TEACHING HOMŒOPATHY

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Homœopathy claims to be a school of medical thought and practice. As a school it stands or falls by the validity of its teaching. Among those who have convinced themselves that Homœopathy has to offer an essential contribution to the theory and practice of medicine, the extent and the limitations, but not its validity, are a subject for reflection and discussion.

No useful purpose is served by making exaggerated claims, as if our method of choosing the "simile" for the individual patient could replace or supersede all other methods of treating the sick, such as surgery, dietetics, chemotherapy, immunotherapy, psychotherapy etc. It is part of the teaching to assign its proper place to Homœopathy in medicine; even if it can be done on general lines only, yet so as to guide the decision in any actual situation. The homœopathic remedy may in one case prove the *unum necessarium*, in another a useful complementary and subsidiary,* in still another case of no avail.

On the subject matter to be taught little needs to be said. For all will agree that it comprises the principles, the materia medica, and the application of such knowledge in appropriate cases. The crucial question is: *how* it should be done. Upon the answer given and implemented by lectures and textbooks the future and fate of Homœopathy may well depend. Opinions are manifestly divided on the ways and means by which well-trained medical men, future teachers themselves, ought to be taught. While unanimity about the desirable ends can be assumed, the divergent views on the best means to achieve them may be examined with benefit.

Scientific discipline, keeping in constant touch with con-

* We do not understand how a homœopathic remedy may be used as complementary or subsidiary to other therapy i.e. chemotherapy. —J. K.

temporary advances in science and medicine, without sacrificing the real advantages of Homœopathy, will be advocated in the following; in contrast to dogmatic persuasion, isolationism and, on the other hand, pragmatism. No derogatory meaning should be attached to such words. We are not concerned with verbal arguments, but with an actual and urgent issue: to ascertain the best ways of teaching Homœopathy to our contemporary colleagues. True, there is no uniform way of learning and teaching for all and everyone. Our potential disciples have, however, as a common background a certain measure of scientific training. It may well be decisive for the future of Homœopathy, whether our teaching can and does make full use of these assets or rather neglects them.

Assuming an intelligent practitioner wants, for some reason or other, to study Homœopathy. The principle of similarity between disease symptoms and drug actions is presented to him as an axion, even a law of nature.* In all probability that will be the end of communications on the subject. If he were induced to defer judgment until he sees that "it works", he would feel to have been taken out of the frying-pan into the fire, from dogmatism to the crude empiricism of trial and error, his reasoning intellectual faculties, his knowledge of physiology and pharmacology to be left in cold storage. By contrast, show him that the principle of similars is no more and no less than a useful guidance to finding the stimulant best suited to enhance the reactivity of a patient in the desired direction; refer to—and if need be improve on—his knowledge of biology, especially of the self-regulating processes in organisms, and very likely he will respond and co-operate further.

As a next step the drug provings on healthy person have to be explained. Here only minor pitfalls are met. It can be easily shown and seen that such provings are a pre-requisite for a sensible application of the principle of similarity. Any reasonable man will welcome this addition to his knowledge on drug actions. Again, it would be neither correct nor prudent to

* What else is it?—J. K.

assert that the provings supply us with all we need to know of drug actions. Nor is it Hahnemannian; for Hahnemann wanted the materia medica purified from the dubious drug effect *ab usu in morbis* only, but he made full use of toxicology. Should an entrant to Homœopathy be asked to discard his knowledge of pharmacology and toxicology? On the contrary, the more of it he brings along, so much easier it will be to augment, to upgrade and to integrate his knowledge with the wealth of distinctive features in our materia medica.

The lesson on posology again may prove either deterrent, or conducive to a fuller understanding. Emphasize the infinitesimal dosis and you will lose all but the most docile pupils swearing *in verba magistri.* A candidate of any calibre wants to know what he is going to use, not what number may be affixed to a preparation. No matter how many examples of miracle cures with infinitesimal potencies one may adduce, without an unambiguous statement about the technical method of making such a high potency they lack the essential facts for judging them; if for instance the same container has been used in making these potencies, there may be no miracle after all. Moreover, we cannot invoke Hahnemann's authority for the infinitesimal dosis, while he postulated the *minimum effective* dosis. That is something quite different. In respect of the "minimum", good reasons can be given, on the one hand as a consequence of administering a subtly adjusted stimulus to a highly sensitive patient, on the other from the changed condition of a potentized preparation. By no means must the vexed problem of potencies beyond the 10th contesimal be shunned, though at present hypotheses only can be advanced. The overriding postulate is that the dosis should prove effective. Now it is true that no cogent conclusions can be drawn from casual observations, especially in matters biological. One can never be absolutely sure that the remedy and the remedy alone has changed the condition of a patient for better or worse, but one can make it highly probable by critically weighing the evidence. Examples may persuade to try, but conviction develops by satisfying one's own criteria from experience. The infinitesimal dosis is not a tenet of Homœopathy, but a piece of bravura

displayed by ultra-Hahnemannians.* Teaching should offer and explain the scale of potencies from which each homœopathic doctor may choose according to his insight and experience, considering each case on its particular requirements. The choice of potency does not lend itself to generalizations and doctrinal pronouncements. These lead only to partition which a minority school can ill afford.

The principle of "*unitas remedii*" is so obvious a consequence of our method of choosing and applying the "simile" and so sound advice to those who are going out for impeccable evidence that to a scientific mind only the pitfalls have to be stressed of too hastily changing the remedy, let alone the mixing of remedies. On the other hand, if a doctor be asked to ascribe all changes of condition during weeks or months to the single dose given, he can hardly be expected to swallow such edicts *ex cathedra.*

Assuming the newcomer has been carried safely and securely through the theoretical grounds, he is then confronted with the main and never-ending task: the study of our *Materia Medica.* The vast field cannot be covered by a course of, say, 60 lessons spread over 3 or 6 months. Therefore a careful selection of topics according to the importance of the drugs has to be made. The rest must be left to reading. While most of the text-books know of no better arrangement that the ABC, from *Aconite* to *Zincum,* it is all the more important that the lectures should give a comprehensible account in an orderly survey. A post-graduate medical man must not be treated like an ignorant tyro who is given sets of unconnected symptoms to be learnt by heart. That is a sure way to rebuff intelligent men, and to appeal to those who have a good memory but lack judgment.

The primary object of our teaching is the knowledge of the potential actions of an individual drug on man; such knowledge to be as comprehensive, precise, and consistent as we can make it from the data available at the present juncture. The newcomer, from his pharmacological and clinical training,

* Does not this remark smack of infra-Hahnemannianism.—J. K.

is biased against those very data which we deem essential and indispensable: those supplied by provings. He calls them "subjective", and is prone to dismiss them as unreliable. He has first to be shown that his alternatives "subjective" or "objective" symptoms are misleading concepts. He must recognize that some symptoms can be sensed, felt and expressed only by the prover or patient, others can be inferred from his behaviour, others again may be observed as altered functions, and finally some as structural deviations; the latter ones may be morphological (on the organ, tissue, or cell level), or on the chemical (i.e. molecular) level. Any symptom or sign has to be interpreted and evaluated from the context, thus in relation to all the data available, and its value or significance is a "value *for*", i.e. with respect to a certain purpose. For comparing symptoms of a patient with those of drugs the value of the data obtained from provings becomes so obvious that any reasonable disciple will abandon his prejudices on the "subjectivity" of symptoms, inasmuch as he learns how, by doing so, he gains a new interest in the complaints of the individual patient, leading to a better understanding between patient and doctor.

While the vast field of knowledge on drug actions is brought to the fore in a manner acceptable even to a sceptical mind, our teaching must not go from one extreme to the other, not replace one bias by another. It is a long way from the symptomatology recorded in provings to what is appropriately called a drug *picture.* A drug picture is far more than a collection of symptoms, more than a description of unconnected facts. To be sure, symptoms and signs are the sole ingredients, from which a reliable drug picture can be formed. The factual basis cannot be broad enough. Are we going to deprive ourselves of all the knowledge on drug actions accrued from physiological (including psychological), pharmacological and toxicological research? The isolation thus engendered would not be a splendid one, for it indicates merely narrowness of outlook. A drug picture attempts to integrate all the established facts about the relation of that particular drug to the human organism. It cannot be complete, for it must rely on

present knowledge which of necessity is incomplete; but why make things worse by cutting the available material into halves, one for this and the other for that School? Such division can not be justified by differences of approach. Our teaching stresses the functional aspect of deranged processes and elaborates the characteristic details, manifest as symptoms, of the reactions of the human organism to a particular drug; rightly so, for our plan to adjust the stimulus to the symptoms of the individual patient requires discrimination by characteristic features. Official pharmacology approaches the problem of drug actions from the structural aspect; but the days have passed when this research for structural alterations was confined mainly to the morphological level (organs, tissues, cells). Since Ehrlich's days research has more and more shifted its ground to the molecular structure of agents and reacting systems. In the last decades we have witnessed the rise of new and most interesting conceptions in respect of the action of drugs on living organisms. The similarity of molecular structures has emerged as a guiding principle, not only for explaining the actions of many drugs, but even for finding new and better ones. In many instances convincing evidence has been adduced that an agent interferes in biochemical reactions by virtue of its structural similarity with a normal metabolite, for instance an enzyme. A structural analogue thus competes with a metabolite in a definite life process, its action becomes *selective*. Whether the outcome of such competition is a transitory inhibition with subsequent stimulation of regulative processes, or more lasting, so-called "toxic", obviously depends on the pertinent circumstances. It is not difficult to see that the principles of selective drug actions due to similarity of structures on the one hand, due to similarity of functions on the other hand, are complementary. They concern the same events. The scope of these considerations is, however, too wide, and the implications are too important to be dealt with adequately in this context. The theme "Similarity, Structural and Functional" must be left to another occasion. So much may, however, be said here: if official teaching neglects the functional aspect of drug actions, that is no reason for neglecting the

knowledge accrued under the structural aspect when attempting to form and to teach consistent drug pictures. By availing ourselves of such knowledge, our teaching becomes more intelligible and consistent, and for such gains not a single distinctive feature of any drug picture needs to be sacrificed.

Materia medica is co-ordinated knowledge, in other words, a branch of science. It has thus to be taught scientifically. It has to be learnt by insight into the factual knowledge. Disregard of this truism threatens the existence and continuance of a school. Yet one cannot blink the fact that within the homœopathic camp there is a considerable a-scientific, or even anti-scientific attitude. The excuses advanced in this respect are, however, on examination easily shown to be due to misapprehensions.

Firstly, it is alleged that Homœopathy is not a science but an art. This evades the issue. Our primary concern is materia medica as a scope of factual knowledge. For the application some degree of intuition and imagination may be invoked. Whether such an extra bit of skill in applying one's knowledge justifies the name of an "art", is a matter of opinion and definition. In respect of teaching and learning materia medica, it is beside the point.

A second misapprehension is more serious, more difficult to eradicate, because it is based on preconceived ideas on science and scientific methods. Official pharmacology stresses the structural aspect of drug actions and the statistically common and reproduceable effects. It aims at typical, generally applicable evidence. Unfortunately the claim that such one-sided attitude be the only and truly scientific one is freely advanced, and accepted by many who should know better; and those conversant with homœopathic materia medica should. For the functional approach with its additional knowledge on potential drug actions, aiming at specification and individualizing, and giving a coherent account of all the known symptoms, is in principle by no means less scientific than that of the official school. This can easily be shown, and it is the onus of our teaching to prove it beyond doubt.

the other so far. Are we to take the present precarious situation as the final verdict? Apparently something went wrong with our teaching, if not in the matter, then in the manner. We are convinced that the matter is sound. It is then our duty to scrutinize the manner. Let us admit, it has become out-dated, it has lost the rejuvenating contact with advancing medicine. Seclusion and stagnation have widened the gap. This need not be so, for Homœopathy has something of value to give to general medicine. No school of medicine, however, exists *in abstracto,* but it is represented by contemporary teaching. The surest way to rebuff and to antagonize intelligent medical men is to ask for unconditional surrender of their most cherished possession, their laboriously acquired ability to diagnose diseases. Sound teaching does not make a parting point out of what is indeed a good starting point. The progress from generalizing concepts of disease to individualizing each case must be demonstrated in action and by achievements. The need for individualization becomes apparent to any thinking practitioner at one stage or other. In the medicinal field this need can be satisfied in a thoroughly scientific manner by the homœopathic method. (In psychotherapy the same challenge is manifest, but is met by different means.).

There will be general consent that Hahnemann in his *Organon* (paragraph 160 of the 2nd and 3rd, paragraph 147 of the 4th, paragraph 153 of the 5th and 6th edition) has given excellent guidance for the decisive task of comparing the symptoms and signs of the particular case with those of drugs. His advice bears repetition: "The more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view; for it is particularly these to which very similar ones in the list of symptoms of the remedy to be selected must correspond, in order to prove the most suitable for effecting the cure." (Unfortunately the translation of the 6th edition says "most solely" instead of "almost solely"!) Searching for the discriminative features in a particular case is a novel and inspiring task and can easily be shown to be so to an academic diagnostician. He becomes aware that the diagnosis of disease

does not do justice to individual cases, that the pathognomic symptoms and signs need to be qualified by precise modalities, that some symptoms and modalities appear peculiar to the patient and not at all typical of the disease. These are just the observations he used to dismiss as fortuitous and, for practical purposes, as of little or no significance. In applying the homœopathic method to the individual case these peculiar and sometimes rather quaint symptoms and modalities are found to be most useful and of high selective value. It is the main and rewarding task of practical tuition to elaborate and to draw the attention to the distinctive features of each particular case. Constant reference to distinctive features of drug syndromes, heir symptoms qualified by precise modalities, calls forth all the knowledge, insight, and ingenuity of the prescriber.

Here the vexed question of using the repertory arises. The practical need for such books of reference is not in doubt. Nobody can be expected to have present in his memory all the details of symptoms and modalities of so many drugs. As an aid to the memory repertories, as we know them since v. Bönninghausen's days, serve a useful purpose. Obviously the the user has to be asquainted and to become more and more familiar with the plan and arrangement of the repertory of his choice. The extent to which a prescriber will or must resort to the repertory may vary according to circumstances and personal inclination. As an almost mechanical routine the use of even the best book of reference is not likely to appeal to the ingenious. Yet this trend has become very marked in teaching Homœopathy. Instead of as an occasional servant the repertory is presented as an oracle or a computer which gives the correct answer to a definite input. The directions for such use are rigid, they need not be repeated here. This or that remedy wins on points, when the rules are strictly adhered to. Admittedly, a good deal of thought is given to choose and grade the symptoms and modalities which are to constitute the imput ; but it is not integrative thinking, and leaves the "totality of symptoms" far behind. To make up for the obvious drawbacks of relying almost exclusively on a few dismembered data in the repertory, the prescriber is advised to con-

sider the picture of the "winning" drug in comparison with the syndrome of the patient and, on finding any discrepancies, to go through the whole procedure again; but if this has to be done, it would be better to do it properly before resorting to the repertory which then would assume its subsidiary role.

Over-emphasis on the use of repertory is bound to repulse medical men, for it tends to minimize or even disregard those very data on which he is used to rely. The method appears to be designed rather for laymen. Besides, it tends to stultify intrinsic advantages of homœopathic thinking. The drugs are liable to become mere names, while in fact it is one of the merits of Homœopathy that it enhances the insight into the nature of the active substances as they are reflected by the reactions of the human organism. Things are made even worse by the use of ill-defined terms: for instance if symptoms are classified as "generals" or "particulars". Sometimes "generals" denote vague symptoms which are not qualified by modalities, sometimes they are meant to distinguish those symptoms which pertain to the person as a whole; in the first meaning, little selective value is attributed to the "generals", while in the second they rank higher than the "particulars" pertaining to parts only). The confusion thus created can easily be avoided by reverting to physiological terms: more or less specified symptoms and signs on the one hand, and more or less systemic (respectively localized) actions and reactions. Another barrier to understanding is erected by dividing the symptoms into mental and physical, emphasizing the superior selective value of the "mentals". Quite apart from the fact that Homœopathy cannot and need not compete with psychotherapy in analysing and interpreting symptoms and signs of behaviour, the conception of contrasting mental and physical functions has happily become outdated in biological thinking and cuts across the commendable advances of psychosomatic medicine. Moreover, such scholastic distinctions do little justice to Hahnemann who showed a remarkable insight into the structural and functional unity of the living human organism.*

* We reprint this erudite article of the learned teacher, O. Leeser,

To sum up, the teaching of Homœopathy can be and must be scientific in the best sense of that term. There lies the guarantee for its future.

—*The Brit. Homœo. Jourl. Oct., 1958.*

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as it contains many a valuable hint for research-minded homœopathic scientists and teachers. But we feel duty-bound to express, with all humility, our fundamental differences with his view and attitude on many points, and especially with almost all his assertions in this paragraph.

Repertory: While we cannot help if "over-emphasization" on the use of Repertory repulses many medical men, we know of nobody who places the value of Repertory over that of Materia Medica. Repertory to Materia Medica is a Dictionary to literature of any unfamiliar language. As no literature can be learned by mastering only Dictionary—so Materia Medica cannot be learned by committing to memory the Repertory. But, a fact is often forgotten and so must be over-emphasized, is that, Repertory is an indispensable aid in any attempt to make the vast field of Materia Medica, which any serious Homœopath can ill afford to undervalue.

We do not find any objection if Repertory simplifies Materia Medica even to "Laymen". Nor do we find any reason why Repertory should stand in the way of "scientific" approach and understanding of drugs.

Analysis of Symptoms into Generals and Particulars etc: No doubt the word "generals" is often used vaguely in homœopathic literature. But a little reference to the context always makes the meaning, in a particular place, clear. But, still, only on that account, this sort of analysis cannot be dispensed with as it has uncontestably proved its indispensable value in apprehending the individuality of the drug as well as of the patient.

Mentals: Homœopathy does never make any watertight "division" of the features or symptoms of a case into "mentals" and others; rather, it always strives to apprehend the Psycho-somatic individual as a whole unit in which, mind, of course, plays the supreme role.—J. K.