

Dr. Moskowitz's article "The Fundamentalist Backlash: Revisiting an old problem" was a reply to André Saine's treatise "Homeopathy versus Speculative Medicine: A call to Action". It first was submitted for publication in the journal *Simillimum* on condition that no editorial changes were to be done which was refused by the publishers. To render it accessible for the readers following the debate it was published by the HANP (Homeopathic Academy of Naturopathic Physicians) in the internet under <http://www.healthy.net/hanp/controversy.htm> (not available anymore).

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By means of this article Dr. Moskowitz reacts as one of the signers of the letter "Against Divisiveness" to the answer of André Saine titled "Homeopathy versus Speculative Medicine". He explains which parts of the teachings of Sankaran, Scholten and Mangialavori he values as useful, and that similar developments can be found already since the time of Farrington. He discusses, to which extent these approaches are speculative and how far they correspond to the principles of homeopathy according to Hahnemann. The fact is explained, that these disputes concerning the purity of the doctrine represent a recurring theme in the history of homeopathy since Hahnemann.

Richard Moskowitz, MD

The Fundamentalist Backlash: Revisiting an Old Problem

As a co-signer of the letter "Against Divisiveness" in *Homeopathy Today*, May 2001, I was moved to write this article in response to André Saine's learned and passionate tirade, "Homeopathy versus Speculative Medicine: a Call to Action," in the October issue, and to the even longer version in *Simillimum*, Fall 2001.

An experienced and reputable prescriber from Canada, Dr. Saine does the homeopathic community a huge disservice by hiding his ignorance of the new teachings in the venerable robes of Hahnemannian doctrine. With his opening words, his ambition to defend holy writ and prosecute heresy in its name is proclaimed with a crusading zeal and an inner certainty that disdain any further proof or justification:

Twenty-one prominent [homeopaths] have signed a letter to Julian Winston [in which they] accuse him of being intolerant and divisive by advocating his personal beliefs. Such accusations are not new to Homeopathy, simply because it is based on fixed principles, and its history is characterized by [those who] call their practice homeopathic in spite of practicing contrary to [them]. Over 100 years ago, Lippe said, "To try to defend the master's teachings which led to success, to try to show erring men the baneful consequences of their backward sliding (this surely cannot be construed into a persistent effort to divide the school.

In this conflict, one thing is clear: divisions within the profession are always initiated by authors and supporters of approaches incompatible with Hahnemann's specific method, [i. e.,] homeopathy, and not by Hahnemannians, upon whom it is incumbent to keep denouncing the numerous representations and departures.

Therefore, the question is: are the signers promoting any false doctrine? (1)

As his subsequent exposition makes clear, his "call to action" reads like a Fatwa against the majority of homeopaths who are practicing now, have ever practiced in the past, and are likely to do so in the future, to the effect that any who use remedies in a manner not foreseen and explicitly sanctioned by Hahnemann are to be summarily excommunicated from the Church of our faith.

As a rebel by instinct and a heretic by choice, I don't take kindly to anyone claiming to decide what qualifies as true homeopathy, to begin with; and even if there were such an authority, André's latest hatchet job makes it clear that *he* isn't the one. In any case, I'm not going to let him monopolize the name of Hahnemann for his own exclusive use in a new situation that the master never had to face.

Moreover, he seems not to know or care that such conceits make it much more difficult for the average reader to take the rest of what he says very seriously, which is a pity, because he's also included some history and philosophy that are well worth pondering, and because our apparent inability to encompass divergent points of view and learn from each other represents exactly the sort of divisiveness that led me and my colleagues to send our letter in the first place. Personally, I have always regarded homeopathic medicine as a philosophy and a method of healing the sick rather than a religion, and have never believed or taught that any point of doctrine, however important, is ever worth killing or dying for, especially one that we all agree with and hold dear.

For all of these reasons, I will try to overlook his personal shtick and accept this opportunity to report on what my colleagues and I have been studying for the past few years to a larger circle of homeopaths in light of their concerns and criticisms. For André is only one notable example from an impressive collection of serious readers and students, including such widely respected figures as Julian Winston, Steve Messer, Jennifer Jacobs, Dean Crothers, Joel Shepperd, et al., who have recently written to or for *Homeopathy Today* in protest against various aspects of these new and admittedly controversial ideas.

While by no means considering myself an expert in or a committed exponent of a particular point of view, I will at least endeavor to address these critics, with three basic purposes in mind:

1. to articulate what I as an experienced homeopath find inspiring and useful in the newer teachings of Sankaran, Scholten, et al.;
2. to examine them in the light of the old-fashioned Hahnemannian principles, precisely the test that André has insisted upon; and
3. to reflect on their significance in the historical development of the homeopathic movement.

1.

First, André exaggerates the extent to which we depend on the new teachings as a real or imagined cure for our difficult or failed cases, however numerous these may be. What first attracted me to them, and what sustains my interest in them today, is the clarity and depth of understanding that they bring to large areas and important themes in our theory and practice which, despite practicing faithfully in the classical tradition for many years, I have found relatively obscure and inaccessible until now.

Most of the time, they merely supply an extra dimension that confirms or fine-tunes the customary process of remedy selection that André would presumably approve of. In any case,

his taunt that we stray into woo-woo land because we lack the patience to do it right and the skill to match his results is a cheap shot for which he'd do well to apologize.

The first important theme of the new teachings is simply the continuation of an old one, which has remained controversial ever since Kent introduced it. Even before Kent, the great E. A. Farrington already clearly understood the need to go beyond the detailed particulars of the remedy, to put them together into a an integrated whole that was more than the sum of its parts:

We include all the symptoms that we observe. Then what have we? *A mass of symptoms seeming to have no connection at all.* . . . When you have the changes *in toto* that this substance has made on the system, then you have the pathology of the case. This grand effect of the drug must be [kept] in the mind always, qualifying the individual symptoms. You may express this as you choose. Some call it the genius of the drug. *This you must have in your mind or the other symptoms are worthless. Did you not do this, you would be a mere symptomist,* a term of reproach. You must know what the whole drug does or you will not be able to appreciate any one part of [it]. You can find twenty drugs with precisely the same symptoms. How will you decide between them? How is this general action found? *By the study of the drug as a whole.* [Italics added] (2)

The importance of this innovation is best appreciated in contrast to an excellent older *Materia Medica* like that of Lippe, for example, which consists of rows of symptoms characterized as fully as possible and neatly arranged by systems, in the economical style of the *Materia Medica Pura*. Thus under the mental symptoms of *Pulsatilla* we read the following:

Mild, bashful yielding disposition, with inclination to weep.
Peevishness, which increases to tears . . .
Gloomy, melancholy, full of cares.
Mistrust; anthropophobia.
Anguish about the heart, even to desire for suicide.
Tremulous anguish, as if death were near.
Covetousness. (3)

In his Preface, Lippe carefully disclaims any pretensions to completeness, his sole purpose being to list "the most characteristic symptoms of the best proved and most used of our medicines." Kent's *Materia Medica* similarly arose from a series of lectures to his students, intended to help guide them through the huge volume of raw material that already existed. But in lieu of selecting and listing one by one a few keynote and confirmatory symptoms, as Lippe did, Kent synthesizes them in an easy, discursive style, enlivened by his clinical experience of patients who had received and benefited from the remedy, in order to distinguish the nuances of the *Pulsatilla* archetype from that of other remedies with the same keynotes:

The *Pulsatilla* patient is an interesting one, found in any house [with] plenty of young girls. She is tearful, plethoric, and generally has little credit for being sick from her appearances, yet is most nervous, fidgety, changeable, easily led and easily persuaded. While mild, gentle, and tearful, she is remarkably irritable, not in the sense of pugnacity, but easily irritated, touchy, always feels slighted or fears she will be.

Melancholia, sadness, weeping, despair, religious despair, fanatical; full of notions and whims; imaginative; extremely excitable. She imagines the company of the opposite sex a dangerous thing, and that it is dangerous to do certain things well established in society as good for the human race.

They imagine that milk is not good to drink, that certain articles of diet are not good for the human race. Aversion to marriage. A man takes it into his head that it is an evil thing to have sexual intercourse with his wife. Religious freaks; tendency to dwell on religious notions; fixed ideas concerning the Scriptures; dwells on sanctification until he becomes fanatical and insane; thinks that he is wonderfully sanctimonious, or has sinned away his day of grace. Puerperal insanity in a woman who was mild, gentle, and tearful, later sad and taciturn, and then sits in her chair all day answering nothing or merely nodding her head yes or no. (4)

While using his experience imaginatively, Kent does not speculate or go beyond the detailed proving symptoms, but simply *dramatizes* them in the context of actual human beings, such that the remedy is no longer a mere assemblage of symptoms, but a living unity, a kind of composite of all who have ever taken it. In that sense, Kent was the first "illuminist," a proud lineage extending unbroken from Vithoukas, Whitmont, and Coulter to Sankaran and Scholten today.

These archetypal portraits or "essences" are merely study aids and were never intended to circumvent or replace the laborious and difficult yoga of detailed *materia medica* study. Quite the contrary: such teaching value as they possess is solely attributable to their relevance and accuracy, which in turn presupposes a hard-won mastery of remedies in the good old-fashioned way, based on provings and clinical confirmations, just as Hahnemann and Lippe had insisted upon.

This experiential basis is just as clearly evident in Sankaran's *The Soul of Remedies*, a brief digest of *materia medica* which he too issued only reluctantly at the insistence of his students. Following Lippe, he gives a small number of valuable indications already translated into repertory language, but these are preceded by and organized around information regarding the miasm or pathological style and in some cases the plant or animal family or mineral subgroup to which the remedy belongs. Thus in his version of *Pulsatilla* we read the following:

Pulsatilla is a plant [and] belongs to the sycotic miasm. The main feeling is that of softness. It is like the windflower, which must bend to every gust of wind in order to survive. Translated into the human situation, it is the feeling, "I will survive if I am soft and gentle, not hard and rigid." It is as if there is an inner weakness in *Pulsatilla* which is not able to face the hardness of the world. She tries to cover it up by finding soft, caressing, gentle people from whom she can get the tenderness she misses and needs. There is a kind of childishness or girlishness: she remains stuck at puberty and is afraid of facing men [and] sexuality. In order to get the affection she needs, she can be very affectionate and caring, can weep easily, is sympathetic. If she is not able to get what she seeks, she feels extremely forsaken, as if alone in the world. [She] can be servile, mild, and submissive. What is less easy to see is the selfish motive behind it, [the] greed, jealousy, and the desire to get all the attention for oneself.

Rubrics:

Carried and caressed, desires to be.
Delusion, alone, she is always.
Delusion, world, she is alone in the.
Delusion, neglected his duty, he has.
Despair, religious, of salvation.
Fear, dread of men.
Forsaken feeling.
Grief, silent submissiveness with.
Selfishness.

Servile, obsequious, submissive.
 Yielding disposition.
 Weeping, consolation amel.
 Ailments from jealousy.
 Childishness. (5)

Like Kent, Sankaran weaves the rubrics together into a composite human being who sounds very much like people that we know. By no means fabricated out of whole cloth or unsubstantiated by basic *materia medica* information, his version is really quite the opposite: an imaginative, empathic rendering of that material, incorporating as many of its elements as possible, but with the added dimensions of the family grouping and the miasmatic diagnosis, neither of which Kent made much mention or use of.

Implicit in what I've said, the second theme of the new teachings was also championed long ago by Kent, clearly articulated by Whitmont, and further elaborated by Vithoulkas and Coulter in our own time. In both Kent's *Materia Medica* and Whitmont's *Psyche and Substance*, the core features of most remedy-pictures are based on the mental and emotional characteristics, with the physical symptoms grouped around them, as if on a template or matrix that could impart *meaning* to them. (6)

Long before Sankaran and Scholten, this psychological emphasis led to serious criticism from some veteran homeopaths, who rightly objected to students memorizing condensed and highly mentalized versions of the remedies in lieu of more detailed study, and who in some cases opposed the idea of "essences" at all. (7)

In Sankaran's work, this psychologizing tendency is extended and refined by the further discovery that fears, dreams, and delusions can reveal the pure, uncompensated emotional state, and that patients' subjective descriptions of pain give access to a purely energetic realm where physical and mental symptoms ultimately speak the same language. With the *Fungi*, for example, computer analysis of the pain rubrics, the mental symptoms, and especially the fears, dreams, and delusions of *Secale*, *Agaricus*, *Ustilago*, *Bovista*, *Psilocybin*, and other remedies of the family enables him to investigate the distinguishing features of each and the common themes of all at the same time:

Sensations

Invaded	Pains, boring
Taken over	Pains, digging
Under superhuman control	Pains, burning, as from sparks

Passive Reactions

Idiocy, foolishness	Wrinkled
Naïveté	Atonic
Self-pity	Laxity of tissues
Gloomy	Awkward
Despondent	Silent delirium

Active Reactions

Fighting, strength	Egotism, creative power
Violence, rage	Exalted strength
Convulsions, delirium	Expanding, expansive
Courage	Invading, invasive

[Some remedies, with key rubrics:]

<u><i>Secale cornutum</i></u>	<u><i>Solanum tuberosum aegrotans</i></u>
Spark-like pains	Delusions of thieves, robbers
Skin eruptions, leprosy	Delusion, hand cut to pieces

Impulse to bite, desires to kill
 Estranged from family, relatives:
 Mocks, feels forsaken by them
 Rage, fury, biting
 Lack of moral feeling, shameless
 Tears genitals, self-mutilation
 Godless, unsympathetic

Agaricus

Must outdo oneself, or be done in
 Desires to fight
 Never satisfied
 Tries to satisfy everyone:
 "Leader of the masses"
 Fighting, invading
 Great strength during seizures
 Runs in dangerous places

Delusion, city destroyed by fire

Psilocybin

Great strength, as if possessed
 Dreams of vampires
 Delusion, under superhuman control

Ustilago

Consumption, TB diathesis
 Bleeding fibroids, miscarriages,
 tired from, immobilized by
 Stuck "between a rock and a hard place"
 Rock inside her getting larger,
 as if would come out
 Feels small, others large
 Feels put in box, "boxed in," as if would explode
 Activity alternates with stupefaction, clumsiness

Bovista

Pains digging, burrowing, as from pointed instrument
 Courageous, strong, desires to fight
 Dreams of walls falling in
 Dreams of being arrested, imprisoned
 Dreams of epidemic diseases (8)

Sankaran's reinterpretation of the totality of symptoms thus leads directly to a third valuable teaching, also envisioned by the old masters. Like the search for holistic remedy pictures, the classification of remedies into kingdoms, plant or animal families, and mineral or chemical subgroups follows logically from the goal of *materia medica* study, i. e., learning to recognize each remedy by distinguishing it from all others, especially from those most closely resembling it. (9) In the past, this was done symptom by symptom, by comparing and contrasting remedies that share an important keynote, a laborious task that leaves students without a synoptic view of the *materia medica* as a whole.

Here too Farrington broke new ground, by organizing his lectures into groups of remedies according to kingdoms and families, his motive being to make the task of learning so much detail about so many remedies as rational and scientific as possible:

It is my duty to show you the genius of each drug, and the relations which drugs bear to one another. . . . The first I have called the *family relation*, derived from their similarity in origin. *When drugs belong to the same family, they must of necessity have a similar action.* For instance, the halogens, *Chlorine, Iodine, Bromine*, and *Fluorine* have many similitudes, because they belong to one family. So, too, with drugs derived from the vegetable kingdom.

Take for instance the family to which *Arum triphyllum* belongs. There you find drugs which resemble each other from their family origin. Take the Ophidians, and you will be perplexed to tell the differences between *Lachesis*, *Elaps*, and *Crotalus*. [Italics added] (10)

At last, a whole new generation of homeopaths all over the world are carrying out Farrington's magnificent project, with the help of computer software and a few dedicated teachers with a comprehensive knowledge of remedies. A few years ago, the Italian homeopath, Massimo Mangialavori, MD, confirmed and fleshed out what Farrington had already alluded to, that most of the important keynotes of *Lachesis*, namely,

1. bilateral asymmetry,
2. intolerance of tight clothing,
3. ailments during and after sleep,
4. affinity for the ENT region, with symptoms of choking and constriction,
5. PMS and general relief of all symptoms from menstruation, talking, or any discharge,
6. passionate, sexual, competitive nature,
7. deadly cunning, deviousness, and psychic ability, and
8. thrombotic and hemorrhagic phenomena,

are more or less characteristic of the snake remedies as a group, and by no means peculiar to *Lachesis* alone. (11) Far from supplanting our old understanding of *Lachesis*, the family concept has enhanced it by using this best-known representative of the group to help differentiate the others from it.

The same is true of the mineral kingdom, where Scholten's years of training as a chemist and Sankaran's extensive study of the Periodic Table have enriched our understanding of these remedies as well. Using the nearly identical symptom-pictures of *Mercurius vivus* and *Mercurius solubilis*, Kent had already differentiated the salts of mercury on the basis of relatively minor individualizing features from the "parent" substance. (12) Kent had also begun to distinguish salts of other elements in a preliminary way by including salient features from both components, until the salt was proved in its own right. (13)

As with the animal remedies, Sankaran has validated and extended these traditional practices by careful analysis of the repertory. In *The Substance of Homeopathy*, for example, he characterizes the *Calcarea* group and compares the symptoms of several members:

Calcium was used by the earliest forms of life to offer protection in the form of a shell or exoskeleton. In humans it occurs primarily in bones, which give us stability and protect vital organs like the brain, heart, lungs, and spinal cord. The main feeling of *Calcarea* is the need for stability and security. He feels like an oyster without a shell and seeks protection. He has fear of animals, dogs, physicians, and disease. He seeks protection from others, and in an uncompensated state relies completely on them. This can be seen in *Calc. carb.* children and young people who are accompanied by their parents and never answer directly but whisper to [them]. Even the *Calcarea* adult is usually accompanied by [a] relative. I hear the sentence "I am happy when everybody is around me" from many *Calc.* patients, [representing] the need to have people for protection and security. The *Calcarea* person is [also] a home builder: the home represents the protective shell he needs around him. What I have said applies especially to *Calc. carb.*, [which] brings out the best picture and the main feeling of calcium. (14)

This simple picture, which I have abbreviated considerably, becomes the basis for differentiating the main *Calcarea* salts, using the language of chemistry metaphorically to summarize the wealth of materia medica knowledge and information contained in it:

Calc. Sulph.

Calcium sulphate is most familiar as plaster of Paris, the function of [which] is to provide stability in a plaster cast: this is the *Calcarea* component. The Sulphur component introduces an element of ego and appreciation. To be valued, to have some standing in life requires that one be knowledgeable, wealthy, and have a certain position in society. These can only be attained by putting in effort, and thus the *Calc. sulph.* person is constantly trying to do things that will gain him appreciation.

There is a constant feeling of not being appreciated or valued, of being put down or suppressed. [Yet] he cannot react with the anger or indifference of *Sulph.*, for he depends on these people for security. The most he can do is to complain and quarrel: "Lamenting that he is not appreciated;" "Quarrelsome." [Or} he can try to do everything to make others appreciate him, [in his] work, manners, and appearance. In *Calc. sulph.*, the typical situation is [one of] sibling rivalry, where children feel unappreciated at home.

Hepar Sulph.

Hepar was introduced by Hahnemann, who heated the white interior of the oyster shell with flowers of sulphur, [creating] an unnatural substance. *Hepar* is very different from *Calc. sulph.*, probably due to [its violent] mode of preparation. It [is] a syphilitic remedy; yet its internal feeling is nothing but an extreme form of *Calc. sulph.* The *Calc.* portion is represented by fears, but [they] are exaggerated and more intense, e.g., "Frightful visions of fire and dead persons:" it is a violent fright. [Similarly,] the irritability of *Sulph.* is present, but again in a more violent form: "Violent, passionate, fretful;" "Wrathful irritability even to the most extreme violence, threatening to end in murder and arson." Phatak gives: "Ferocious; wants to kill those who offend him, to set things on fire." *Hepar* has the feeling of being terribly offended or insulted by the person who is supposed to look after you, [like] the feeling that precedes a violent revolution, [in which] things are set on fire and people murdered. (15)

Sankaran never suggests or implies that these analyses are a basis for prescribing, and simply offers them as a schema around which to group and understand the particulars. But that is a priceless gift, not only in redirecting our study when well-indicated remedies fail to work, but also in potentiating our enjoyment and appreciation of the natural world, which is a lot of what I love about this work.

Exactly the same considerations apply to the doctrine of signatures, which Sankaran is often put down for having misused. In his version of *Hepar sulph.*, for example, he notices and relishes the parallel between the manner of its preparation and the symptomatology that leads us to prescribe it. By itself, the chemistry neither dictates nor explains the clinical picture, but simply indicates a deeper level of correspondence. Many other examples are cited throughout my book *Resonance*, such as the coincidence that *Lachesis* is named for the Greek goddess of Fate who was supposed to fix the span of life, and that Hering died on the anniversary of his proving it over 50 years earlier, almost to the day. (16) "Signatures" are metaphors, teaching aids that aid our study by arousing a sense of wonder.

In *Homeopathy and Minerals*, Jan Scholten, who like Hahnemann was trained as a chemist, gives a brief summary of "group analysis," which is similar to the method of Sankaran:

Until now the most important method of studying homeopathic remedies has been to look at all the remedies separately. In group analysis we look at groups of remedies and extract from [them what] is in common. Those symptoms will be used in the various remedies which contain that element.

[This method] is least successful on the level of local complaints. On the level of general characteristics [it] can be applied very well. [But] it is on the mind level that group analysis can offer the greatest benefits. Once the central themes of the composing elements are known, it will be possible to deduce the theme of the [compound]. The great advantage [of doing so] is that we get not only the separate themes of the composing elements, but also [their] combination. An incidental effect of group analysis is that certain aspects of remedies that we know already can sometimes become more clear. (17)

There is nothing even remotely speculative about this. Thorough and businesslike throughout, Scholten merely extracts proven or confirmed symptoms from the repertory and scrutinizes them in a different way. Where new provings are conducted, he also supplies new information, but mainly he rearranges and reinterprets what is already there, like all other writers on *materia medica* before and since. The same project is now afoot for the plant kingdom as well, despite the enormous number of species and genera involved, which has made such research impractical until now.

The final theme of the new teachings, an expanded understanding of the chronic diseases or "miasms," is built on the three original types from Hahnemann's *Chronic Diseases*, the psoric, sycotic, and syphilitic:

In Europe, and also on the other continents, *so far as is known, according to all investigations, only three chronic miasms are found*, the diseases caused by which manifest themselves through local symptoms, *and from which most, if not all, of the chronic diseases originate*, namely, syphilis, the venereal chancre disease; sycosis, the figwart disease, and psora, which lies at the foundation of the itch eruption. (18) [Italics added]

As the italicized portions make clear, Hahnemann by no means closed the door on the possibility of elucidating other miasms in the future, and hypothesized that these three were paramount because they were the only ones that he could consistently identify at the time. Within that tradition, Kent and Allen in the nineteenth century and Roberts and Sánchez Ortega in the twentieth tried to define the psoric, sycotic, and syphilitic styles on the basis of the totality of symptoms, and not solely by the pathological lesions associated with these diseases in conventional medicine. But such hypotheses have always been regarded as speculative, because there is as yet no general agreement about the miasm concept itself or the number of distinct miasms to be considered.

In his work Sankaran follows Hahnemann very closely, by providing clearer and more exact definitions of the three main pathological styles through careful analysis of the nosodes *Psorinum*, *Medorrhinum*, and *Syphilinum*, and of associated miasmatic remedies like *Sulphur*, *Calcarea*, and *Lycopodium*; *Thuja* and *Natrum sulph.*; and *Aurum* and *Mercurius*, respectively. In addition to the original triad, he has so far identified one generic acute and six intermediate chronic miasms named for well-known diseases that epitomize their main characteristics, just as Hahnemann had done, and has tentatively assigned remedies to each of them:

Sycotic Miasm:

Sensation

There is a weak spot or defect in me
I can't change or correct it,
But only hide or cover it up

Successful state

Keeps weak spot well hidden
Fixed ideas
Ritualistic or OCD behavior

Pathology

Asthma, allergies
Warts, moles, cysts, tumors
Environmental sensitivity

Attitude

I can't change it, but fixed
mustn't let others see it

Failed state

Weakness exposed
Guilt, remorse, self-reproach
Hypersensitive to many things,
leads restricted life

Neurosis

Obsessive-compulsive dx (OCD)
Gonorrhea, cystitis, STD's

Remedies (partial list):*Medorrhinum**Aristolochia, Asafotida**Cannabis, Crocus sativus**Dulcamara, Gelsemium**Lac caninum, most milks**Natrum sulph., Kali sulph.**Pulsatilla**Sabadilla, Sanguinaria**Tabacum, Thuja**Yohimbinum**Palladium, Argentum, Stannum**Silica***TB Miasm:**Sensation

Caught, suffocated, compressed

The opening is narrowing

The time is short there's so much to do

Attitude

If you rest, you're dead

The time is short:

The pace is hectic

Successful state

Hectic activity

Whole effort focused on change or escape

Failed state

Burned out

Headed toward total destruction

Pathology

ADD

Asthma

TB, recurrent bronchitis

Remedies [partial list]:*Bacillinum, Tuberculinum**Apis, Blatta, Cantharis, insects**Tarentula, Theridion, spiders**Arsenicum iod., Bromine**Calcarea phos., Phosphorus**Abrotanum, Agraphis,**Cimicifuga**Cereus bonplandii**Coffea, Drosera**Myristica, Ustilago (19)*

As a teacher of homeopathic philosophy, I have used his analysis to help make sense out of an abstruse and difficult notion, and to add another perspective in case analysis and remedy selection. Although identifying and characterizing miasms in this fashion is certainly hypothetical and even speculative, it is no more so than Hahnemann's own ventures into this forbidding territory, i. e., no less solidly grounded in *materia medica*.

2.

With that background I proceed to the crux of André's indictment, to see what he means by "speculative medicine," and whether and to what extent Sankaran, Scholten, and Mangialavori are guilty of it. Hahnemann indeed expressed himself repeatedly and emphatically on this subject, beginning with the opening paragraph of the *Organon*, "The physician's high and only calling is to restore the sick to health," (20) and continuing in a long footnote:

...not to construct so-called systems by interweaving *empty speculations and hypotheses concerning the internal essential nature of the vital processes and the mode in which diseases originate in the invisible interior of the organism*, nor to give countless explanations regarding the phenomena in diseases and their proximate cause, which must forever remain concealed. Of such learned reveries, to which the name of theoretic medicine is given, and for which special professorships are instituted, we have had quite enough. It is high time that all who call themselves physicians cease to deceive mankind with mere talk, and begin for once to act. [*Italics added*] (21)

In paragraph 6, he declares that homeopathic diagnosis consists of describing the totality of signs and symptoms that can be perceived directly by the senses, and therefore has little need of abstract disease entities:

The unprejudiced observer takes note of nothing in every individual disease except the changes in the health of the body and mind which can be perceived externally by means of the senses, ... which are felt by the patient, remarked by those around him, and observed by the physician. All these perceptible signs and symptoms represent the disease in its whole extent, [and] together form the true and only conceivable portrait of the disease. [Italics added] (22)

In parallel fashion, the homeopathic *materia medica* is grounded in pure experience, in experimental provings on the healthy and observed results of cured clinical cases, and can therefore dispense with a priori reasoning or idle speculation:

There is no other possible way wherein the peculiar effects of medicines can be accurately ascertained than to administer [them] experimentally to healthy persons, in order to ascertain what signs and symptoms of their influence each individually produces on the health of the body and the mind. (23)

As certainly as every species of plant differs in its form and mode of life from every other, [and] every mineral and salt [as well], so they all differ among themselves in their pathogenetic and thus also their therapeutic effects. Each produces alterations in health in a peculiar, different, yet determinate manner, so as to preclude the possibility of confounding one with another. (24)

From such a materia medica everything that is conjectural, all that is mere assertion or imaginary should be strictly excluded; everything should be the pure language of nature carefully and honestly interrogated. [Italics added] (25)

Although they are well worth reading, I omit the rest of André's learned citations on this topic, because I think the above passages fairly summarize what Hahnemann envisions a true *materia medica* to be, what would constitute speculation that should be excluded, and what Sankaran, Scholten, and Mangialavori are alleged to be guilty of.

He should be reminded, however, that the three principal heresies which Hahnemann identified and repudiated in his lifetime, and which the International Hahnemannian Association was explicitly formed in 1880 in order to combat, consisted of

1. *pluralism*, or prescribing more than one remedy at a time, in violation of the principle of the single remedy, based on the totality of symptoms;
2. prescribing in the *allopathic mode*, i. e., for the pathological diagnosis rather than the totality of symptoms of the patient; and
3. *mongrelism*, the mixing of homeopathic and allopathic approaches.

According to these time-honored criteria, Sankaran, Scholten, and Mangialavori are all good classical homeopaths who would have no trouble subscribing to the strict rules of IHA membership. As is apparent from his article, André has not bothered to read their writings and seems content to pass along uncritically whatever rumors he can gather second- and third-hand, no matter how embellished and distorted by serial passage through the grapevine of the same demimonde of young seekers who populate and subsidize his own travels on the lecture and seminar circuit. Indeed, his prurient interest in such gossip looks like a witch hunt for almost anything even remotely incriminating, much as Spanish Inquisitors searched their victims' homes for traces of Jewish or Muslim religious paraphernalia. Nor can it be fair to attack a teaching chiefly for how some beginning students happen to misuse it: if it were, then Hahnemann would be by far the worst offender of all.

Yet, having said all that, I think there is in fact a serious issue with the newer teachings that underlies what so many people are concerned about. As I've said, the problem is not speculative medicine or mentalized "essences" and families or groups of remedies per se, even though I can sympathize with those who question these projects, and agree that quality homeopathy can be practiced without them.

A more basic problem arises from the eclecticism of our wide-open, free-for-all atmosphere in this country, where homeopathy once became moribund and all but died out, and its current revival is still too new to have developed stable traditions for the future. With teachers from all over the world offering seminars to anyone without prerequisite, and regardless of prior medical training, intent to practice, or professional licensure, beginning students exposed to seemingly conflicting ideas may well be at a loss for sorting them out and evaluating them properly. Even for veteran prescribers, the prevailing chaos only fuels the need for easily identifiable standards, like those prevailing in the scientific world at large. In their recent letter to *Homeopathy Today*, "The Emperor Has No Clothes," Jennifer Jacobs and Dean Crothers clearly express this common frustration:

Bravo for your courage in questioning the recent work of our much-respected colleagues. We need dialogue about new ideas, not blind acceptance. Personal attacks on you as editor for [criticism] of books or seminars [and] because the NCH newsletter does not always toe the party line are counterproductive for homeopathy. We need controversy [and] dissension. We need someone to say, "The Emperor has no clothes."

Many of us with long experience in teaching and practice are concerned about the direction in which [we] are moving. Provings conducted without a blinded supervisor and symptoms ascertained in a group discussion are highly subjective and only preliminary to a more formal process. Taking characteristics of plants or animals in nature and applying [them] to human symptomatology is seductive, [and] should be considered as speculative without solid evidence.

It is disturbing to find new students more knowledgeable about small or recently proved remedies than about time-tested polychrests. It is suspicious when in the week following a seminar about a new or small remedy, three cases of it show up in the office of the attendee. These are questions that need to be debated within the community in a rational, professional way. Those who proffer new ideas must be willing to accept criticism without taking it as a personal attack. (26)

I certainly agree that the new ideas can be seductive and dangerous, since the temptation to shortcut detailed *materia medica* study will always be with us, and that they deserve full and open debate in the community, no matter how eminent or charismatic their proponents. Furthermore, like all other hypotheses, they will need continual revalidation, updating, and refinement through further provings and clinical confirmations. But these few caveats fall far short of André's claim that the teachings are inherently valueless or illegitimate.

Finally, since André and others have taken Nancy Herrick to task for her animal provings, and since I reviewed her book in *Homeopathy Today* before Julian felt the need to replace it with one of his own, I want to say a few words on that subject as well.

Although Hahnemann explicitly directs the master prover to interview all subjects regularly, and even to amend the crude data reported by them if necessary, I will let Nancy speak for herself on this point, since few have bothered to read her arguments for allowing occasional exceptions to this eminently sensible rule:

Preferably they are either homeopathic students, colleagues, or advocates of homeopathy. As provers I do not use any patients or people who are not familiar

with homeopathy. Homeopaths make good provers because they are familiar with their own symptoms and [thus] more likely to recognize a new symptom when it comes up, [while] non-homeopaths are more likely to enter old symptoms in the proving record.

I trust homeopaths to record symptoms with accuracy and to appreciate the value of detail. . .

Each prover who is a homeopath decides whether or not they want a supervisor. If they want one, I will provide another homeopath to do it. Non-homeopaths must have a supervisor, who takes their baseline case for at least their first proving. (27)

What she doesn't say is that the bulk of her provers are homeopaths, students at her school, whom she has carefully educated and trained to the point that she may well feel justified in trusting them to an extent that might seem unduly naïve or gullible otherwise. Whether or not her trust was warranted, it is a perfectly legitimate experiment to try, since the validity of her work will have to be confirmed or refuted by the same test of time in any case, by its usefulness in clinical practice over an extended interval. As with the intermediate miasms and remedy families and subgroups, the fact that Hahnemann did not explicitly authorize such a step is not a sufficient reason to invalidate it automatically or for all time. Nor is there any reason why others who feel differently could not and should not repeat the provings in the old way to see how closely they tally.

Exactly the same practical considerations apply to her search for and identification of broad thematic elements in the remedies. As I said in my review, legitimate doubts about the relevance and accuracy of these themes, which will also require a lot of clinical experience to judge, do not invalidate the logic of wanting and attempting to discover them, which is what André and Julian both appear to be stuck on, nor does the fact that Jeremy Sherr, another great prover, prudently elects to avoid this marshy terrain entirely.

Finally, Jacobs and Crothers want to hold her to the highest standards of experimental work in scientific medicine, namely double-blind provings, which says nothing about her fidelity to Hahnemannian principles, since the master conducted detailed investigations of remedies that have stood the test of time without anyone being blinded at all, whether doubly, singly, or otherwise. As it happens, Nancy recently told me that her actual procedure is and has always been doubly blinded, although her writing on the subject is ambiguous and unclear.

3.

In conclusion, it seems fitting to re-examine the general phenomenon of what I will call the "fundamentalist backlash" against the new teachings, led by Julian Winston, André Saine, and altogether improbably, by George Vithoulkas. In a sense André is right to claim the Hahnemannian mantle for his diatribe, for the same intemperate exaggeration and puritanical insistence on ideological purity can be found aplenty in the writings of our master. In his letter "To the Half-Homeopaths of Leipzig," for example, we read the following choice Hahnemannian tidbits:

I have heard that some in Leipzig who pretend to be Homeopathists allow their patients to choose whether they shall be treated Homeopathically or allopathically. Whether they are not as yet thoroughly grounded in the true spirit of the new doctrine, or lack due benevolence to their species, or do not scruple to dishonor their profession for the sake of sordid gain, at least let them not expect me to recognize them as true disciples!

Blood-letting, the application of leeches or Spanish flies, the use of setons and mustard plasters, salves and aromatics, emetics and purgatives, destructive doses of mercury and quinine: these and other quackeries, combined with the use of homeopathic remedies, identify these crypto-Homeopaths as surely as a lion is known by his claws. Let such be avoided, for they regard neither the welfare of the patient nor the honor of the profession. Practice honorably as either an Allopath, as yet ignorant of anything better, or a pure Homeopath for the welfare of mankind. But as long as you wear this double mask, you will be a contemptible hybrid of a physician, of all the most pernicious.

From now on, he who hesitates to prove himself a homeopath in word and deed should never come to me expecting a friendly reception... Should any false doctrine be taught in the name of Homeopathy, or patients be treated with any imitation of Allopathic practice, I will raise my voice and warn the world against such treachery. (28)

André's fanaticism is thus readily comprehensible, since in his own mind he is merely following the strict orders of our founder, from whose ultimate authority virtually everything that we think and talk about is derived, good and bad alike. Like the Inquisition of old, whose righteous fury was directed not against the heathen but those who falsely claimed to be Christians, eminent Hahnemannians throughout our history have felt it their duty to denounce and persecute backsliders, mongrels, and heretics.

Nor are their criticisms necessarily unreasonable or objectionable. When Lippe goes after AIH members for seeking to condense or simplify the homeopathic materia medica, it is difficult for any serious classical prescriber not to agree with and even applaud his words:

The necessity of condensing our materia medica implies that [the latter] is in need of it, that it contains untrustworthy or non-essential material, that it is too large. We have had abridgements by Jahr, Boenninghausen, Hering, Cowperthwaite, and others, but none of them claimed that [these] should take the place of our materia medica, as is now suggested by the Institute. Their efforts consisted merely in [giving] their students a textbook, to facilitate their studies by giving them the skeletons of various remedies, a preparation for the use of the largest collections... Far was it from their intention to sit in judgment over any of the reported and accepted symptoms compiled in our larger works. Every practitioner knows full well that an apparently insignificant symptom found [therein often] assisted him in the choice of the curative remedy. The healer who has learned to utilize Allen's great work, for instance, will shrink from striking out a single symptom, even one word from a symptom. (29)

But the neo-fundamentalist challenge to good classical prescribers is quite new in our history. While some charter members of the International Hahnemannian Association may well have felt uneasy about Kent's remedy pictures, for example, I haven't yet found anything to that effect in print. Once Kent became I. H. A. President, he dominated the world of classical homeopathy with the energy of his provings, the fame of his clinical work, and the charismatic brilliance of his teaching, and he took up the cudgels against mongrels and backsliders even more zealously than Lippe himself.

It was only in the early 1980's that the great George Vithoulkas, a non-physician, was savaged by Eizayaga, Künzli, and other prominent physician-homeopaths, in part for his remedy "essences," which were dismissed as the figments of his imagination; in part for treating only the mental and emotional state and allegedly ignoring the presence of serious physical pathology; and in part for lacking an official medical license and for teaching the method to unlicensed practitioners. With his impeccable classical credentials and prodigious learning,

Künzli sincerely believed that these tendencies foreshadowed a serious decline in the quality of teaching and practice of homeopathy in the United States:

It is my impression that homeopathy in America is heading for oblivion unless a courageous reversal takes place. Two years ago the Pacific College of Naturopathic Medicine originated from the Vithoukas seminars and organized a homeopathic medical school like [those] of yesteryear, but in vain. Such a curriculum can never produce the same quality of education as orthodox medical schools, fully equipped with all the latest ancillaries, etc. I foresee a downhill course to the level of "healing practitioners." Why don't we offer homeopathy solely to licensed physicians as a post-graduate course?

In the Vithoukas courses, too much attention is paid to the symptoms of the mind, the emotions, and the psychological approach. The students are trying hard to analyze the mental and emotional aspects of the patient as if they were qualified psychologists [and] come up with a weird hypothetical "answer" to the case. [But] the clinical signs are just as important as the mental symptoms in my opinion. It is nearly impossible to reproduce such a psychological train of thought. Hence it is easy for Vithoukas to prove his students wrong, [to lead] his devoted disciples into a labyrinth from which he alone can find the way out.

In my opinion it is wrong to judge the success of homeopathic treatment mainly on the emotional level of the patient. The criteria for a real cure are the same as for any other treatment: the whole patient should be improved. If I treat a patient with hypertension, I am not impressed to hear how happy [he] is with my therapy, [or if he is] feeling much better, but his hypertension has not gone down. Vithoukas considers this a totally satisfactory result and doesn't pursue the case any more.

Another thing I dislike in the Vithoukas courses is [his] giving each remedy an "essence." For example, the *Lycopodium* essence is [said to be] "cowardice." [If true,] cowardice shall explain the entire symptomatology, is the central core of [the remedy]. The use of such schematic drug pictures is very dangerous. Anyone cognizant of the materia medica will agree that the *Lycopodium* drug picture has many other facets. If a doctor's mind is saddled with cowardice as the "essence," he may easily miss as many as 90% of *Lycopodium* cases. (30)

In retrospect, notwithstanding all the exaggerations, inaccuracies, and hearsay, many of these criticisms were germane. George's "essences" were so tantalizingly elusive that even the master himself hesitated to publish them until they were pirated from his lectures and circulated without his blessing in unedited form. Moreover, quite a few beginning students did indeed cherish the illusion of learning materia medica by memorizing these pictures and thus dispensing with the endless study that has always been our lot.

Yet the inspiration of both his teachings and his example sustained me and I know many others through two decades of practice, and actually drove me to study more, not less, in despair of ever approaching such a level of mastery. Then as now, George's pupils, including Bill Gray, Dean Crothers, Jennifer Jacobs, Roger Morrison, Nancy Herrick, George Guess, Maisie Panos, and many leading American homeopaths of the day, were unfairly accused of studying and prescribing on essences because we supposedly lacked patience and discipline to do the work of repertorization and detailed materia medica study that the method rightly demands.

For me, the main problem with George's essences was not that they were speculative, but quite the opposite. As the results made clear, they were well grounded in experience, but one that remained uniquely his own and difficult to communicate in a form that could be passed

on to others: they were indeed "illuminist" in that sense. What I took from them was less any particular teaching than the inner determination to find my own path, to develop my own remedy pictures out of my experience, guided by the literature, which is what we all do, even André, whether he admits it or not. That ambition I have never forgotten or ceased to be grateful for.

Much the same objections are now leveled against the teachings of Sankaran, Scholten, Mangialavori, et al., which are new not because they reject Hahnemannian principles, but only because computer software has made it possible to study remedies in a more systematic way for the first time. I have no problem with homeopaths who have no need or use for this kind of information, or are skeptical of it, or choose not to study it, or even to impugn its validity. But idle speculation it most assuredly is not.

Words can hardly do justice to the tragic irony that Vithoulkas, the peerless exemplar of the modern illuminist, should need to roast Sankaran and Scholten, his true heirs in that sense, in the same recipe of seasoned wisdom and spiteful hearsay that Künzli once lavished on him, as if implying that anyone younger than himself who presumes to teach homeopathy is not to be trusted:

Misinformation is added because of simple human ambition. If I find the most crazy idea and spill it [to] the public saying, "Oh, what a great idea this is," I will be somebody. Students then apply the idea, and of course there are no results. . . . People hear about [a] new remedy, and it is prescribed to thousands of cases. Out of all these, there is one in which you had a good reaction. But they don't say that [all the others] were wrong because the people were misled to prescribe that remedy instead of the correct [one.] And the one that was correct appears in the journals: a case of Chocolate, or of God knows what, of *Hydrogen*. Without their knowing it, I gave *Hydrogen* to a group of Italian medical doctors who wanted to do a [proving.] The results are totally different from the ones presented by Jeremy Sherr... (31)

There is no more serious thing than trying to cure a sick person. Stupid puppets cannot do this work. Nobody is ever going to take us seriously, because all this nonsense comes through the teachings, and there is false euphoria. [Then] when you have a practice, when it's something serious, you send the patients to the allopathic doctors, because through the misinformation given by different teachers, students are misled to believe that what we know is true information, [that] the old is not good enough, [that] we need something else, a new thing or a new remedy. Who needs a new remedy? Not one case in my life needed *Hydrogen* or *Chocolate*... (32)

Don't [give] 50 people a dose of 12C or 30C, and [pretend] that there is a whole book of symptomatology. From where? This is not possible. Only people sensitive to a remedy develop clear symptoms, [and] only these make it reliable. Instead of these symptoms, you record all the nonsense, the euphoria and the fantasy that goes on in the group as provings of the remedy. This is killing homeopathy [from the] start. [Suppose that] somebody gave a remedy and [then] asked the students to sleep [on it], [that] some of them had a dream, [and that some in] the placebo group [who] did not take the remedy [had] the same dream. [If you say] that this dream belongs to the remedy in spite of the fact that they did not take [it], it is not to be taken seriously. Why not potentize a stanza, a piece of music? Do you believe that this powder can make a proving, can make you sick? (33)

[About Scholten and the Periodic Table,] if you put them in the same group, what is the practical use of that? Say I put *Lead* or *Ammonium* in the same group with

Antimonium. First of all, it's a fantasy. Secondly, it doesn't prove anything. If you prove a substance correctly, I have no problem [with it] at all: that is perfect, that is absolutely acceptable. But to imagine that most probably this will be a hard person because the diamond is very hard is [something else again]. . .

[About deducing the character of a salt from the combined properties of its individual elements,] This is something which I have spoken of many times, that if he looks like [both] *Sulphur* and *Calcare*, [then] *Calcare sulphurica* may be the remedy. But this is not a hypothesis of Scholten; it comes from Kent. [And] Kent also used *Calcare silicata*, a combination of *Calcare* and *Silica*., This is wrong, even [in] Kent: combining these remedies is useless. (34)

You must prove the remedy correctly. Everything else kills homeopathy, is fantasy projection. I was told that somebody took a case, showed it on video, and [people] said, "It looks like this, [or] like that, like a snake, [or] an eagle." So the teacher said, "Yes, like an eagle," [and] she got an eagle. They took the feather and potentized and gave it, and then [reported] that she got better. That is crazy. (35)

Sankaran alone has done more harm to homeopathy than all the enemies of homeopathy [put] together. And Scholten: these two especially, with all the nonsense that they circulate. The more nonsense you tell these crazy people, the better they like it. There are new teachers appearing all the time, [who] will teach even crazier things. They call [them] "new ideas," [and ask,] "Why don't you accept new ideas?" [But] where is the new idea, really? Prove to me that there is such an idea, and I will believe it. (36)

Another big thing [is] psychology: you [can] project onto your patient whatever you like. We were discussing a case of intense claustrophobia, [for whom] *Stramonium*, *Lycopodium*, *Natrum mur.*, etc., were discussed. Someone said, "This is *Arnica*, because this person most probably had been through an earthquake in a previous life, [when] the roof came down on him and bruised him." [In such a case,] if you give the remedy and the person says "I'm better," forget it: it's pure nonsense. (37)

My problem is not homeopathy. I was very happy treating people. My problem started when they forced me to teach. I do not like to teach. It takes a lot of energy and not much satisfaction.

Curing people, doing homeopathy, I was tremendously happy. I was able to cure some people, and they gave me love and affection: I had a lot of that. The moment people said I had to write, to give examples, it changed. Now I have to write, to teach, to correspond, give lectures, go to other countries, go on television. I had to give up the only pleasure I had [and distribute] my patients to my students. The patients now cannot come directly in contact with me. [But] the worst is teaching. When I teach, I know all the problems in homeopathy, [and] what the students are thinking: I can see it in their faces, [and it] makes me unhappy. Also I'm very unhappy when people try to spoil homeopathy. I feel [that] whatever we did is going to be wasted or spoiled. I could cure people for the rest of my life, even when I'm very old. But don't ask me to teach. (38)

Coming from my old teacher and mentor, this remarkable document saddens me a great deal, not least for him, for his own sense of failure and isolation, and brings back all the love, inspiration, wisdom, and generosity I have always felt from him, even in the throes of his own disappointment. But it also angers and grieves me that he cannot see or allow himself to see the value in any teachings but his own.

From this modern fable I draw the obvious lesson that such disputes are a tragic but recurrent theme in our history. As I've said elsewhere, they arise from the fact that homeopathy uniquely combines a practical method of healing the sick with a systematic philosophy of health and illness. Because it all follows deductively from a few basic principles that cannot themselves be proved, simply acknowledging their truth lends to everything else the appearance of absolute, quasi-religious truth, in the name of which disagreements are healthy, but recriminations practically unavoidable. (39)

By way of a postscript, I have been pondering the significance of these disputes for the future of homeopathy in the United States, and for the role of *Homeopathy Today* in helping to shape it. First, I am not overly troubled by them, because open and lively discussion and debate of many divergent points of view is precisely what the NCH Board had in mind in 1981, when we became an independent organization responsible directly to our membership, and chose the name *Homeopathy Today* for our newsletter. Though not always liking or agreeing with what is printed there, I take pride in the fact that readers of all shades of opinion are interested enough to express their own views about issues that matter to them. For that reason alone, I'm glad we wrote our letter, despite the fact that most of what has appeared since then favors the neo-fundamentalist viewpoint of Andre, Julian, and the rest. More even-handed coverage would do a lot to improve the situation.

Secondly, in spite of our disagreement in emphasis, I am equally gratified by the strong support and appreciation shown to Julian for his tireless and even selfless devotion to homeopathy through almost twenty years of service to the NCH, as historian, librarian, archivist, and editor. He has always been and still remains a close friend and fellow student on the path, whose zeal for what is good and true in our method has always been principled rather than personal or vindictive in nature.

I signed the letter mainly to express my disagreement and dismay at his intemperate and inaccurate criticisms against new styles of teaching and methods of practice of which he has admittedly no more than hearsay knowledge. Had he been content to say what he has since admitted to me privately, that these teachings could be valid in the hands of experienced homeopaths who know their fundamentals, and that the main problem is their facile misuse by beginners, I would be largely in agreement with him, as I am on most things, and a fruitful discussion might have ensued in a more amicable vein.

Finally, I did not then and do not now take issue with him over his freedom of speech. If he intends to remain a major player in this controversy, I'd be delighted to assign him a regular column to rant and rave to his heart's content. But as editor of the official newsletter of the NCH, the largest homeopathic membership organization in the country, if not the world, he also has the thankless but critical task of deciding fairly and impartially what is or is not fit to print in our field. Over and above his own opinions, both his preference for letters and articles reflecting a similar point of view and his exclusive control over the style and content of every issue have made me wonder if it still makes sense for him to wear both of these hats simultaneously.

I actually begged him to give up the editorship years ago, when he first moved to New Zealand, not because we disagreed philosophically, but because I was and remain skeptical that anyone living 12,000 miles away, even one as gifted and devoted as he, can faithfully represent the diversity of viewpoints in American homeopathy today.

Is it a good idea to continue to invest the same person with so much power and responsibility for so many years that even to raise this obvious question sounds like treason? Under these circumstances, offering the editor's job to someone less rigidly identified with a particular ideological point of view and less avowedly hostile to some of the most promising work in

our field seems like an obvious solution. In any case, for asking such painful questions out loud, and for whatever untruths they may in-advertently contain, I can only hope and pray that he will forgive me.

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Dr. Moskowitz addresses the current controversy regarding the recent teachings of such homeopaths as Sankaran, Scholten and Mangialavori. He discusses what he finds useful in those teachings, in what sense and to what extent they might or might not depart from traditional Hahnemannian principles and methods.

Keywords: innovation in homeopathy, fundamentalism in homeopathy, remedy essences, remedy groupings, remedy families, chemical subgroups, Rajan Sankaran, Jan Scholten, Massimo Mangialavori, misamatic analysis, speculative medicine, remedy provings

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Innovation and Fundamentalism in Homeopathy

With deep sadness and some foreboding, I sense that the unusually long period of tolerance and openness to divergent points of view that prevailed in American homeopathy through most of the late 1980's and 1990's is fast coming to an end. To an extent wholly unprecedented in our history, this "era of good feelings" is being threatened by fierce opposition to innovative ideas from within the classical tradition itself, and indeed from some of its finest teachers, including Rajan Sankaran, Jan Scholten, Massimo Mangialavori, Jeremy Sherr, Nancy Herrick, and others. Whether because or in spite of their growing popularity with students and practitioners alike, their ideas have either been stigmatized as heretical and dangerous, or dismissed as frivolous and unworthy of serious consideration.

In this country, the epicenter of the opposition is easily found in the form of letters and editorials appearing in the pages of *Homeopathy Today* over the past year or so, and culminating in Andre Saine's impassioned denunciation, "Homeopathy versus Speculative Medicine: a Call to Action" (October 2001), an even longer version of which appeared in *Simillimum* at about the same time. But strikingly similar feelings were expressed in a long interview with George Vithoulkas that appeared in *Homoeopathic Links* as far back as the Winter of 1999, indicating in retrospect at least that the backlash against the new teachings is in fact systemic and worldwide.

Moreover, serious and open-minded students might well be shocked and confused by the force and vehemence of these attacks, since with the exception of Julian Winston, who is not a practitioner, not only Vithoulkas and Saine, but also Sankaran, Scholten, Mangialavori, Sherr, Herrick, and indeed all the principals on both sides of the controversy are good classical prescribers who adhere to the Law of Similars, the totality of symptoms, the single remedy, the minimum dose, and the Laws of Cure.

Finally, even experienced classical homeopaths have felt increasingly pressured to take sides in a dispute that has no simple right-or-wrong solution. As a physician, my first loyalty must be to my patients, rather than to any doctrine, however widely or deeply held, and therefore I have to feel free to use whatever method helps me find the best remedy for every person under my care. In many instances, that means following suggestions from any of the teachers I have learned from, including any or all of those I have just mentioned. In other cases, it could mean taking an entirely different approach, like isopathy, or pathological prescribing, may God forgive me, or even at times acting on a hunch or an intuition that I can't explain or justify.

In short, the disagreements in question are wholly about matters of technique, which though admittedly important are hardly a fit subject for war or excommunication. I have always regarded homeopathy as a philosophy of health and sickness and a method of healing the sick, not as a religion or creed that could legitimately require exclusive and absolute submission. On the other hand, despite having learned a great deal of value from the new teachings in

dispute, I can also readily identify and sympathize with the objections of their critics, who are, I believe, rightly concerned about the excesses and misuses to which they have sometimes lent themselves.

Therefore, while certainly not an expert in or committed advocate for either point of view, I would like to attempt to mediate and resolve these controversies on behalf of the movement as a whole, by examining in some detail

1. what I and other classical homeopaths have found useful in the newer teachings of Sankaran, Scholten, Mangialavori, et al.;
2. in what sense and to what extent they depart from the traditional Hahnemannian principles and methods, as their critics allege, or at least pose serious pitfalls for the inexperienced or unwary; and
3. how conscientious students can get their bearings in the light of these very old, wholly legitimate, and still unresolved conflicts at the core of the homeopathic endeavor.

1.

The new teachings as aids to *materia medica* study.

First, the critics of the new teachings are apt to exaggerate the extent to which they are intended or used as either real or imagined cures for our difficult or failed cases, however numerous these may be. For myself at least, and I daresay for other experienced prescribers as well, they do not replace and were never intended to replace the old-fashioned hard work of *materia medica* study that remains our best and only legitimate guide to finding the remedy. Indeed, I would say that the opposite is true, that by adding new dimensions and possibilities to our study, they are more likely to add to our choices and thus complicate the selection process than to abbreviate or simplify it.

What first attracted me to them, and what sustains my interest in them today, is primarily the added clarity and depth of understanding that they bring to large areas and important themes in our theory and practice which, in spite of practicing faithfully in the classical tradition for many years, I have found relatively obscure and inaccessible until now.

The "Essence" of the Remedy

The first such theme is really an old one that has remained elusive and controversial ever since it was first introduced in the latter part of the nineteenth century. Although somewhat vague and imprecise about how to accomplish it, the great E. A. Farrington already clearly understood the need to look beyond the detailed particulars of the remedy and to try to put them together into an integrated whole that was more than the sum of its parts:

We include all the symptoms that we observe. Then what have we? *A mass of symptoms seeming to have no connection at all.* When you have the changes *in toto* that this substance has made on the system, then you have the pathology of the case. This grand effect of the drug must be [kept] in the mind always, qualifying the individual symptoms. You may express this as you choose. Some call it the genius of the drug. *This you must have in your mind or the other symptoms are worthless. Did you not do this, you would be a mere symptomist.* You must know what the whole drug does or you will not be able to appreciate any one part of [it]. You can find twenty drugs with precisely the same symptoms. How will you decide between them? How is this general action found? *By the study of the drug as a whole.* [Italics mine: R. M.]¹

The importance of this innovation is best appreciated in contrast to an excellent older *materia medica* like that of Lippe, for example, which consists of rows of symptoms characterized as fully as possible and neatly arranged by systems, in the sparse, economical style of the *Materia Medica Pura*. Thus under the mental symptoms of *Pulsatilla* we read as follows:

Mild, bashful yielding disposition, with inclination to weep.
Peevishness, which increases to tears . . .
Gloomy, melancholy, full of cares.
Mistrust; anthropophobia.
Anguish about the heart, even to desire for suicide.
Tremulous anguish, as if death were near.
Covetousness.²

In his Preface, Lippe studiously disowns any pretension to completeness, his sole purpose being to list "the most characteristic symptoms of the best proved and most used of our medicines." Kent's *Materia Medica* similarly arose from a series of lectures to his students, intended to help guide them through the huge volume of raw material that already existed. However, in lieu of selecting and listing one by one a few keynote and confirmatory symptoms, as Lippe did, Kent synthesizes them in an easy, discursive style, enlivened by his clinical experience of patients who had received and benefited from the remedy, in order to distinguish the nuances of the *Pulsatilla* archetype from that of other remedies with the same keynotes:

The *Pulsatilla* patient is an interesting one, found in any house [with] plenty of young girls. She is tearful, plethoric, and generally has little credit for being sick from her appearances, yet is most nervous, fidgety, changeable, easily led and easily persuaded. While mild, gentle, and tearful, she is remarkably irritable, not in the sense of pugnacity, but easily irritated, touchy, always feels slighted or fears she will be. Melancholia, sadness, weeping, despair, religious despair, fanatical; full of notions and whims; imaginative; extremely excitable. She imagines the company of the opposite sex a dangerous thing, and that it is dangerous to do certain things well established in society as good for the human race. They imagine that milk is not good to drink, that certain articles of diet are not good for the human race. Aversion to marriage. A man takes it into his head that it is an evil thing to have sexual intercourse with his wife. Religious freaks; tendency to dwell on religious notions; fixed ideas concerning the Scriptures; dwells on sanctification until he becomes fanatical and insane; thinks that he is wonderfully sanctimonious, or has sinned away his day of grace. Puerperal insanity in a woman who was mild, gentle, and tearful, later sad and taciturn, and then sits in her chair all day answering nothing or merely nodding her head yes or no.³

While using his experience imaginatively, Kent does not speculate or go beyond the detailed proving symptoms, but simply *dramatizes* them in the context of actual human beings, such that the remedy is no longer a mere assemblage of symptoms, but a living unity, a kind of composite of all who have ever taken it. In that sense, Kent was the first "illuminist," a proud lineage extending unbroken through Vithoulkas, Whitmont, and Catherine Coulter to Sankaran and Scholten today.

These archetypal portraits or "essences" are merely study aids and were never intended to circumvent or replace the laborious and difficult yoga of detailed *materia medica* study. Quite the contrary: such teaching value as they possess is solely attributable to their relevance and accuracy, which in turn requires a hard-won mastery of remedies in the good old-fashioned way, based on provings and clinical confirmations, just as every great prescriber has always insisted upon.

This experiential basis is just as clearly evident in Sankaran's *The Soul of Remedies*, a brief digest of *Materia Medica* which he too issued only reluctantly at the insistence of his students. Following Lippe, he gives a small number of valuable indications already translated into Repertory language, but these are preceded by and organized around information regarding the miasm or pathological style and in some cases the plant or animal family or mineral subgroup to which the remedy belongs. Thus in his version of *Pulsatilla* we read the following:

Pulsatilla is a plant [and] belongs to the sycotic miasm. The main feeling is that of softness. It is like the windflower, which must bend to every gust of wind in order to survive. Translated into the human situation, it is the feeling, "I will survive if I am soft and gentle, not hard and rigid." It is as if there is an inner weakness in *Pulsatilla* which is not able to face the hardness of the world. She tries to cover it up by finding soft, caressing, gentle people from whom she can get the tenderness she misses and needs. There is a kind of childishness or girlishness: she remains stuck at puberty and is afraid of facing men [and] sexuality. In order to get the affection she needs, she can be very affectionate and caring, can weep easily, is sympathetic. If she is not able to get what she seeks, she feels extremely forsaken, as if alone in the world. [She] can be servile, mild, and submissive. What is less easy to see is the selfish motive behind it, [the] greed, jealousy, and desire to get all the attention for oneself.

Rubrics:

Carried and caressed, desires to be.
Delusion, alone, she is always.
Delusion, world, she is alone in the.
Delusion, neglected his duty, he has.
Despair, religious, of salvation.
Fear, dread of men.
Forsaken feeling.
Grief, silent submissiveness with.
Selfishness.
Servile, obsequious, submissive.
Yielding disposition.
Weeping, consolation amel.
Ailments from jealousy.
Childishness.⁴

Like Kent, Sankaran weaves the rubrics together into a composite human being who sounds very much like people that we know. By no means fabricated out of whole cloth or unsubstantiated by basic *materia medica* information, his version is really quite the opposite: an imaginative, empathic rendering of that material, incorporating as many of its elements as possible, but with the added dimensions of the family grouping and the miasmatic diagnosis, neither of which Kent made much mention or use of in his remedy pictures.

The Central Importance Of Mental And Emotional Symptoms

Implicit in what I've said, the second theme of the new teachings was also championed long ago by Kent, clearly articulated by Whitmont, and further elaborated by Vithoulkas and Coulter in our own time. In both Kent's *Materia Medica* and Whitmont's *Psyche and Substance*, the core features of most remedy-pictures are based on the mental and emotional characteristics, with the physical symptoms grouped around them, as if on a template or matrix that alone could impart *meaning* to them.⁵

Long before Sankaran and Scholten, this psychological emphasis led to serious criticism from some veteran homeopaths, who rightly objected to students memorizing condensed and highly mentalized versions of the remedies in lieu of more detailed study, and some of whom opposed the idea of such "essences" at all.⁶

In Sankaran's work, this psychologizing tendency is extended and refined by the further discovery that fears, dreams, and delusions can reveal the pure, uncompensated emotional state, and that patients' subjective descriptions of pain give access to a purely energetic realm where physical and mental symptoms ultimately speak the same "language." With the Fungi, for example, computer analysis of the pain rubrics and mental symptoms - especially the fears, dreams, and delusions - of *Secale*, *Ustilago*, *Agaricus*, *Bovista*, *Psilocybin*, and other remedies of the family enables him to investigate simultaneously the themes common to all of them and the distinguishing features of each one:

Sensations

Invaded	Pains, boring
Taken over	Pains, digging
Under superhuman control	Pains, burning, as from sparks

Passive Reactions

Idiocy, foolishness	Wrinkled
Naivety	Atonic
Self-pity	Laxity of tissues
Gloomy	Awkward
Despondent	Silent delirium

Active Reactions

Fighting, strength	Egotism, creative power
Violence, rage	Exalted strength
Convulsions, delirium	Expanding, expansive
Courage	Invading, invasive

Secale cornutum

Spark-like pains
Skin eruptions, leprosy
Impulse to bite, desires to kill
Estranged from family, relatives:
Mocks, feels forsaken by them
Rage, fury, biting
Lack of moral feeling, shameless
Tears genitals, self-mutilation
Godless, unsympathetic

Solanum tuberosum aegrotans

Delusions of thieves, robbers
Delusion, hand cut to pieces
Delusion, city destroyed by fire

Psilocybin

Great strength, as if possessed
Dreams of vampires
Delusion, under superhuman control

Agaricus

Must outdo oneself, or be done in
Desires to fight
Never satisfied
Tries to satisfy everyone:
"Leader of the masses"
Fighting, invading
Great strength during seizures
Runs in dangerous places

Ustilago

Consumption, TB diathesis
Bleeding fibroids, miscarriages, tired from,
immobilized by
Stuck "between a rock and a hard place"
Rock inside her getting larger,
as if would come out
Feels small, others large
Feels put in box, "boxed in," as if would explode
Activity alternates with stupefaction, clumsiness

Bovista

Pains digging, burrowing, as from pointed instrument

Courageous, strong, desires to fight
Dreams of walls falling in
Dreams of being arrested, imprisoned
Dreams of epidemic diseases⁷

Taxonomy of Remedies: Kingdoms, Families, and Chemical Subgroups

Sankaran's reinterpretation of the totality of symptoms thus leads directly to a third important theme, also clearly envisioned by the old masters. Like the search for holistic remedy pictures, the classification of remedies into kingdoms, plant or animal families, and mineral or chemical subgroups follows logically from the goal of *materia medica* study; i.e., learning to recognize each remedy by distinguishing it from all others, especially from those most closely resembling it. In the old-fashioned method of Hahnemann and his disciples, this had to be done symptom by symptom; e.g., by comparing and contrasting remedies that shared a single important keynote, a laborious task that still leaves students without a synoptic view of the *materia medica* as a whole.

Here too Farrington broke new ground by organizing his lectures into groups of remedies according to kingdoms and families, his motive being to make the task of learning such a wealth of detail about so many remedies as rational and scientific and thereby as simple as possible:

It is my duty to show you the genius of each drug, and the relations which drugs bear to one another. The first I have called the *family relation*, derived from their similarity in origin. *When drugs belong to the same family, they must of necessity have a similar action.* For instance, the halogens, Chlorine, Iodine, Bromine, and Fluorine have many similitudes, because they belong to one family. So, too, with drugs derived from the vegetable kingdom. Take for instance the family to which *Arum triphyllum* belongs. There you find drugs which resemble each other from their family origin. Take the Ophidians, and you will be perplexed to tell the differences between *Lachesis*, *Elaps*, and *Crotalus*.⁸ [Italics mine: R. M.]

At last, a whole new generation of homeopaths all over the world are in a position to carry out Farrington's magnificent project, with the help of computer software and dedicated teachers with a comprehensive knowledge of remedies. Thus a few years ago the fine Italian homeopath, Massimo Mangialavori, M.D., confirmed and fleshed out what Farrington had already alluded to, that most of the important keynotes of *Lachesis*, namely,

- 1) bilateral asymmetry,
- 2) intolerance of tight clothing,
- 3) ailments during and after sleep,
- 4) affinity for the ENT region, with symptoms of choking and constriction,
- 5) PMS and general relief of all symptoms from menstruation, talking, or any discharge,
- 6) passionate, sexual, competitive nature,
- 7) deadly cunning, deviousness, and psychic ability, and
- 8) thrombotic and hemorrhagic phenomena,

are more or less characteristic of the snake remedies as a group, and by no means peculiar to *Lachesis* alone.⁹ Far from supplanting our old understanding of *Lachesis*, the family concept has greatly enriched it by using the best-known representative of a group to help differentiate the other members from it.

The same is true of the mineral kingdom, where Scholten's years of training as a chemist and Sankaran's extensive study of the Periodic Table have enriched our understanding of these important remedies as well. Using the nearly identical symptom-pictures of *Merc. viv.* and *Merc. sol.*, Kent had already differentiated the other salts of mercury on the basis of relatively

minor individualizing features from the "parent" substance.¹⁰ Kent had also begun to distinguish salts of other elements in a preliminary way by including salient features from both components, until the salt was proved in its own right.¹¹

As with the animal remedies, Sankaran has validated and extended these traditional practices by careful analysis of the Repertory. In *The Substance of Homeopathy*, for example, he characterizes the *Calcareo* group and compares the symptoms of several members:

Calcium was used by the earliest forms of life to offer protection in the form of a shell or exoskeleton. In humans it occurs primarily in bones, which give us stability and protect vital organs like the brain, heart, lungs, and spinal cord. The main feeling of *Calcareo* is the need for stability and security. He feels like an oyster without a shell and seeks protection. He has fear of animals, dogs, physicians, and disease. He seeks protection from others, and in an uncompensated state relies completely on them. This can be seen in *Calc. carb.* children and young people who are accompanied by their parents and never answer directly but whisper to [them]. Even the *Calcareo* adult is usually accompanied by [a] relative. I hear the sentence "I am happy when everybody is around me" from many *Calc.* patients, [representing] the need to have people for protection and security. The *Calcareo* person is [also] a home builder: the home represents the protective shell he needs around him. What I have said applies especially to *Calc. carb.*, [which] brings out the best picture and the main feeling of calcium.¹²

This simple picture, which I have abbreviated considerably, becomes the basis for differentiating the main *Calcareo* salts, using the language of chemistry metaphorically to summarize the wealth of *materia medica* knowledge and information contained in it:

Calc. sulph.

Calcium sulphate is most familiar as plaster of Paris, the function of [which] is to provide stability in a plaster cast: this is the *Calcareo* component. The *Sulphur* component introduces an element of ego and appreciation. To be valued, to have some standing in life requires that one be knowledgeable, wealthy, and have a certain position in society. These can only be attained by putting in effort, and thus the *Calc. sulph.* person is constantly trying to do things that will gain him appreciation. There is a constant feeling of not being appreciated or valued, of being put down or suppressed. [Yet] he cannot react with the anger or indifference of *Sulph.*, for he depends on these people for security. The most he can do is to complain and quarrel: "Lamenting that he is not appreciated;" "Quarrelsome." [Or} he can try to do everything to make others appreciate him, [in his] work, manners, and appearance. In *Calc. sulph.*, the typical situation is [one of] sibling rivalry, where children feel unappreciated at home.

Hepar Sulph.

Hepar was introduced by Hahnemann, who heated the white interior of the oyster shell with flowers of sulphur, [creating] an unnatural substance. *Hepar* is very different from *Calc. sulph.*, probably due to [its violent] mode of preparation. It [is] a syphilitic remedy; yet its internal feeling is nothing but an extreme form of *Calc. sulph.* The *Calc.* portion is represented by fears, but [they] are exaggerated and more intense, e.g., "Frightful visions of fire and dead persons:" it is a violent fright. The irritability of *Sulph.* is present, but again in a more violent form: "Violent, passionate, fretful;" "Wrathful irritability even to the most extreme violence, threatening to end in murder and arson." Phatak gives: "Ferocious; wants to kill those who offend him, to set things on fire." *Hepar* has the feeling of

being terribly offended or insulted by the person who is supposed to look after you, [like] the feeling that precedes a violent revolution, [in which] things are set on fire and people murdered.¹³

Sankaran never suggests or implies that these analyses are a basis for prescribing, and simply offers them as a schema around which to group and understand the particulars. But that is a priceless gift, not only in redirecting our study when well-indicated remedies fail to work, but also in potentiating our enjoyment and appreciation of the natural world, which is a lot of what I love about this work.

In *Homeopathy and Minerals*, Jan Scholten, who like Hahnemann was trained as a chemist, summarizes what he calls "group analysis," which is quite similar to the method of Sankaran:

Until now the most important method of studying homeopathic remedies has been to look at all the remedies separately. In group analysis we look at groups of remedies and extract from [them what] is in common. Those symptoms will be used in the various remedies which contain that element.

This method] is least successful on the level of local complaints. On the level of general characteristics [it] can be applied very well. [But] it is on the mind level that group analysis can offer the greatest benefits. Once the central themes of the composing elements are known, it will be possible to deduce the theme of the [compound]. The great advantage [of doing so] is that we get not only the separate themes of the composing elements, but also [their] combination. An incidental effect of group analysis is that certain aspects of remedies that we know already can sometimes become more clear.¹⁴

There is nothing even remotely speculative about this. Thorough and businesslike throughout, Scholten merely extracts proven or confirmed symptoms from the Repertory and organizes them in a different way. As new provings are conducted, he also adds new information, but mainly he rearranges and reinterprets what is already there, like all other writers on *materia medica* before and since. The same project is currently afoot for the plant kingdom as well, notwithstanding the vast number and diversity of species and genera involved, which has made such research impractical until now.

Using Chemistry and Natural History in *Materia Medica* Study

Another closely related theme of the new teachings that has troubled some critics is their extensive use of non-homeopathic data from the natural sciences, notably from inorganic chemistry in the case of the mineral remedies, and from botany, zoology, and natural history in the case of the plant and animal remedies. Here too Farrington was among the first to incorporate a wider natural scientific dimension into his study of remedies, and a generation later Clarke introduced each remedy in his scholarly *Dictionary of Practical Materia Medica* with a useful compendium of whatever scientific information and folklore was then available about it.

In our own time, such studies have become standard background information in most courses. Well read in both anthropology and biology, Mangialavori likes to show his students movies about the habits and life histories of the animals from which our remedies are derived, such as the snakes, spiders, and sea animals. But even in the past, virtually every NCH course featured an herb walk or slide show by an amateur botanist like Julian Winston or Jay Borneman, and popular works like Matthew Wood's *Book of Herbal Wisdom* and *Seven Herbs: Plants as Teachers*, or Dorothy Shepherd's *A Physician's Posy* have continued a long tradition of plant lore in homeopathy that goes back to Hale's *New Remedies* and Milspaugh's

American Medicinal Plants. Excursions into natural history and science have thus provided an interesting and useful perspective to the study of our remedies virtually from the beginning.

Much the same considerations apply to Sankaran's alleged misuse of "signatures" or correspondences between chemical or biological properties of substances and the symptomatology of the homeopathic remedies prepared from them. In his account of *Hepar sulph.*, for example, he notices and relishes the parallel between the manner of its preparation and the symptomatology that leads us to prescribe it; without dictating or explaining the clinical picture, the chemistry simply indicates a more profound level of correspondence. Many other examples are cited in the works of Whitmont and Catherine Coulter, and throughout my book *Resonance*, such as the uncanny coincidence that *Lachesis* is named for the Greek goddess of Fate who was supposed to fix the span of life, and that Hering died on the anniversary of his proving the remedy over fifty ears earlier, almost to the day.¹⁵ "Signatures" are *metaphors*, teaching aids that enrich our study by arousing a sense of wonder.

Miasmatic Analysis.

The final theme of the new teachings, an expanded understanding of the chronic diseases or "miasms," is built on the three original types from Hahnemann's *Chronic Diseases*, the psoric, sycotic, and syphilitic:

In Europe, and also on the other continents, *so far as is known, according to all investigations, only three chronic miasms are found*, the diseases caused by which manifest themselves through local symptoms, *and from which most, if not all, of the chronic diseases originate*, namely, syphilis, the venereal chancre disease; sycosis, the figwart disease, and psora, which lies at the foundation of the itch eruption.¹⁶ [Italics mine: R. M.]

As the italicized portions make clear, Hahnemann by no means closed the door on the possibility of elucidating other miasms in the future, and hypothesized that these three were paramount because they were the only ones that he could consistently identify at the time. Within that tradition, Kent and Allen in the nineteenth century and Roberts and Sánchez Ortega in the twentieth tried to define the psoric, sycotic, and syphilitic styles on the basis of the totality of symptoms, and not solely by the pathological lesions associated with these diseases in conventional medicine. However such hypotheses have always been regarded as speculative because there is as yet no general agreement about the miasm concept itself, let alone about the number or the definition of the distinct miasms to be considered.

In his work Sankaran follows Hahnemann very closely, by providing clearer and more exact definitions of the three main pathological styles through careful analysis of the nosodes *Psorinum*, *Medorrhinum*, and *Syphilinum*, and of the associated miasmatic remedies *Sulphur*, *Calcarea*, and *Lycopodium*, *Thuja* and *Natrum sulphuricum*, and *Aurum* and *Mercurius*, respectively. In addition to the original triad, he has so far identified one generic acute and six intermediate chronic miasms named for well-known diseases that epitomize their main characteristics, just as Hahnemann had done, and has tentatively assigned remedies to each of them.

To illustrate, I have included his abbreviated schemata for "sycosis," one of the original Hahnemannian triad, and for the intermediate miasm of TB or "tuberculosis," which Sankaran locates between sycosis and syphilis, and in which he identifies characteristics of both:

Sycotic Miasm:

Sensation

There is a weak spot or defect in me

Attitude

It's fixed: can't change it

Can't correct it, only hide it, cover it up

Successful state

Keeps weak spot well hidden

Fixed ideas

Ritualistic or OCD behaviour
life

Pathology

Asthma, allergies

Warts, moles, cysts, tumors

Environmental sensitivity

Remedies (partial list):

Medorrhinum

Aristolochia, Asafœtida

Cannabis, Crocus sativus

Dulcamara, Gelsemium

Lac caninum, most milks

Natrum sulph., *Kali sulph.*

TB Miasm:

Sensation

Caught, suffocated, compressed

The opening is narrowing

The time is short

Successful state

Hectic activity

Whole being focused on change, escape

Pathology

ADD

Asthma

TB, recurrent bronchitis

Remedies [partial list]:

Bacillinum, Tuberculinum

Apis, Blatta, Cantharis, insects

Tarentula, Theridion, spiders

Arsenicum iod., *Bromine*

Calcarea phos., *Phosphorus*

Mustn't let it be seen

Failed state

Weakness exposed

Guilt, remorse, self-reproach

Hypersensitive to many things, leads restricted

Neurosis

Obsessive-compulsive dx (OCD)

Gonorrhea, cystitis, STD's

Pulsatilla

Sabadilla, Sanguinaria

Tabacum, Thuja

Yohimbinum

Palladium, Argentum, Stannum

Silica

Attitude

If you rest, you're dead

Time is short, so much to do

The pace is hectic

Failed state

Burned out

Headed toward total destruction

As a teacher of homeopathic philosophy, I have used his analysis both to help make sense out of an abstruse and difficult notion, and to add yet another perspective in case analysis and remedy selection. Although identifying and characterizing miasms in this way is certainly hypothetical and even speculative, it is no more so than Hahnemann's own pioneering ventures into this realm, and no less solidly grounded in *materia medica*.

2.

Hahnemann on "Speculative Medicine"

With that background I want to re-examine what Hahnemann means by "speculative medicine," in Dr. Saine's perjorative phrase, and whether and to what extent Sankaran, Scholten, Mangialavori, et al., are guilty of it. Hahnemann expressed himself repeatedly and most emphatically on this subject, beginning with the very first paragraph of the *Organon*,

namely, "The physician's high and *only* calling is to restore the sick to health," and continuing in a long footnote:

. . . not to construct so-called systems by interweaving *empty speculations and hypotheses concerning the internal essential nature of the vital processes and the mode in which diseases originate in the invisible interior of the organism*, nor to give countless explanations regarding the phenomena in diseases and their proximate cause, which must forever remain concealed. Of such learned reveries, to which the name of theoretic medicine is given, and for which special professorships are instituted, we have had quite enough. It is high time that all who call themselves physicians cease to deceive mankind with mere talk, and begin for once to act.¹⁸ [Italics mine: R. M.]

In paragraph 6, he declares that homeopathic diagnosis consists of describing the totality of signs and symptoms that can be perceived directly by the senses, and therefore has little need of abstract disease entities:

The unprejudiced observer takes note of nothing in every individual disease except the changes in the health of the body and mind which can be perceived externally by means of the senses, which are felt by the patient, remarked by those around him, and observed by the physician. All these perceptible signs and symptoms represent the disease in its whole extent, [and] together form the true and only conceivable portrait of the disease."¹⁹ [Italics mine: R.M.]

In parallel fashion, the homeopathic materia medica is grounded in pure experience, in experimental provings on the healthy and observed results of cured clinical cases, and can therefore dispense with *a priori* reasoning or idle speculation:

There is no other possible way wherein the peculiar effects of medicines can be accurately ascertained than to administer [them] experimentally to healthy persons, in order to ascertain what signs and symptoms of their influence each individually produces on the health of the body and the mind.²⁰

As certainly as every species of plant differs in its form and mode of life from every other, [and] every mineral and salt [as well], so they all differ among themselves in their pathogenetic and thus also their therapeutic effects. Each produces alterations in health in a peculiar, different, yet determinate manner, so as to preclude the possibility of confounding one with another.²¹

From such a materia medica everything that is conjectural, all that is mere assertion or imaginary should be strictly excluded; everything should be the pure language of nature carefully and honestly interrogated.²² [Italics mine: R. M.]

As these citations make clear, Hahnemann clearly and pointedly rejects whatever is speculative and hypothetical in the theoretical definition and practical identification of "diseases," and in the imputation of therapeutic properties to medicinal substances based on them, as was prevalent in the conventional medicine of his time. As such, his critique remains equally relevant and accurate to the prevailing standards of pathology, diagnosis, and pharmacology in medicine today.

In much the same way, the three major deviations which the master explicitly identified and repudiated, and which the I.H.A. or International Hahnemannian Association, was later formed to combat, consisted of

1. *pluralism*, or prescribing more than one remedy at a time, in violation of the principle of the single remedy, based on the totality of symptoms;

2. *allopathic prescribing* for the pathological diagnosis rather than the totality of symptoms of the patient; and
3. *mongrelism*, the mixing of homeopathic and allopathic approaches.

According to these time-honored criteria, Sankaran, Scholten, Scherr, Mangialavori, Herrick, and the rest are all good classical homeopaths who would have no trouble satisfying the strict rules of IHA membership. It saddens and disappoints me profoundly that most of their critics have not taken the trouble to attend their seminars or read their writings, and seem content to pass along uncritically the vilest rumors they can gather second- or third-hand. If it were fair or reasonable to denounce a teaching solely on the basis of how a student may happen to misuse it, then Hahnemann himself would be much the worst offender of all, as our critics invariably charge.

As I've said, there is nothing inherently speculative in the concepts of mentalized "essences," families or groups of remedies, or miasmatic analysis *per se*, although I can readily sympathize with those who question such projects, and can agree that quality homeopathy can be and still is practiced without them. Moreover, I think that the new teachings do in fact raise serious and legitimate methodological issues that call for free and open debate at the highest level. One is the special importance accorded to intuitive, imaginative, and unconscious material like dreams, empathic states, fantasies, and even synchronicity with other people or events, as data or evidence from which our knowledge of remedies is built up, and on the basis of which we might choose one remedy rather than another.

While the classical tradition has always included and even assigned unique value to highly subjective mental states and "sensations as if," for example, the actual method of conducting our provings has been limited mainly to recording particular symptoms in great detail; consequently, our method of studying and understanding remedies as a whole has had to be built up slowly by accretion and clinical confirmations taken from cured cases.

Alongside these traditional approaches, the study of remedy groups, families, and miasms by Sankaran and his students has given a new and even higher priority to the mental and emotional symptoms, especially those derived from dreams, fears, and delusions, and to subjective physical sensations, such as the pain rubrics, in order to ascertain the bioenergetic state of the remedy or group as a whole, which is in a sense prior to the mind-body distinction itself. Both because this work draws on intuitive and imaginative states more freely and openly than ever before, and because the homeopathic community is profoundly divided over the validity of information derived from such sources, it merits a fuller and more detailed discussion both pro and con than it has yet received.

Sankaran himself is fully aware of this difficulty. In the Introduction to his book, *Provings*, for example, he describes his method of administering remedies to most attendees at a seminar and discussing their collective responses to them as part of the learning experience, including those of the other attendees who did not actually take the substance but were nonetheless alleged to be under its influence:

[These provings] were usually very productive [of] symptomatology, especially in the emotional sphere [and in] dreams, which gave an idea of the inner processes. While these dream provings were received with a lot of enthusiasm by some, others dismissed them as mere figments of the imagination, and it is possible that there is some truth in [that] presumption. While [they] did reveal the characteristic features of the remedies, especially their mental [and] emotional states, there seemed to be something lacking in terms of solid data. [To] systematize these group provings, the Hahnemannian protocol of carefully detailing mental, emotional, and characteristic physical symptoms [was indispensable.] While I continued to conduct provings in groups to enhance the effect of the dose, I began

to pay attention to symptoms that were peculiar and characteristic [to] ensure solid, reliable data on which to base prescriptions, rather than to generate a mere *concept* of the remedy, which could be flexible and theoretical and stretched to fit cases.²³

As he continued to develop and refine his method, he became even more convinced not only of the added power of the group process, but also of the extra steps that had to be taken to minimize subjectivity and bias and thus insure its reliability:

Such a method has distinct advantages. First, the effect of the substance seems to multiply when it is given to a group, rather than to a set of individuals having no contact with each other. Secondly, when the group meets to discuss the proving at its conclusion, many things hitherto unnoticed and dismissed by individual provers as irrelevant or mere coincidences are seen to be important parts of the proving. Third, by giving importance to dreams and emotions, together with incidents and happenings synchronous with the provings, one can draw some valuable inferences if taking into account the rest of the proving.²⁴

As far as possible, I have attempted to conduct and report the provings with [a] minimum [of] error and subjectivity. First, the name of the substance was [concealed] from all the provers. Second, the provers were given strict instructions not to discuss their symptoms or experiences among themselves, outside of group meetings. Third, I have recorded the symptoms that were spontaneously reported, both mental and physical, and tried to elicit characteristic symptoms, especially mental and emotional, feelings, [and] dreams. This I have done simply by probing into what was being reported, without prompting or suggesting anything, as in the process of case-taking.²⁵

In spite of these admirable and in fact strictly Hahnemannian rules and precautions, what is truly new and controversial about his method is that it draws on and presupposes concepts like synchronicity, the collective unconscious, and group dynamics, which are well established in modern psychology, but were never explicitly addressed by Hahnemann or other old masters in our field and do not appear in their writings. For that reason alone, it would make a lot of sense for Sankaran or some kindred spirit to provide a theoretical rationale for these importations, quite apart from the practical consideration that they are wonderfully productive of new symptoms, as he claims.

I say this despite the fact that personally I am entirely comfortable with such practices, and I am strongly in favor of using the best of modern psychology to illuminate hitherto unseen depths within the homeopathic point of view. But the assimilation of and accommodation to new ideas has always been a troubled issue in our history.

As the discovery of a single gifted mind, homeopathy was given to the world already fully realized, as both a philosophy of health and illness that follows logically from a few simple axioms, and a method of healing the sick that has survived for over two hundred years without fundamental change.²⁶ In all of us who have committed ourselves to it, the logical elegance and enduring majesty of Hahnemann's conception rightly inspires our allegiance, but also leads many to worship it as if it were a religion, based on absolute truth, seemingly fixed and unalterable for all time, and to dismiss *a priori* or denounce as sacrilege any attempt to explain, update, improve, or modify it or any part of it, regardless of merit. In the opening paragraphs of Dr. Saine's article, for example, he attacks the new teachings solely for having departed from the letter of the scriptural text; i. e., on the charge of innovation *per se*:

Twenty-one prominent [homeopaths] have signed a letter to Julian Winston [in which they] accuse him of being intolerant and divisive by advocating his personal beliefs. Such accusations are not new to Homeopathy, because *it is based*

on fixed principles, and its history is characterized by [those who] call their practice homeopathic in spite of practicing contrary to [them]. Over 100 years ago, Lippe said, "To try to defend the master's teachings which led to success, to try to show erring men the baneful consequences of their backward sliding - this surely cannot be construed into a persistent effort to divide the school."

*In this conflict, one thing is clear: divisions within the profession are always initiated by authors and supporters of approaches incompatible with Hahnemann's specific method, [i.e.,] homeopathy, and not by Hahnemannians, upon whom it is incumbent to keep denouncing the numerous representations and departures. Therefore, the question is: are the signers promoting any false doctrine?*²⁷ [Italics mine: R. M.]

Another closely-related issue is the eclecticism and wide-open, free-for-all atmosphere in this country, where homeopathy once nearly died out, and where its current revival is still too new and too fragile to have sunk firm roots and developed stable traditions for the future. With world-class teachers from many countries offering seminars to everyone regardless of prior homeopathic or medical training, intent to practice, or professional licensure, beginning students exposed to seemingly conflicting ideas are often genuinely at a loss about how to sort them out and evaluate them properly. Even for veteran prescribers, the prevailing chaos fuels the need for readily identifiable standards, such as those prevailing in the scientific world at large:

We need dialogue about new ideas, not blind acceptance. We need controversy [and] dissension. We need someone to say, "The Emperor has no clothes." Many of us with long experience in teaching and practice are concerned about the direction in which [we] are moving. Proving conducted without a blinded supervisor and symptoms ascertained in a group discussion are highly subjective and only preliminary to a more formal process. Taking characteristics of plants or animals in nature and applying [them] to human symptomatology is seductive, [and] should be considered as speculative without solid evidence. It is disturbing to find new students more knowledgeable about small or recently proved remedies than about time-tested polychrests. It is suspicious when in the week following a seminar about a new or small remedy, three cases of it show up in the office of the attendee. These are questions that need to be debated in a rational, professional way. Those who proffer new ideas must be willing to accept criticism without taking it as a personal attack.²⁸

Since the temptation to shortcut detailed *materia medica* study is still very much with us, and indeed has always been, new ideas in our field are always inherently seductive and even dangerous, as I have said, and therefore deserve full and open debate in the community, as many have insisted upon, no matter how eminent, highly respected, or charismatic their proponents. Moreover, like any other hypotheses, they will need continual revalidation through updated provings and clinical confirmations. But these obvious caveats fall far short of the claim that such teachings are inherently valueless or illegitimate.

Finally, these same practical considerations apply to the search for and identification of broad thematic elements in the proving of remedies; e.g., as undertaken by Nancy Herrick in *Animal Mind, Human Voices*. As I said in my review, wholly legitimate doubts about the relevance and accuracy of these themes, which will require a lot of clinical experience to judge, by no means invalidate the logic of wanting and attempting to discover them,²⁹ nor does the fact that Jeremy Sherr, another great prover, prudently elects to avoid this marshy terrain entirely.

3.

Innovation and Fundamentalism in Our History.

In conclusion, it remains to examine the general phenomenon of what I will call the "fundamentalist backlash" against the new teachings, led by Julian Winston, André Saine, and Klaus-Henning Gypser, and lately by the great George Vithoulkas himself. In one important sense, Dr. Saine is entirely right to claim the Hahnemannian mantle for his diatribe, for the same intemperate exaggeration and puritanical insistence on ideological purity can be found aplenty in the writings of our master. In his letter "To the Half-Homeopaths of Leipzig," for example, we read the following choice Hahnemannian tidbits:

I have heard that some in Leipzig who pretend to be Homeopaths allow their patients to choose whether they shall be treated Homeopathically or allopathically. Whether they are not as yet thoroughly grounded in the true spirit of the new doctrine, or lack due benevolence to their species, or do not scruple to dishonor their profession for the sake of sordid gain, at least let them not expect me to recognize them as true disciples!

Blood-letting, the application of leeches or Spanish flies, the use of setons and mustard plasters, salves and aromatics, emetics and purgatives, destructive doses of mercury and quinine: these and other quackeries, combined with the use of homeopathic remedies, identify these crypto-Homeopaths as surely as a lion is known by his claws. Let such be avoided, for they regard neither the welfare of the patient nor the honor of the profession. Practice honorably as either an Allopath, as yet ignorant of anything better, or a pure Homeopath for the welfare of mankind. But as long as you wear this double mask, you will be a contemptible hybrid of a physician, of all the most pernicious.

From now on, he who hesitates to prove himself a homeopath in word and deed should never come to me expecting a friendly reception. Should any false doctrine be taught in the name of Homeopathy, or patients be treated with any imitation of Allopathic practice, I will raise my voice and warn the world against such treachery.³⁰

In short, the fundamentalist backlash against innovation in homeopathy goes right back to the creator of the method and the founder of our movement. Nor are such criticisms by any means necessarily unmerited or unreasonable. When Lippe takes AIH members to task for attempting to condense or simplify the homeopathic *materia medica*, it is difficult for any serious classical prescriber not to agree with and even applaud his words:

The necessity of condensing our *materia medica* implies that [the latter] is in need of it, that it contains untrustworthy or nonessential material, that it is too large. We have had abridgements by Jahr, Boenninghausen, Hering, Cowperthwaite, and others, but none of them claimed that [these] should take the place of our *materia medica*, as is suggested by the Institute. Their efforts consisted merely in [giving] their students a textbook, to facilitate their studies by giving them the skeletons of various remedies, a preparation for the use of the largest collections. Far was it from their intention to sit in judgment over any of the reported and accepted symptoms compiled in our larger works. Every practitioner knows full well that an apparently insignificant symptom found [therein often] assisted him in the choice of the curative remedy. The healer who has learned to utilize Allen's great work, for instance, will shrink from striking out a single symptom, even one word from a symptom.³¹

But homeopaths too easily forget that Hahnemann was also by far our greatest innovator, beginning with the promulgation of homeopathy itself, and continuing throughout his life with the techniques of dilution and succussion, provings, his method of treating epidemic, "local," "one-sided," and mental diseases, and culminating in his last years with the concept of chronic miasms and the development of the LM potencies. The truth is that innovation and fundamentalism coexisted uneasily and side by side in the personality of our founder, and have continued to do so with his followers ever since.

This was certainly true of Kent, for example, whose early concept of remedy pictures or "essences" must have troubled some charter members of the International Hahnemannian Association, though I haven't yet found anything to that effect in print. Once Kent became IHA President, however, he not only dominated the world of classical homeopathy with the energy of his provings, the fame of his clinical work, and the charismatic brilliance of his teaching, but also took up the cudgels against mongrels and backsliders even more zealously than had the great Lippe himself.

But the neo-fundamentalist backlash against innovative *classical* prescribers is really quite new in our history. It was only in the early 1980's that the great George Vithoulkas was savaged by KŸnzli and other well-known physician-homeopaths, in part for his remedy "essences," which were dismissed as the figments of his imagination - in part for allegedly treating only the mental and emotional state and ignoring the presence of serious physical pathology, and in part for lacking an official medical license and teaching the method to unlicensed practitioners. With his impeccable classical credentials and prodigious learning, KŸnzli sincerely believed that these tendencies foreshadowed a serious decline in the quality of teaching and practice of homeopathy in the United States:

It is my impression that homeopathy in America is heading for oblivion unless a courageous reversal takes place. Two years ago the Pacific College of Naturopathic Medicine originated from the Vithoulkas seminars and organized a homeopathic medical school like [those] of yesteryear, but in vain. Such a curriculum can never produce the same quality of education as orthodox medical schools, fully equipped with all the latest ancillaries, etc. I foresee a downhill course to the level of "healing practitioners." Why don't we offer homeopathy solely to licensed physicians as a post-graduate course?

In the Vithoulkas courses, too much attention is paid to the symptoms of the mind, the emotions, and the psychological approach. The students are trying hard to analyze the mental and emotional aspects of the patient as if they were qualified psychologists [and] come up with a weird hypothetical 'answer' to the case. [But] the clinical signs are just as important as the mental symptoms in my opinion. It is impossible to reproduce such a psychological train of thought. Hence it is easy for Vithoulkas to prove his students wrong, [to lead] his devoted disciples into a labyrinth from which he alone can find the way out.

In my opinion it is wrong to judge the success of homeopathic treatment mainly on the emotional level of the patient. The criteria for a real cure are the same as for any other treatment: the whole patient should be improved. If I treat a patient with hypertension, I am not impressed to hear how happy [he] is with my therapy, [or if he is] feeling much better, but his hypertension has not gone down. Vithoulkas considers this a totally satisfactory result and doesn't pursue the case any more.

Another thing I dislike in the Vithoulkas courses is [his] giving each remedy an 'essence.' For example, the *Lycopodium* essence is [said to be] 'cowardice.' [If true,] cowardice shall explain the entire symptomatology, is the central core of

[the remedy]. The use of such schematic drug pictures is very dangerous. Anyone cognizant of the *materia medica* will agree that the *Lycopodium* drug picture has many other facets. If a doctor's mind is saddled with cowardice as the 'essence,' he may easily miss as many as 90% of *Lycopodium* cases.³²

In retrospect, in spite of all the exaggerations, inaccuracies, and hearsay in them, many of these criticisms were timely and relevant. George's "essences" seemed so tantalizingly elusive that the master himself refused to publish them until they were pirated from his lectures and circulated without his blessing in unedited form. Moreover, quite a few beginning students did indeed cherish the illusion of learning *materia medica* by memorizing these pictures and thus dispensing with the endless study that has always been our lot.

Yet the inspiration of both his teachings and his example sustained me and I know many others through two decades of practice, and actually drove me to study more, not less, in despair of ever approaching such a level of mastery. Then as now, many of George's best pupils, including Bill Gray, Dean Crothers, Jennifer Jacobs, Roger Morrison, Nancy Herrick, George Guess, Maisie Panos, and many leading American homeopaths of the day, were unfairly accused of studying and prescribing on essences because we supposedly lacked patience and discipline to do the work of repertorization and detailed *materia medica* study that the method rightly demands.

For me, the main problem with George's essences was not that they were speculative, but quite the opposite. As the results made clear, they were well grounded in experience, but one that remained uniquely his own and thus difficult to communicate to others in a way that was unequivocal and not liable to be misunderstood; they were indeed "illuminist" in that sense. In the end, what I took from them was not so much any definite precept as the unequalled brilliance of his *example*, which imbued me with the inner determination to find my own path, to develop my own remedy pictures out of my own experience, guided by the literature, which is what we all do, whether we admit it or not. But that inspiration I have never forgotten or ceased to be grateful for.

Much the same objections are now leveled against the teachings of Sankaran, Scholten, Mangialavori, et al., which are new not because they reject Hahnemannian principles in any way, but simply because computer software has made it possible to study remedies in a more systematic way for the first time. I have no problem with homeopaths who have no need or use for this kind of information, or are skeptical of it, or choose not to study it, or even to impugn its validity, but idle speculation it most assuredly is not.

Yet now, twenty years later, the wheel has come full circle. Words can scarcely do justice to the irony that Vithoulkas, the peerless exemplar of the modern "illuminist," should now be the one to roast Sankaran, Sherr, Scholten, et al., his true heirs in that sense, with very much the same mix of seasoned wisdom and spiteful hearsay that Künzli once lavished on him:

People hear about [a] new remedy, and it is prescribed to thousands of cases. Out of all these, there is one in which you had a good reaction. And [that] one appears in the journals: a case of *Chocolate*, or of *Hydrogen*. Without their knowing, I gave *Hydrogen* to a group of Italian doctors who wanted to do a [proving.] The results are totally different from the ones presented by Jeremy Sherr. Nobody is ever going to take us seriously, because all this nonsense comes through the teachings, and there is false euphoria. Students are misled to believe that the old is not good enough, [that] we need something else, a new thing or a new remedy. No case in my life needed *Hydrogen* or *Chocolate*.³³

Only people sensitive to a remedy develop clear symptoms [or] make it reliable. Instead you record all the nonsense, euphoria, and fantasy that goes on in the group as provings. This is killing homeopathy. [Suppose] somebody gave a

remedy, and some of the students had a dream, [and some who] did not take the remedy [had] the same dream. [If you say] this belongs to the remedy, it is not to be taken seriously. Why not potentize a stanza, a piece of music? Do you believe that this powder can make a proving, can make you sick?³⁴

[About Scholten and the Periodic Table:] If you put [remedies] in the same group, what is the practical use? Say I put Lead in the same group with Antimonium. First, it's a fantasy. Second, it doesn't prove anything. If you prove a substance correctly, I have no problem: that is absolutely acceptable. But to imagine that this will be a hard person because the diamond is very hard? Sankaran has done more harm to homeopathy than all the enemies of homeopathy [put] together. And Scholten: these two especially. There are new teachers [who] will teach even crazier things. They call [them] 'new ideas,' [and ask,] 'Why don't you accept new ideas?' [But] where is the new idea, really? Prove that there is [one], and I will believe it.³⁵

I was very happy treating people. I was able to cure some people, and they gave me love and affection: I had a lot of that. The moment people said I had to write, to give lectures, it changed. Now I have to write, teach, correspond, give lectures, go to other countries, go on television. I had to give up the only pleasure I had [and to distribute] my patients to my students. The patients now cannot come directly in contact with me. [But] the worst is teaching. I know all the problems, [and] what the students are thinking, and it makes me unhappy, [as] when people try to spoil homeopathy, when] whatever we did is going to be wasted. I could cure people for the rest of my life. But don't ask me to teach.³⁶

Coming from my old teacher and mentor, this remarkable document saddens me a great deal, not least for him, for his own sense of failure and isolation, and brings back all the love, inspiration, wisdom, and generosity I have always felt from him, even in the throes of his disappointment. But it also angers and grieves me that he cannot see or allow himself to see the value in any teachings but his own.

From this modern fable I draw the obvious conclusion that disputes of this kind are a recurrent and indeed a central theme in our history. As I've said, they arise from the fact that homeopathy uniquely combines a practical method of healing the sick with a systematic philosophy of health and illness, that it calls for continual improvement and revision, yet rests on a conceptual framework that does not, cannot, and must not be allowed to change. Inasmuch as everything follows logically from a few basic axioms that cannot themselves be proved, simply acknowledging them as valid lends to everything else the force and appearance of eternal truth, in the name of which healthy disagreements readily escalate into holy war. Yet conversely, failing to honor them will indeed undermine and destroy the truths we all hold dear.

Since both innovation and fundamentalism are part of the definition of what homeopathy is and has always been, I would argue that each of these old adversaries needs the other far more than the rest of medicine needs us either as a whole or in part. So let's figure this one out, dear colleagues, and agree to disagree as we seem to have to.

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