THE PRACTICE OF HOMŒOPATHY

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I shall first try to answer a question which I have been asked repeatedly and which I have sometimes asked myself. Why is there such a lack of familiarity with, and acceptance of, Homœopathy by so many physicians? I believe there is a basic reason for this which should not be underestimated. The difficulty which at the outset blocks the understanding of Homœopathy lies in the fact that its approach is quite fundamentally at variance with the prevailing approach to science— and mark, I said *approach to science;* I did not say *scientific approach*—namely, that method generally adopted throughout the past hundred years. Homœopathy's approach is finalistic and phenomenalistic rather than causalistic. Homœopathy does not evaluate the situation—an illness, for instance—from the standpoint of "what is the causative agent," which is the standard procedure of modern medicine. It does not ask what infection, what abnormal chemistry, what change in structure, and so forth, lies at the bottom of the disease and obviously, therefore, has to be removed, but it addresses itself to what we may call the phenomenon of constitutional totality. It considers the *wholeness* of the phenomenon in *descriptive* rather than causalistic terms.

Now it would seem that what I have said, almost by definition and by the condemnation of my own words, would brand Homœopathy as unscientific, for is it not obvious that one must seek out the cause of anything wrong and then remove it? Indeed, Homœopathy has been called unscientific for the exact reason that it declined to proceed in that manner, and many who have tried to grapple with it have found its approach rather peculiar.

Here I shall present the testimony of a modern scientist—Robert Oppenheimer of the Institute for Advanced Study at Princeton—quoting from a speech that he gave in March 1956 to an assembled group of psychologists:

"I would like to say something about what physics has to give back to common sense that it seemed to have lost from

it . . . because it seems to me that the worst of all possible misunderstandings would be that psychology be influenced to model itself after a physics which is not there any more, which has been quite outdated.

"We inherited at the beginning of this century a notion of the physical world as a causal one in which every event could be accounted for if we were ingenious, a world characterized by number, where everything interesting could be measured and quantified, a determinist world, a world in which there was no room for individuality in which the object of study was simply there and how you studied it did not affect the object. . .

"This extremely rigid picture left out a great deal of common sense. . .

". . . we have five things which we got back into physics . . . with complete objectivity in the sense that we understand each other with a complete lack of ambiguity and with perfectly phenomenal technical success.

"One of them is . . . that the physical world is not completely determinate. There are predictions you can make about it but they are statistical; and any event has in it the nature of a surprise, of the miracle, of something that you could not figure out. Physics is predictable but within limits; its world is ordered but not completely causal.

". . . Classical science was differential. Anything that went on could be broken into finer elements and analyzed so . . . Every pair of observations taking the form 'we know this, we then predict that' is a global thing; it cannot be broken down.

"Finally every atomic event is individual. It is not in its essentials reproducible." *Analogy in Sciences,* Robert Oppenheimer, Institute for Advanced Study. *The American Psychologist, March 1956.*

Translated into plain English all of this means that in modern physics we have come to realize that phenomena cannot always be explained in terms of a cause and effect chain in which a cause leads to a predictable effect, but that they have to be understood in an entirely different sense as quasi-individualistic parts of a grand total of an encompassing pattern. An example of this is what is defined as an energy field. Within the field pattern the

various effects are not causally dependent upon each other; thus they can be predicted in their arrangement only statistically; and a field is *defined* not as it "is" this or that but only indirectly—that is, descriptively—through the patterns and forms of matter that manifest its influence. It is basic for our modern artifices. We cannot say what it is—we do not know. We can only say how it behaves. We do this by describing a number of phenomena and facts which make up a patterned grand total—a picture. And this is precisely the way in which the homœopath goes about assaying what he deals with in illness. He arranges, assays, collects, a picture. We speak and think in terms of *remedy pictures*. We assay that expression of an energy field of the illness unknown per se, but found and manifesting itself in the way it arranges the symptoms—or shall we say, the expressions of the disturbed physiologic functioning—and we compare this field effect, this grand total image, with a similar field effect which has been observed by exposing the organism to the energy field of the drug. Thereby we establish the exact drug action and drug energy in the form of a drug image. The therapeutic thinking in terms of such a phenomenologically descriptive field which thereby addresses itself, not to the cause and effect chain, but to the grand constitutional total manifested in the field phenomenon, leads to what we call constitutional prescribing. In practical terms it means that Homœopathy never deals with an individual disease manifestation—with an infection, shall we say—but with that disturbance when enables the infection to take hold, *contains* it, as it were, as a partial element. It does not deal with an effect of changed chemistry, but with that energy, that ordering element, which permits this change of chemistry to occur.

Perhaps now you see that this difference of approach has two very practical aspects, (1) in terms of *how we go about it;* and (2) *what we bring about*. The constitutional totality method differs from usual medicine in the way it sets about selecting the drug, and in what it expects the drug to bring about. It differs in the same fashion, if I may use an analogy, as an attempt to ward off smallpox, *in olden* times, by hanging up cloths soaked with disinfectant or burning incense, differs from modern immunization by vaccination. In saying this I am neither advocating

nor rejecting vaccination. I merely use the analogy in order to describe an approach that mobilizes the defense forces, the immunizing forces, of the organism itself rather than one that attempts to stop an "invasion" directly. This immunizing defensive ability seems to be a general phenomenon and by far exceeds what is at present known to us from the limited field of immunology, which constitutes, after all, a very restricted application of the homœopathic or isopathic principle.

This does not mean, however, that because the symptoms of the disturbed condition are used in this descriptive fashion to arrive at a medicine, Homœopathy treats symptoms. This is as incorrect as it would be to say, for instance, that the geiger counter indicates noises. The geiger counter merely *uses* a noise phenomenon—a clicking—to indicate the presence of radiation not directly perceptible. Similarly, the symptoms are used to indicate the presence of an otherwise imperceptible energy disturbance, comparable to the radiation in the above example.

Now what symptoms does Homœopathy use? It uses those symptoms that are indicative of the disturbed energy field, namely, of the individual physiological reaction or expression of reaction. In other words, it selects those symptoms—or shall we say it directs itself according to those symptoms—that make the individual condition unique, different from any other, and at the same time are most expressive of the encompassing wholeness of the individual under observation. Those symptoms are what we call *general* symptoms—symptoms that affect the *whole* individual, not only parts; mental symptoms, meaning symptoms expressive of the way the *personality* reacts; the strange, rare and peculiar symptoms such as are indicative of this particular individual's response; and also symptoms that are strange, rare and peculiar inasmuch as they do not logically fit into the expected clinical picture. For instance, when someone with an acute fever is very hungry and not thirsty. This is a peculiar symptom because in fever ordinarily one is thirsty and has no appetite, so that it is something rather unusual when a person is not thirsty but is hungry. It is typical of an individual energy field arrangement.

Now in these few words we have in a nutshell what Homœo-

pathy really stands for. *That* is Homœopathy. Homœopathy is *not* the prescribing of small doses. The question of dosage is incidental, purely pragmatic. It has nothing to do with the principal issue of Homœopathy, apart from the fact that Homœopathy does not actually prescribe *small doses* but protentized medicines—substances altered in respect to their qualitative, not quantitive, state.

In order to make this as concrete as possible I will give you an example of homœopathic prescribing. We will consider the case history of a patient seen for what is known as paroxysmal tachycardia. This is a state where there are attacks of extremely rapid heartbeat, a pulse rate up to 150 or even faster, and these were the complaints for which this patient sought medical advice.

The clinical workup showed that he was also suffering from valvular insufficiency, probably of rheumatic origin. However, the attacks themselves had come only relatively recently and had no obvious connection with the pre-existing valvular condition. He had been taking quinidin for a long time with fairly satisfactory success but he wanted to see if he could not get rid of it permanently. In addition to the main complaints he had a history of intestinal spasticity, ringing in the ears and right-side sacro-iliac disturbances. The laboratory report did not produce anything else of interest except for the electro-cardiogram, which more or less confirmed the cardiac diagnosis. So far this is a complete clinical picture which would indicate the drugs which had been prescribed—digitalis or quinidin. He had them.

Now what does the homœopath do about this? The homœopath would answer: "Nothing, because I have not the case yet. With that history I know nothing whatsoever about the patient. In practical terms, it is a completely meaningless situation and I have not the faintest idea what drug he needs because the most important information has not yet been made available." What is this missing information? We will consult my case sheet.

I asked him first: "Tell me everything that bothers you—everything whatsoever, even the slightest and most irrelevant complaint, regardless of whether it has anything to do with your main trouble." So he told me that sometimes his vision is blurred. Then he mentioned the rumblings in the abdomen and a tendency

to loose stools; he said that he has ringing in the ears; he gets tired; and he has sacro-iliac trouble on the right side. There is also a feeling of tenderness in the abdomen—an X-ray fifteen years ago showed dropped intestines. He said also that when he is either tense, sits a great deal and doesn't move around, his troubles begin. So I said to him: "It's a bit better, but still I know nothing about you." I asked further and this is what I elicited.

He used to be very fond of sweets—has a craving for sweets; would pick up any piece of candy he could find. Funny, is it not? And how apparently silly and irrelevant! He feels better when he moves around; is very logy after sitting but gets relief if he moves around vigorously. The buzzing sound in the ears is worse on the right side; I checked again on his sacro-iliac trouble—was that also on the right side? It was. So I asked him: "Are most of troubles on the right side?" Well no, he didn't think so. "What about your abdominal troubles," I asked? Oh, yes, also on the right! I wrote down "right-sided." Then upon questioning he remembered that much more often than not his attacks come on in the late afternoon. Which did not satisfy me—"What *is* the late afternoon—three, four, five, six, seven o'clock?" Well, it is from four o'clock on. Then, he is happier when he is warm, gets chilled easily, but also feels better in the open air. He does not like to have his abdomen pressed. When I first asked him about this, he said no, he didn't mind. Then I looked at his pants—he was wearing them way down low. I asked him why, and he said that he likes to wear his belt over the bones. Again, why does he like this? And he told me that he didn't like the pressure. I had never seen him with a hat. Why? He did not own a hat. Why not? Well, he did not like hats—did not like the pressure around his head.

After that I was satisfied. I had my remedy. How? Let me give you an example of a drug picture (you remember I spoke of a picture) as it appears when it is observed and tested after we give it to a healthy person. I described the drug I used in this case in the following terms when I was teaching at the Postgraduate School of Homœopathy: The people who are most likely to need it are those who labor intellectually. They are intellectuals of a weak physical constitution. They are people who may

lack assurance; who are introverted; with a tendency to brooding; full of fears, anticipation, looking prematurely old, with furrowed faces; who are at the same time afraid of and averse to being alone but equally averse to having company around. In fact, they are happiest when they know someone is in the next room. They are irascible, quite irritable; and relapse easily into their brooding state. They live entirely in the head. They have low powers of resistance to infection, are likely to be dark-complexioned, turn gray early, and do not like to be fenced in either physically or mentally—this last indicated by the reaction to the pressure of clothes, to anything tight about them. Usually their complaints are on the right side of the organism, including a propensity to liver disturbances. Easily chilled, they nevertheless cannot stand heat, are better in the open air and better from motion. Usually their troubles are worse in the late afternoon, between four and eight. One also finds them generally domineering, taciturn, averse to talking, greedy, miserly, and easily moved emotionally; very conservative, prone to suffer from wounded pride, hypochondriacal, over-disputative, oversensitive to noise, craving sweets, with a tendency to flatulence, worse from cold drinks.

Perhaps I need not go into more details after this characterization. One would only add that they are very subject to chronic diseases. Mind you, this is the overall, the most important part of the remedy selection, because whether the patient develops this condition or that one—let us say a coryza or a sore throat or a hepatitis or a pneumonia—is less important. For with these types, whenever this remedy is indicated, one finds a right sidedness—a right-sided tonsil condition, right-sided pains, a liver affliction, etc. It will be indicated in cases of pneumonia, and in all sorts of intestinal trouble. But the diagnosis is of secondary importance, because whenever the grand total of its characteristic symptoms as described above is present whatever happens to be the anatomical state or the name of the clinical disease, *Lycopodium*, which is the remedy indicated, will cure if there is no irreversible pathology. Therefore, to know that this is a case of paroxysmal tachycardia helps me as little as to know that he has a tonsillitis or a pneumonia. What I needed to know was how he reacted in terms of those apparently silly irrelevant peculiarities

which Homœopathy calls constitutional symptoms. Then I will give the remedy whether it happens to be a tonsillitis or a boil on the back of his neck. This, of course, does not mean that I am not interested in whether or not he has pneumonia, but the fact that a certain clinical picture is present is significant only in that certain drugs have a greater propensity than others to affect certain organs or organ groups. For remedy selection, the exact nature of the condition may be differential diagnostic importance.

Perhaps I should remind you that in the ordinary pharmacopœia Lycopodium is classed as an inert substance, therapeutically ineffective. By old-type pharmacists it was used as a powder to coat pills—a completely harmless, inert agent. And inert it is. If you take a small dose of it, it will be inert; if you take less Lycopodium, it will still be inert; if you take a smaller dose, it will be "inerter"; and if you take still less, it will be "inerter"! If you decide, as has been ironically suggested, to put a "drop of it into the Hudson," it will do nothing. Because this has nothing to do with Homœopathy. Homœopathy does something entirely different. Instead of making it into "less," it somehow, by a specific process of surface dispersion, increases its energetic charge. We deal here with phenomena not yet sufficiently well understood, theoretically belonging to some sort of electrical field, possibly something akin to surface forces. What matters is that in terms of quantity it is not *less* of something—not less Lycopodium—but in energetic terms *more surface effect,* or perhaps an ionizing effect. All I can say is that it is analogous to this group of phenomena with which we are familiar.

I do not know whether further examples are needed. Perhaps another one, in the area of acute conditions, might be simpler. This was a patient hospitalized with pleuro-pneumonia —also on the right side. Here the picture was a bit confused. I do not recall how it started, but when I saw her she had been under achromycin for two weeks, and was still continuing to fever—apparently an antibiotic-resistant type of pneumonia, since she had had a number of antibiotics before. The peculiar symptoms were that she wanted to lie absolutely still; her pains were of the "stitching" kind; she was very thirsty and she felt better when lying on the painful side.

Now these three symptoms, these peculiarities, point towards a certain drug—*Bryonia*. It was given, and it had no effect. This shows the sort of problems we may run into—what the technical aspects of the situation are. Here we have a case in which the obvious, apparently indicated, remedy did not work. However, we are not yet through. This drug was selected entirely on the basis of the symptoms pertaining to the *immediate illness*. Which means that the symptoms I described—pain on the right side, improvement from pressure, etc., were those of the acute response to the pneumonia. They were not really generalities in the wider constitutional sense. They were still, in a way, the symptoms of the acute disease and not of the individual, and while sometimes that is sufficient, often it is not. So now, practically speaking, what is the *individual?* Well, this individual was a person of a generally pale, waxy, anemic appearance, extremely nervous and hypersensitive. She jumped at every noise—she would jump if someone looked or squinted at her, if she thought they didn't look pleasantly at her. And the symptoms had been changing a great deal during the last two weeks. She did not want meat, she wanted cold milk all the time—always had. Her general desire was for open air and yet she felt chilly on uncovering; and she always had a tendency, now increased, to perspire at night. This new picture, as you see, leaves the pneumonia picture completely behind. It gives us something different. It adds up to a picture of a constitutional peculiarity which is to be found in the provings of *Tuberculin*, and a dose of that remedy did, in forty-eight hours, what the preceding two weeks of antibiotics—and Homœopathy—did not. It is worth noting that in our listing of the *Tuberculin* indications—the *Tuberculin* symptoms—we find: "failure to respond to the seemingly well-indicated remedy." Thus her lack of response to what we would call the acute remedy was in itself a constitutional sign pointing to another definite drug.

In conclusion, I will offer you one other example. This is a case of a manic-depressive psychosis. Should there be any doubt about this, the date I have here of the first interview is May 2, 1945, which means that the case has been followed and observed for over thirteen years. At the time the patient was first seen she had just been dismissed from a state hospital after her third or

fourth sojourn there. The manic attacks occurred at intervals of about every eight or ten months. This state, you know, is one in which the patients go from deep depressions into states of exhilaration and even violence. She had had to be hospitalized because she became quite threatening to her family, and the procedure had to be repeated quite regularly for three or four years. She would be hospitalized; then dismissed with remission of her symptoms; then within a short time there would be evidence that she would need hospitalization again. This time the question arose whether this endless cycle could be stopped.

This is the way I took the case. First she was asked to tell me everything that bothered her. She said she has pains and aches over all the body all the time. She has throbbing headaches at the base of the head. She is dizzy on standing, has sciatica, arthritis of the spine and sometimes interference with vision—blurring. When she has a mental disturbance, she has pleasant thoughts about world peace. When in that state she cannot sleep, but keeps walking and talking. I saw her at such a time. Walk she did—and also, talk she did! In addition, she says her joints are getting stiff, she feels a cracking in the back of the spine; her neck pains when she begins to move it; and there is numbness of the hands. The sockets of the eyes feel very tender. She has eructations, sour taste and heartburn, a tendency to constipation; and a very poor appetite with an aversion to coffee. There is aversion to sex relations; aversion to strong light; she is better indoors; and she is very impatient. Her menses are weak and short. She feels worse before the menstruation and is very depressed before and during menstruation. She is sensitive to touch—hates it if someone touches her. She has a constricting sensation in her throat, is intolerant of anything tight around the waist, and is afraid of and averse to taking a bath. She sleeps deeply, and cries easily, particularly about beautiful things. She has an aversion to company; has indefinite fears and worries, as though something may happen; a poor memory; and a feeling of frustration all over. She is very chilly, sometimes with sensations as if she had chills running up and down the spine, and she catches cold very frequently. She is worse in a damp, cold place.

She has a great dislike of milk, but likes sweets and has a desire for salty food.

Now let us see how the case worked out. I used the symptoms: Aversion to coffee; depression; sadness before the menses; menstruation scanty; worse from touch; lack of vital heat; deep sleep; desire for sweets; desire for salty things. Here I used what is called the *repertory* method. We have a book—*the* book, which lists for every symptom observed in the proving, all the remedies that show it. So that when we have a very puzzling case, we can play those symptoms against each other and see what drugs have all of them. Whereas the first symptom—aversion to coffee—is found in about fifty or sixty different drugs, after running through all of the symptoms, only two drugs stood out. One was lime—carbonate of lime—and the other was sodium chloride—table salt. Like Lycopodium, table salt is classed as an inert substance. Unless of course it is subjected to that same peculiar process as the other—that is, the repeated rhythmical process of dispersion, thus increasing its surface energy. Now we still have the question—which of the two drugs? So I looked carefully at the patient. She was rather small of stature, very fat, roundish, plump, dry skin, fair complexion. This is how we describe the picture of *Calcarea Carbonica;* this is the type. The *Natrum Muriaticum* type is rather thin, scrawny, very active and tense—not at all like the rather phlegmatic *Calcarea Carbonica. Calcarea Carbonica* was the remedy here and it was given at varying intervals. It is now thirteen years since she first had it and there has not been a single hospitalization. This patient is a music teacher and is working in the West. She writes and reports occasionally, and I last saw her a year ago when she was in New York. To all intents and purposes she is well—neither a manic nor a depressive—though I wouldn't say that she doesn't talk much! I used potencies from the 200th up, and there has not been any intervening psychosis although there was one light spell six months after starting treatment for which she was almost hospitalized.

Of course this could be pure coincidence. But thirteen years is a pretty good period for observation.

This seems to be a good place to stop and inquire whether

there are other problems about which you have questions. If so I shall be glad to discuss them.

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Question: Does Homœopathy use fluoride as a remedy?

Answer: Yes, fluoride acid, and to a lesser extent, sodium fluoride, has been proved. Calcium fluoride has recently been reproved abroad in Germany, and has shown itself to be a very deep-acting medicine. This has a very practical point, because when it is stated that sodium fluoride and fluoridated water have been tested on animals or humans over a period of five or six years without showing any ill effects, it means precisely nothing. Fluorine is one of those drugs that we classify as slow, deep and long lasting. Its effects are chronic and may not be evident for ten, fifteen or even twenty years. Thus the relatively short-range tests for the safety of fluoridated water are wholly inadequate. I would consider it toxic. The provings have also shown that not every individual reacts in the same fashion to the same drug. When a proving is carried on some people will develop no symptoms. So fluorine is likely to affect different people differently. If someone happens to be of a constitutional type that is potentially similar, he may be affected.

Question: Just because fluoride in the drinking water is in a concentration of one part to a million, does that mean that it is necessarily homœopathic?

Answer: It could be homœopathic. It would be homœopathic to a fluorine constitution—maybe to a constitution that represents the fluorine picture and is specifically sensitive to fluorine, and if it does happen then woe betide, because in this repeated dosage it will cause trouble. It is comparable, you see, to setting up a stimulus, shall we say, towards a totality picture that happens to be responsive to this particular stimulus. To give you a comparison: When you have a tuning fork here at a certain pitch—say A—and strike another tuning fork in A at a distance, this tuning fork will begin to vibrate as well; but only because it is at the same pitch as the one at a distance. Otherwise it will not. Now, if instead

of letting it vibrate from a remote stimulus, you increase the vibration beyond the resistance threshold, you may cause damage. In other words, as long as an affinity exists, the minimum stimulus that will bring about an effect is also the optimum stimulus. Anything going beyond this is overstimulation, and whenever we foist a toxic effect on the organism instead of bringing about a balanced reaction, we set up a proving. In carrying out provings, the healthy persons take the drug until the first symptoms appear. If the drug is then stopped, the symptoms will recede. If however, the medication is continued beyond this point, a drug disease will be foisted upon the organism. This is what happens in sensitive people who have a fluorine or iodine constitution. Whereas to a thousand people the continued use of the drug may do nothing, to one of them where it is particularly homœopathic, it may cause irreparable damage.

Question: Is there anything homœopathic that will combat atomic fallout?

Answer: I cannot answer this because personally I have not enough experience, and I do not know that there is enough experience yet, with the effects of fallout. It is still difficult to determine exactly what this illness is. I would again stress the fact that Homœopathy is not theory but is strictly practical and empirical. Thus we cannot say this or that medicine affects fallout until we know exactly what the fallout symptoms—neither of which we yet know or have done.

—*The Layman Speaks, June '59*