

HOMEOPATHY IS ONLY ONE

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The long pathway to become a good homoeopath is full of difficulties which can be decisive for the failure of many a good intention. Consider the doubt, hostility of the medical milieu, deception owing to failures, which are the human results of relativity, lack of a solid base in the knowledge of homoeopathic philosophy, the instinctive trend to make no efforts, etc., cause many homoeopaths to let this early flame burn out, this inner fire that sparks the enthusiasm of their first steps.

Any doctor who begins homoeopathy makes an effort at the first moment which has the brevity of a flame which is afterwards dominated by routine.

The effort is exhausted before accomplishing the first goal, and habit concludes the work of corrosion that time performs upon enthusiasm, fever and disinterest of beginners. But this would be nothing if the first efforts were not so brief. If at least his efforts had allowed him to catch Hahnemann's ideas, to know deeply the basic principles of Homoeopathy, to build on firm foundations the homoeopathic preparation, even scarce, it would always have the worthwhile quality of being indestructible.

But what he lost, will only be a discredit to himself and for homoeopathy is that he has built upon the base of an incomplete knowledge of Hahnemann's principles and the philosophy of disease. After this faulty first effort follows a poorly-inspired study of medicine, which is evilly applied. Whoever does not know the laws of healing and is not impregnated with the principles which govern the definite homoeopathic therapeutics, will be as empiric as an allopath in the use of elements that homoeopathy places at his disposal. He will merely have a notion of the homoeopathic "form" in the use of medicaments but he will not know the homoeopathic way of facing a patient.

We have always thought that it is much harder in homoeopathy to learn to see a patient and construct a history, than to know the *Materia Medica*.

Medicaments are offered to us ready, with a pure pathogenesis free from troubling repetitions and digested by authors who throughout a life time, have caught the distinctive genius, and the medicine's image. It is not hard to assimilate said image with so many a keen condensations available. Who is the homoeopath who does not have in his mind the image of Arsenicum, Phosphorus, Natrum muriaticum, Sulphur, Calcarea carbonica, Pulsatilla, Lycopodium, Sepia, Lachesis, Nux vomica, etc.? Thanks to Kent, Clarke, Hering, Dunham, Farrington, Nash, Allen, etc., it is not at all difficult to acquire the conception of medicament, it is only necessary to read their writings.

But to have an interpreted, classified and depurated pathogenesis is not

the same thing as to place oneself vis-à-vis a patient. It is here that difficulties arise and conceptions collide. It is here where homoeopathy is spoiled if the doctor has not learned in that first effort we talked about, Hahnemann's directions expounded in his *Organon* about which the great masters so deeply insist. It is here where the one who believes that homoeopathy is just to give drugs in endless doses, prepares his own failure. To know how to see a patient, is the most difficult thing, we insist after many years of practice.

The symptomatic wholeness of the patient's image, it is true. But let us begin by clearing up that it is not a numerical wholeness, but a classified one, that is to say the wholeness of symptoms classified according to their importance in the patient and especially those who consider the patient in his most general aspect. When we consider mental and general symptoms we are actually in a condition to know the most valuable symptoms which express the essential condition of the patient.

The main goal is to know what features individualizes the patient. The symptomatic wholeness must have, as a personal trait, something that features it.

Guernsey spoke about the "key-note," that is to say, the unusual symptom which is often unexplainable in the pathogenetical level. This keynote differentiates the patient from the others who are affected by the same disease. But the conception of keynote has been generally tergiversated.

Many homoeopaths let themselves be guided by it exclusively; they apply directly the medicament having the keynote. Not every patient with rheumatic pains worse with movement is *Bryonia*, quick satiety with flatulent dyspepsia is not always *Lycopodium*, fat, pale children are not always *Calcarea carbonica*, nor every languor in the stomach before noon, *Sulphur* or *Phosphorus*.

To let oneself be led by a particular symptom of this kind often means to dispense with the general symptoms and wrongly limits the quantity of medicaments which needs to be analyzed.

The homoeopath that works this way, will soon become a routinist in using homoeopathy, and he will never be sure of his prescriptions. Since his diagnoses will be inaccurate, without the solid foundation of a careful analysis, his treatment will lack firmness and he will endlessly change the medicament whenever the patient insists his pains are worse.

It is very easy to fall, this way, into what is the usual error: prescription of many medicaments at a time, frequent change of remedy, lack of orientation as to the evolution of a patient who takes many different medicaments, suppression of symptoms and destruction of a case with absolute modification of his original symptoms. Success may be seen in the first moment, but it cannot go on, nor can it lead to a true healing.

It is not our intention to criticize those theories which justify said way to modify the exercise of homoeopathy. We only want to lead beginners along

the ways of a good and genuine homoeopathy. Hahnemann may be perfected in the form but not in the background, because when we destroy his principles we destroy likewise the foundation of his therapeutics.

So it is not possible to put aside requirements that we consider indispensable and inevitable. They are: time enough for each patient; detailed and correct construction of his history; accurate analysis of the medicament to be given, with or without repertorization; prescription of only one remedy—pathogeneses have been made with only one drug at a time—general indications as to diet, antidote conditions; psychical and hygienic advises which may rule the patient's life and allow the medicament to act; observation of the patient's evolution.

There also exists another important factor: the second prescription. It constitutes a problem that puts to the test the homoeopathic physician's competence. Nevertheless, nothing seems so easy at the first moment. Its definition is easy: the second prescription must be done when the first medicament has stopped acting. But in the practice it is not very easy to have an accurate notion of when the medicament has stopped acting.

First, we must take into account the medical aggravation, encourage the patient by instructing him on the mechanism of the healing process and forget the so many aggravated symptoms which do not always come, as texts usually say, with euphoria or general well-being. Very frequently, that patient cannot tell his sensation, whether they are general or animic, or he focuses his sole attention in the local pain or discomfort.

Secondly, it may or may not exist a return of old symptoms, depending on whether the patient has or not the necessary vital force to bring them back again. There may appear symptoms that the patient says he never felt, but whether he does not remember them, or they appear in a different place of his organism, or they may even be apparently different though pertaining to the same nature—a secretion, for instance.

In one or the other case, it is frequent that an inopportune and harmful prescription shall be given. In the first instance because the patient complains, and the doctor is not sure of the medicament. In the second one because the apparently new symptoms offer a new keynote and the doctor takes this as proof to apply another medicament that he deems better.

Doubtless, if there appear actually new symptoms, it is necessary to antidote the first medicament or give the one covering the symptomatic wholeness. But generally the keynote is caught in order to save time. Thus, insecurity becomes a habit.

Finally, we stumble against the great obstacle about which we shall never insist sufficiently: *wait*.

Generally, doctors never wait long enough before giving the second prescription. To know to wait means to know how to observe. It is sometimes hard to believe how long a medicament may keep on acting. Though this expression is a mistake, since what acts is the complex mechanism of

functional recovering and organic reparation set into movement by the medical excitation of the vital force. The trajectory of this recovering is not always progressive and uniform. Sometimes it stops and afterwards goes on in periods of different intensity. In the practice we meet patients who after an open and progressive improvement, stop for a long period, and then start progressing again without our having given them new doses. They claim for the medicament that so much benefited them in the first moment. But the homoeopath must know that until the old symptoms appear again, he must not repeat the medicament. Neither must he give another medicament when symptoms change, whenever the patient is better. This all means that the doctor must keep on observing in order to detect the healing trajectory, from the center to the periphery, and respect a process that recovers the individual in his animic center and impairs his peripheric organs. These are some of the fundamental directions to which a good homoeopathic prescription must be subject. Homoeopathy is not an empiric therapeutics subject to the whimsical deviations of each doctor that practices it, but a science respecting rules and principles without which it is not Homoeopathy any longer. Our duty is not only to spread it, but to spread it correctly.

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REAL MEANING OF THE TOTALITY OF SYMPTOMS

(Continued from page 31)

Strong modalities. The woman who suffered from "Colchicum dysentery", "could not bear the smell of food" (Nash).

A case of angio-obliteraus, "one leg cold, the other hot", rt. leg was colder and numb, cured by Lyco. 10M (HKS). Many more illustrations can be added to the above list to show that a strong mental or even a persistent dream (diabetes mel. cured by Med. CM.—dreams of drinking water) or a definite cause (baby purging and vomiting after BCG cured by B.C.G. 30) may constitute the totality of symptom and be the clue to the similimum. But it is not always easy to get such 'made-to-order' symptoms.

When a keynote symptom or a characteristic symptom fits the case well, invariably, the other symptoms of the case also come under the drug.

COLDS—INFLUENZA—SORE THROATS—RESPIRATORY INFECTIONS

(Continued from page 44)

The cough is hard and dry and much worse lying on the left side. There can be nose bleed, bloody expectoration, tight chest, anxiety and great thirst for cold drinks which may later be vomited.

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