

IMPRESSIONS OF FRENCH HOMŒOPATHY

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"Every Man has two mother-countries: his own, and France."

This might certainly apply to Samuel Hahnemann, who spent the last years of his life in Paris, and is buried there, in Pere Lachaise cemetery. Paris, the city which gave hospitality to its Founder, can truly be called one of the cradles of Homœopathy, and French homœopaths regard themselves as second to none in the practice of their art.

Soon after I had grasped the rudiments of homœopathic teaching in this country, I began to read the French journals alongside our own. The contrast was stimulating. Obviously the same subject was being discussed on both sides of the Channel, but, as indeed in other matters, variations in national temperament, outlook and custom caused differences. Here was Homœopathy in another dimension. I resolved to make a study of this other approach, where the reasoning seemed so logical, and the field-work so potentially promising. Here is a first report of that study. My title is deliberately chosen; I should not like you, and above all I should not like our French colleagues to think that I claim to know "all about Homœopathy in France" as the result of two years' reading and one week's visit to Paris. No! This is just a first impression—a view from the air, perhaps—of a familiar subject in a strange setting. There may well be mistakes, for which I crave pardon.

The first thing to be noted about French Homœopathy is that it flourishes. There are said to be about 1,850 doctors practising Homœopathy in France. A pessimistic informer told me that the proportion was not satisfactory between "Homœopathes", who practised Homœopathy exclusively, and "Homœopathisants" who merely used it as an additional weapon in their arsenal alongside orthodox methods. I was not able personally to verify this figure, but from the number who turned up at the various functions, it would seem to have been a fair estimate. To be sure, the word did go round at the meetings that as many people as possible

should try to attend the reception and banquet, to "put up a good show". And they did!

Another sign of vitality was that a very large number of pharmacies—I should say about every third one, in Paris—bore a sign saying "Homéopathie". This practice, one pharmacist assured me, had done more than any other single thing in promoting the spread of Homœopathy in France. Whether this be true or not, the pharmacists can indeed take a great deal of the credit—I shall have more to say about them later.

A third significant thing was the fact that in practically every building concerned with Homœopathy that I entered—hospital, clinics, and particularly pharmaceutical laboratories—repainting, rebuilding, and generally extensions were in progress. There was no sign of retreat.

There are about ten Homœopathic medical societies in France, three of them in Paris, and the rest regional. A number of these make up the Fédération Nationale des Sociétés Médicales Homœopathiques de France et de la Communauté. Its Paris member, the Société Française d'Homéopathie, is the oldest French Homœopathic medical society, dating back to the days of Hahnemann himself. It runs a course of instruction in Homœopathy, and maintains a clinic in Paris: The Dispensaire St. Augustin.

The Fédération is responsible for publication of *Les Annales Homœopathiques Françaises*: a serious and well-produced monthly journal which has been one of my main sources of information in this quest.

La Centre Homœopathique de France was instituted by Dr. Leon Vannier over 30 years ago, and he is still its President, and the Editor of its journal: *L'Homéopathie Française*. The centre, with its clinic, the Dispensaire Hahnemann, runs a course and a correspondence course throughout the year, as well as two conferences. A large number of homœopathic books have been issued by this group. Dr. Vannier himself is an indefatigable author, and at least one of his works has been translated into English under the title of *Homœopathy, Human Medicine*; more deserve this fate. He has also written, alone and in collaboration, a text-book of Homœopathy, many times revised, a *Materia Medica*, books on Typology, and several other more specialized works. Recently the

Centre have been publishing a series of short monographs on the homœopathic aspect of such subjects as "Migraine", "Insomnia", "Thoracic Pain", "Pneumonias" and so on. Of varying standard, these booklets are in general very useful, and dealing as they do with pathological entities, they well illustrate one of the policies of the Centre, which is to bring homœopathic practice within the grasp of the ordinary orthodox practitioner. By no means every French homœopathic doctor sees eye to eye with Dr. Vannier; but most of them agree that his energetic teaching and activities have been important factors in the development of Homœopathy in France in the past half-century; many of them had taken the course at the Centre, even though they might have seceded from it later.

Are there differences of opinion between French Homœopaths of different groups? Of course there are. All Homœopaths are individualists, and the French are intensely partisan, so it was inevitable. It is not up to a foreigner to pronounce on such matters, and in fact I was not able to identify all the points of argument; so instead I will quote what was said to me on the subject: "The real issue is not between any one group and another, between any one technique and another. It is between those who wish to see Homœopathy crystallized into a fixed body of doctrine, and those who see it as a springboard to further discoveries."

As in this country, Homœopathy in France is learned by doctors who have already qualified in orthodox medicine. Each of the groups appears to make itself responsible for instructing its own members, and, as I have already said, each of the two main groups operating in Paris runs a course of lectures, a clinic, and two conferences annually. The lectures take place once or twice a week in the winter months; they are given by different lecturers each time and a list of the subjects, with the name of the lecturers, is published at the beginning of the season.

Clinical instruction is given in Paris at the two dispensaries belonging one to each group, and at the out-patient sessions of the Hopital St. Jaques, and at Lyon, at the Hopital St-Luc. Students attend these clinics by appointment. I attended two sessions myself, one at each dispensary, and was impressed by the detailed attention given to prescribing for each patient and by the lack of hurry,

as also by the good equipment and décor of these clinics. The patients got the same polychrests as they do here; but it was noticeable that alcoholism presents a greater problem in France than it does in England, and *Ethylicum*, a remedy I have never seen used here, was often prescribed. Patients who know their Homœopathy better than the doctor, and argue with his prescribing, were a familiar sight, and guerisseurs, faith- and lay-healers of all kinds, present the same problems there as they do here. One clinic ran sessions of osteopathy and acupuncture as part of its curriculum.

I was fortunate enough to attend a day-long conference on the subject of *Thuja* organized by the Federation. It consisted of two sessions each lasting about two hours, during which people talked for about twenty minutes on their own subjects, linked as far as possible with and by *Thuja*. Thus in the morning, we started with an interesting botanical survey of the various kinds of *Thuja*, the climate and soil in which they grew best, and speculation as to the effect of these factors on their medicinal properties. This was followed by a spirited description of the effect of *Thuja* on the conditioned reflexes of trained rats. Then we heard about the homœopathic similarity of *Thuja* with certain cresols, and then a very learned and interesting paper on the psychology of *Thuja* and its relations. My recollections of the afternoon session are not quite so clear, but it was every bit as good—*Thuja* and warts, *Thuja* and keloid, *Thuja* and Spa-water. At the end one felt one had really met *Thuja*.

The hospital St. Jaques deserves a visit from any homœopath passing through Paris, though the consultant who showed me round was modestly surprised that anyone from the Royal London Homœopathic Hospital could be bothered to see it. It is a low, two-storeyed building, built round three sides of a quadrangle, which is separated on the fourth by iron railings from what might be one of the scruffiest of Paris streets, Rue des Volontaires. There are 88 beds—medical, surgical, gynæcological, even 11 obstetric, a theatre, X-ray department, path. lab., and what is reported to be the best homœopathic library in Europe. The wards are mostly small four-bed rooms, and one wing consists of single-bed rooms costing 3,000 fr. daily inclusive. The whole place was in process of

being repainted a most restful duck-egg blue. The nursing staff are nuns, who also dispense the homœopathic medicines used. The medical and surgical staff are all homœopaths or homœopaths—sympathizers. A curious rotating system is in operation among the consultants; one physician is in charge of all the medical beds for three months, after which he is succeeded by another. Some outside doctors are chary of sending their patients in unless they know the prescribing habits of the reigning consultant—though I gathered that they are all rather low-potency prescribers. All the same, it looked a delightful place to me, and if I have the misfortune to be taken ill in Paris, it would be a good place to go, I think. It is, by the way, recognized by the Paris Faculty of Medicine for the clinical training of senior medical students.

A word must be said here about *Securité Sociale*, the French equivalent of our National Health Service. I did not have time to study the system in detail, but it appears that a French patient eligible for *Securité Sociale* goes to any recognized doctor, clinic or hospital, and after treatment a form is signed by both doctor and patient, whereby the former receives his fee—or possibly the patient reclaims it. The amount payable is standardized; thus, although homœopathic doctors are recognized, they are not entitled to any more per consultation than an orthodox general practitioner, although the homœopathic consultation takes much longer. The patient is the loser—he must pay the difference between the standard fee and that charged by the doctor he chooses. The cost of medicines prescribed can be recovered in the same way. Doctors working in the homœopathic clinics give their services voluntarily, and the *Securité Sociale* payments go towards the upkeep of the clinics.

Cordial relations appear to exist between the French Ministry of Health and the homœopathic section of the medical profession. They were evidenced by a reception and “*vin d’honneur*” held in the Hotel de Ville, the Town Hall of Paris, and attended by several hundred homœopathic doctors and pharmacists and their wives. In this imposing building, with its magnificent chandeliers and inlaid parquet floors, and its ghastly murals depicting macabre incidents of the Revolution, healths were drunk and patriotic

speeches made. We were told how a homœopathic doctor had accompanied General de Gaulle when Paris was liberated. Previous guests had been Her Majesty and Prince Philip; and we were followed in a few days by their Serene Highnesses of Monaco.

The homœopathic pharmaceutical industry plays a very important part in the total picture of French Homœopathy. As one of their representatives said to me, "Where there is a happy relationship between doctor and pharmacist, commerce flourishes, patients are recommended, and everyone is satisfied." He went on to say something which sounded very controversial to my English ears, but which I will repeat as nearly as possible verbatim:

*"Is Homœopathy dies out it will because of Kentism. Very high potencies infrequently repeated are not liked by the pharmacist. They are expensive to prepare, and he does not sell many doses. If the doctor himself dispenses them (which is an illegal practice in France) it is even worse. There is less and less incentive for the manufacture of homœopathic remedies. On the other hand, low potencies, frequently repeated, are good business, and they carry more weight psychologically with the patient."** (Italics—J.K.) I asked him whether sac. lac. was ever prescribed. "It is theoretically possible," was his reply, "but the patients are wise to it, and won't stand for it. No one uses it nowadays." I think this point of view is worth recording. We hear a good deal about the danger to Homœopathy from the commercial activities of orthodox drug-firms, but less about the negative danger of neglecting the interests of those who manufacture our own remedies.

Homœopathic remedies are permitted by French law, and recognized by Sécurité Sociale, but for this to happen there had to be a good deal of compromise, and potencies made by the Korsakov method (the main source of very high potencies in France) were outlawed as secret remedies. This caused some bitterness amongst Homœopaths who found them useful. The

* Please note the danger of vitiation or total ruin of the basic principles or nay the very integrity of Homœopathy if one attempts to fit the latter to the mercenary interests of unscrupulous businessmen or avaricious homœopaths, who want to flourish on the backward fads and prejudices of people. [J. K.]

law has changed again, so that I may be out of date, but the position is roughly as follows:

Remedies in potency up to the 9th Hahnemannian centesimal may be manufactured, stored and sold as proprietary preparations. Above this potency they may be dispensed up to the 30 C.H. only against a doctor's prescription, called a "prescription Magistrale", and they must be freshly prepared. Only Hahnemannian decimal and centesimal potencies are permitted. I enquired about Hahnemannian potencies above 30 C.H., and explained that in England we have them up to M. I. was scarcely believed. "Who would ever bother to make a 200th potency?" was the reaction. In fact, in France, the centesimal potencies between 3 and 9 are all used to provide variation, and 4 and 5 are the most commonly used, where we would probably give a 30.

Poisons, even in potency, are subject to the laws for prescribing dangerous drugs.

Only certain nosodes are permitted by law, and if a doctor wishes to make use of one that is not permitted, he will probably prescribe an autogenous vaccine, most often made from the patient's blood. This "auto-isotherapie sanguine" as it is called, is widely practised in a number of conditions, and is described in some detail in Leon Vannier's book *Les Canceriniques*.

There are a number of homœopathic pharmaceutical firms, and I was able to visit two of the larger ones. They were, as I have already said, in a happy state of expansion and redecoration. The processes of collecting, extracting and potentizing remedies were similar to those employed here, but the end-products were a good deal more varied in their form. Suppositories, pessaries, injectable ampoules, liquorice and jujubes were added to the more familiar tinctures, granules, pilules and tablets.

Preparations containing four or five remedies in low potency seemed popular, and indeed, a free sample of one of them, incorporated in liquorice, has proved a valuable cold-chaser in my home. I also noticed a great many preparations of potentized organs—thyroid, parathyroid, cartilage, hypophysis, etc., often associated with remedies having an affinity for the organ in question.

We in this country have a strong tradition linking Homœo-

pathy with antivivisection. This is not so in France, and the pharmaceutical firms have laboratories for conducting animal experiments, though I do not think they take place on a very large scale as yet.

Mlle Lise Wurmser, who has an international reputation as a homœopathic pharmacologist, and who is in addition director of one of the larger firms, as a member of the committee which advises the French Government on matters of pharmacy. She has recently received a decoration for this work.

It is difficult to say in a few words exactly what distinguishes one system of Homœopathy from another, but for me the outstanding characteristics of French Homœopathy are the theory of Constitutional Types, and the practice of Drainage. As neither subject is very familiar to us here, I will describe them briefly—they could each, of course, be expanded into several lectures.

Since Hippocrates, and probably before that, doctors have designed categories into which humans, who are individuals, have never quite fitted. Typology is a particular temptation for homœopaths. In this country, following Margaret Tyler, we get along happily with the *Arsenicum* Gentleman-with-the-gold-cane, the ragged philosopher of *Sulphur*, the *Sepia* washerwoman, and so on. In France they have to have a system. (In fact, by the present count they have nine systems!) I am most familiar with Dr. Leon Vannier's work on this subject, so I shall use his system as an example, though no doubt the others could be used in the same way as a basis for homœopathic treatment. Dr. Vannier starts with the Constitution, a fixed, hereditary, unchangeable part of the person. He lists three constitutions, corresponding with the three salts of Calcium, Carbonic, Fluoric, Phosphoric. They also correspond, roughly, with Hahnemann's Miasms, Psora, Syphilis and Tuberculosis replacing Sycosis. The Carbonic constitution is normal—the others are pathological, resulting from, and susceptible to, hereditary disease. Constitution is modified by Temperament, which is not fixed, but may vary according to age, environment, and other circumstances. Most authors base their Temperaments on the four humours of Paracelsus—Lymphatic, Sanguine, Choleric, Melancholic—but Vannier has elaborated them into eight named after the planets: Mars, Mercury, Venus, Jupiter;

Saturn, Sun, Moon, Earth—a veritable Pantheon which, whilst it makes attractive and suggestive reading, might be felt to be of limited value in practice. Lastly Vannier places what he calls the “entrusted characteristics of the individual”—qualities neither hereditary nor acquired, which mark that character uniquely. (These could no doubt be described in other terms as “strange, rare and peculiar” mental symptoms.) These three things, then, the Constitution, the Temperament, and the Entrusted characteristics, are taken as the background of the patient, to which all treatment is referred, and family relationships of remedies have been drawn up on this basis. Moreover, the aim of constitutional treatment, beyond the restoration of health, is to render the patient as perfect as possible within his constitution, and to direct his offspring towards the normal, or Carbonic. It is small wonder that Dr. Vannier is an enthusiastic advocate of prenatal treatment, and regards it as a major advance in preventive medicine.

This study of Typology is theoretical, and I do not observe its appearance in clinical practice in France, though no doubt it was in the minds of the physicians, which is where it should be. Taken too literally it could become a dangerous bed of Procrustes (and what about the patient who fits into no category at all? After all, we can always give him *Sulphur*!)

Drainage, on the other hand, is a very practical matter. It is based on the idea that in almost every illness there is failure of removal of waste products, which may or may not be responsible for the symptoms. So the first concern of treatment is to get the channels of elimination—skin, colon, kidneys, liver—working smoothly. This is done by the administration of low potencies of remedies known to have a selective action on these organs, e.g. *Chelidonium* for the liver, *Nux vomica* for the bowel etc. Sometimes organ remedies are used as well. A satisfactory response is shown by increased activity of the organ in question. Then, if the constitutional remedy is administered, a mitigation of the therapeutic aggravation can be hoped for. French text-books give grave warning of the dangers of accurately administering a deep-acting remedy in high potency (which may mean 9 C.H.) to an inadequately drained organism.

Theoretically this sounds quite a sensible idea, and whatever

its intrinsic merits, it is obviously suited to a race which might be expected to be impatient of therapeutic aggravations, and which will not accept *sac. lac.*! A further point made by a French colleague was that it was easier to teach than "le Kentisme", which none the less he greatly admired. "Of course, the *similimum* acts as its own *draineur*", he shrewdly remarked, "but apart from the very great doctors, how often do you find it?" This point of view was not uncommon; the single remedy, the high potency, was a perfection to be aimed at, but only to be reached after much experience. Meanwhile, there were patients waiting. "We judge a doctor's skill inversely by the number of remedies he uses", said one, who himself used two, "but it is better to use too many than not to help the patient."

It only remains for me to express my thanks: to those members of the Faculty and particularly to the Homœopathic Research and Educational Trust who made this expedition possible; to my French hosts for their hospitality and co-operation; and to my audience for listening so patiently.

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