

This interview of Jenny Calogeros-Smith with David Mundy first appeared in 'Simillimum' (Vol. XV, No. 3, Fall 2002), the journal of the Homeopathic Academy of Naturopathic Physicians (www.healthy.net/library/journals/simillimum) edited by Neil Tessler. It is presented here with kind permission.

In this interview David Mundy emphasizes that homeopathy is science and art. It is important to learn the fundamentals thoroughly. He himself “lets the right brain play with the case”, but looks according to the symptoms if it really fits. It is essential not to be carried away and not to leave the fundamentals aside, because then one would miss the path. On the other hand one should not be that rigid never to prescribe an unproved remedy, even if there were enough hints according to theories like those of Scholten.

The Art and Science of Homeopathy

An in depth interview with David Mundy

by Jenny Calogeros-Smith

JCS: It seems as if we are having a repeat in history...again we see re-emerging in classical homeopathy, different schools of thought. Could you comment on this?

DM: Well, there will always be divisions and disagreements. When I was in the acupuncturist world there were different schools of thought such as the Five Element school and the Eight Conditions school. In the history of homeopathy there have always been the more pathologically orientated schools, such as the Hughes school, vs. the high potency, spiritually influenced approach of Kent. So, this division is not new. I can certainly appreciate where some of these people are coming from, because if you allow yourself to get carried away in extrapolation and theorizing, then you lose the whole basis of homeopathy which is the scientific bit - the provings.

On the other hand, the important thing to remember about Sankaran is that he is totally grounded in the fundamental philosophy and principles of homeopathy, so he is able to push the boundaries further. Understanding what needs to be cured is very difficult because we are dealing with a human being. We're dealing with a complex entity that has conscious and unconscious states. So how do we interpret these symptoms as a homeopath?

So you have, if you like, the left-brain approach, which is the totally strict scientific side of homeopathy, and you end up, if you are not careful, moving to a more allopathic mode of thinking. The Right brain deals in images and patterns and needs to work WITH the left brain to produce the art of homeopathy. Mere listing of symptoms and coming to a diagnosis is akin to allopathy.

We are not psychotherapists and our function is not to analyze and treat people in that way. In reality, people like Sankaran have added a tremendous amount to expand the knowledge and application of homeopathy. Plus the results speak for themselves. The main problem, I think, is basically a misunderstanding. Vithoukas has had bad experiences with people who have studied Rajan's books and not understood his approach. For example, I heard that someone who had studied with Rajan, attended a Vithoukas seminar and suggested Lac felinum for a boy who believed that he was a cat! This is definitely *not* Rajan's teaching.

I think it goes back to what Kent says: homeopathy is science *and* art. The danger is, I suppose, if one tries to practice the art without mastering the principals or the science of homeopathy. Then it's possible to go off on a tangent and get lost. You know, I see it in some of my students. For example: “It ‘feels’ like Natrum muriaticum.” Where is the evidence? “Oh, it just feels like it.” You know, she's got a bit of grief, she's holding onto things. But the

whole thing can become very vague and non-specific.

Homeopathy is about very strict individualization of cases and for that you need vast knowledge of repertory and materia medica and the ability to recognize the strange, rare, and peculiar symptoms. You also need to have a good understanding with how the human mind functions; of human nature - and that can take a long time.

I think life experience is important. It takes time to become a homeopath. You don't *learn* homeopathy you *become* a homeopath. That process takes place over a number of years and you never finish. One of the beautiful things about homeopathy is the constant broadening of understanding and depth of the whole subject matter - which is vast!

Another criticism is of Scholten. The pick and mix style of homeopathy. This is where you take elements and combine them and forecast or predict what that remedy will be like. An example could be: He keeps secrets from his friends, or that he has a secret friend: Natrum (secrets) Phosphorus (friends). Of course, this by itself is not normally enough to prescribe it, though if that idea was there, it might offer a clue, and now and then these suggestions have been confirmed. On the other hand, if there is additional information to suggest either Phosphorous or Natrum mur., and the patient has a creamy coating on the base of the tongue and they have nocturnal emissions ... then you have a case!

JCS: And your experience with his theory has been what?

DM: My experience is that it works. I have a great deal of cured cases I don't think would have been cured if I hadn't applied his thinking. So it's important to understand that although the principle has fantastic validity and really works, the only way of truly bringing out symptoms of a remedy is through a proving. Although to a certain extent one can forecast what a remedy will be like, you can't possibly forecast a strange, rare and peculiar symptom of that combination. For example, in the proving a remedy may bring out a sensation, *as if the heart is grasped by an iron fist*, or something of this nature. By simply combining two elements without a known proving, you can't predict a symptom like that.

Calcarea muriaticum is used quite a lot these days based on Scholten's theory and it works. We expect it to, because Calcarea and Muriaticum are common elements. But I'm sure if one did a proving of Calcarea muriaticum, it would bring out symptoms that are completely unpredictable. On the other hand if you take the rigid view and say we are never going to prescribe a remedy unless it's had a thorough proving then you'll have missed chances to cure patients. Basically, a balanced perspective is needed here.

JCS: Yes, a balanced viewpoint. So, first become grounded in the basics...

DM: Yes

JCS: Grounding in homeopathic philosophy, Knowledge of the repertory and materia medica.

DM: Yes

JCS: ...and in due course we can proceed in assimilating these new ideas.

DM: Yes, we can.

JCS: Good seminar by the way...

(Referring to David's annual 'Mundy Monday' seminar in Vancouver, which was on the remedy Chocolate this year)

DM: Thank you. I got a phone call from ___ yesterday saying that she read in the paper about some seagulls that had eaten chocolate that had been thrown away on a dump (the day after Valentine's day, oddly enough) and they gorged themselves. They couldn't stop eating and they literally fell out of the sky with heart attacks. It took all these months to do the autopsies

but apparently they all died from cardiac failure!

JCS: Really? So why is that we don't die from cardiac failure like other animals when we overindulge in chocolate..

DM: I think we might have to eat a bit more...(laughing)

*JCS: Ah, we just eat it then when we are **about** to die of a broken heart...*

DM: Exactly. And chocolates are often heart shaped. This is part of the magic of homeopathy...these synchronistic occurrences are part of the joy of homeopathy. On the other hand if a patient arrives in a yellow and black striped sweater you can't immediately think, "I must give Apis!"

JCS: But if that person comes again and again and routinely wears nothing but yellow and black then you can't ignore it...

DM: Then you have a symptom and there are rubrics like, Color; aversion to, or desire for.

My approach to cases is to let my right brain first play with a case. I look at the associations and the themes and connections of the case. Remedies may suggest themselves to me but I always go back to materia medica and look up to see if the remedy does indeed fit. But if I'm getting gifts in terms of these synchronicities then I'd be stupid to say this is not scientific and I'm going to reject it, I'm not going to even look at that. In one of my postgraduate groups paper case, there was the case of a boy who used to eat soap. He would eat soap and then run around foaming at the mouth. A closer investigation of his symptoms revealed symptoms of Lyssin, such as a strong craving for salt, and it was given and it cured him. Obviously, if you think about someone running around foaming at the mouth you are going to think of rabies. Also I'm interested in the whole patterns of remedies. Suppose we take out the past, present and future of these occurrences in our lives and we look at it in terms of an image or a pattern. Which is again the more right brain way. It's like the case I mentioned at the seminar of the lady who fell on spikes and pierced her lung and she did well from Hypericum. And we know Hypericum is a remedy for puncture wounds. But the simple fact is that she needed Hypericum before she fell on the spikes. So the potential is there and that's why we do attract recurrent situations in our lives. Which is, of course, what we call the delusions of the case.

JCS: Extreme enough to fall on the spikes of a cast iron fence!

DM: Exactly. Delusions are metaphors anyway. You can tell a lot of a remedy by looking at its delusions. Not in the literal sense but in terms of what they represent. Like the Agaricus delusion: He is commanded to kneel down, confess his sins and rip open his bowel by a mushroom. Of course, not a symptom a patient is likely to relate to you!

The fact that they are commanded means they are weaker, which is the weak willed side of Agaricus. Confess their sins, relates to reveals secrets, which is also in the remedy. Rip open his bowels relates to other rubrics, such as self- mutilation. So you can get a good idea of the themes of a remedy from a seemingly stupid delusion. I had a patient once who had a desire to bite people's noses off.

JCS: Really? Right off?

DM: Yes, right off! And she didn't tell me this until the end of the case. And she said I've got a symptom and I'm a bit nervous to tell you 'cause you might laugh at me. I said, "Don't worry, you can tell me, I'm a doctor (laughing)...and then she said, "All of my life I've had this fascination with people's nose even as I'm talking to you..." I leaned back at this point! She also had violent impulses to hurt her daughter and all the symptoms of Mercury were in her totality. So some of these strange things you think you'll never hear, can actually present themselves in the clinic.

JCS: These things are all gifts and it's rude not to accept a gift, isn't it?

DM: It is. It is. It's about recognizing synchronistic happenings when they are happening. But, going back to our subject matter, first one has to learn the principles of homeopathy.

It is a bit like painting by numbers. You identify the key rubrics of the patient and then when the remedy is suggested the themes and patterns of the symptoms add color and rounds off the case. Remedies are bound to be two-dimensional when we study them. It's when the remedies are experienced in practice that they start to become a more rounded three-dimensional image.

Going back to that case, the spikes and the Hypericum: Did she need the Hypericum before she fell on the spikes? It's like Arnica has the delusion high walls will fall on him. Not high walls have fallen on him, but the delusion high walls will, at some point in the future, fall on him. So he is already in a state that the high wall will fall on him - he has the pre-disposition. If we study the mental symptoms of Arnica we can see why he is the person most likely to have the high wall fall on him! Because of the way he is - haughty, arrogant, defiant, all those things.

One of the fascinating cases of synchronicity I experienced was the Diamond case I think I showed last year. It was a paper case, a post-graduate group had worked on, and we decided to give her Diamond. Diamond was sent and then she received it the next morning not knowing what it was, as the remedy name was not on the package...and then she decided to do a guided meditation, something she had never done before. And in this meditation she met her older self and went into the center of the earth ...where there were diamonds and then diamonds were coming out of the sky. You know there were diamonds this, diamonds that and then she said, "Do you think this is important?" She even had a diamond tattooed on her finger!

JCS: No?

DM: Yes. Because when she got engaged she didn't like to be associated with the cruelty of the diamond mines. So both her and her fiancé had had a diamond tattooed...this was something that she had never told the prescriber in the whole year of treatment. Once she had that remedy it all became revealed.

Once I prescribed Aurum to this guy with heart problems and he was a potter by profession. He had been glazing his pots with gold for years - that was what he was known for. So, in some mysterious way we can be attracted to our similimum without realizing it.

Another point that I would like to raise is the limitations of the repertory. If you can remember the example of the Kali phosphoricum case; half Causticum, half Phosphorous. Kali phos. is not going to repertorize out because of its lack of extensive proving. Another example is in the snake kingdom - only Lachesis has a full proving. So often a case requiring a less known snake remedy will repertorize out to Lachesis, but it is not Lachesis. The snake themes will be there, but it isn't quite Lachesis. Maybe the theme of duty is strong in the case - that would possibly lead you to Naja. Or the case repertorizes out to Tarantula, but maybe they need Aranea or a less known spider. It repertorizes as Calcarea carb. but maybe they need Calcarea iodatum.

Somehow...there's so many examples In the plant kingdom it can repertorize out to Veratrum album, but maybe they need Veratrum viride or another lily, or a remedy that is not so well proven. So I think one of the advantages of experience is not so much that we necessarily know what to give, but we know what not to give. You know that it is **not** this remedy...but it's close.

JCS: Like the case in the school clinic...

DM: That case was a very good example of what I am saying.

JCS: *We thought it was a Natrum, but it wasn't Nat-mur, it wasn't Nat-carb., although we could have fit it to Nat-carb..*

DM: We could...repertorization strongly suggested it.

JC: *But you decided it was Natrum causticum...because it was Natrum and Causticum.*

DM: But then, you see, if Natrum causticum had a proving, a complete Hahnemannian proving, we could have worked it out by repertorizing.

JCS: *To close...is there any advice...anything you would like students and new practitioner's to know.*

DM: I think I'd to say something to the effect of no pain, no gain. I would say that homeopathy; thank you for choosing it, is the most difficult and time-consuming therapy around. And it's hard work, **but** it's other side is it's the most rewarding system known, not just for healing patients but in terms of developing your own understanding of life as well. The study of people is very rewarding; it is the study of our own Self. And homeopathy is about self-development really. You can't study homeopathy and practice homeopathy and become a homeopath without making profound inner changes.

Over 25 years, David has become one of Britain's foremost homeopaths and teachers of homeopathy. He practices at Life Works clinic, London and lectures in the UK and abroad

In 1993 David Mundy was awarded a Fellowship of the Society of Homeopaths for services to homeopathy. He studied with several masters of homeopathy including Greek homeopaths George Vithoukas and Vasilis Ghegas as well as the Israeli homeopath, Joseph Reeves.

David Mundy has taught Homeopathic Philosophy and Materia Medica for many schools in the U.K. He has lectured and held seminars in Finland, Sweden, Ireland, Scotland, Canada and America.

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