

PERSONALITY AS THE KEY IDEA IN HOMŒOPATHY

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When we older Homœopaths meet a young colleague who is interested in our method and to whom we want to give an intuitive picture of our approach, the questions put by the young clinician can suggest many different ways of introducing the subject. We may find particularly difficult those questions which are put to us in the form of "ready-made" diagnoses, labelled with a clinical name, as for instance: "What do you do in a case of arthrosis?"

I myself have developed an introduction to Homœopathy based on the clarification and characterization of the elements involved: there are three factors which we meet in the execution of our profession, and which we have to evaluate for our diagnosis. The first factor is the personality of the patient, the second that of the disease, and the third that of the remedy. (The personality of the healer should also be mentioned, if one wishes to take into account the fact that the search for self-knowledge is part of the whole process. However, I shall omit this for the moment.)

Our patient usually comes—I am speaking from purely personal experience—after he has tried allopathic treatment. He brings us an album full of well-assorted laboratory and X-ray reports. If one asks what is the matter one hears the name of a disease. Sometimes it may even be only a number, for instance: "I have 0.90 residual nitrogen." It probably is best if for the time being we forget names and numbers, and get to know the human being sitting there before us, just as he lives and is. And this is where we often get our first surprise: the patient has no relation to his living experience of the disease. It is very difficult for him to describe his experiences. Only with great effort can he wrest from his memory the time and form of his first symptoms, and describe significant details from the world of his feelings; since, for instance, he is hardly aware of the rhythmical course of his

symptoms. Taking the case history becomes a searching investigation, as we are trying to find, behind the mass of painfully obtained symptoms, the patient himself. Here we are at the focal point of our examination: the human being experiencing himself in a state which feels different from his innate "norm". We must get an insight into the purely personal world of sensations and feelings of the patient and experience it.

The mode of living and character of the patient in everyday life can guide us. In the anamnesis we are interested in the childhood, puberty, and youth of the patient (here the 7 year rhythms described by Rudolf Steiner are very useful). How could we discover what difference the disease has made, without knowing the habits and circumstances of the patient in the so-called healthy periods of his life. Through this study of the periods of life, keeping in mind the 7 year rhythm, we are able to investigate the changes which have occurred in the states of consciousness, and thus the changes which have occurred in the patient's attitude to his experience of disease. This is why it is so important to keep in mind the patient's age. The past of the patient is to be investigated, taking into consideration the sphere of his soul (his sympathies and antipathies in his relations with parents, teachers, friends, as the expression of his emotional life; his studies; his spheres of interest, as the expression of his thought and will life). We must also take into consideration the climatic influences of his surroundings, his reactions to the rhythmical happenings of a year, a month, a day. This means that in the case of a patient whom we know but have not seen for years the case history has to be taken again, which in fact means that *Lycopodium*, for instance, which was effective seven years ago, need not again be so today.

A whole range of pictures results from the study and comparison of the patient's worlds of thought, feeling, and sensation. Seen through the successive temperaments of the patient, these take on different forms at different times of life. Like a red thread there runs through the first and last symptoms in the sphere of the soul the picture of having been offended, of sorrow, of fury, of disappointment, etc., which correspondingly colours the physical symptoms. The more the patient opens up, and the more, through

being able to feel with him, we help him to look back and comprehend and experience what has happened in him, the more the picture grows complete that we are searching for. Now we are able to connect the insights we have won through our study of the experience of the illness with the results of the purely clinical observation, to combine them into a whole, and proceed to the study of the second concept, the concept of the personality of the disease.

As soon as we look at the picture of the disease, we meet the reality of the observable world. Our sense of sight takes in physiognomy, expression, gestures, and anomalies of posture, our sense of hearing the character of the voice, nuances of coughing, and so on. The sense of touch takes in changes in the structure of the tissues. We can see how the symptoms are related to space: their movement from below to above, or vice-versa, preference for one side of the body, changing of sides of symptoms. In the rhythmical occurrence, particularly as regards daily or monthly rhythms, we find how characteristics of the disease relate with events in the patient's life (for instance aggravations at weekends). We now take these symptoms which can be directly observed in the patient into the sphere of any laboratory investigations which may be necessary, so that the total picture of the disease becomes a concept to us. No need to mention that to the homœopath the "end products" of the laboratory are not the point. To percentages and numbers alone he will give no isolated importance in the total picture of the disease.

All this should be a matter of course to the homœopath. But unfortunately we do not always take or understand these things as a matter of course. No wonder, considering that there is a modern idol whose name is "Diagnosis". For, after all, it has become so much more practical to treat asthma rather than that troublesome asthma patient. For the adept, this is admittedly a difficult hurdle. Should there not be a professional language suited to our purpose, which corresponds to our way of thought in arriving at the homœopathic diagnosis, that diagnosis which becomes the synonym of therapy? For that is the essence, what we have to aim at all the time, that we see the therapy shine out from the very structure of the diagnostic work. There will be differences—

and at times considerable differences—in our methods of treatment for adult and again for children. The fundamental lines of study in reaching the personality of the disease, however, will remain the same.

When the personalities of the patient and of the disease stand out, there arise in us the images of those remedial agents whose drug pictures—seldom completely, but yet to a great extent—correspond to them. As these are introductory remarks addressed to colleagues who have already studied the basic principles of the *Organon*, or some other introductory work (for instance the admirable lectures by Kent), I shall right away exclude all those remedies which we know through the pure empiricism of organ therapy, for instance *Crataegus*. Further in an introduction only those relatively few remedies (there are 100-120) should be presented which form the basis of our daily practice. Even if the variety of special and unique features of the most important remedies is reduced to their most essential characteristics, we still have not handed on the real “living” quality of our remedies. An attempt to emphasize a quasi-individual quality of the remedy does, of course, exist in the work of Margaret Tyler (*Drug Pictures*). I myself value Leeser’s way in his method of presenting the spheres of action of the inorganic remedies, an excellent introduction for the chemically and biochemically trained colleague into the nature of the metals and salts. The comparative method in the study of a group of salts or a metal provides a note which particularly characterizes the individual aspect of the remedy in question. Unfortunately no similar work exists, to my knowledge, for the great family of our medicinal plants, and the remedies of animal origin.

I shall go into this a bit more closely. If, after the appropriate consultation of a repertory, we have succeeded in finding a similar remedy, we should make it a rule to consult a *materia medica*. When this has been done, are we really able to say that we have come to know our remedy, or a medicinal plant, intimately? Do we know its personal habitus, do we look for a living connection between the appearance of the plant and the healing agent which belongs to it alone? Have we got any idea whether with *Bryonia* we are dealing with a root, with *Nux* with

a seed, as the effective part of the plant's being? Which are the conditions under which it grows, does it want moisture, the coolness of shade, a dry soil, does it live in symbiosis? The first provers surely knew of the individuality of the plant or animal substance used. We owe it to the remedy which we have lifted from the treasure house of the repertory, and provided with the label of a potency, that we should know of its personality as a whole, its own personal arcanum. Concretely this means: do we know the Oyster, Phosphorus, Lycopodium, etc., from observation, or, to speak in Goethe's terms, from observant judgment? Years ago we still had one amongst us who knew the signatures, Emil Schlegel. And I know two beautiful essays by Gutman on the personalities of *Calcareo* and *Bryonia*.

Our remedies should express a personality to us; like the particular ill personality which as homœopaths we try to come to know. I am convinced that the ancient homœopathic thinking of a Hippocrates or Paracelsus mastered these very relations between the healing agent and the symptom picture, not yet in the same sense as Hahnemann, but in that of macro-microscopical correspondence and discussion. We are again and again coming across salt, mercury, sulphur, or phosphorus processes. How alive could the relations between the remedies become for us, the more intimate connections between the remedies of the various kingdoms of nature!

This, our fundamental demand, that our practise of medicine should deal not with abstract diagnosis, but with life, compels that in our work we should create within ourselves a living knowledge, even a healing knowledge. I know that this is a difficult task, but a gradual reproving of our polychrests might not only uncover something new in our present-day ability to react which is bound to have changed, but also bring us to a new understanding of our remedies if we study them perceptively.

Our starting point was characterized by the deepest interest in the sick person. Not for one moment did we want to divert our attention from the only reality, the patient himself, so that we always kept a complete, living picture before our inner eye. Are we now supposed to give ourselves completely to the abstraction of a salt, a plant, as though it were only a name, with which we

have no connection save the memorized knowledge of a pharmacotoxic picture? We would therefore need not only to enlarge our knowledge of botany, zoology, and chemistry, but also to cultivate that intuitive way of seeing the whole ("a way of thinking to which the content and the form appear in direct relation" (R. Steiner: *Grundlinien zu einer Erkenntnistheorie der Goetheschen Weltanschauung*)), which will make us act as true homœopathic healers.

If in the classic Homœopathy based on the Law of Similars we have found a wonderful therapeutic instrument which in times to come we are to use in the right way, we must not close our eyes to the fact that a widening of homœopathic thinking is also a necessity, a reassessment of those concepts which underlie and explain our empirical knowledge, that which we have found to be true from experience. The study of the essential being of our remedies, the evolution of the personality concept which I have tried to develop in pondering and observing the patient, the disease, may serve as a challenge to preserve our Homœopathy from degenerating into a science based only on experience. It arose from spiritual sources, and shall again be practised in a deeply spiritual way.

—*The British Homœ. Journal, April, '60*
