

This editorial first appeared in 'Simillimum' (Vol. XVI, No. 3, Fall 2003), 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 editorial Neil Tessler calls for finding a new way to discuss controversial opinions among the homeopathic profession. He asks for a respectful look for something valuable in the new developments. He also proposes to establish committees to examine the new approaches according to commonly established standards. He points out to find a balance between the conservative and creative forces and to avoid divisive tendencies.

Neil Tessler

WE MUST FIND A NEW WAY

EDITORIAL

In the Spring of our relationship with homeopathy, we were inspired by a conception that embodied our highest and innermost sense of nature's unity and mystery. We found hidden dimensions of natural order made available through the most artful of scientific operations: the proving of dynamic substances and their clinical application according to the law of similars.

As time passed in practice, we observed that clinical experience led to a fuller understanding of remedies. Besides confirming what had been discovered through provings and the clinical insights of others, they also revealed new aspects to new minds. Some have described and many will have experienced how clinical experience gave understanding that wove together provings, past clinical observation and even the very nature of the substance, including its surrounding environment. In his book of articles dating back to the fifties, titled Homeopathy, William Gutman deftly harmonized detailed characteristics in his study of the substance of a remedy.

Students of materia medica observe relationships and patterns from one remedy to others, including those related by diverse classifications. Some could then use these patterns and relationships to consider remedies, sometimes poorly proven, sometimes not proven at all, that would nevertheless be perceived, on the basis of a deep understanding of the patient, to be the likely simillimum.

These developments are a natural outcome of a process set in motion by provings and their application clinically. While this moves away from the pure method of provings, it has been reported widely that they also offer insights with which many homeopaths have cautiously experimented and benefited their patients. On the other hand, modern attempts to integrate materia medica information and discern pattern, have fractured and polarized the profession in a manner that requires ongoing consideration.

One might find much to be criticized in, say, the work of Jan Scholten, but is it right to cast his work altogether out of the temple? Without provings, Scholten would never have seen the patterns of information he has described. Provings are the doorway that have made innovative developments possible, provings and several hundred years of clinical development. Ultimately, clinical experiments with ideas such as his will have to be properly grounded through provings.

Would it not be better if we could respectfully receive our own and see if there isn't something of worth in their ideas. Perhaps there is a need to develop institutions for provings and the integration of information relevant to homeopathic practice that is developed in non-

homeopathic ways? Instead there is a so much disrespect of the good people in our midst.

As Divya Chhabra, one of the greatest homeopaths of the current generation, stated in these pages a few issues back:

„People who are innovating today are responsible people, whose goals in their lives are to cure their patients. In that struggle, in the struggle of their failures they are coming out with new ideas. Many of them are criticized and told that they should wait twenty years, be sure of what they are saying, have twenty years of experience and then say it. However, there is an excitement to share that experience that has changed one's own practice, so that others can benefit by it. There is also an expectation that the audience is made up of mature individuals, a professional audience, and not children from kindergarten, who are well capable of thinking for themselves, sifting, trying it and if they don't find it good, to discard it.

But to discard or criticize without using it and to criticize the intention of the innovator without appreciating the motive and the desire to share can be damaging for homeopathy at large.“

http://www.hanp.net/sim_articles.html

I wish that our very respected colleagues, who have supported such recent writings as “International Declaration “and the article “Homeopathy: Magic or Science”, would carefully consider Divya's wise and sincere words. However, the feeling I take from both of these articles, recently featured in the American Journal of Homeopathic Medicine, is that the lines being drawn specifically exclude from homeopathy itself, some of the most interesting and valuable modern thinkers as well as their students.

The authors of the two papers in question make striking assertions on what shall constitute a valid basis for materia medica:

„Regarding the homeopathic materia medica and its augmentation, however, there can be no other sources than diligent drug provings (including toxicology) and the clinical verifications of this information. Whoever attempts to draw his knowledge from sources other than such pure, unadulterated observations of drug effects should accurately separate these "creations" from the homeopathic materia medica.“ (International Declaration)

„If the healed symptoms are attributed without criticism to the Materia Medica of the remedy applied, this can lead to an increasing haziness in the image of the remedy. Clinical experience can and must supplement the Materia Medica, because proving symptoms are verified in clinical application, and because correlations and symptoms which cannot occur in remedy proving are observed (for example: complaints due to grief). Clinical experience is included in the selection of a remedy, but should not be the starting point of analysis, and it should be kept clearly separate from the real proving symptoms. (Homeopathy: Magic or Science)

While we can hardly argue with the general truth that provings are the fundamental basis of homeopathic materia medica, these articles fail to acknowledge that in the real world of practice, homeopathy has always been massively fertilized by the experience of the clinic. This goes far beyond the mere verification of proving symptoms. The article in this issue titled “Reminiscences” tells the story of Dr. Lippe's clinical discovery of a well-known Phosphorous characteristic that was not to be found in the provings. Incidentally, if this occurred in one single physical symptom, then why would it not be possible in terms of the deepest states of the person, as from one to the other is only a matter of degree?

A full discussion of the relationship between provings and clinical work in the development of materia medica could be a book in itself. It is sure that they are far more intimately intertwined than recent pronouncements allow. It is also sure that the integration of clinical

knowledge has been an accepted part of homeopathy throughout. Only very recently is this exclusion of clinical insight being applied as an acid test of Hahnemannian purity.

If one thinks symptoms or insights derived from clinical experience ought to be separated from the pure proving symptoms, fine and well, but is it then necessary to use this distinction to vilify the work of others?

Instead, the argument against clinical information seems designed to shut out by disqualification, the vast part of current innovative developments. We have not even discussed the incessant criticism of many if not most modern provings. Somehow they are never good enough. What really is the intent of those who never fail to find fault in the methods and teachings of others? Homeopathic history is filled with innovators, from Swan to Compton-Burnett. Though sometimes criticized, their ideas influenced homeopathy and entered the canon.

Having firmly sheered away the vast body of clinical homeopathy, the next step is a fiat of grand consequence:

„The term "homeopathy" was reserved by its founder for a well-defined scientific healing art. Whoever wants to apply different methods of treatment is free to do so - he or she should give them a different name, though, to avoid misleading patients and the public. We deny all those who follow and apply speculative practices the right to call these practices homeopathy.“
(International Declaration)

What is billed as a dialogue turns out to be no discussion at all, but merely the opening argument for a fundamental schism.

How do we find our way out of this? If we were to rise above positions and beliefs we might notice a transpersonal dimension to the principles involved in this struggle.

May I submit that there are three forces in nature: the creative, the maintaining and the destructive.

Conservatism is related to the maintaining aspect. The role of the conservative is to nourish the roots, to call to order, to pull in the reins.

It is the role of the creative to build on the old, to seek new horizons, to forge ahead.

Both principles out of balance with each other become destructive – one bringing tyranny, the other anarchy.

There is strength and resilience when there is a balance between creation and maintenance. There is progressive continuity in an environment of greater stability.

There must be a continuous, active relationship between the center and the periphery in order to maintain the kind of balanced momentum that ultimately strengthens the profession rather than divides it.

In order to achieve this, we should strive to express our thoughts in a manner that is less dismissive, less patronizing, that actually invites dialogue.

There should also be fair and honest consideration given to the findings of colleagues with whom there may be some disagreement or misunderstanding. What may there be to learn from a Rajan, a Divya, a Massimo or Scholten, to nourish all of homeopathy? How may innovative thinkers benefit by conservative criticism?

A practical approach could include uniting to address issues where achieving a measure of consensus would be advantageous to the whole profession. One example is the need to address the changing benchmarks as to what constitutes a cured case. In recent years there has been a movement towards defining a cured case in terms of duration.

How does a time-based standard fit with Hahnemann's conception of the homeopathic curative process. Generally acknowledged definitions for cured cases and agreed proving protocols would relieve a great deal of the anxiety associated with our professional dialogue.

Another suggestion: committees performing provings to test speculative assertions and review case reports according to agreed standards. There could even be volumes developed by professional committees that clearly demarcate proving data, clinically cured symptoms and psychological profiling as offered by various 'authorities'. Standards could be developed for the entry of material that is not proving based. Living authors could give a general introduction to their work. Volumes such as these, produced by the profession for the profession, would give a measure of control to the integration of new knowledge.

Together we must find a new way to discuss and actually address differences in the profession, appreciating the sincere efforts of so many individuals walking essentially the same path. It never pays to think oneself too right in this world.

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