

IF THE APPARENTLY SIMILAR REMEDY HAS FAILED, DOES IT INDICATE A FAILURE OF THE LAW OF SIMILARS?

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How many times have I sat back in my office chair at the end of a strenuous, full day and felt the wave of deep discouragement engulf me. Here I am, a firm believer in the efficacy of the Law of Similars, trained from youth up to make myself more efficient in the application of the Law. Yet, as I look back over the work of the day, it seems to me that the Law has apparently failed me so many times.

So many times a case presents itself that, on first glance, should be comparatively simple to work out and to relieve. But the patient returns time after time with the same sad story: no improvement! A not sufficient improvement to be worth noting. Sometimes it seems strange to me that the patient is patient enough to return when results are so unrequiting. I try harder the next time, but apparently with little or no success. Is the Law of Similars really failing me or am I the failure?

After nearly forty years of this sort of experience, I have, through careful analysis of myself and of my work; and the work of others, come to one positive point: the homœopathic Law of Similars has not failed. True, we have not obtained the results many times that we had hoped for, but the failure is not on the part of Homœopathy. Where, then, lies the failure?

Let us study a little and see if we can determine some of the real causes of the failures. Let us first look to ourselves and see whether we might not be the real cause. In many cases this is true. I think that one of our great stumbling blocks is the desire for too quick results. The case looks clear, why take the trouble to go into a long and tiring process of taking the case? Why worry about a careful repertory analysis? Here are the key-notes. Let us prescribe on them and then get on to the next patient. Alas, how often do the key-notes let us down. Why? Because they fail to give us the constitutional disease condition which has been lying in the patient's system for years. Perhaps this condition is one of heredity and we have overlooked it entirely. To prescribe for a patient on key-note symptoms is a pure gamble.

If we are dealing with a person who is fortunate enough to be free of chronic underlying disease or hereditary miasms, acute key-note symptoms might serve us well. But what a small percentage of our patients fall into this category. And so we fail.

So, I feel that our first failure consists of incomplete and careless case-taking. A corollary to this is our lack of knowledge of how to repertorize a

case once it has been taken. How many of us are willing to take the time to study the repertory and also to seek instruction in its use? We are in too great a hurry. That method takes too long! And so we fail.

Next, we must consider that many times the failure of the Law to work lies not in us but with the patient himself. Perhaps we are confronted with a type of person who is not completely co-operative. He is not going to divulge all that he knows about himself. Perhaps he is ashamed to let the physician know some of the things he has done that have served to break down his system. He is ashamed to admit that his forebears had deteriorated their bodies and minds by certain unwholesome practices. Or perhaps the patient is innocently ignorant of facts that might throw light on the condition for which he has consulted the physician. Perhaps, due to lack of mental acumen on the patient's part, the physician is unable to get through to him or her and develop facts that would help him. Language barriers often place a stumbling block.

Here is the type of patient who has let the imagination run. She must work to impress the physician with how bad she feels and, as a consequence, builds up her case in flowery, impressive language. She is very garrulous and knows so much about herself that isn't so. Truly it takes a genius to bring out a genuine and clear symptom picture. This is often the reason for failure.

Next, we have another type of patient. He or she has long been under non-homœopathic care with its massive medications. The true picture has been suppressed by four, five, or six poisonous wonder drugs given at once. It is very difficult in most of these cases, even impossible in some, to unlock the suppressed conditions and allow the true condition to take shape. And, it is very difficult to keep the uninitiated patient from becoming fearful and apprehensive when he or she sees old symptoms recurring which they thought had been eliminated by previous treatment. It takes a careful and observant doctor to carry this patient through this process of unwinding. Here, too, we must take stock of a few facts on our own part. Often we are prone to be careless in following the laws of cure. When a suppressed case is being unlocked and unwound, we are tempted too often to repeat the dose of a remedy when the previous dose has not completed its action and, thereby, interrupting its activity and in so doing pinning the malady on the patient and making it incurable. We are not careful enough in matching a change in the symptom picture with a change in the remedy. All of these are causes of frequent failure in our prescribing.

Next, we are faced with the patient afflicted with an incurable malady. Here we have our heads against a brick wall. Homœopathy, like anything else, has its limitations. It cannot cure everything. However, even though we fail in curing such a case, it is often a great satisfaction to realize that the Law can bring untold relief in many cases. Thus far, it has not failed.

Now, for another case of apparent failure. We have carefully taken the

case, we have carefully repertorized to the best of our ability. But, we fail to come up with a similimum. We have only a "Similar" to work with and, in a given case, this may not be enough. We have an armamentarium at our command of many hundreds of substances which have been more or less adequately proven. But there is still an unknown store of substances or elements which we have yet to prove. Perhaps, the remedy which is the similimum for the given case has yet to be proven. We are far from the end of our task of testing new substances and of this fact we must not lose sight. Another fact we must not lose sight of is the origin of our past-proven remedies. We must realize that the alkaloids of our vegetable remedies may vary somewhat according to the soil from which they grow. The vitamin and mineral content of the soil may vary greatly and that variation will be reflected in the plant produced. Mineral elements may vary slightly dependent upon their location and atmospheric conditions. This necessitates the re-proving of elements from all sources in order to get a more complete picture. Our work is far from completed.

There are many other things that have a bearing on our failure to get the results we hope for. I have tried to give just a few ideas that have come to me over the years. I hope they will encourage some who might fall by the wayside because of the feeling that Homœopathy is a failure. With our finite minds it is often hard to realize that the immutable laws of nature do not fail. Homœopathy is just such a law of nature. It is only man's lack of ability that has brought about the many failures. The longer I practice the more I see of the soundness of the natural laws and the more do I realize how little I really grasp them and how far we still have to travel on the road to perfection.

Summary

Apparent failures in using the Law of Similars are brought about by:

- 1st—Incomplete taking of the case
 - a. Too much dependence on key-note symptoms in prescribing
- 2nd—Lack of knowledge or ability to repertorize our cases properly
- 3rd—Lack of care in following the laws of cure
 - a. Repetition of remedy too soon before the previous dose has exhausted its action
- 4th—Uncooperative patients
 - a. Patients not mentally competent
 - b. Patients not giving full story
 - c. Patients too garrulous and saying too much that isn't so
- 5th—Patients loaded with heavy and poisonous drugs
- 6th—The incurable patient
- 7th—The similimum has not yet been discovered or proven
- 8th—Variation of the action of remedies depending upon their source
- 9th—The greatest factor, in my belief, contributing to our failures is embodied in the one word "Haste"!

DISCUSSION

Dr. James Stephenson (New York City): Like Dr. Reed, I often rack my brains for the cause of my own personal failures, and one day when I was doing that I realized that, like most homœopathic physicians, I have had a number of animals in my practice. As I thought about it, I realized I had never had a failure with any of the animals which have been brought to me. These were not mild cases, because usually by the time someone brings a pet to you, he has made the rounds of every veterinarian in town. These were things like skin cancers and terminal diseases of one variety or another, and usually it has just been a matter of my giving the dog or cat one remedy, and that has done the trick.

So I tried to think of the significance of that in terms of my own practice, and from then on I tried to repertorize my cases in a non-verbal manner, and tried to have the remedy in my mind before I started taking the chronic case, which sounds a little peculiar. But, after all, a dog or cat isn't verbal! I think sometimes we confuse ourselves by the very complexity of humans once they start talking about their troubles. In my own experience I have found if I observe the patient in the office, the way he sits, and the way he walks, whether he talks a lot or doesn't talk a lot, the way he carries his hands—just the little casual things—and then if I just wait a second, a large percentage of the time a remedy will come into my head which I will note on the side of the page. Then, after the complete repertorization, over and over I find that remedy which was my first impression is the one which is the most effective in actual therapy.

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EDITORIAL

(Continued from page 245)

know that, the only positive path for the purpose is to educate the homœopathic masses in real essence of Homœopathy, by correct teaching and concrete examples. Still we are forced, from time to time, to get involved in these empty polemics, only because our silence and indifference may provide the vulgarizers of Homœopathy an open field to hoax the naive public. We would earnestly request our readers to peruse again the article "*The main source of danger to Homœopathy in the present age*", reprinted in the December 1965 issue of the *Hahnemannian Gleanings* (Vol. XXXII/12/567) to get an all round view of the problem.

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