

Translator: Judith Widderich

To the article of Lucia Cantar “Why bothering with provings” a comment of the German translator and the answer of C. Kösters, considering the question if it is correct to add clinical symptoms to the homeopathic Materia Medica.

### **Annotations to „Why bothering with provings“**

**Translator’s comment:** Considering myself a credulous layman of homeopathy, I find the entire controversy quite unnecessary.

**Curt Köster’s answer:**

Lucia Cantar addresses a question of fundamental importance in a simple manner.

Julian Winston writes in his reply that we often observe certain behavioural patterns of our patients. Having repeatedly prescribed a certain remedy with success and having observed a definite behavioural pattern "that certain something" time and time again, we can then assign it to the Materia Medica of the prescribed remedy.

This sounds logical.

But it is not so, that we have various prescribing techniques? A patient who would have received Sepia from Cathrine Coulter, perhaps would have gotten Medusa from Massimo Mangialavori. Both Cathrine Coulter and Massimo Mangialavori are well-known and successful homeopaths. Let us assume that both prescriptions would have led to success.

How could this happen? -- The reason no doubt is that a homeopathic prescription only deals with similarity and not with congruency. We all know that some colleagues who follow in Kent’s footsteps preferably base their prescriptions on the so-called polycrests and have much success doing so, if they are very familiar with these remedies. Other colleagues often prescribe "less-known remedies" and are also successful doing so.

However, the question does arise: Can that "certain something" in a patient’s smile be attributed to Sepia, or can it be assigned to Medusa, or both? And what will happen to our Materia Medica?

At the same time, does not the growing indistinctiveness in the differentiation between various remedies pose a threat?

This is perhaps the reason why Hering wrote:

It should be considered a matter of the utmost importance never to indiscriminately combine those symptoms from which a cure has been reported (and were not observed in a healthy person) with symptoms produced by the remedy itself. Hahnemann’s warning - see Chronic Diseases, Volume 2, second edition, footnote on Alumina - can never be forgotten. Hahnemann was right as he instructed us not let ourselves be guided by previous cures, but rather only by the symptoms derived from the remedy.

We are nevertheless all aware of how valuable such observations are and so being, that they warrant entry into our Materia Medica. What seems to be of essential importance is that we distinctively separate such observations from the actual proving symptoms and also acknowledge this difference in our prescriptions.

Is this situation not comparable to that aboard old sailing ships (here I am referring to the time prior to GPS introduction)? -- More or less exact data like water depth, directional points and landmarks (these would then correspond to our proving symptoms) was noted on nautical

charts. In order to navigate his ship successfully, the captain did not just apply a compass and his charts, but also his experience and intuition. For example, which regions would experience favourable winds at which time or a feeling for wind and waves, that is an intuitive foresight as to how the weather would develop. Exact data was entered on sea charts and was then passed on to succeeding ships. Intuition cannot be noted on charts. The attempt to do so would only lead to poor quality sea charts. ("If your stomach is on the rocks, then steer three points to starboard"; "When you sight an albatross, then take in the sails!")

We should take good care of our Materia Medica. That is all we have got.