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Referring to Hahnemann's "Lesser Writings" and the "Novum Organon" of Francis Bacon G. Dimitriadis emphasizes in this letter to the editor the essential importance of "pure observation" in proving and prescription (application) of remedies in homeopathy. Prescriptions "according to an imagined or a priori similarity which is unsupported by the evidence of proving data" cannot be called homeopathy, even when they are successful.

Note: The "Novum Organon" of Francis Bacon can be found in the internet under <http://history.hanover.edu/texts/bacon/novorg.htm>.

George Dimitriadis

Pure Observation

Dear Sir,

It seems remarkable that the repeated observations of Hahnemann regarding particular medicinal effects leading to his induction of a general healing principle of similarity, are themselves not sufficient to teach our profession that scientific method is itself paramount and forms the consistent basis for discovery. Hahnemann was clear in detailing the need for a rational and methodical approach to determining the curative properties of medicines,¹ based not upon some 'essential' quality inferred through a greater or lesser knowledge of their physical, chemical, or imagined properties,² but solely upon methodical experiment and observation on the healthy organism.³

Have homœopaths learnt nothing of this very method, spoken of by Francis Bacon,⁴ and consistently applied by Hahnemann? It is on pure observation⁵ alone that Homœopathy continues to exist (despite much opposition), since simple "logic" cannot explain why a substance capable of producing symptoms is equally capable of removing similar symptoms (Similia), just as logic cannot explain the reason why two bodies, each with a mass, exert a force of attraction towards each other (gravity). Yet these phenomena are measurable, and their theories useful in generating specific predictions, which may then be verified (or refuted) through careful testing. It is this purely scientific method⁶ of applied Homœopathy which remains unsurpassed by any other therapeutic approach, and which method gave rise to Hahnemann's observations of OMOION⁷ (Lat. Similia), and from which it derives its very name. The observance of this Similia principle is central to a 'homœopathic' application of medicines,⁸ but what must be impressed here is the method which revealed this principle, which method also forms the mechanism of its continued application and proper evolution.

That the practice of Homœopathy⁹ necessitates the application (in disease) of a remedy which is (most) similar in its observed (health) effects, should not need iteration.¹⁰ But what seems unclear to a significant number of prescribers who have voiced their opinions within the annals of our profession, is the requirement for a factual basis upon which such similarity may indeed be established.¹¹ By this is meant uninterpreted data obtained through careful observation of effects in methodical^{12, 13} proving trials.¹⁴ Whosoever prescribes according to an imagined or a priori similarity which is unsupported by the evidence of proving data,¹⁵ whilst showing their interest in the idea of a homœopathic approach, cannot claim to effect such an application since there is no proving data upon which to verify that the requirements of

similars has been satisfied.¹⁶ An example of this is seen with Rajan Sankaran,¹⁷ who himself told me without reservation (during his 1994 Sydney visit), that provings are unnecessary in Homœopathy – that the essential qualities of a substance or thing may be inferred, and matched to those of a patient (similarly inferred).¹⁸ Whilst postulates such as these may be intriguing,¹⁹ they nonetheless cannot be placed within the boundaries of Homœopathy, pure or applied.²⁰

We do accept that each practitioner has a right to think and practice the way they wish, and there is nothing wrong with imaginings, ideas, postulates, hypotheses, theoretical constructs, insights, etc. – as long as they are taught as being simply that – indeed, they are vital for our future development, since, when properly treated, they are truly the mother of invention. The real problem comes when such ideas begin to be built upon, further and further gathering momentum, until their lack of substance is forgotten, and they assume a position of “fact”.²¹

I would only add my concern that solid factual research does not receive the same degree of attention as the recent commotion on this present topic. I myself wish more homœopaths would focus on even the most basic of topics; as understanding the development of repertory, from Hahnemann through Bönninghausen, to Kent, etc.; on extracting and translating many of the valuable provings scattered throughout the homœopathic periodicals of the last century which have yet to find their way into our materia medica texts; on understanding precisely the criteria used in the grading of remedies within our repertories, and how these must be considered towards a more effective use of such tools in the clinical situation; or perhaps on correcting the many many translation errors which are clearly evident within our most basic and fundamental works on philosophy, materia medica, and repertory.²²

Let us spend less time theorising²³ on the possible effects of a substance, or preparing subjects (provers) for anticipated or pre-conceived effects on one or other functional system, and instead, let us use our time in conducting and recording clear and properly conducted provings,²⁴ which must be offered openly and without interpretation in a pure, organised record (a *Materia Medica Pura*²⁵), and from which an image may then be forged by individual homœopaths who can study these effects at their leisure. This is the way forward. For myself, and for my colleagues at the Hahnemann Institute in Sydney, such basic research topics are always in mind, and our work steadily continues with constant and repeated reference to our slowly increasing library of (copies of) original sources in the German and the English language – which work I must say has proven most rewarding in terms of its application to practice.

Yours in Homœopathy,

George Dimitriadis

Homœopath

Notes

1. Hahnemann states (Essay on a New Principle..., HLW263) “In order to ascertain the actions of remedial agents, for the purpose of applying them to the relief of human suffering, we should trust as little as possible to chance; but go to work as rationally and as methodically as possible.”
2. This is the doctrine of signatures which Hahnemann condemned. I should herein set the record straight – Roger Morrison, in his letter Against Divisiveness, was incorrect to state that the “doctrine of signatures” in the days of Hahnemann referred “simply and only” to the outward shape of a substance being used to infer its healing qualities. Both in his Essays on a New Principle... (Hahnemann’s Lesser Writings [HLW] 249-303), and Examination of the Sources of the Common Materia Medica (HLW664-694), Hahnemann is clear in denouncing not only the use of physical appearances as an inference of healing properties, but also the chemistry (HLW250-252; 673-677), the taste (HLW254; 671), the odour (HLW672), even the simple physiological action (HLW254) of a substance, all of which were commonly used to infer their medicinal

action. But I was more surprised to read Roger Morrison's assertion: "But nowhere does Hahnemann criticize the idea that the source of the remedy has a bearing on the symptoms it produces.", since this could not have been made had the writings of Hahnemann been first consulted. I again quote from Hahnemann in the same essay (HLW257-8):

"... yet my conviction compels me to give this warning, that, be the number of genera ever so many whose species resemble each other very much in their effects, the lesser number of very differently acting species should make us distrustful of this mode of drawing inferences ..."

* Conclusions relative to similarity of action betwixt species of a genus become still more hazardous, when we consider that one and the same species, one and the same plant, frequently shows very varied medicinal powers in its different parts. How different the poppy head from the poppy seed; the manna that distills from the leaves of the larch from the turpentine of the same tree; the cooling camphor in the root of the cinnamon laurel, from the burning cinnamon oil; the astringent juice in the fruit of several of the mimosæ, from the tasteless gum that exudes from their stem; the corrosive stalk of the ranunculus from its mild root."

3. Refer Essay on a New Principle... "Nothing remains for us but to experiment on the human body" (HLW258); "Nothing then remains but to test the medicines we wish to investigate on the human body itself." (HLW263).
4. Francis Bacon (1561-1626) clearly wrote (refer Advancement of Learning, Second book, and Novum Organum, First book, esp. §§14,19,20,105,106) that the process of induction upon repeated observation of particulars must be put to the test of an attempt to find instances which are contradictory, prior to drawing any definite general conclusions - not, as was the custom of "logicians" in his day, to draw conclusions or models based upon unobserved, imagined principles which are existing and general.
5. I refer the reader to The Medical Observer (HLW724-8), wherein Hahnemann describes with great clarity, the process of pure observation.
6. The "Scientificity of Homœopathy" has been dealt with in my 1989 essay of that title, but the four basic conditions to be satisfied in a modern scientific method may be here repeated as: observability, reproducibility, predictability, testability. If a postulate or hypothesis is untestable for verification or refutation, then it is neither sustainable nor scientific, even though it may be appealing.
7. This is precisely the capitalised Greek form of the perhaps more familiar "omoion" (omoion, pronounced "omeon" with emphasis on the first 'o' [the "oi" combine to form a single sound - diphthong), used by Hahnemann to generate the composite term of Homœopathy ("omoion paqoV" as given by Hahnemann himself [refer Nota Bene for my Reviewers, HLW660, footnote]), and which forms the sole basis of everything homœopathic. This holds true to such an extent that Hahnemann subsequently coined the term "allopathy" (Gr. alloV [allos] = other than) to refer to all (medicinal) practices which rely on a therapeutic approach other than the homœopathic (similar) one.
8. That is, according to the single fundamental principle of applying the principle of Similia (Gr. omoion) as determined by experiment and observation, upon both the healthy (provings) and the sick (patients), in each and every case.
9. I would here point out to our American colleagues, that the spelling of Homœopathy is improperly rendered "Homeopathy" even if it be done for the sake of phonetic consistency with the rest of their language, for in this special case, the diphthong (œ) is significant in that it indicates the source of the term from the Greek "omoion" (omoion; Latinicised as omœon or omœo as a prefix = similar [Similia in the Latin]). To replace the prefix homœo with homeo removes its etymological connection to the foundation stone of its existence, the "Law of Similars." We must retain the diphthong within the term Homœopathy - how would it be for psychiatry to be written as syciatry (which would similarly remove any connection to its etymology from the Greek "yuch" (psyche [=soul])); or physics (Gr. fusikh [physics, physical]) where the "ph" informs the scholar of its Greek root, as "Fisics" (itself suggesting a Latin root); taxonomy (Gr. taxiV [class] as tacsonomy, etc. These few familiar examples should serve as ample evidence that the roots of specific terms must not be removed if we are to retain their fullest meaning and therefore a sense of connection, especially for future generations, to our inheritance.
10. The reader who cannot accept this single point is ignorant of Hahnemann's defining moment giving rise to the birth of Homœopathy as a system of medicinal therapeutics, and must be considered in no position to argue on matters 'homœopathic'.
11. Hahnemann states (Essay on a New Principle...[HLW263]) "In order to ascertain the actions of remedial agents, for the purpose of applying them to the relief of human suffering, we should trust as little as possible to chance; but go to work as rationally and as methodically as possible. We have seen, that for this object the aid of chemistry is still imperfect, and must only be resorted to with caution; that the similarity of genera of plants in the natural system; as also the similarity of species of one genus, give but obscure hints; that the sensible properties of drugs teach us mere generalities, and these invalidated by many exceptions; that the changes that take place in the blood from the admixture of medicines teach nothing; and that the injection of

the latter into the bloodvessels of animals, as also the effects on animals to which medicines have been administered, is much too rude a mode of proceeding, to enable us therefrom to judge of the finer actions of remedies. Nothing then remains but to test the medicines we wish to investigate on the human body itself.”

12. Hahnemann states (Contrast of the Old and New Systems of Medicine, HLW723) “Now it is not merely one single observation, but all experiments and observations carefully conducted demonstrate in the most convincing manner (to every sensible individual who will be convinced) that among medicines tested as to their pure effects, that one alone, which can produce in the healthy individual a similar morbid state, is capable of transforming a given case of disease, rapidly, gently, and permanently into health, indeed, that such a medicine will never fail to cure the disease.”
13. Accidental provings or other poisonings, if accurately recorded may also yield a useful record for the homœopath, but the methodical and carefully conducted proving trial is by far the most effective and consistent method of observing the effects of a substance.
14. For provings to be objective and determinate, provers must not be aware of the medication or its preparation/potency, nor must they be told in advance the area or function of their normal state of health they should observe. To prepare an observer in this way is to add a possible bias, influencing the actual reporting of phenomena – a prover “primed” to look for effects on a particular region or function (dreams, emotions, desires/aversions to food & drink, digestive or sexual functions, menstruation, etc.), will be more likely to infer such effects in their eagerness to actively participate. Moreover, the “breaking of the code”, whereby the symptoms are related to the referee, must be done in isolation of other provers, such that no interpretation is available or influence exerted between the provers. The referee themselves should have no knowledge of the remedy or potency/preparation being proved, in that way, their own influence shall not weigh in at the point of collection of data. There are other reasonable safeguards which must be built in to a properly conducted proving if it is to provide an accurate and certain record of pure (uninterpreted) effects, which record may later be studied to generate an interpretative image by each and every homœopath who wishes to do so. The record thus remains pure forevermore, yet the image may be subject to change according to experience (coupled with a review of the original record). It is quite surprising and at the same time disappointing to learn that such safeguards are not even considered in many of the (so-called) provings in recent times, and this probably stems from a lack of a basic understanding of (I prefer to think not from a disinterest in) the need for proper methodology in such important endeavour.
15. Even the most beautifully constructed and intricate models, which are still in abundance today, can never be acceptable until their actual similarity is demonstrated through provings.
16. The success of a prescription in any given case of illness is itself no proof of its homœopathicity, since almost every other (i.e. allopathic) therapy can claim and even show individual successes.
17. I cannot comment on others with whose practices I am not personally familiar, but I can offer my observations on the practice of Rajan Sankaran, having spent a number of weeks in Rajan’s clinics in Bombay (both at his private clinic and at the teaching hospital) during 1987 & 1989. These comments are given without disrespect of Rajan as a person, whom I acknowledge as a great thinker (it was I who organised his Sydney Seminar in October of 1994), but as a statement of fact which the doubtful reader may confirm with Rajan himself.
18. Rajan Sankaran often seeks to apply remedies by virtue of his “perception” that their essential “nature” matches that of the patient’s illness. During his Sydney seminar for example, he simply inferred the similarity between one patient and the essential qualities of humanity (as he understood it) – suggesting that *Lac humanum* (completely unproven at that time), would have been the appropriate homœopathic remedy should a medicine have been required.
19. Francis Bacon eloquently discusses this subject in his *Novum Organum* (First Book, §20) “...for the mind is fond of starting off to generalities, that it may avoid labour, and after dwelling a little on a subject is fatigued by experiment.”
20. Whilst the “homœopathicity” of a therapeutic agent (medicine) is determined solely upon the (observation-based, untestable-theory free) similarity of its symptoms with those of the presenting illness, the test of a homœopath is less rigorous, being determined only on their intent to give the most similar remedy in each case (with the proviso that such intent is pivoted upon solid observational provings phenomena). All of us must admit of occasional (though diminishing with experience) mistakes in our homœopathic diagnosis, i.e. in selecting the most homœopathic remedy to the case at hand, but this does not mean that we were not homœopaths in that case – so long as our intent to give the most similar remedy was clear and always in mind.
21. That this also happens too frequently within the mainstream scientific community is confirmation that such tendencies are fairly commonplace, even amongst people of the most rigorous training which seeks to avoid such occurrences.
22. This in itself is a significant problem, and our own research has revealed our English language literature has frequent and significant errors of typography and translation, omissions, arrangement (repertories) etc. Who

amongst us will add to the development and perfection of Homœopathy through their efforts at rectifying some of these deficiencies?

23. This situation is not new to the endeavour of learning, as can be seen in the statement of Francis Bacon (*Novum Organum*, First book, §112) “For men have hitherto dwelt but little, or rather only slightly touched upon experience, whilst they have wasted much time on theories and the fictions of the imagination.”
24. Hahnemann, on the problem of the physician ascertaining the curative effects of drugs, states (*Contrast of the Old and New Systems of Medicine*, HLW723) “This problem he cannot solve by any speculative a priori research, nor by any fantastic reveries – no! he can only solve this problem also, by experiments, observation, and experience.”
25. Hahnemann again emphasises (*Organon*, §144): “From such a materia medica everything that is conjectural, all that is mere assertion or imaginary should be stricly excluded;...”