

This article first appeared in 'The Homoeopath' (No.68, Winter 1998,p.835-839). It is presented here with kind permission.

Mike Bridger demands - especially in teaching - a clear emphasis on the work of Hahnemann, Kent etc.. The modern tendency to subjective, speculative psychoprescribing inhibits the correct prescription and mixes up various, often esoteric kinds of therapies with homoeopathy.

Mike Bridger

## Up The Swanee To Atlantis

*Where no such Conflicts are detected then the practitioner invents one, and so our poor patient pays not for the remedy that matches their pathology, but the remedy that represents the lunacy of the practitioner.*

There have been enormous developments in homoeopathy over the past twenty years. Our psychological understanding of remedies has expanded and continues to do so. Homoeopathic education has radically improved, with better courses being available to students and the development of improved educational standards. At the crucial grass-roots level there is more debate and discussion, and therefore a recognition that homoeopathy ought to be taken very seriously. However, as with all things, the more we branch out the more liable we are to lose touch with our roots. It is one thing to extend the boundaries of homoeopathic understanding, but quite another to forge ahead beyond our boundaries and fall over a precipice.

There is such a feast of new ideas and concepts on the market that we are in danger of producing practitioners who end up with the intellectual equivalent of the Ant Crud state. Some of the meals on the table have been created more from a desire to be original and innovative than a desire to be nutritional. There are now more ways of looking at cases than there are channels on Sky T.V. and we could wander around from seminar to workshop for a new fix in the way kids wander around burger bars for a quick snack. There is an increasing gap between the creative and seductive world of teaching and seminars, and the hard world of practice. This is fine for those who have experience in practice and can take what they want and leave the rest; it is not so good for those, particularly students, who need help transforming the 2D world of theory and ideas into the 3D world of reality.

These systems and methods apparently devised to further our understanding of what we do in practice are becoming increasingly incomprehensible. Homoeopathy is becoming merged with myth, mysticism, magic, occultism, psychotherapy, religion and everything but what it actually is. Of course there are elements of all these things which do indeed overlap, but we need to be clear about the distinctions, otherwise we end up with a smudge. Homoeopathy is not abstract, but relates to the specific individuality of the patient and it is through specificity that the patient can be healed.

If we are not careful homoeopathy will move further away from a simple therapy into the realms of a sort of pseudo-occultism where only the initiates have access to otherwise hidden knowledge. We are already beginning to absorb a language that, at times, is little better than the Latin used by the allopaths and abhorred by Hahnemann. Of course any discipline has a tendency to develop its own abbreviations but the problem goes deeper. Of the characteristic symptoms of such trends is that nothing can be and mean what it simply is; it always has to mean something else. A symptom cannot stand for what it is - which is both cause and effect, and meaning inherent in itself - but it has to symbolise something else.

Once we start speaking in these kind of terms, whether it is from a metaphysical, psychotherapeutic, spiritual or other standpoint, we are moving into the realm of speculation.

Such speculation becomes justified in terms of shapes, charts, colours, mythical gods and goddesses etc., which is fine if it illustrates the homoeopathic process, but not if it erodes our solid, if a little dry, foundations. The former is very poetic and seductive compared with the slog of studying the Organon, but it is of little use in our practice if we end up with an instant mash of bits of various therapies, converging into a vague new age stew. Our job is to heal.

.... not to weave so-called systems from fancy ideas and hypotheses about the inner nature of the vital processes and the origin of diseases in the invisible interior of the organism...

Hahnemann was directing his warning to allopaths, but it's time we considered what he said in relation to our own profession. There is something profoundly simple about Hahnemann's homoeopathy. It is as if some homoeopaths cannot reside in the pastures of this simplicity but with Sulphuric impatience prefer to reside in a never ending spaghetti of speculations under the banner of developing insight.

I do not use the word 'simplicity' lightly. It is extremely hard to be simple. Picasso ended his days drawing simple pictures. "Even a child could draw them" was the oft repeated cry of the critics. This of course was partly the point he was making, but it was a point made after years of grappling with technique and craftsmanship. We need to be sure we learn and teach, that true development springs from a thorough understanding of the basics. otherwise we are like a bunch of musicians who, while deluded that they can play a symphony at the Albert Hall haven't bothered to learn their scales.

I do not dismiss other therapies or systems of belief, but they are themselves a lifelong pursuit of learning and we have to be careful what we poach. Certain concept which have been the preserve of psychotherapy can be extremely useful in illustrating some of our own homoeopathic philosophy, but just because we use such concepts does not entitle us to regard ourselves as psychotherapists. Many students do not understand the boundaries between homoeopathy and psychotherapy but think they do, or worse still, think there isn't any delineation (psychopathy?). They are quite willing to judge a case or interrogate the patient in a way no competent psychotherapist would. They interrogate patients not from a simple spirit of enquiry and humility, but from a place where they assert their own muddled concepts and beliefs onto the patient. This is also apparent in case analysis. This confusion leads to a tendency to prescribe not on the symptoms of the case. but on the apparent psychological cause of the symptoms, which is usually completely speculative, and worse, judgmental.

This isn't a student problem, it is a drip feed of confusion that is leaking through the profession. Neither is it simply a matter of intellectual debate amongst ourselves. This lack of clarity will pollute the image of the profession from the grassroots, because patients are not willing to relate on the old power-based principle of 'Dr knows best'. Patients demand that we explain clearly and in every day language, what we as homoeopaths can or cannot do for them. We have a duty to respond. If we are not clearer about how we communicate, and muddle the issue with concepts from other more obscure systems then we will be in trouble.

Hahnemann was impatient with allopathic medicine precisely because of its endless speculations about the causes and effects of disease, yet if we are not careful we are in danger of making the same mistake. He stated clearly that it is only the outer image of disease that need concern us because this outer image is a reflection of any inner imbalance.

It is the totality of symptoms, the outer image expressing the inner essence of the disease i.e. of the disturbed vital force, that must be the main, even the only, means by which the disease allows us to find the necessary remedy...

A sore throat. with a splinter sensation and extreme sensitivity ought to be part of the picture that leads' us to Hep Sulph and there is the end in itself. Some students and homoeopaths alike

seem to be bored with this kind of obviousness and now overlay 'sickness' with new symbolism. The sore throat is actually the patient's inability to talk (Catch 22 scenario) and communicate with people because it hurts on some psychic level. Alternatively (and spoken with the same scary sense of certainty and judgement) the glands of the neck are swollen and painful so we follow the lines of who is a pain in the neck for this patient. This kind of interpretation, which I encounter again and again, is what I would call "new age allopathy", where real meaning is dismissed with new age Latin and is about as meaningful as the doctor diagnosing tonsillitis. The reality is that we, not the patient, deprive them of their voice.

The above is a real example and one which I have encountered many thousands of times, in different guises, during my years as a teacher. This tendency for psycho-diagnosis, which springs from a trend which mistakenly assumes that the only good prescriptions are ones which are rooted in the mental/emotional sphere, is increasingly prevalent. Many students are led to believe that unless their prescription is rooted at this level then they are liable to suppress. Such an attitude is not grounded in clinical experience. There is a re-interpretation of the meaning of a deep prescription. While Kent meant this to mean a prescription which covers pathological degeneration, it is now taken to mean a spiritual or mental prescription.. The corollary of this is that to prescribe on physicals is somehow superficial and shallow. Some students and homoeopaths unashamedly announce that they have a good understanding of essences of remedies and of the mental picture but are very vague and unsure when it comes to learning the physical nature, the physical generals etc. Some even say it with a sense of pride, as if the blood, sweat and flesh of humanity are to be treated with disdain and the mind and soul are to be deified. The fact is they are the same thing.

Such assertions miss the real beauty and wonderment of homoeopathy which recognises no boundary between mind and matter. This boundary is essentially an invention of allopathy. If I fall off my skateboard and bang my head and say I'm alright, presumably we could have a debate about whether I fell off my skateboard because I felt I needed to feel alright. Alternatively, we might argue that there must be a mental or emotional reason why I fell off the skateboard in the first place. Perhaps we could take it that I love attention and prescribe Pulsatilla. Maybe we should look at why a 41 year old man bought a skateboard in the first place? The answer could be in the rubric "childish". There is something wonderful about these Sulphuric speculations unless you happen to be the patient, holding his bloody nose and deprived of the obvious Arnica.. Of course I exaggerate for illustration, but the implications are very serious.

The unprejudiced observer realises the futility of metaphysical speculations that cannot be verified by experiment, and no matter how clever he is, he sees in any given case of disease only the disturbances of body and soul which are perceptible to the senses...

Even where causations exist, as Kent points out, the patient is likely not to know them, or at least withholds them. If we are compelled to prescribe always at this psychic level, we will find ourselves in trouble. The best we can do is speculate and disguise our speculations with self-assurances that we are prescribing 'intuitively', as if somehow we had picked up vibes from the patient's unconscious mind. The next stage is to confirm the unconscious or inner manifestations with a few fragments of the patient's speech, dreams, gestures etc. until we have convinced ourselves of an appropriate prescription. We can even feel proud that we have perceived the unconscious mind which only a very few are capable of seeing.

I speak from experience. I have boggled at my own brilliance in spite of the implausibility of my interpretation. I have become hypnotised in wonderment at the poetry of my analysis. Above all, I have confused intuition with desperation. The result of such self-deception is inevitable failure. There is a taint of something like this in some 'master classes' I have seen or

heard about. One is left with a feeling of inadequacy, and also determination that, one day, we will be able to prescribe with the same kind of psychic ability. However, while it may be gold dust to the power freak, it is fool's gold for those of us who wish simply to heal our patients. Beware the wolf in guru garb.

Trying to prescribe on the inner source of disease with little regard for symptoms is prescribing with your feet on the ceiling; this results in the normal means of analysing cases becoming horribly distorted. The elimination of symptoms becomes a process whereby the symptoms that are eliminated are those which do not correspond to the practitioner's fantasy about what is at the core. Meanwhile symptoms which can be persuaded to fit the prescriber's theory become corner stones for the case, however trivial, common or virtually meaningless they really are. In fact, the more apparently meaningless and trivial the symptom, the more the audience will gasp when what seemed insignificant (according to the law of common sense) is revealed in all its newly found splendour.

This kind of elimination is not based on a hierarchy of symptoms as expressed by the patient, but a circus act, where the symptoms are like jigsaw pieces which, thrown into the air, fall to the floor forming the picture of the patient as defined by the conjurer. Actually, you are in the Hall of Mirrors. Look closely at the picture and you cannot see the patient at all, only the reflection of the conjurer. It is easy to do. I know because I've done it myself when classes become tedious. Most people laugh then they realise it is trickery at work rather than genius. Some people do not laugh though, because it is so seductive, it is believed. The point is that there is a magician in all of us. We can fool ourselves some of the time; we can fool each other for perhaps a little longer. We can even fool our patients for a while, until they find they get no better.

Even those who do not participate in such self-delusion can suffer a similar, if milder, form of the same malady. The compulsion that some have for digging out mental and emotional symptoms even when the patient is perfectly happy and content on these levels, is never-ending. The perfectly happy and contented patient is only so because they suppress some negative emotion which is visible to the practitioner but not to the patient. However, if we accept the model of an unconscious, then it is unlikely to be daft enough to be unconscious to the self but conscious to the practitioner. The delusion in these kind of cases is the delusion that the practitioner somehow has insight into what is unconscious.

If my homoeopath decides I am suppressing anger, on the basis of what they perceive in my unconscious, then I am powerless to argue otherwise. In fact the more I might argue that I do not suffer from suppressed anger then the more evident it becomes that I do, otherwise why would I so vehemently deny it? Theoretically, it would be possible to give me a prescription based on the notion that unconsciously I think I am an omelette and theoretically I would not be able to argue it.

It is impossible only through the efforts of the intellect to recognise the spirit-like force itself... it is only through its effects on the human economy that we may experience and clearly perceive it.

This power of 'perceiving' that Hahnemann talks of is through the use of the senses, and is not an intellectual exercise, or worse, an exercise in fitting the patient into our own model of how things are, or should be. I have observed the consequences when the practitioner delves in all the wrong places because they insist on digging out what they believe might be within the inner depths of the patient. It is as grim a spectacle as watching any knife-happy surgeon. While the case presents an abundance of characteristic symptoms, the practitioner, determined not to stay with the obvious, chooses instead to paddle up the proverbial creek in the endless search for mental and emotional conflict. (How did you feel when your whole family were wiped out in a car crash?) The patient gets upset by the provocative and invasive nature of the

questioning, but undeterred the homoeopath triumphantly announces the centre of the case as 'irritability when questioned' or some such. Where no such conflicts are detected then the practitioner invents one, and so our poor patient pays not for the remedy that matches their pathology, but the remedy that represents the lunacy of the practitioner.

Although this happens under the banner of homoeopathy it has nothing to do with the homoeopathy that I understand which is mild, gentle and curative. The beauty of homoeopathy is that I may not understand the nature of a patient's grief but if I know that the patient loves salt, is thirsty and suffers other symptoms characteristic of Nat Mur, then I do not need to clumsily delve into the patient's interior, slicing here and there where I think I should go. Nat Mur will do what it has to do. Just because I prescribe on physicals it does not mean that it is a superficial prescription. It is as psychically and as spiritually profound as any other prescription, and will have such psychic and spiritual consequences as that patient needs to have.

It would be easy to interpret what I say as an argument for ignoring mentals and emotionals and prescribing only on either physical or clinical symptoms. This would be to miss the point. I prescribe a remedy which matches where the patient's vitality shows itself to be disturbed, not where I think it should be disturbed. It is not for us to choose which level we prescribe on; the patient shows us. I will prescribe on the mental/emotional state where I find characteristic symptoms which indicate disturbances in that sphere, but I do not feel compelled to invent them. I have often prescribed on the rubric 'suppressed anger', but not based on some formless 'intuition' but justifiably from the patient's own words and images. I will clarify my interpretation of an event with the patient to make absolutely sure that this isn't me just prescribing for me, but prescribing from the patient's own sense of their reality, as expressed through their symptoms. If I suspect such a mental or emotional conflict I will ask them, "Do you think that it might be...?"

Many homoeopaths I have spoken to agree that most prescriptions are based on physical symptoms, particularly physical generals. Is there then an imbalance in what gets taught? If so, it makes it very difficult for those studying and practising in their early years if we somehow imply that our prescriptions are only worthy when we have uncovered some inner mental delusion. Such a notion stems from misinterpretation of some of the concepts central to homoeopathy. The terms 'essence' and 'centre' are wrongly used to imply that which is internal, deep inside and from which all else springs. This confusion leads to divorce between symptoms and their meaning. The tendency to aim prescriptions at such inner causations whilst dismissing the symptoms, reduces symptoms to something symbolic, external and shallow.

However, the homoeopathic meaning of essence or centre is not a hidden or inner causation, but the thread that runs through the symptoms of the case. It is the story or theme of those symptoms. The essence of Sepia is its stasis. 'Stasis' is an umbrella word for many of the specific symptoms of the remedy. It isn't some secretive inner seed, which nature hides inside our Sepia patients, so that only clairvoyants may prescribe for them. It is flesh and blood and positively manifests in front of our eyes.

It could be argued that the remedies act only where the image perceived by the practitioner matches/mirrors the reality of the patient. If the practitioner's interpretation of events and symptoms is incorrect, the worst that happens is nothing. However there is another element to consider apart from our remedies, and that is the explicit or implicit stance of the practitioner.

Let me illustrate this point by a case of a very destructive child of five who had been referred to a child psychologist. Imagine the feelings of a mother who felt increasingly that she had done something wrong in the bringing up of the child. The poor woman then sees a homoeopath who apart from remedies, implies that the woman holds back on her emotions

and needs to express more love for the child. The mother follows out the homoeopath's instructions, which involves affirmations etc., but without success. I cannot differentiate between the tyranny of the psychologist and the tyranny of the homoeopath who with the best of intentions made judgements and prescriptions based only on speculation. Imagine the mother's joy when I explained that the child was simply in need of a remedy called Calc Carb, which I prescribed. One month later the child was transformed. More importantly, the mother was freed from her miasma of guilt which had been laid on her by the so-called helpers.

It is time we clarify and define the boundaries of homoeopathy. There is too much emphasis on psycho-prescribing at the expense of the physical body. It needs to be redressed. I am tired of holding up the repertory in front of classes and pointing out the size of the mind section in relation to the rest of Kent's Repertory. Was Kent just a bored old man, with nothing better to do on a Saturday night than scrawl out physical symptoms when he knew they were of no earthly use whatsoever when it comes to finding the curative remedy ? I think not.

Perhaps I am somewhat alone with these impressions. On the other hand, while I suspect a lot of folk will disagree, I suspect that a few will breathe a sigh of relief at my call for a return to simple homoeopathy. Simplicity is, I would contend, the heart of spirituality and profundity. If we lose that heart, we lose the fun and sheer joy of the profession we embrace. I do not think we have lost that spirit yet, but I do think we need to be careful of the 'holier than thou' attitude where, because we practise such a subtle form of healing, we assume we are immune to the same temptations that we happily attribute solely to the medical profession. Our business is the observation of energy and therein lies a great deal of power. We can utilise that power to empower our patients, or we can retain it for the benefit of our own egos. If we do the latter, in direct conflict with Hahnemann's warning in paragraph 1, we will become removed from the reality of what sickness and disease means to most people, and we will be at one with the dinosaurs and much of the medical profession.

### **Acknowledgement**

I would like to thank Rachel Roberts LCH for her help with producing and editing this article.

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