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This article examines new trends in homeopathy in response to a letter by Dr. Roger Morrison (Homeopathy Today, April 2002). The doctrine of signatures, generalizations of remedies using themes, essences and central delusions, and new methodologies in case taking, case analysis and proving of medicines are critically analyzed. The request is made that teachings and practices contrary to the fundamental principles of homeopathy be called something other than homeopathy. A debate over the standards of practice and on ethics is urgently requested.

Keywords: Doctrine of signatures, speculative medicine, fictitious materia medica, misrepresentation of homeopathy, fundamental principles of homeopathy.

André Saine

Drawing a Line in the Sand: Homeopathy or Not Homeopathy

*What is to become of an art (to which the charge of human life has been committed) if fancy and caprice are to have the upper hand in it?*¹ – Samuel Hahnemann

*If our School ever gives up the strict inductive method of Hahnemann we are lost, and deserve to be mentioned only as a caricature in the history of medicine.*² – Constantine Hering

*We have nothing to do with the man [misrepresenting homeopathy], we have to correct errors taught and disseminated, and we shall expose these errors which must lead our school astray, without fear or favor.*³ – Adolph Lippe

There is an old saying in medicine, *Experimentia ac ratio*, meaning that the practice of medicine is sound as long as it is based on pure observation and correct reasoning. Dr. Morrison's response⁴ to my article entitled Homeopathy Versus Speculative Medicine – A Call for Action⁵ challenges the values of pure observation and correct reasoning which are at the very heart of pure homeopathy as developed by Samuel Hahnemann.

To begin with, let's clear up a point of confusion in Dr. Morrison's letter. He starts by rebutting charges supposedly made *against* him and the cosigners. In this debate, it must be made clear that what is being questioned is not people, but their teachings and practices. If Dr. Morrison would read my article carefully, he would find that no charges are made against the cosigners personally but against their teachings and practices that misrepresent homeopathy. He would also find that the initial points made at the beginning of that article were about the numerous new trends in homeopathy in general, and not specifically about the teachings and practices defended by the twenty-one cosigners in their letter to the editor.⁶

* This article was a response to a letter signed by twenty-one prominent teachers of homeopathy, which was published in *Homeopathy Today*, May 2001; 21 (5): 21-22. Both Dr. Morrison's letter and my subsequent article can also be read on the web at WWW.HOMEOPATHY.CA in the section Articles. To read the letter, click on the link in the first paragraph of the article Homeopathy versus Speculative Medicine – A Call for Action.

On the other hand, Dr. Morrison categorically rejects direct criticism of the teachings and practices defended by the cosigners. He denies, “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.”⁷

Dr. Morrison claims rigor in thought and practice. I would invite the reader not to take this for granted, but rather to carefully examine the evidence presented before us.

The doctrine of signatures

Dr. Morrison continues to insist that the use of the doctrine of signatures made by the cosigners and others they support is not contrary to the practice of homeopathy. First, he repeats that, “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.”⁸ For a second time, I am sorry to say that this assertion is absolutely incorrect. In Hahnemann’s time, as well as for time immemorial, the doctrine of signatures meant looking for therapeutic meaning in *all* “sensible external signs,”⁹ “sensible properties,”¹⁰ “external properties,”¹¹ “appreciable by the senses”¹² or through “*any* characteristic feature of a substance.”¹³

Hahnemann made his point very clearly regarding the use of any signatures. He said, “With all our senses together, employed with the utmost care, in the examination of a medicinal substance *with regard to its external properties*, do not give any, not even the slightest information respecting this most important of all secrets, the immaterial power possessed by natural substances to alter health of human beings.”¹⁴

Second, Dr. Morrison says, “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.”¹⁵ I am sorry again to say that this is also absolutely incorrect. Hahnemann never argued against the value of “the superficial concept of external signs.” To the contrary, he emphasized that *all* that is perceptible by *all* the senses simply means *everything* that is perceptible. He couldn’t have been clearer on this point.

Hahnemann uses the same expression regarding examination of the patient. In *Chronic Diseases*, he urges examining the chronic disease “according to all the symptoms perceptible to the senses,”¹⁶ or as he explains further in the *Organon*, “the physician sees, hears, and observes with his other senses what is altered and peculiar in the patient, he writes everything down exactly”¹⁷ that can be noticed about the patient, including “behaviors,”¹⁸ “his activities, his way of life, his habits,”¹⁹ “day-to-day activities, living habits, diet, domestic situation, and so on.”²⁰ He concludes, “The totality of these perceptible signs represent the entire extent of the sickness; together they constitute its true and only conceivable form.”²¹

Furthermore, Hahnemann never limited his opposition *only* to the “superficial concept of using external signs as a basis for prescription.” On the contrary, he clearly argues against the introduction of any “preconceived notions and desultory classifications,”²² “mere conjecture”²³ or “blind guesswork, preconceived ideas, extraordinary notions and presumptuous fiction.”²⁴ He requires the homeopath to be “independent of all speculation,”²⁵ free from prejudice in the development of the materia medica and in the examination of the patient. Instead Hahnemann argues that,

The true medicinal and healing power... can *only* be observed when it is taken internally, acts upon the vital functions of the organism! ...²⁶

The manifestation of the active spirit of each individual remedial agent during its medicinal employment on human beings can alone inform the physician of the sphere of action of the medicine, as regards its curative power. ...²⁷

This improved healing art, *i.e.*, the homœopathic, draws not its knowledge from *those impure sources of the materia medica hitherto in use*, pursues not that antiquated, dreamy, false path we have just pointed out, but follows the way consonant with nature. It administers *no* medicines to combat the diseases of mankind *before* testing experimentally their pure effects; that is, observing what changes each can produce in the health of a healthy man – this is *pure materia medica*.

Thus alone can the power of medicines on the human health be known; thus alone can their pure importance, the peculiar action of each drug, be exhibited clearly and manifestly, without any fallacy, any deception, independent of all speculation.²⁸

Third, Dr. Morrison writes, “Thus the multiple pages written by Dr. Saine regarding Hahnemann's views toward the doctrine of signatures 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.”²⁹

This repeated assertion that in Hahnemann's time the adaptive behaviors and habits of a plant or animal remedy were not included in the doctrine of signatures is, again, absolutely incorrect. For anyone familiar with the history of the doctrine of signatures, it is well known that people making use of signatures didn't impose limits to signatures such as only to the “shape or color of a plant;”³⁰ instead signatures meant “*any* characteristic features.”³¹ For instance, Paracelsus (1493-1541) introduced *Helleborus niger*, also known as Christmas flower, into European pharmacy. He recommended it to his patients over fifty years of age for its rejuvenating power, revealed by its signature of blossoming in wintertime.³²

Signatures, for Paracelsus, Culpeper (1616-1654) and many others, often needed elaborate interpretation unrelated to physical properties but tied to other characteristic features such as astrological associations. For instance, because syphilis was a disease acquired from venal girls it was “signed” by Mercury, the god of the market.³³ As a metal's name also pointed to the same god, this signature was the indication for mercury as the cure for syphilis. Similarly, gold, connected to the sun, was signed to be used in heart disease as the sun ruled the heart and circulation.³⁴

Further, the main expounders of the doctrine of signatures clearly contradict Dr. Morrison's assertion that in the time of Hahnemann the adaptive behaviors and habits of a plant or animal remedy had not been proposed as being part of the doctrine of signatures.

Jacob Boehme (1575-1624), in *The Signature in All Things*, writes,

Therefore the greatest understanding lies in the signature, wherein man may not only learn to know himself, but therein also he may learn to know the essence of all essences; for by the external form of all creatures, by their instigation, inclination, and desire, also by their sound, voice, and speech which they utter, the hidden spirit is known.

And now observe, as it stands in the power and predominance of the quality, so it is signed and marked externally in its outward form, signature, or figure; man in his speech, will, and behaviour, also with the form of the members which he has,

and must use to that signature, his inward form is noted in the form of his face; and thus also is a beast, an herb, and the trees; everything as it is inwardly, in its innate virtue and quality, so it is outwardly signed.³⁵

And Oswaldus Crollius (1560-1608), in his *Treatise of Signatures of Internal Things*, writes,

The occult properties of plants; first, those endowed with life, and second, those destitute of life; are indicated by resemblances; for all exhibit to man by their signatures and characteristics, both their powers by which they can heal and in the diseases in which they are useful. Not only by their shapes, form and colours, but also by their actions and qualities, such as their retaining, or shedding their leaves. They indicate what kind of service they can render to man, and what are the particular members of his body, to which they are specially appropriate.³⁶

Therefore, plants exuding gums were considered to be good for the treatment of purulent conditions, and the leaves of the poplar or quaking aspen were used for shaking palsy. In short, the peculiarities noted in the actions of plants were supposed to give hints as to their effects on the human body. Sterile plants such as fern, lettuce, and willow were believed to lead to sterility, while fecund plants were said to promote fertility. Evergreen trees and plants and those that lived long were supposed to increase bodily vigor and so induce longevity. Heliotrope and marigold were prescribed so that subjects might “learn their duty to their sovereign;” King Charles mentions that “the Marigold observes the Sun more than my subjects have done.”³⁷ Goats, allegedly skilled in the choice of herbs, were said to never be afflicted with ophthalmia, due to their practice of browsing on certain plants that other animals refused, and so the liver and the gall of the goat were used in eye troubles.³⁸

All these concepts about signatures, which clearly include “actions and qualities” (or Dr. Morrison’s “behaviors and habits”) and more, are known to anyone familiar with the history of the doctrine of signatures. Hahnemann had all this in mind as he categorically rejected *all* speculations, including *all* signatures, as a way to divine the inner healing properties of medicines, throughout nearly fifty years of teaching. On the other hand, this should not be confused with the fact that similitude can exist between the symptoms of the proving and the properties of the original source of medicines. The point, which needs to be made absolutely clear here, is that the attempt to guess the symptoms or indications for prescribing from the properties of the original substance is *unreliable, unscientific and absolutely contrary to the homeopathic methodology*.

This should also not be confused with the *post hoc* associations sometimes made by lecturers on materia medica between the symptoms of the proving and characteristic features of the original substances. At best, these *post hoc* associations make studying the materia medica quaint and colorful, but should never be confused with *a priori* postulations used for prescribing accordingly to the doctrine of signatures. The admittance of the doctrine of signatures into homeopathy defended by the cosigners is not only a vain attempt at falsification of history but, even more grave, a misrepresentation of homeopathy.

How much more clear could Hahnemann have been that it is absolutely fundamental to homeopathy that medicines must first be proved on the healthy and then confirmed in the sick, and this without introducing any interpretation or speculation whatsoever? In paragraph 108 of the *Organon* he writes, “There is no other possible way of correctly ascertaining the characteristic action of medicines on human health – no single surer, more natural way – than administering individual medicines experimentally to healthy people.”³⁹ In paragraph 144 he writes, “All conjecture, everything merely asserted or entirely fabricated, must be completely excluded from such a materia medica; everything must be the pure language of nature carefully and honestly interrogated.”⁴⁰ And in his 1830 preface to the *Materia Medica Pura* he writes, “He who has understood this will perceive that if a work on materia medica can

reveal the precise qualities of medicines, it must be one from which all mere assumption and empty speculation about the reputed qualities of drugs are excluded, and which only records what medicines express, concerning their true mode of action in the symptoms they produce in the human body. Hence the practitioner will rejoice to find here a way in which he can remove the maladies of his fellow-creatures surely, rapidly, and permanently, and procure them the blessing of health with much greater certainty.”⁴¹

Speculation and other misrepresentations of homeopathy

Dr. Morrison says that he and the cosigners have not promoted speculation. If using signatures is not speculation, then what is it? Speculation and misrepresentation of homeopathy can be found throughout their teachings and practices.

Speculation on materia medica

- *Scholten*

A most clear demonstration can be found in the speculative materia medica of Jan Scholten as reported recently in *Homœopathic Links*:

Recently Jan has been investigating the Lanthanides, elements 58 through 71. These elements extend the Gold series by 14 elements, they all have an aspect from stage 3 Lanthanum, thus they seem to fill a gap between the silver and gold series. Based on his understanding of the periodic table and guided by the physical properties of these substances, Scholten explained how he is building his knowledge of these new remedies. He used physical and mythological data as well as meditation proving information to extrapolate the first layer of his understanding, then as more provings are done and cases present themselves the remedy pictures slowly become more solid. ...

In the Lanthanides the general theme is one of having to use creativity. Scholten draws a parallel between the series of tasks given to Hercules and the learning that occurs in the stages of the Lanthanides series. Hercules had to perform an increasingly arduous series of tasks alone in order to gain his freedom. His work benefited the greater good not by design but as byproduct. In the remedies we see the themes of working hard and working alone. People are good at what they do and they like to work alone.⁴²

Obviously, such a materia medica has nothing to do with the strict inductive method of Hahnemann. Another example from Scholten demonstrates that besides developing themes from signatures, the end result has little to do with the original proving, as in his description of Ferrum metallicum:

Signature: It has been used since prehistoric times, since the Iron Age to be precise. It has traditionally been used for the manufacture of both weapons and tools and these two words are exactly the words we can use to describe the main themes of Ferrum, i.e., fighting and performing your task.

Ferrum is the ideal material for the construction of tools; machines, vehicles, furniture, bridges, nails and screws. We couldn't imagine our present day technical society without iron. It has been combined with all sorts of elements in more than a thousand different alloys which are all called 'steel' of some form or another.

Concepts:

Stage 8: Perseverance, maintaining, force, heavy pressure, resistance opposition, calculating, planning, concentration.

Ferrum series: task duty work, craft use, ability perfectionism, routine order rules, control exam, observed criticism, failure guilt crime, pursued tried, adult, village.

Essence: Persevering in your job: firm.⁴³

- *Herrick*

Nancy Herrick's teachings appear to be similar, as we can read in a report in *Homeopathy Today*:

Nancy began her presentation by inviting the group to focus on the breast as an organ of nourishment and protection. The breast is soft, warm, yielding, and nourishing. Mother, who offers the breast, is associated with protection, guidance, and nurturing. Mother is also associated with the abundance of love as well as the potential to withhold love. Nancy suggested that the main feelings in mammal remedy provings will be related to the idea of mother and all her essential qualities. A person who needs a mammal remedy will have issues about their mother or mothering. An adult will project these feelings upon the world at large. All the issues around taking and digesting nourishment and feeling adequately nurtured will be features of the mammal remedy picture.

Mammals represent a pure state of living ecology, and they communicate the state of our planet through the milk provings, according to Nancy. Information from the provings may reflect how we are caring for the planet; when animals are in danger of becoming extinct. Nancy suggests that this comes out as pathology in the provings.

Lac lupinum (wolf milk): has the theme of "death is all around us." A related theme is children in danger and dying. Finally the state emerges where one is preoccupied with ideas of mortality and immortality.

Mammal remedies are probably needed more frequently than many homeopaths realize. People who need these remedies do not display the loud or striking characteristics of some animal remedies, such as the snakes, but they do have their own quite distinct themes which can easily be recognized.⁴⁴

- *Van der Zee*

And what shall we think of Harry van der Zee's teachings on the themes of the cucurbitaceae botanical family as published in *Homœopathic Links*?

Delusion of shortage

In general there is a feeling of lacking something, of being short of. Based on this there is a strong tendency to hold on to what is important to them (like the cucurbitaceae hold on to other plants).

Productivity

As a compensation for the feeling of shortage, the cucurbitaceae are very productive. The more fruits you pick from them, the more they will grow. These fruits are so heavy in most of them, that even though the plant can climb, they stay on the ground, and reach a length that in vertical position would be equal to a tree. The texture can vary from rather dry to very watery, like the watermelon, which in a dry and hot desert offers beverage to the thirsty. They are willing to share their

savings with others, and can look at it as an investment for the future, when their generosity or hard work will be rewarded.

Investment

To be active, busy and productive is an important issue as a result of the feeling of need. It is an investment made to assure the realization of the desired commodity. The huge fruits and/or roots represent this storage for future need. In their tendency to save and accumulate we could call them bankers.

Storage

The harder their exterior, the longer they can be put aside for times of hardship and shortage, like the pumpkins that are stored for the winter. Just like they store the nutritional value and sweetness of life for future usage, they store the bitterness of their deception and indignation. The extremes of the cucurbitaceae go from bitter via almost tasteless to sweet. They can bottle up like *Staphysagria* and can have all kinds of physical symptoms due to repressed anger, mainly expressed in pain. Pain from the despair from the pains. Ailments from anger, indignation, vexation, disappointment, mortification and grief is their domain. The storing of their emotions is expressed in the size of their fruits (e.g. Cuc-m, Cuc-c which contain large amounts of water (representing emotions), in the high pressure inside of the fruit (Elat), or in the intense bitterness (*Bry*, *Coloc*).⁴⁵

Misrepresentations regarding case taking and case analysis

Many of the cosigners apparently do not limit their speculative approach only to the materia medica but extend it also to the examination of the patient.

- *Herrick*

What shall we think of Nancy Herrick's analysis of a case for which she reports prescribing *Lac dolphinum*?

First of all this looks like an animal remedy case; a strong personality, very vivid and attention getting, attractive behavior. ...

Secondly she looks like a cetacean [a member of the whale family].⁴⁶

- *Collins*

And what shall we think of the teachings of Deborah Collins as reported in *Homœopathic Links*?

As a world first, and we are delighted to have been so honored, Deborah introduced us to the work she and her husband, Bert Esser, have been jointly developing. On the one hand, Deborah is a normal homeopath in having her fair share of failed cases, by conventional methods, that is on the other, Bert is a talented past-life regression therapist. ...

Deborah then produced two cases of debilitating weakness in adult women. Each, when regressed, was firmly convinced of a past life as a Jewish child who had perished in the gas chambers of World War II. The remedy *hydrocyanicum acidum* brought symptomatic and constitutional relief.

This is a very nice addition to Rajan Sankaran's concepts of roots and states, and to the theory of miasm's in general. ...

Objectively used in this perspective, Hydrocyanic acid becomes far more easy of recognition and application.⁴⁷

- *Sankaran*

What about the teachings of Rajan Sankaran about case taking as he recently reported in *Homœopathic Links*?

For many years I have advocated taking cases with virtually no questions, I believe that asking questions limits what we hear to only what we want to hear. In the process we lose the individuality of the patient and often a more exact remedy.⁴⁸

Misrepresentations regarding provings

- *Scholten*

Or the teachings of Scholten on provings recently published in *Homœopathic Links*?

The whole point about provings is that they will never get reliable results. ...

The more precisely that you follow the rules of doing provings, the less precise the results; the more precise the results you want to have, the less rigidly you must follow the rules.⁴⁹

- *Sankaran*

Or Rajan Sankaran's teachings on provings as can be read in his article A Protocol for Provings?

Then distribute the proving dose to the provers – it is possible that some of the group may decide not to take the dose. These persons should also observe and write their symptoms during the period of the proving. We found that those who do not take the dose often get some effects of the proving. ... [*Symptoms experienced by these non-provers are, incidentally, also mentioned as potential symptoms of the proving.* A.S.]

Even the persons whom the prover met or was impressed by, the kind of movies or books that attracted him, his dress style, his talking and working styles and all such phenomenon are to be noted, even if the prover thinks it is a part of him or his own nature. ...

Now the name of the remedy proven is revealed and further discussion ensues with reference to what is already known about the natural substance or the remedy. [*Doesn't revealing the medicine being proven in the midst of a proving defeat the purpose of a blind proving?* A.S.]

The provers meet once again the next week to see if any more phenomena occurred or if the proving is over, and also to share any further thoughts about the proving. ...

We found that usually all provers get symptoms. Coming together in a group certainly is much more powerful than individual provings. ...

When the individual provers relate their experiences there will be many vast differences between the provers' experiences. These will be like pieces of jigsaw puzzle. We have to realize that all these phenomena related to the proving and all stem from one source. It is the task of the leader to put all the pieces of the puzzle

together so that they make a picture and we understand the meaning of the picture. This he can do if he is open and also listens deeply to the various provers. ...

Initially, I thought that it is better if the leader does not take the proving dose – but often I found that the leader develops the state anyway – and it may be more helpful if he does take the dose and willingly experiences the phenomena.

In my experience even if one is under treatment, he can prove a remedy because usually the proving gets over in ten weeks. ...

Giving placebos to some provers may not serve the purpose as, according to my experience (group consciousness) most persons in the group get symptoms irrespective of whether they take it or not.⁵⁰

What shall we think of the proving of *Bacillinum* conducted by Sankaran in 1993? He reports as part of the proving 1) symptoms of a number of people who had *not* taken the remedy (“Provers” F, I, J, N, O and Q); 2) symptoms already developing one week prior to the beginning of the proving (“Prover” D); 3) the flu-like symptoms of one person who could not participate in the proving (“Prover” N); 4) the symptoms of the mother of one of the provers (“Prover” J); 5) and the symptoms of a child of one of the provers who was acutely sick and living at a distance (“Prover” O). Sankaran concludes, “This proving is especially significant as it showed the phenomenon of a person developing the symptoms without taking the proving dose . . .”⁵¹

Does anyone notice something fundamentally incompatible with science and Hahnemann’s pure homeopathy? Let me repeat what Dr. Morrison writes, “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.”⁵² The evidence so far reviewed appears to be to the contrary.

Generalizations in relation to remedy families

Fourth, Dr. Morrison keeps insisting on the value of generalization in relation to groups or families of remedies. He notes, “that patients who require animal remedies are often quite consumed with competition;” “creeping plants and vines often produce desire to, or dreams of traveling in their symptomatology;” “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;” “virtually all animal remedies have the symptom of jealousy;” “almost every remedy of the Kali family has waking somewhere between 1, 2, or 3 AM – it is a general characteristic of the group;” “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).”⁵³

Even though the above generalizations are said to be the fruits of much observation by many for many years, they are, at the very best, hypotheses. Here we must be careful on the following two points: first, not to confuse the fruits of pure observation from constructs of the mind, and second, not to assume that the number of observers plays a major factor in the validation of an observation. *Reliability* of the observer is the key to validation, as Dunham judiciously pointed out when he said, “The significance of a fact is measured by the capacity of the observer.”⁵⁴

Some of the dangers of making generalizations are well illustrated by Dr. Morrison’s own examples. For instance, how can the assertion about *all* the nitric remedies be taken seriously, when *only* Nitric acid and *Argentum nitricum* fulfill the four characteristic symptoms mentioned by Dr. Morrison, namely, “craving for fat, tendency for fissures, splinter-like

pains, an imminent sense of threat or danger”? Kali nitricum does not have splinter-like pain, Glonoine has only the sense of impending misfortune but none of the three other symptoms and Amyl nitricum, Benzinum nitricum, Natrum nitricum, Nitri spiritus dulcis, Nitrogenium oxigenatum, Nitro muriatic acidum, Strontium nitricum, and Uranium nitricum have *none* of the four characteristic symptoms.

What shall we think of the assertion that “*virtually all* the animal remedies have the symptom of jealousy,” when by consulting the last version of the Complete Millennium Repertory⁵⁵ we can find in the jealousy rubric *only* eight of the sixty-two animal remedies represented?

What shall we think of the assertion about the 1, 2, or 3 AM *waking* of “almost every remedy of the Kali family,” when we find that *only* Kali carbonicum, Kali nitricum, and Kali bichromicum wake at at least one of these hours, while Kali aceticum, Kali arsenicosum, Kali bromatum, Kali chloricum, Kali chlorosum, Kali cyanatum, Kali ferrocyanatum, Kali iodatum, Kali manganicum, Kali muriaticum (Kali chloratum), Kali oxalicum, Kali phosphoricum, Kali picricum, Kali sulphuratum, Kali sulphuricum, Kali tartaricum, and Kali telluricum *don't* wake up at *any* of these hours?

The assertion 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” is also unfounded. Only six members of this plant family have been proven, namely, Adlumina fungosa, Chelidonium majus, Corydalis cava, Fumatia officinalis, Opium and Sanguinaria canadensis. Only Sanguinaria canadensis has been found to have excruciating pains and the single reference to the word “torture” is in symptom 608 of Opium listed by Hahnemann in his *Materia Medica Pura*, “Sweet, delightful phantasies, which she prefers to all known happiness, chiefly when she had previously been tortured with pains.”⁵⁶ Notably, here the word torture is related to pains experienced prior to taking crude doses of opium, and has nothing to do with being characteristic of Opium.

Opium is certainly one of the best known of these six Papaveraceae, and it happens that Hahnemann directly contradicts Dr. Morrison’s assertion that “remedies of the Papaveraceae family of plants have sensations of excruciating pains.” Hahnemann writes in the introduction to Opium in his *Materia Medica Pura* that,

The painful diseases of acute and chronic character can (whatever the whole worldful of antipathic and allopathic physicians may allege to the contrary) only be cured and altered into health of a permanent character by a medicine which, besides corresponding in similarity in its other primary effects to the symptoms of the morbid state, is at the same time able to excite pains very similar in kind to those observed in the disease. If such a medicine were selected then pain and disease disappear together in a marvelously rapid and permanent manner, when the smallest dose is administered, as is taught in the *Organon of Medicine*, and as experience will convince every one.

But most striking was the abuse which all physicians over the whole world down to the present time have made of opium, in prescribing it as a powerful remedy for *pains* of all sorts, be they ever so old and deeply rooted. It is obviously contrary to common sense, and is almost equal to the folly of a universal remedy, to expect from one single substance the cure of all pains which differ so infinitely among one another.

Seeing that the various kinds of pains in diseases differ so much from one another in their seat, in the time and the conditions of their occurrence, recurrence, increase and diminution, etc., it might be supposed that the Creator would not fail to create a large number of different medicines for their cure; for every finite thing

can only have a finite, limited sphere of action. But opium is precisely not one of those pain-allaying and curing remedies. *Opium is almost the only medicine that in its primary action does not produce a single pain.* Every other known drug, on the other hand, produces in the healthy human body each its own kinds of pains in its primary action, and hence is able to cure and remove (homeopathically) similar pains in diseases, especially if the other symptoms of the disease correspond in similarity to those observed from the administration of that medicine. Opium alone is unable to subdue homeopathically, i. e. permanently, any one single pain, *because it does not cause in its primary action one single pain*, but the very reverse, namely, *insensibility*, the inevitable consequence (secondary action) of which is greater sensitiveness than before, and hence a more acute sensation of pain.⁵⁷

Making use of the above hypothetical generalizations contradicts two fundamental principles of homeopathy. First, the *materia medica* must be kept free from all hypotheses and “conjectures, everything merely asserted.” Second, in homeopathy we individualize at all times, even though our human nature will always entice us to generalize. Didn’t Hahnemann and his true followers clearly teach us to always individualize each case and each remedy, and warn us against the fatal error of generalization? Constant individualization is the trademark of pure homeopathy, while generalization is a consistent feature throughout conventional medicine. History teaches that physicians who succeed in individualizing consequently succeed in curing, while the ones who generalize fail.

Misrepresenting Hahnemann on miasms

Another blatant example of misrepresentation of Hahnemann’s teachings is demonstrated when Dr. Morrison writes,

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.⁵⁸

For Hahnemann, chronic diseases sprang from the “only three known chronic miasmatic diseases” or chronic states of infection (or infestation).⁵⁹ If this is what Dr. Morrison means by “overview,” then this was Hahnemann’s overview, which was not an arbitrary hypothesis but, as he says, the *discovery* of the nature of chronic diseases induced from the facts he had at hand. It was the result, as Hahnemann says, of “unremitting thought, indefatigable inquiry, faithful observation and the most accurate experiments.”⁶⁰

Dr. Morrison says Hahnemann’s classification of remedies for chronic diseases is based upon Hahnemann’s “overview,” but *not* “directly from the provings.” This is another astounding statement. In *Chronic Diseases* we read just the opposite:

I have often been asked by what signs a substance may beforehand be recognized as antipsoric? But there can be no such external visible marks in them; nevertheless while proving several powerful substances as to their effects on the healthy body, several of them by the complaints they caused showed me their extraordinary and manifest suitability for homœopathic aid in the symptoms clearly defined psoric diseases. ... Still only those remedies have been acknowledged as antipsoric whose pure effects on the human health gave a clear

indication of their homœopathic use in diseases manifestly psoric, confessedly due to infection.⁶¹

If Dr. Morrison's misinterpretation is not leading students astray, then what would? Didn't Hahnemann clearly demonstrate how rigor in thought, observation and experimentation is absolutely necessary to be successful in homeopathy? Why would anyone then insist on identifying their teachings and practices with homeopathy when their methodologies are so contrary to the fundamental principles of homeopathy? Has what homeopathy is become so confused that it can be that easily identified with its antithesis? An article, entitled *Defining a Different Tradition for Homeopathy*, recently appeared in *Homœopathic Links*. Its author, Jörg Wichmann, states that homeopathy should not be classified as scientific, but as "hermetic," "in the line as shamanism and alchemy," and homeopaths should come out of the closet like other oppressed groups, and claim our human rights as proud practitioners of "witchcraft;" "Yes, homeopathy is as much witchcraft as you ever suspected it to be."⁶² Why would anyone persist in associating homeopathy with traditions, methodologies and practices completely different from it?

Sankaran's "discovery" of the theme of a remedy

What shall we think of Rajan Sankaran's explanation of how he discovers the theme of a remedy? He gives as an example the discovery of *Hura braziliensis*. He writes,

Question: *How do you discover the central state of the remedy? What is the method you use to understand the remedy?*

This can be best illustrated with a remedy which I have never used, because then we will be looking purely at *Materia Medica* and trying to understand it from the symptoms recorded in the provings alone rather than in terms of what we have seen in clinical practice.

We will take the remedy *Hura braziliensis* of which I have never read any cases. Not only is there no clinical experience from my side, but hardly any clinical experience available.⁶³

Sankaran goes on enumerating mental symptoms of *Hura braziliensis* found in the repertory as the first step in discovering the theme of a remedy. It is important here to note three points regarding the methodology used by Sankaran in reading the repertory to understand a remedy, and specifically as it applies to *Hura braziliensis*, the example he uses to demonstrate his approach. First, the only known source for the mental symptoms of *Hura braziliensis* in the repertory is from the original proving published by Benoist Mure in 1849.⁶⁴ Second, a single mental symptom, experienced only once by only one prover, can be found in many rubrics in the repertory leaving the mistaken impression, if one reads the repertory without consulting the proving, that this symptom is a recurrent theme in this remedy. To illustrate, in the case of *Hura braziliensis*, symptom 275, "He feels rejected and abandoned by his family" ("Il se croit repoussé et abandonné des siens"), is represented in four rubrics, namely, Delusion of being despised, Delusion he is repudiated by relatives, Delusion of being deserted, forsaken, and Forsaken. Third, some symptoms of the proving have been stretched to fit certain rubrics in the repertory. For instance, in symptom 275 just mentioned, the feeling rejected was apparently stretched to fit the rubric Delusion of feeling despised. It is obvious how it would be misleading to rely only on the repertory without consulting the proving, as one can feel rejected without feeling despised.

From a list of *only* mental symptoms found in the repertory, Sankaran proceeds to "discover" for us the central state of the remedy or the understanding of the remedy. He writes,

If we study all these symptoms of Hura we find a lot of concentration on forsaken feelings. There is a specific feeling of forsakenness, which is a delusion that she is about to lose her friend. Delusion that her friend had lost affection of her. Delusion people are casting her away, they don't want her. Therefore, she is alone in the world; she is not liked, she is despised and hated.⁶⁵

This part of the theme is essentially developed from three symptoms out of 870 symptoms in the original proving of Dr. Mure, namely symptom 275, "He feels rejected and abandoned by his family" ("Il se croit repoussé et abandonné des siens"), symptom 484, "She thinks she will lose someone who is dear to her" ("Elle pense qu'elle va perdre quelqu'un qui lui est cher"), and symptom 822, "She thinks she is left alone in the world and without hope of recovery" ("Elle pense rester seule au monde et se croit perdue").^{66,67}

Then Sankaran goes on to discover the rest of the theme. He writes,

Why has this happened? Because of bad luck. She is unfortunate – this feeling is strong. "It is my bad luck that something has happened to me because of which I have lost my friend and they have started hating me."

Now, when I think about this I ask myself what is the situation in which these feelings are justified? Here is the situation of a man who had lost the affection of his friends. All his friends and relatives now hate him and don't want him, they have cast him away, and so he feels left out, forsaken, isolated and feels unfortunate.

The rubric 'Despair of Recovery' means that it is difficult for him to recover from this position. The chances of getting back to the original position are slim; so there is sadness and mental depression. He becomes quite frustrated and bored (ennui). He can get destructive, even destructive of himself. He gets angry with himself, bites himself, feels unfortunate and reproaches himself.⁶⁸

Problems with Sankaran's approach

Several major difficulties arise from such an approach. First, is the introduction of inferences about the causes of these symptoms, second is the interpretation of the symptoms, and third is the starting assumption that there is a common theme or a central delusion in disease. He writes, "One thing is sure, that all symptoms of a remedy are based upon delusions – every single symptom without exception. Because delusion is disease and since symptoms are an expression of disease, they can be expressed as delusions."⁶⁹ All of this is speculation, which is again totally contrary to the fundamental principles of homeopathy. There is a book about the history of scientific mistakes entitled *Je Pense Donc Je Me Trompe (I Think Therefore I Am Wrong)*,⁷⁰ and similar to the examples contained in this book, Sankaran demonstrated several basic errors of methodology and reasoning in his example of how he "discovers" a remedy.

First, nowhere in the proving is there anything about being despised or hated, or of having a friend lose affection for her.

Second, Sankaran writes, "When I got this idea you can imagine my joy when I went through Clarke's *Dictionary* and found that Hura has been proved and it has brought out the best symptoms in people who had leprosy in the past, and Hura is a known remedy for leprosy. . . . He [Hura] feels like a leper, feels cast away and hated and no chance of coming back. This is the theme of Hura. . . . I am not saying that Hura should be used in leprosy, but what I am saying is that leprosy could have been one of the original situations in which the Hura state must have been produced."⁷¹ There were only four provers in the proving of Hura braziliensis, two who had previously developed leprosy and in whom Hura didn't bring out better

symptoms than in the two others who had no history of leprosy. As a matter of fact, symptoms 275 and 822, the two key symptoms from which Sankaran builds the theme of Hura feeling “like a leper, cast away and hated and no chance of coming back,” were both provided by the two provers who had *not* had leprosy.

Third, Hura *braziliensis* was never really *known* as a remedy for leprosy, it was merely *believed* to be. Mure reported in 1849 that a man who had been affected with leprosy had been cured after ingesting considerable quantities of the juice flowing from the trunk of the Hura tree; after the president of the local province informed the imperial government of this observation, this juice became “very generally used by leprosy patients without, however, curing them.”⁷² Is this old belief still sufficient to sustain the following thesis by Sankaran? “Hura has features that place it exactly between the tubercular and the syphilitic miasms. This is the leprosy miasm. The main feeling in the leprosy miasm is similar to the tubercular miasm, only much worse. The feeling is that even with intense, rapid, hectic activity to come out of this destructive process (leprosy), there is very little hope.”⁷³

Fourth, Sankaran writes the following in continuing his “discovery” of the central theme of Hura *braziliensis*,

Various possibilities occur – maybe he has committed a big crime. If that was the case “Anxiety of conscience” and “Delusion he is a criminal” should have been there but they are not. What is available is unfortunate feeling, some misfortune has happened. So, what could the misfortune be that has made his relatives hate him, misfortune from which he cannot recover? When I got into this feeling I get a strong impression of leprosy. A leper is a man who through a stroke of bad luck comes into a position where all his friends have ditched him, they hate him, despise him, lose affection for him and however much he tries, he cannot compensate. The old feeling cannot return, once a leper, always a leper.⁷⁴

In this deductive process of “discovering” the *materia medica*, one wrong assumption most likely invalidates the conclusion. In this context, it happens that symptoms 127 and 128 in Mure’s proving are, respectively, “He reproaches himself with everything bad he has done, even the least trifles, and considers himself very guilty for having done them” (“Il se reproche toutes les mauvaises actions qu’il a pu commettre, se reproche les moindres choses, et se croit bien coupable de les avoir faites”), and “During the nervous attack, he is anxious about his eternal salvation” (“Préoccupation de son salut éternel pendant la crise nerveuse”). To start with, Sankaran assumes that there is no anxiety of conscience, when in fact there is. He then rests his deductive process on the symptoms of feeling unfortunate, hated, despised, and the lost affection of a friend, when in actuality, none of the last three symptoms are present in the proving.

Fifth, what shall we do with the other peculiar mental or physical symptoms not included in Sankaran’s theme? Some examples are symptoms 126, “During and after the fainting-spell disposition to love everybody, especially those surrounding you. He often thinks of death, but he is not afraid of dying; he even feels as though he would die without regret;” 537, “Since taking the drug, the least thing irritates her; at such times she feels oppressed, with desire to cry, she blushes, sighs a good deal, several times a day;” 491, “At nine in the morning, her feelings are excited and she cries a good deal;” 571-573, “At nine in the morning, oppression on the chest. She sighs a good deal. Internal trembling;” 679, “At half past eight, desire to weep, the least trifle makes her sad; she starts when hearing a door opened suddenly;” 580, “Nervous laughter which causes her to shudder;” 626, “At eight in the morning, with the desire to laugh, followed by shuddering in the head and legs;” 823, “Weeping without cause, followed by nervous laugh;” 452, “She cannot walk, without fearing to fall;” 485, “She cries every moment and, for several days past imagines she is seeing the dead person before her

eyes;” 321 and 322 “Absence of mind, he makes many mistakes, mistakes one month for another, for several days. He mistakes the street twice;” 432, “Sensation as if she were falling to the ground;” 448 “Sensation as if dogs had bitten her where the pain is felt.” Where do the above symptoms fit in this scheme, as well as a number of other peculiar symptoms?

What shall we think of this approach? Are we really talking of discovery, or is it the creation of an active imagination? Who would ever want to use such an approach “in the most important work which one man can perform for his brother – a work whereon life and death, nay, sometimes the weal or woe of whole families and their descendants depends...?”⁷⁵ Would such an approach, in the end, tend to guide or misguide unfortunate and often too naïve students in search of new and “advanced” techniques? The answer to these questions is crystal clear to those who have thoroughly studied and understood the work of Hahnemann. As for others, each must follow his own path and this freedom must be respected, however it is not a license to call one’s own vagaries homeopathy. A very great number of people calling themselves homeopaths are currently misrepresenting the profession. Unfortunately, this has been the case in homeopathy for a very long time and we are reminded that for a very long time the majority of professed homeopaths have showed great lack of knowledge of the teachings of Hahnemann. When will we learn from the mistakes of the past?

In summary

The errors so far demonstrated in the teachings and practices supported by the cosigners are often the result of generalization, poor methodology, or incorrect observation and reasoning, and are all the antithesis of science and pure homeopathy. It is therefore very difficult to understand how Dr. Morrison denies “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. That we are persons who spread false doctrines ...”⁷⁶ In fact, most, if not all, the teachings and practices so far examined are *totally contrary* to the teachings of Hahnemann. The image of Socrates making the following remarks regarding the sophists is here difficult to avoid, “Can you name any other subject in which the professed teachers are not only recognized as teachers of others but are thought to have no understanding themselves and to be no good at the very subject they professed to teach? When people are so confused about a subject can you say in any true sense that they are teachers?”

Dr. Morrison refutes that we are persons who “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.”⁷⁷ In my previous article, I only addressed this problem as a *general* remark. That Dr. Morrison claims that none of the cosigners have been involved in such things forces me to address this very touchy but important issue once more. I have heard many allegations of falsification of cases committed by one of the cosigners. Although I have not personally witnessed these episodes, they have been described by apparently reliable observers who witnessed them personally. A better forum is urgently needed to address this issue. The questions are the following: what actions shall be taken regarding these allegations? And what actions shall be taken if these allegations are found to be true? Also it is surprising how many witnesses of these allegations have decided to remain silent and not take a stand. How is the profession served by putting our heads in the sand? Cheating once in medicine as in science is once too many and carries its own condemnation; what teachings, writings, or provings from such a person could ever be considered serious and trustworthy?

The development of the materia medica without provings

The development of materia medica *primarily* from cured cases, as is part of new teachings supported by the twenty-one signers, is also a very questionable approach. Again, this

approach bypasses a fundamental principle of homeopathy – the obligation to first prove a medicine on the healthy. Hering wrote in his *Analytical Repertory of the Symptoms of the Mind*,

Being aware that these two kinds of symptoms, namely those produced and those cured, are essentially different, we still have, after long and matured consideration, decided to give both without marks of distinction. The marking of such different origin, should always be done with the utmost care in the monograph of the materia medica; it should there be considered as a matter of highest importance, never to mix indiscriminately, symptoms *reported as cured* (not having been observed on the healthy), with the symptoms *produced* by the drug. Hahnemann's warning must never be forgotten, see *Chronic Diseases*, Volume 2, second edition, note to Alumina. Hahnemann was right, when he advised us not to be ruled by former cures, but always by the symptoms produced.⁷⁸

In the passage referred to by Hering, Hahnemann writes that cured symptoms “only serve to furnish occasionally a little confirmation of the correct choice of the homœopathic remedy, already found out from their pure peculiar medicinal effects, as indicated according to the similarity of the symptoms of disease of the special case under consideration.”⁷⁹

Dr. Morrison also refers to experimentation that I made more than twelve years ago with the use of potentized sarcodes in incurable and defective cases with organ failure: this had nothing to do with Hahnemann or any of the basic principles of homeopathy, and I never claimed or taught that it did. However, when patients present with irreversible lesions, it is common sense for the homeopath to use other approaches that Hahnemann called adjuvants. Of course, the use of such adjuvants would be unacceptable in the homeopathic method for patients presenting with curable dynamic disease.

The bottom line

In conclusion, the issues discussed here go far beyond a dispute over what constitutes pure observation and sound thinking. Assuming that we can all agree on what is a fact versus what is speculation, a thought, an idea or a hypothesis, then in the end, it comes down to what homeopathy is and is not. Dr. Morrison and the cosigners are supporting teachings and practices clearly contrary to the fundamental principles of homeopathy. To be consistent with themselves, the least that is requested of them is to recognize their misrepresentation and stop suggesting that these teachings and practices represent Hahnemann's homeopathy. As has been said so many times, homeopathy without Hahnemann is like staging *Hamlet* without Hamlet himself.

Over one hundred years ago, Pemberton Dudley, the editor of the second English translation of Hahnemann's *Chronic Diseases*, judiciously said:

In the development of therapeutic art Hahnemann's position is more than merely transitional. He proclaims both an epoch and an era; he represents both discovery and progress. Today, as a hundred years ago, he holds in one hand the past, in the other the future of medical achievement. The future historian, crossing the chasm between the medicine of speculative hypothesis and that based on observation of clinical and pharmacodynamic phenomena, will unfailingly recognize Hahnemann's agency in bringing about that remarkable transformation in medical thought and practice.⁸⁰

The twenty-one cosigners and their followers have taken a giant step away from pure homeopathy and hopefully will understand that they have to stop dragging homeopathy with

them to the other side of the chasm referred to by Dr. Dudley. Hahnemannians will always denounce the ones wanting to bring homeopathy into “the domain of shadows, where knowledge and observation cease, whilst imagination deceives us into accepting dreams as truth; where we, in short, abandoned by the guiding of plain experience, grope about in the dark, and with every desire to penetrate into the inner essence of things, about which little minds so presumptuously dogmatize, we gain nothing by such hyperphysical speculations but noxious error and self deception.”⁸¹ With their obvious misrepresentations, the cosigners have no mandate to represent homeopathy, much as visitors cannot claim to represent their host.

It is one thing to say you don’t agree with Hahnemann’s method and want to use other methods. This is fine, but those other methods should not come under the umbrella of homeopathy. People wanting to explore other ways to apply the law of similars, as in the use of speculation such as the doctrine of signatures, themes and essences, have no license to call their teachings and practices homeopathy.

On one hand, we have Hahnemann’s strict inductive method and *materia medica pura*, and on the other hand, we have the speculative *materia medica*, based on signatures, generalizations, themes, essences and “synthetic prescribing” (i.e., prescribing *Calcarea nitrica* for a patient presenting with symptoms of *Calcarea carbonica* and *Nitricum acidum*). It is high time for an honest recognition that such teachings and practices are antithetical to pure homeopathy, and should cease to be called homeopathy. Such a request is consistent with homeopathy and Hahnemann’s request to keep homeopathy pure, and is in no way a slight against authors and users of these other practices.

Some will say that we should unite, not divide. Anyone familiar with the history of homeopathy will recognize that movements to reconcile have been detrimental to homeopathy and the sick, who justly demand standards of practice, and have only profited the authors and practitioners of misrepresentations. Others will advise more tolerance, and argue that it is just a question of bad science and a need to correct the methodology. In this instance, it is more than just a case of bad science when the fundamental principles of science are ignored and when there is no expressed intent to recognize and correct errors. By demonstrating such poor knowledge of and/or regard for the Hahnemannian method, by ignoring the fundamental principles of homeopathy and of science, and by persisting in practices which are contrary to these, Dr. Morrison and the cosigners only invite condemnation of their lack of science. The least that Hahnemannians can do to honor the legacy we have received is to continue denouncing and rejecting any misrepresentation of homeopathy “without fear or favor.”⁸² Long term tolerance for misrepresentation is not, and has never been, an option for Hahnemannians. As Goethe said so well, “Tolerance ought in reality to be merely a transitory mood. It must lead to recognition. To tolerate is to affront.”

History clearly teaches that the more one understands Hahnemann’s teachings the greater the clinical achievement. Disciples like Lippe, Bœnninghausen and Hering acted as apprentices to Hahnemann. They revered him as the teacher and master who had perfected the art and science of healing. Their relationship was similar to the apprentices of a great master of an art demanding perfection in all aspects of execution, as an example, in the making of a Stradivarius, where any change, insignificant as it may seem, would likely spell failure. The testimony of Hahnemannians has overwhelmingly confirmed Hahnemann’s teachings to their utmost delight and satisfaction. Today the situation is different. We have self-proclaimed masters who have not done their homework, as well as followers who in great numbers don’t know better than to be falsely led. Common sense admonitions indicated here would be to not fix what is not broken, and be mindful to first master the art before thinking of perfecting it and certainly of teaching it. From the evidence presented, it appears that the twenty-one signers have little understanding of Hahnemann’s homeopathy, let alone mastery.

We do not plead with Dr. Morrison and the cosigners to adopt Hahnemann's teachings, but simply ask them to recognize that their teachings and practices contradict fundamental principles of Hahnemann's homeopathy. The least they can do is respect Hahnemann's request and stop usurping the name of homeopathy. Hahnemann and his true disciples rejected the doctrine of signatures and magical thinking and instead embraced *Experimentia ac ratio* for matters of health and disease. Unreliable observations and incorrect reasoning, as demonstrated by the cosigners, have no place and no usefulness whatsoever in homeopathy, as Hahnemann mentioned in paragraph 143 of the *Organon*,

Lately, unknown people have been commissioned to do provings of medicines at some distance away, for the purpose of publication. But in this way the all-important work meant to be the only true basis of the art of healing and requiring the greatest moral certainty and reliability unfortunately becomes ambiguous and uncertain in its results, therefore useless. Any of the false statements to be expected from such procedures which are later accepted by homeopathic physicians as the truth will certainly lead to most harmful consequences for patients.⁸³

Keep homeopathy pure: our only option

On the other hand, by keeping homeopathy pure, we can participate in the progress of our science, and ultimately help in the achievement of the mathematical certainty predicted by Hahnemann when he wrote,

In the beginning (some forty years ago) I was the only one for whom proving the pure powers of medicines was the most important occupation. Since that time I have been helped by a few young men who have made tests on themselves and whose observations I have examined critically. And since then some valid work in this field has been done by a few others. But what will we not be able to achieve in therapy throughout the endless field of disease when numbers of *careful and reliable* observers will have earned the merit of enriching this only true materia medica by careful *self-provings*! The healing art will then approach the mathematical sciences in certainty.⁸⁴

In order to assist Hahnemann in this most noble objective of mathematical certainty, there is no known path of success other than using the method he honed so well, which demands the greatest care in its application, as he wrote in the *Medical Observer*,

In order to be able to observe well, the medical practitioner requires to possess, what is not to be met with among ordinary physicians even in a moderate degree, the capacity and habit of noticing carefully and correctly the phenomena that take place in natural diseases, as well as those that occur in the morbid states artificially excited by medicines, when they are tested upon the healthy body, and the ability to describe them in the most appropriate and natural expression.

In order accurately to perceive what is to be observed in patients, we should direct all our thoughts upon the matter we have in hand, come out of ourselves, as it were, and fasten ourselves, so to speak, with all our powers of concentration upon it, in order that nothing that is actually present, that has to do with the subject, and that can be ascertained by all the senses, may escape us.

Poetic fancy, fantastic wit and speculation must for the time be suspended, and all over-strained reasoning, forced interpretation and tendency to explain away things must be suppressed. The duty of the observer is only to take notice of the phenomena and their course; his attention should be on the watch, not only that

nothing actually present escape his observation, but that also what he observes be understood exactly as it is.⁸⁵

Thus, Hahnemann insisted that the reliability of the observer is key to homeopathy. Following his precise method gives permanent value to work which otherwise is done in vain. Material from unreliable observers always remains of questionable value and useless unless proven otherwise. Isn't it our duty as homeopaths to deepen our understanding of homeopathy by constantly studying the works of Hahnemann and the great Hahnemannians, to practice accordingly to what has been demonstrated to be true, and to continue to report our reliable observations in order to perfect the art and science of pure homeopathy? Yet, for undefined reasons, so many look up to teachers of new trends as if seeking medical enlightenment or knowledge not otherwise accessible to them. Many seek these teachers as one would seek a guru, and worship them with great naivete, depleted of objectivity and incapable of criticism, and often bordering on idolatry. Some have listened to these guru-like teachers for over twenty years, which, strangely, is often longer than some of these teachers have ever practiced.

Initiators of these new trends have demonstrated little or no understanding of the fundamental principles of Hahnemann's method. Who benefits from and who pays the price of these new trends? To begin with, we have teachers cashing in on the naivete of students in constant search of short cuts, formulae and schemes to make practice easy. Then these students try these new trends for one or two years. They find themselves experiencing more failures than before, and feel more inadequate. They think, for example, "perhaps I haven't applied properly what was learned; perhaps I should persist for another one or two years." Confusion is joined by disappointment and disillusion but only until the next new and more promising trend comes along, and the cycle continues. But the one who pays the last and most bitter bill is the innocent patient who comes to receive homeopathy pure and simple but ends up deceived. A physician who had followed some of these new trends recently told me, "Morally, I should refund the money of all my cases of the last few years." He felt that he had been fooled and in turn had fooled his patients. The image of homeopathy can only be tarnished with all of these misrepresentations.

A legitimate question arises. Who among our modern teachers has thoroughly studied the teachings of Hahnemann in order to master homeopathy? Seminars won't do it; and to learn from a teacher who is supposed to have studied the work of Hahnemann but, in fact, has not won't be sufficient, regardless of how learned that teacher appears to be. Many who have adopted these new trends say that it was in answer to failures in their practice. Therefore, another legitimate question arises. How many of these had done their homework, applied themselves like the masters of the past had done in thoroughly studying *all* the writings of Hahnemann related to the practice of homeopathy and had practiced accordingly? How many could demonstrate failure on more than rare occasions with full cases as evidence when they applied the method of Hahnemann accurately and meticulously? Who among these teachers claiming failures with the method of Hahnemann had first demonstrated real mastery of the art and science of healing as taught by Hahnemann?

To all the above, a literal answer is not expected, as enough nonsense has been demonstrated and responded to so far. Concrete actions are needed. The bottom line is that homeopathy is the system Hahnemann developed on a solid scientific base and well defined by its fundamental principles, and is not a free for all on how to apply the law of similars. Historically, Hahnemann and Hahnemannians have asked that teachings and practices not complying with these fundamental principles not be called homeopathy. Therefore, authors of teachings and practices which are contrary to the fundamental principles on how to conduct provings, on how to develop the materia medica, and on how to conduct the examination of the patient, and who consistently employ incorrect reasoning, are consequently asked to

simply be honest and stop calling their teachings and practices homeopathy. Why would anyone in such a position not do otherwise?

Following the recent rapid growth of our profession, a debate over the standards of practice and ethics seems inescapable and urgent. Others who care about homeopathy now need to be involved in this vital debate of our profession; board members of homeopathic institutions, editors of our journals, teachers, historians and those in positions of authority now need to step in and take a stance on these issues.

What is homeopathy

We are assuming that everyone agrees on the following two premises:

- a) Homeopathy is the art and science of healing named and developed by Samuel Hahnemann.
- b) Homeopathy is greatly defined by its fundamental principles.

Some of the fundamental principles of homeopathy

The question then becomes one of identifying some of these fundamental principles of homeopathy. As there are many, some of which require complex definitions, let us now enumerate those most relevant to the common issues of usurping the name of homeopathy:

- 1) The physician's main objective is to help the sick recover his health. "It is not to weave so-called systems from fancy and hypotheses about the inner nature of the vital processes and the origin of diseases ... Nor does it consist of trying endlessly to explain disease phenomena and their proximate cause ... Surely by now we have had enough of these pretentious fantasies called *theoretical medicine*."⁸⁶ All personal ambitions and the desire to impress others must be set aside.
- 2) "The highest ideal of therapy is to restore health rapidly, gently, permanently; to remove and destroy the whole disease in the shortest, surest, least harmful way, according to clearly comprehensible principles."⁸⁷
- 3) Medicines must first be proven on the healthy. "There is no other possible way of correctly ascertaining the characteristic action of medicines on the human health – no single surer, more natural way – than administering individual medicines experimentally to healthy people ..."⁸⁸
- 4) The development of the materia medica must be free from all speculation. "All conjecture, everything merely asserted or entirely fabricated, must be completely excluded from such a materia medica; everything must be the pure language of nature carefully and honestly interrogated."⁸⁹
- 5) The examination of the sick must be free from all speculation.⁹⁰ "The totality of these perceptible signs represent the entire extent of the sickness; together they constitute its true and only conceivable form."⁹¹
- 6) The totality of the symptoms of the patient is the basis for choosing the most similar remedy.⁹² This means that the physician must conduct a thorough examination of the patient and gather all the subjective, objective and circumstantial symptoms.
- 7) "The only medicinal disease agent meriting attention and preference in any case of disease is always the one that is most similar to the totality of the characteristic symptoms and that no petty bias should interfere with this serious choice."⁹³

- 8) The remedy must be given singly,⁹⁴ and in the optimal potency and repetition.⁹⁵ (This principle has been very often disregarded by many professed homeopaths throughout the history of homeopathy.)
- 9) The homeopathic physician constantly seeks to individualize the patient, the medicine, and its potency and repetition.
- 10) Palliative treatments, regimes or approaches are not compatible with the homeopathic treatment of patients presenting with curable dynamic diseases.

Questions responsible members of the profession need to answer:

- a) What shall be our attitude toward teachings and practices within homeopathy clearly at variance with the fundamental principles of homeopathy and the scientific method?
- b) To which standards must homeopathy adhere to remain a true science and to reach Hahnemann's goal of certainty in medicine?
- c) What steps should be taken to assure the required peer review in homeopathy?
- d) What shall be done with teachings and practices misrepresenting homeopathy?
- e) Shall allegations of falsifications of results be investigated and adjudicated for the good of the profession?

Time to take a stand

Committed people who care about the future of homeopathy must now come forward and stand up for the good of the profession. Modern day homeopathy will be remembered as a caricature unless we turn events around. Commitment is what is needed.

Let's make sure that our profession aims for excellence and that work done in the name of homeopathy is scientific and of permanent value, thus characterizing our endeavors with the departing words of the wise Hahnemann, *Non inutilis vixi*.*

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* *Non inutilis vixi* , or "I did not live in vain," is the inscription Hahnemann asked to have written on his tombstone.

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