the uncompensated form and male patients most often in the harder form for unknown reasons.

In the uncompensated patient, the anxiety will be felt as the primary dysphoria. The anxiety centers about issues of health, security and family. In this we can easily be confused with Calcarea and its salts. More prominent in Graphites, though, is a great focus on self-worth and feelings of inadequacy. The patient is timid and feels unable to cope with the many demands put upon her. Strikingly focused upon small details of health and events in her life, the patient is irresolute and confused. The mind is too full of anxieties to function properly and is ultimately exhausting for the patient.

² Sankaran, Rajan M.D., *Sankaran's Schema*, Homeopathic Medical Publishers, 2005.

³ Morrison, Roger, M.D., *Carbon: Organic and Hydrocarbon Remedies in Homeopathy*, Hahnemann clinic Publishing, Grass Valley, California, 2006. page 445.

Highlights from Prisma: The Arcana of Materia Medica Illuminated by Frans Vermeulen⁴

- IRRESOLUTION, timidity, lack of self-confidence; full of DOUBTS.
- Incapacity to think abstract thoughts, analyse and plan.
- Always ANTICIPATING DIFFICULTIES, resulting in ANXIETY [anxiety, morning, on waking - 3], EXCITABILITY, sadness and even despair. UPSET over TRIFLES.
- Fastidious; fidgety; conscientious about trifles.
- WEEPING and expressing emotions better. Has to ventilate them.
- OBESITY.
- Nibbling appetite; has to take frequently small bites of food to ease stomach.
- Worse HUNGER.

DRUG DIFFERENTIATION

There are many remedies indicated for indecision. Here is a sampling of the exploration of a few these.

Ignatia:

Inner conflict; romantic idealism conflicts with reality. Ailments from disappointment. Contradictory and alternating states. Ignatia would like deliverance from having to deliberate and decide, whereas our patient would like absolute understanding so that she can make correct choices. It does not cover the theme of regret that our patient experiences, and her avoidance of regret by not making decisions.

Anacardium:

Anacardium finds all choices impossible as the conflict of the choice is between two parts of himself - head and heart - mind and body - devil and angel. Needs external references and criteria which are in relationship with reality. The conflict in Anacardium is not about the right choice in order to act, or about understanding in order to make choices, and does not lead to failure or regret.

Crocus:

The regret of Crocus is in what he has not done, not seen, or not discovered. ... Crocus suffers from an endless debate on the choice of means. The suffering in our case is due to a difficulty in discerning the "value".

PRESCRIPTION - NOVEMBER 8, 2014

- **Graphites 200k**

FOLLOW UPS

First follow up: December 26th, 2014

- It was easier for her to make decisions, she felt more spontaneous and had less need for external feedback.
- There was also less regret over choices and decisions.
- She started to meditate and was able to experience anxiety but stay detached so it would not get out of control.
- She gained weight although everyone thought she looked like she had lost weight, including us.

⁴ Vermeulen, Frans., *Prisma: The Arcana of Materia Medica Illuminated*, Third edition, Emryss, Haarlem, The Netherlands, June 2004.

- Her fatigue was much better, which follows that she is no longer investing so much energy in her decision making process.
- The sugar and food cravings were still ongoing, although she was more in touch with it being about calming the anxiety as well as long standing habits.
- We found that most of her concerns were improving, some minor symptoms were unchanged and that there were no aggravations.

2nd Follow up (phone) January 12th, 2015:

- Patient reports in a phone follow up that she was starting to crave sugar and overeat again, and was using more delusion level language.
- We followed up with a 1M and she continued to improve, particularly with feeling less anxious.

3rd Follow up March 4th, 2015:

- Patient continues to experience improvements in her anxiety levels and her ability to make decisions.
- There are still some issues with overeating, and sugar addiction, but the patient has more objectivity and awareness around it.
- It was decided she could benefit from a higher potency and a dose of 10MK was given.

The homeopath is still in touch with the patient (end of 2015) who continues to do well. There has been no need for a redose since March 2015.

Melissa Dair – BEd, ND, DHom, MICH Director

Melissa is a MICH Homeopath, as well as being an experienced educator, learning facilitator, and student support coordinator. As a homeopath, Melissa accompanies her clients on an in-depth exploration of their inner world, to uncover meaning, connections, and the emergence of insights. She enjoys working with a variety of clients, and particularly enjoys working with adolescents and young adults. [To learn more about Melissa, read her profile in our professional directory.](#)

Lauren Trimble, MICH Intern

Lauren is MICH Intern. She has previously trained at the Montreal Gongfu Research Centre where Traditional Chinese Medicine is combined with martial art practices and has taught Meridian Qi gong and Nei Gong classes. In 2010 she co-founded the Montreal Healing Arts Community, a local non-profit organization offering networking, outreach and education to the healing community. [To learn more about Lauren, read her profile in our student intern directory.](#)

Kate Hudson – BA, E-Ryt, DHom, MICH Clinical Supervisor

Kate is a MICH Homeopath, and experienced workshop facilitator. She believes that the therapeutic process of inquiry is an important step in both the client's return to health and in the path to selecting an appropriate homeopathic remedy to facilitate that. She works with clients from all walks of life, and has had particular success with those who suffer from anxiety and depression, or other mental emotional challenges.

[To learn more about Kate, read her profile in our professional directory.](#)

The [Montreal Institute of Classical Homeopathy](#) offers a full four year program clinical supervision, accredited training in the homeopathic clinic in [Honduras](#) and advanced continuing education for Homeopaths.

