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Dr. Morrison defends some of the newer methodologies within homeopathy espoused by such current homeopaths as Rajan Sankaran, Jan Scholten, etc. Discussion is made of such topics as the Doctrine of Signatures, remedy grouping, remedy families, remedy image synthesis based upon chemical constituents, etc.

Keywords: controversy in homeopathy, Doctrine of Signatures, remedy grouping, remedy families

*Roger Morrison*

### **On experimentation, signatures, and remedy favorites.**

I am writing in reply to the letter of Andre Saine reprinted in Homeopathy Today in the October 2001 issue. In the wake of September eleventh and in the midst of war in the middle east, I don't wish to add any divisive feelings to our own community-- quite the opposite. It is my hope that this dialogue will help us to recognize we are all doing our best to further the cause of homeopathy. Therefore, let me begin by saying that I have always considered Dr. Saine to be a very fine homeopath and an asset to our community. I had the pleasure to meet Dr. Saine first when invited to speak at his school near Toronto some 6 or 8 years ago. I found his students well-prepared and enthusiastic. And so, though I feel I must reply to the many inaccuracies of Dr. Saine's letter, I do not wish to slight Dr. Saine as a force for good in our community.

Dr. Saine's letter makes many serious charges against me and the cosigners of a letter to the editor published in HT ("Against Devisiveness" May 2001 issue). I would like to list and comment on some of these charges:

- 1) That we are persons who take patient's cases in front of a class and prescribe superficially in 15 minutes.

In fact I take at least 2 hours with new cases and in front of a class I take 3 hours since the students need to ask questions and need more explanation. I know for a fact that all the cosigners of the letter take similar length of time for a new case.

- 2) That we are persons who prescribe Lac Zebrinum if a patient is wearing a black and white striped shirt or Apis if the patient is in a yellow and black striped shirt.

In fact I have never in my entire career prescribed in such a superficial manner nor have any of the cosigners of this letter ever promoted in any way such a slipshod practice.

- 3) That we are persons who do provings without giving a remedy, or include symptoms of provers without their taking of the remedy, etc., etc.

In fact, the published provings of the cosigners have never been done in this way and it is a very serious charge. None of the symptoms published by Dr. Sankaran, Dr. Riley, Dr. Scholten or Ms. Herrick come from anything other than true Hahnemannian provings.

- 4) That we are promoting speculative treatment not based upon observation.

In fact all of the cosigners of this letter are rigorous in thought and practice. We have not promoted speculation but have shared observations made during our clinical practices of many years.

- 5) That we are persons who lead students astray by failing to teach the principles of the Organon.

In fact, the Organon is always taught at our schools and nothing we teach, promote or practice is in any way contrary to the teachings of Hahnemann.

- 6) That we are persons who spread false doctrines or falsify our follow-ups of cases "to demonstrate our cleverness."

In fact not one of the cosigners would condone falsification of results for any purpose.

Further there is a general theme in Dr. Saine's letter that because some of the cosigners of our group letter have promoted new ideas, that we are responsible for anyone who misuses these ideas or indeed, anyone who has new or idiotic ideas of any variety. This is, frankly, nonsense. If I do not promote an idea or practice, I am not responsible for its appearance. It will help our discussion if Dr. Saine will confine himself to discussing the ideas that I or other cosigners actually promote and not complicate matters by tossing in any extraneous ideas to which he takes offense. The Wright brothers are not responsible for September eleventh.

I especially wish to specifically answer four issues which Dr. Saine raises:

- 7) Speculation and experimentation
- 8) The doctrine of signatures.
- 9) Chemistry.
- 10) The concept of families of remedies.

### *Speculation and Experimentation*

Dr. Saine makes many charges that some of the cosigners practice not homeopathy but speculation. He argues that attempts to find new techniques for finding the simillimum go against Hahnemann's wishes and makes any who do so "half homeopaths." Any experimentation requires at least a grain of speculation, but as discussed below, the experiments of the various co-signers of our letter are founded upon hard evidence-- upon provings and cured cases-- not speculation. Hahnemann himself was a great experimenter, changing his ideas as he developed new insights. This is why we have six editions of the Organon.

Most homeopaths make experiments. For example, at the time I visited Dr. Saine, I was surprised when he spoke to me about his success in using sarcodes in cases where tissue pathology remained despite constitutional treatment (for example, potentized heart tissue in cardiac cases, etc.). The idea of using unproved remedies on such speculative grounds at first made me a little uncomfortable. But then I said to myself, "Even though this is not classical homeopathy, Dr. Saine seems to me to be a person of integrity, rather than being closed-minded, let me try his technique." I did in fact try these sarcodes, however I was not able to discern any benefit and gave up the experiment. But I do not dispute Dr. Saine's right to make such experimentation! Progress is made only by careful experimentation and clear documentation of the results. I agree with Mr. Winston and Dr. Saine that some have gone too far with experimentation, but as stated in our group letter, "Let us not throw out the baby with the bath water!"

### *Signatures*

Our group letter stated, "At the time of Hahnemann the "doctrine of signatures" meant simply and only that the shape or color of a plant could be used to determine the organ the plant was

likely to help (For example a bean-shaped leaf applies to kidney ailments). This rudimentary doctrine was criticized by Hahnemann. But nowhere does Hahnemann criticize the idea that the source of the remedy has a bearing on the symptoms it produces." Dr. Saine corrects this statement by saying that Hahnemann described the doctrine of signatures as referring to all "sensible external signs." This is exactly the point made in our group letter. Hahnemann argued against the superficial concept of using external signs as a basis for prescription. This is specifically not what we propose. Thus the multiple pages written by Dr. Saine regarding Hahnemann's views toward the doctrine of signature do not apply in the least. We specifically maintained that instead of looking at the external features of a plant or animal remedy, we must look at its adaptive behaviors and habits if we would connect the remedy source to the symptoms it produces. This concept was never criticized by Hahnemann because it was never proposed in his time. However, our contention that there is a connection between the remedy source and its pathogenesis is not based upon theory or speculation. Anyone even slightly familiar with the cosigners and their published works can easily tell that the concept was based not upon conjecture but upon observation of cured cases. When Sankaran stated that patients who require animal remedies are often quite consumed with competition, he did so after observing this quality in case after case. This is not speculation.

Dr. Saine calls into contention our observation that creeping plants and vines often produce desire to, or dreams of traveling in their symptomatology. Julian Winston states he is able to find only one remedy with such symptoms. Here is a list of vines and creeping plants that I was easily able to compile from ReferenceWorks-- note that the list includes remedies which Dr. Saine uses to "prove" that the observation is incorrect:

- Banisteriopsis: Dreams: journey. (Prometheus Provings.)
- Bryonia Alba: Insanity, madness: travel, with desire to. (Galavardin) Wander: desires to. (Boericke)
- Clematis Vitalba: Desire to wander. (Bach).
- Curare: He would like to go to the country and travel with great show. (Proving by Houat)
- Elaterium: Irresistible propensity to wander from home. (Clarke)
- Ignatia: Travel ameliorates (Vithoukias).
  
- Lycopodium: Dreams of accidents and of travel without reaching one's destination are common. (Boedler)
  
- Rhus Toxicodendron: Dreams: Traveling, of; roaming over fields, of. (Knerr)
- Zingiber: Dreams of wandering. (Allen).

Furthermore, several other plants whose survival depends upon travel are listed under the rubrics related to travel:

- Aragallus (Stemless loco weed): Distraction, ambitionless, aimless wandering. (Pulford).
- Gossypium: Travel, Desire to.

Many of the compositae group (which spread by airbourne seeds) have symptoms related to traveling.

Additionally, several remedies from creeping plants are listed strongly for aggravation from traveling (Cocc, Coloc, Gaul, Gels, Parier, Phys). That we find remedies made from the creeping plants that have not been observed to have symptoms relevant to travel does not invalidate the point.

Cases cured on the basis of standard repertorization many times reveal surprising facts: for example many, in fact hundreds of patients cured by snake venom remedies showed an amazing similarity to snakes in their behavior (enumerated by authors as various as Vithoukias, Tyler, Gibson, Roberts, Kent, Whitmont, and others). It took Sankaran to simply point out that this fact should not be ignored as a mere curiosity. Sankaran stated that the true simillimum is imprinted on every aspect of the patient-- his physical and mental symptoms, his dreams, his behavior. When I first read Sankaran's work, I admit that I was skeptical of his observation but remained open-minded. Shortly after I read Sankaran's Spirit of Homeopathy

I treated a case which changed my mind.

The patient was a 41 year-old woman with non-Hodgkins lymphoma. The patient had suffered from a severe post-partum depression. The depression was so severe that despite being substantially helped by another homeopath in the past, the patient turned to antidepressants. The medication worked wonders, the depression lifted within a few days but at the exact same time the patient developed a chronic cough, falling of hair and weight loss, eventually being diagnosed with lymphoma.

Tracing the cancer to the antidepressant, I therefore asked her to describe the depression. She stated that it was a "black depression" in which she was full of rage. When asked to describe the rage the patient stated that she could have killed somebody. Morrison: Literally?

Patient: Yes!

Morrison: Anyone in particular?

Patient: (Slight pause) No it was a general feeling. Morrison: Wow, that must have been hard for you. Patient: Yes I was scared that I could really do it! So I had to go on the antidepressants.

Later in the interview I asked the patient if she had any hobbies or interests. She responded by saying she likes to read and water color. As I began repertorizing she added something funny.

Patient: And tea.

Morrison: Tea? (chuckling)

Patient: Yes. I love tea and I love everything to do with tea. My friends know that wherever they go in the world they should try to find a local tea for me. Every holiday people bring me various teapots and tea warmers for presents. I have over 50 tea sets. (After repertorizing further I found the rubric, Fear of killing. Thea, which is a remedy made from tea is included in this rubric.) Morrison: You said before that your fear of killing someone was a general feeling. The remedy I'm considering is known for an impulse to kill her children specifically. (keynote for Thea: Impulse to kill her child)

Patient: I had that! I had to have neighbors over to be sure I wouldn't do anything. That's why I had to take the antidepressants!

The patient responded beautifully and within hours to the remedy Thea. I can state categorically that without finding out about her great preoccupation with teas, I would not have found the remedy.

After experiencing first hand this case I could no longer doubt Sankaran's observations. I began to see, as he had stated, that the physiology, the adaptive behaviors, the habits, the very life of the remedy source is deeply encoded into the patient who needs this remedy and often in surprising ways. When an observation is made repeatedly there is no speculation involved. When an observation helps us to find the simillimum, it becomes imperative to share it with others in the profession. To quote our group letter, "And if the physiology of the remedy source can give us clues, why would we ignore the possibility of using these hints? Would any responsible homeopath use only this type of data in formulating a remedy decision? Decidedly not."

### *Chemistry*

Our universe is made up of 108 natural elements. Up until 1992, 52 of these elements had been added to our materia medica. There was no reason why these particular 52 elements had been chosen and others excluded. Jeremy Sherr began the work of including some of the ignored elements by publishing the proving Hydrogen in 1992. Since then, 13 new elements have been proved and added to our lists. Julian Winston laudes the German homeopath Gypser for using only remedies proved before 1864. What form of science can espouse turning our backs upon 50 percent of the elements which God gave to us to use in healing? Additionally, many salts of important and known remedies are not included in our materia medica. For example, Kali nitricum is an important remedy (we also have Natrum nitricum, Argentum nitricum, even Strontium nitricum) but we do not have a Calcareo nitrica or Magnesia nitrica. Are we to believe that there are no patients who require these remedies? Do not make light of these questions-- the welfare of thousands of people may depend upon the answers we give here. And if we answer, "Yes many people might require just such a remedy!" then we must try to understand how we can most efficiently and rapidly find strategies to select these remedies when appropriate.

The first strategy toward the use of unknown remedies is by doing new provings. This is the gold standard and many of the cosigners of our group letter have conducted rigorous and pains-taking provings of mineral remedies (Niccolium, Strontium carbonicum, Aconiticum acidum, Fumaricum acidum, Manganum phosphoricum, Carboneum dioxygenisatum, Prednisone, Tantalum, Ruthenium to name only a fraction).

The second strategy is to try to understand groupings of remedies. Thus we try to see (through provings and cured cases) common threads running, for example, through all the nitric remedies-- craving for fat, tendency for fissures, splinter-like pains, an imminent sense of threat or danger. Thus, when we find a case that does not respond as we hope to a prescription of, for example, Calcareo carbonica, we can look more closely. Perhaps we will see that the patient tends to be warm-blooded, averse to eggs, craves fat, has a history of a painful fissures, etc. In this case we may consider the remedy Calcareo nitrica even though it has not been proved. Many patients have been cured with this line of reasoning and not only in the last decade.

Dr. Saine asserts that Sankaran, Scholten or other cosigners of our group letter promote the idea that merely by thinking about a chemical or its chemical properties we propose symptoms for a remedy. He then gives extensive quotation by Hahnemann against such a practice. But since the accusation is wrong, the quotations simply do not apply. In fact, nothing could be further from the truth. Julian Winston raised more or less the same claim stating that Scholten's work is speculative and asserting that it is without basis in provings. In

fact, in Scholten's Homeopathy and the Elements he presents information from 13 new provings. Scholten uses known and observed facts to enlarge our possible prescriptions. Having ascertained characteristics of many unknown elements, Scholten then writes about the relationships he has observed through provings and cured cases. Finally after this careful work, Scholten does in fact speculate about a handful of remedies for which he has no data. He clearly labels this information as preliminary ideas. He deludes no one as to the nature of his work.

### *Families of Remedies*

Another target of Dr. Saine's criticism is the current efforts to understand common characteristics of families of plants, minerals and animals. He asks, understandably, what is the purpose of finding common general themes when the central idea of homeopathy is to find the individuality of the remedy. The answer to this criticism and query is threefold. First, it is by understanding the common characteristics of a group we can determine that which is truly individual. If we know that virtually all animal remedies have the symptom of jealousy, we will not be so focused upon this symptom when attempting to choose the simillimum. Judith Reichenberg-Ullman made this point very clearly in her 1996 article, "All that Slithers is not Lachesis." In this article she points out the commonality of the snake remedies and how Lachesis can be misprescribed in almost any patient who requires a snake venom remedy. This is because Lachesis is by far the best proved of all the snake venoms. Many of the characteristics which we believe "individual" to Lachesis are actually common to the whole group. This same "approximating to the nearest Polychrest" also takes place when we prescribe Tarantula for every case that needs a remedy from a spider venom, Natrum muriaticum for any case which requires a Natrum remedy, etc. Thus, though Dr. Saine is quite correct that the individualizing symptoms are the most important in homeopathy, it is literally impossible to know what those symptoms are without first identifying the symptoms of the group as a whole.

The second reason for trying to understand the themes of the group is to avoid confusion in prescribing. If we know the common characteristics of a group, we will not be dissuaded from prescribing a remedy that is not known to have a symptom which is general to the group. For example, we know that almost every remedy of the Kali family has waking somewhere between 1, 2, or 3 a.m.-- it is a general characteristic of the group. Let us then say we are considering giving Kali muriaticum but we are hesitant because the patient has a strong tendency to wake at 2 a.m. for which Kali muriaticum is not listed. Knowing that such waking is characteristic of all Kali remedies gives us the courage to make the proper prescription. By curing a case with an unusual remedy we expand our knowledge of Kali muriaticum in its individuality.

Third and most importantly, many or rather most of our remedies have had only partial provings and usage. If we can identify the group of remedies the patient may fall within, our choice of the particular remedy is greatly facilitated. For example, we have found that the remedies of the papaveraceae family of plants have sensations of excruciating pains and often make reference to words like "torture" and the almost frantic desire to find relief from pain (most of these remedies are known anodynes). Knowing this as a group characteristic allowed me to successfully prescribe Sanguinaria in a patient with disseminated cancer who made frequent references to dreams of torture. She had symptoms of Sanguinaria but it is doubtful that I would have found the remedy without first spotting the group.

### *Conclusion*

The first person to try to find common themes in groups of remedies was of course-- Hahnemann. Yes in 1828, Hahnemann published his work, Chronic Diseases. In it he outlined

three groupings of symptoms-- Miasms as he coined the term. Each of these groupings of disease symptoms had specific remedies assigned to them. These assignments did not come directly from the provings but were rather based upon Hahnemann's overview. He understood the groups and was able to categorize the remedies. Teste made various groupings of remedies (i.e. his "Sulphur group" included Aethusa, Bovista, Cicuta, Ratanhia, etc.; his "Arnica group" included Ferrum magneticum, Ledum, Spigelia, etc.). Many homeopaths found these groupings helpful in prescribing. Farrington also recognized the relationship of groups of minerals, animals and plants. His materia medica is written wholly from the viewpoint of these groupings. Farrington lectured and organized his writings about each remedy not alphabetically as is common, but rather by placing the remedies in their plant, mineral or animal families. The only question remaining is whether modern homeopaths are allowed to find useful groupings or if we must be limited by those which are from previous centuries. For myself, I reserve the right to try to clarify and expand our existing knowledge. I believe that Hahnemann and all our other forebearers would expect nothing less of us.

Sincerely

Roger Morrison MD

P.S.

I feel it important to note here that scientific discussions of this sort carried out in letter form separated by months do a disservice to the readers. By the time I receive the October issue, formulate a response and wait through the long publication delays, 5 or 6 months elapse. The readers may no longer have a clear memory of what was said by Dr. Saine by the time they see my reply. I ask, if doctrinal matters must be argued in the forum of a general public newsletter, does it not make more sense to have both viewpoints in the same issue. This could easily be accomplished and would facilitate communication.