GRANT BENTLEY

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How Aphorism 27 Changed The World

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DEDICATION

As always I dedicate this work to my family and especially to Louise

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My thanks also to my colleagues and longtime supporters and friends Robyn Williams and David Kelly. Robyn was the first practitioner to learn and trial Homeopathic Facial Analysis all those years ago and she has never looked back. David has given his technical expertise on many occasions.

Closer to home are my patient and loving family who allowed me the time to write and who helped with getting this book to print. The creation of a book is a group effort and my family continue to support me through their interest and their technical, artistic and editorial efforts

Preface

After ten years of promoting my system Homeopathic Facial Analysis, it is clear that I am a supporter of my own invention. The problem is this puts me in the unenviable position of both inventing and promoting an aspect of homeopathy that I (and now many others) believe is crucial to accurate homeopathic prescribing. It is not my purpose in writing this book to promote any system or aspect of homeopathy including my own; however I do suggest readers open their eyes to the wonders of homeopathy and to also examine the flaws that exist within the system.

As always I am in awe of Hahnemann; his writing's in The Organon and the great and universal truths he has uncovered, but I also want to open the reader to some questions that have arisen after utilising miasmatic diagnosis in my clinic. These questions came to me as I saw not only miraculous results, but also consistency developing in my clinic. This was confirmed in the clinics of my colleagues, once they began to use miasmatic diagnosis. Homeopathic Facial Analysis (HFA) forced me to examine on every level, Homeopathy's own foundations and the application of this God given health system given to us by Hahnemann.

Challenge to readers

Please don't let references to my own method (HFA) displace the truth of the message in this book; remember a true sceptic always considers the information *after* hearing the totality of the issue – not before.

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'1864: In comparing mortality rates in 1864 from dysentery, typhoid fever, diarrhoea and pneumonia at city hospital (regular) and Cavalry Depot Hospital (homeopathic) in St Louise, doctors reported very dissimilar results. Of 169 cases admitted to the regular hospital, 63 died, giving a 37.2 percent mortality rate. By contrast, of 179 cases admitted into the homeopathic hospital, doctors reported only 2 deaths, or a mortality rate of 1.1 percent. In more general areas, the regular hospital treated 990, with a mortality of 120, or 12 percent, while the homeopathic hospital admitted 833 cases, with 5 deaths, or .6 percent, showing a clear gain over its rival of 11.4 percent.'

How many lives has homeopathy saved during the course of its history; one thousand, one hundred thousand, a million or perhaps even more? And what became of the people that homeopathy saved? And what about the people who didn't need saving but certainly needed help getting their health or their energy back on track? After all, not all homeopathic treatment is about life or death, sometimes it's just about life and improving its quality.

By improving a patient's quality of life we increase their capacity for interaction and happiness. In turn this also means improving an individual's productivity and creativity.

Historically homeopathy came out of nowhere. In one lifetime homeopathy went from being non-existent, to a practical worldwide medicine, which is a phenomenal rise in anyone's language. What made homeopathy an overnight success, was the fame it gathered in its treatment of the various epidemics of the 1800's. Whether homeopathy's opponents accept its treatment statistics, is a matter beyond homeopathy's control. However homeopathic practitioners need to understand its significance, because our profession's history in the treatment of acute disease has been very, very impressive.

Arguments will always rage among sceptics regarding homeopathic success in the treatment of epidemic diseases, especially in diseases such as

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cholera. It is in diseases like cholera, that the sceptics will claim that homeopathy's success was a direct result of what it didn't do, rather than what it did do. Sceptics will say that homeopathy's lack of blood-letting and general purging was what led homeopathic physicians to a decreased mortality rate, by comparison to conventional medicine, rather than the effectiveness of the remedies they used. And there is some logic in this. After all, the last thing a sweating, vomiting, cholera patient needs is to also have the last drop of blood squeezed out of them. However just because homeopathic physicians were not adding to a patient's woes - by hostile and destructive treatments – is not proof that homeopathic remedies work.

At the same time it should also be borne in mind, that despite how logical this argument may sound, the abhorrence and non-use of bloodletting by homeopaths, also does not mean that every successful treatment in the history of homeopathy can be put down to the abandonment of bloodletting as a procedure. Just because blood-letting has been proven to be an incorrect treatment for conditions like cholera — and nearly any other condition for that matter - does not *disprove* that homeopathic remedies also played an active role in the treatment and cure of the patients it treated.

Consider the following:

By the mid-1850s the use of bloodletting had declined substantially in treating not only epidemic fevers but also internal inflammations like pneumonia. One prominent physician later commented: "We can hardly conceive of a revolution in practice more complete. Venesection is now, from being the most frequent, the rarest of operations".' ²

The paragraph above was originally written in 1864, when the use of blood-letting had already diminished – and diminished quite considerably. If the abandonment of bloodletting helped increase patient success in homeopathic clinics, and decreased patient mortality rates, it fails to explain the difference in the mortality rates that occurred during the twentieth century. The Spanish flu is a prime example.

In the flu epidemic of the early twentieth century, mortality rates between homeopathic and conventional schools were marked, despite the fact that conventional medicine was no longer using bloodletting as a treatment. This means any difference in mortality, especially any difference that was in homeopathy's favour, could not possibly be put down to bloodletting.

This being the case let's examine a few statistics:

Dean W. A. Pearson of Philadelphia collected 26,795 cases of influenza treated by homeopathic physicians with a mortality of 1.05%, while the average old school mortality is 30%...' ³

Added to these successes we should also include successful homeopathic prescriptions made by individual practitioners, not just hospitals:

I did not lose a single case of influenza; my death rate in the pneumonias was 2.1%. The salycilates, including aspirin and quinine, were almost the sole standbys of the old school and it was a common thing to hear them speaking of losing 60% of their pneumonias.'-Dudley A. Williams, MD, Providence, Rhode Island.'4

While mortality rates using homeopathic remedies were impressive, our original question was twofold. How many people have been saved was part one of the questions; how many lives have been improved was the next. Both of course are hypothetical questions but the inference is important.

To the question of how many lives have been saved by homeopathy, the real answer is, nobody knows.

To the question of how many lives have been changed by homeopathy, the answer is - countless.

People who have sought and received help from homeopathy belong to a long and impressive list. These people, alongside the average mums and dads include some impressive names from the arts, politics and business.

For example ask yourself a simple question. Where would India's place on the world stage be right now, without the influence of someone like Ghandi? Would India be independent? And if so, would she have gained her independence through a brutal and costly war, like most colonised countries have had to do, or would an India without Ghandi have been just as self-governing and independent?

Would the India of today, have the same general internal peace if Ghandi had not been alive? Would she still have the same self-esteem and pride? The same sense of political accomplishment while maintaining a degree of spiritual morality?

Would India really have become the world's biggest democracy accomplished through hard work, cooperation, tolerance and peace, without Ghandi's influence? After all, no other country before India had broken away from a ruling foreign power – especially a foreign power that

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didn't want to leave – and was able to do so with world support. And peacefully.

With all this being said, would it be fair to say that Ghandi changed the country that over one billion people call home today? The answer is, it is not only fair, it is an historical truth.

Let's ask another question. 'What would have happened to India if Ghandi's health and vitality had failed?' 'What if Ghandi had not been able to have the strength to begin the salt march? Or worse, what if Ghandi had died during a hunger strike?

Determination and motivation are important factors for what we do with our lives, but if we don't have the energy to see our aspirations through, then we may as well not have any aspirations at all:

Homeopathy cures a greater percentage of cases than any other method of treatment. Homeopathy is the latest and refined method of treating patients economically and non-violently.'

Mahatama Gandhi

Here is one simple fact. Everyone – no matter who they are -accomplishes more and lives their life to their fullest when they have more energy and when they feel well in themselves. That is a plain simple truth – and it doesn't even need referencing. We create more successfully, live better, love better and even govern better when we are balanced and have energy.

When we are healthy we are also less selfish, and that means we are more likely to include the opinions and best interests of others. When we are ill, tired or diseased, this is not the case. It requires energy to be the egalitarian and patient person we would all like to be and we all can be.

Disease is selfish by nature. Whether it is an infection, meaning that a foreign life force is robbing us of every ounce of energy we have, or a non-infectious chronic disease which makes the sufferer just as selfish, but for different reasons. Generally this type of disease – a non-infectious chronic disease – does not occur unless we are stressed or exhausted, which in turn makes us self-protective and selfish of our energy and time.

It is this lost life, rather than death and disfigurement, that is the untold story of this type of disease. While everyone is aware of the physical pain ill health causes, we forget about the loving and creative life that is either taken away, or will never rise to the surface because of the hold disease has over the sufferer. It can never be known how much life, music and achievement has been robbed from the world because of the fatigue, deadness and apathy caused by disease and ill-health:

I can't manage without homeopathy. In fact, I never go anywhere without homeopathic remedies. I often make use of them.'

Paul McCartney

Imagine if Paul McCartney was too sick and lethargic to have written 'Let it be', 'Hey Jude' or 'Lady Madonna'? Obviously I am not saying that these classics were written because of homeopathy directly, but the flow on effect of feeling healthy and enthusiastic cannot be overstated. And this same flow on effect can also be seen in homeopathy's worldwide influence.

So why the title - *How Aphorism 27 Changed the World?* Why the focus on this particular aphorism? In short it is because it is in this aphorism that the building blocks of homeopathy can be seen.

By increasing life force and vitality, homeopathic remedies help in the task of living life to the full. Increased vitality means increased enthusiasm and that means greater output and creativity. This is homeopathy's flow on effect. People like Gandhi, Paul McCartney, Mark Twain, Tina Turner and Dizzy Gillespie have all been advocates of homeopathy. So whether they like to bee bop, nut bush or walk that long and winding road, maybe homeopathy played a helping hand in the determination and creativity of the minds that have helped define and change the modern world we live in.

Aphorism 27

The curative power of medicines, therefore, depends on their symptoms, similar to the disease but superior to it in strength (§ 12 - 26), so that each individual case of disease is most surely, radically, rapidly and permanently annihilated and removed only by a medicine capable of producing (in the human system) in the most similar and complete manner the totality of its symptoms, which at the same time are stronger than the disease.'

Samuel Hahnemann

In aphorism 27, we see the how's and why's of homeopathy in one small paragraph. It is in aphorism 27 that Hahnemann explains the foundation of not only the similimum, but also the importance of potency. Aphorism 27 contains the fundamentals of homeopathy in one neat and precise package. And the fact is homeopathy, regardless of its opposition, has indeed changed the world, in a number of ways and in a number of forms.

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So why is there still so much debate and lack of acceptance for homeopathy?

Perhaps one reason is because homeopathy in itself is almost impossible to tie down and define - and that is a major problem. Homeopathy due to its energetic nature is difficult to describe - because energy ebbs and flows and peaks and troughs - so in the end it can be all things to all people.

In the seemingly endless debate of:

Is homeopathy scientifically and clinically reproducible?

Is homeopathy art or science?

The answer is yes to both. Homeopathy is a science and it has been scientifically proven to be statistically effective. But the bottom line is that even with the introduction of double blind trials - no matter how hard they try to have the opposite effect - they will never eliminate bias. This is because bias is always at home in the mind of the reader, not in the statistics they are reading.

The story of Jacques Benveniste is a perfect case in point, as the following account taken from Wikipedia demonstrates. It is a long extract but it does emphasise the point:

Jacques Benveniste (March 12, 1935—October 3, 2004) was a French immunologist. In 1979 he published a well-known paper on the structure of platelet-activating factor and its relationship with histamine. He was head of INSERM's Unit 200, directed at immunology, allergy and inflammation.'

- "...Benveniste was at the center of a major international controversy in 1988, when he published a paper in the prestigious scientific journal Nature describing the action of very high dilutions of anti-IgE antibody on the degranulation of human basophils, findings which seemed to support the concept of homeopathy. Biologists were puzzled by Benveniste's results, as only molecules of water, and no molecules of the original antibody, remained in these high dilutions. Benveniste concluded that the configuration of molecules in water was biologically active; a journalist coined the term water memory for this hypothesis. Much later, in the nineties, Benveniste also asserted that this "memory" could be digitized, transmitted, and reinserted into another sample of water, which would then contain the same active qualities as the first sample...'
- '...As a condition for publication, Nature asked for the results to be replicated by independent laboratories. The controversial paper published in Nature was eventually co-authored by four laboratories worldwide, in Canada, Italy, Israel, and in France.[1] After the article was published, a follow-up investigation was

set up by a team including physicist and Nature editor John Maddox, illusionist and well-known skeptic James Randi, as well as fraud expert Walter Stewart who had recently raised suspicion on the work of Nobel Laureate David Baltimore.[2] With the cooperation of Benveniste's own team, the group failed to replicate the original results, and subsequent investigations did not support Benveniste's findings either. Benveniste refused to retract his controversial article, and he explained (notably in letters to Nature) that the protocol used in these investigations was not identical to his own. However, his reputation was damaged, so he began to fund his research himself as his external sources of funding were withdrawn...'

- "...Nature agreed to publish Benveniste's article in June 1988 with two unusual conditions: first, that Benveniste obtain prior confirmation of his results from other laboratories; [citation needed] second, that a team selected by Nature be allowed to investigate his laboratory following publication. Benveniste accepted these conditions; the results were replicated by four laboratories, in Milan, Italy; in Toronto, Canada; in Tel-Aviv, Israel and in Marseille, France..."
- "...A week after publication of the article, Nature sent a team of three investigators to Benveniste's lab to attempt to replicate his results under controlled conditions. The team consisted of Nature editor and physicist Sir John Maddox, American scientific fraud investigator and chemist Walter Stewart, and skeptic and former magician James Randi..."

The team pored over the laboratory's records and oversaw seven attempts to replicate Benveniste's study. Three of the first four attempts turned out somewhat favorable to Benveniste; however the Nature team was not satisfied with the rigor of the methodology...'

- "...In the same issue of the journal Nature, and in subsequent commentary, Benveniste derided the Nature team's "mockery of scientific inquiry" and warned other scientists not to permit such investigations into their own labs. He claimed that such "Salem witchhunts or McCarthy-like prosecutions will kill science."..."
- "...In 1991, Benveniste found the French Academy of Sciences willing to publish his latest results, obtained under the supervision of a statistician, in its weekly Proceedings. Eric Fottorino writing in Le Monde relates how the

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remorseful Academy of Science noticed that an earlier edition contained a study critical of the memory of water. Seizing on this opportunity, the Academy ordered the printing to stop and the already printed copies destroyed, so that it could print a revised edition, in which Benveniste's article was labeled a mere "right of reply" - downgraded from the status of an article...' 5

This extract shows that even if homeopathy could be 'scientifically proven' there would never be enough evidence for minds made up.

The problem for homeopathy, which is both its strength and its weakness, is that it is formless by nature. Homeopathy is science and non-science. Homeopathy is an art and yet to practice homeopathy properly, the practitioner must be pragmatic. The homeopathic 'artist' making connections and pictures by pulling associations out of the air or from the subconscious of their patient, is just as incomplete as the homeopathic doctor who believes pathology and statistics are the true foundations of practice.

The scientific homeopath is often reminding the rest of the homeopathic community, that Hahnemann was first and foremost a medical scientist. They remind the artists that as a true scientist, Hahnemann would never have endorsed the pseudo-scientific 'rubbish' many contemporary homeopaths practice today. However, before we all run off and start looking for homeopathy under a microscope, it needs to be remembered that while Hahnemann laid the scientific foundations for a model and methodology that took the speculation out of the medicine, it was also Hahnemann the scientist, who wrote about the vital force. And it was Hahnemann the scientist, who wrote about dynamisation and going beyond provings and chemical compositions. None of which would ever have been achieved if the rigid rules of science weren't breached.

Soon it became Hahnemann the mystic and scientist, not just Hahnemann the scientist alone, who began writing about spirit-like substances in remedies and an unseen energetic life force that inhabits and governs the body. And it was Hahnemann the mystic, not Hahnemann the scientist who spoke of the importance of the mentals in remedies.

By writing about the vital force, Hahnemann must have known that he had crossed the boundary that separated science from mysticism. Surely this is why a Freemason like Hahnemann, who in his earlier years had access to a library full of Rosicrucian and mystical writings, takes no less than four editions of The Organon before he decides to even mention the concept, let alone his acceptance of the vital force as an unseen yet actual entity.

It is easy for the scientific homeopath to pick out the glaringly obvious and sometimes even irrational holes in the artistic homeopath's methods. The homeopathic artist relies on speculation and personal interpretation to perceive what they believe is important in each case. This leaves the scientific medical homeopath baffled and unable to even relate to the artist as their professional brethren.

Instead of experiencing an underpinning kinship beyond the gulf of technical difference, the scientific homeopath is often embarrassed by what they consider a naïve and irrational form of mysticism, being packaged and masqueraded as homeopathy. It must be said that to some degree these pragmatic scientific homeopaths are correct. There is – as many point out - an unsophisticated almost banal childishness to many contemporary artistic homeopathic methods.

Giving a potentised remedy of a specific colour because it matches the colour of the shirt that patient happened to be wearing that day, is nonsense not serendipity. This is not art – it is the superstitious watching for omens. Giving Lac Can on the basis that a patient loves dogs or potentised falcon because a patient says it would be fun to be able to fly, or perhaps dolphin because the family group is important in their life is word association, not homeopathy. Above all, the homeopath that takes the cake is the practitioner that believes they know everything about their patients from a simple discussion on what food the patient likes, their favourite colour or why the patient doesn't like spiders. With a few 'tell me what that feels like' questions, this homeopath-come-shaman now believes they know the blueprint of their patient's soul.

In saying that, another fact also remains. And that fact is that homeopathy is not just pathology and tests. As we shall see as this book continues, to understand the full concept of homeopathy in the treatment of chronic disease in particular, it requires an understanding that chronic disease is not a disease at all. Rather, the presenting signs and symptoms usually diagnosed as chronic disease are nothing more than the inevitable outcome of the stresses and strains that preceded its onset.

It's clear that many of the metaphysical links and speculations that occur in the clinic have gone too far. And by too far I mean that connections have shifted away from sophisticated insights, based on clinical experience, into simplistic novelesque type characters. I believe that many remedy pictures are nothing more than fantasies made up in the mind of the author. They are imagination pretending to be insight, which is fine if you are writing a novel but it is not fine when a patient's life depends on homeopathic accuracy. The only people to profit from these novels are the authors themselves. Patients and professional creditability are certainly not benefiting from them but instead are suffering from lack of remedial benefit due to ineffectual remedy choices, based on links that unsuspecting

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homeopaths trust are made on more solid foundations than they actually are.

At this point as a reader you are probably thinking that I am just another 'get homeopathy back to the basics type of writer' but that is not the case. My practice through HFA is new and innovative, traditional in some ways and modern in others and yet complimentary in all its methodology. If going back to basics means reverting to the practice of keynote prescribing or worse - basing every prescription on a remedy's relationship to a specific pathology - then I am dead against going back to basics. I have seen firsthand, and can assure those who have not seen with their own eyes that the results from this type of practice are no less hit and miss than the speculative artist.

The practice of homeopathy is unstructured because homeopathy itself is formless and amorphous. As a result, how a homeopath practices depends entirely on how that homeopath defines both homeopathy and disease. What disease is and how disease works, is interpreted differently in various homeopathic circles. What is also interpretative is how each homeopath defines constitutional prescribing and how they individualise remedies.

While homeopathy states that each prescription must be individualised to suit the patient, we must also understand that individualising a remedy can mean a variety of different things.

For some, individualising a remedy means forgetting about pathology altogether, because pathology is a disease ultimate as Kent stated and therefore of less relevance and significance. In this interpretation, disease and pathology are put to the wayside in order for the practitioner to focus on the person that has the disease, not what type of disease they have. This psychopathological approach which plays such a common role in today's modern practice is now generally accepted as the way cases are individualised. Today psychopathology is constitutional prescribing but that was not always the case.

Take for example the following excerpts by E.A. Farrington, one of homeopathy's most respected clinical prescribers. These examples are all taken from his lecture on Phosphoric Acid:

Today we have to study Phosphoric acid. This is a combination of oxygen with phosphorus. Phosphoric acid produces weakness or debility. Sometimes it causes a transient excitement, but the main characteristic of the drug is this debility, which is characterized by indifference or apathy, by torpidity of both mind and body, by complete sensorial depression. The patient is disinclined to answer your questions. His answers are short, consisting generally of "Yes" or "No," and are made in a way that show that it is annoying to him to speak. The delirium

is quiet, not violent, but accompanied with this characteristic depression of the sensorium and muttering, unintelligible speech. He lies in a stupor, or in a stupid sleep, unconscious of all that is going on about him; but when aroused he is fully conscious...'5

This is 'old style' comparative materia medica regarding remedies:

Now the symptoms which indicate Phosphoric acid in typhoid fever are these: pointed nose; dark blue rings around the eyes. The patient may suffer from nose-bleed, but which, however, gives no relief to the symptoms in the early stages of typhoid fever. This is the very opposite of Rhus tox., which is otherwise similar to Phosphoric acid. Rhus has epistaxis in the beginning of typhoid fever, but the symptoms are relieved by the haemorrhage. The Phosphoric acid patient bores his finger into the nose. Now do not suppose because the patient is picking at the nose that he has worms and that you must give Cina. He may have itching of the nose. The symptom may also come from abdominal irritation not due to worms. With Cina, it occurs from worms; with Phosphoric acid, from the irritation of Peyer's patches, consequently you will find the abdominal symptoms plentiful. For instance, the abdomen is apt to be distended and bloated. There is a great deal of gurgling and rumbling in the abdomen. There is often diarrhoea with stools that are watery, sometimes involuntary, and contain undigested food. For instance, the milk which you have given your patient passes more or less undigested, and there is copious escape of flatus with the stool. The tongue is dry, and may have a dark-red streak down its centre; but it is apt to be pale and clammy, and sometimes covered over with slimy mucus. Sometimes the patient bites the tongue involuntarily while asleep; this is a spasmodic motion; while the jaws come together the tongue protrudes. The urine you will find to be highly albuminous; it has a milky appearance, decomposes very rapidly and you will find it also loaded with earthy phosphates...'5

For some practitioners this method of clinical homeopathy continues to be the only way to practice. To them every other form of homeopathic practice is pseudo-scientific nonsense. Conversely, many psychopathological homeopaths would have no more hope of figuring out whether their patient's abdominal irritation is related to their Peyer's patches, than they would have of flying to the moon.

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So what does this all mean? After all the discussion regarding various opinions and sub-group methods, where does this knowledge leave the individual homeopath and homeopathy in general?

Homeopathy can only be understood and effective as a treatment, if we understand homeopathy as an energy medicine. Not as mystical newage magic. Not as a scientific treatment for a medical condition and not as an adjunct to counselling. While homeopathy can be all of these things, homeopathy is also none of these things. What mysticism, medicine and counselling have in common is that they all - whether they acknowledge it or not - utilise and treat the outcomes of energy imbalance.

This means that while someone may have a pathology that stems from an abhorrent self-belief (psychopathology) it is just as true that pathology can result from an infection or parasite (medical homeopathy). In this sense it is not about why the patient *chose* to give themselves that particular virus, but simply understanding that a viral infection can cause the body serious harm. The problem for homeopathy in general is not that either medical homeopathy or psychopathological homeopathy is wrong, the problem is that *both are incomplete*. And what unites them and makes each a compliment, is linking both, via an energetic model rather than dividing each into the separate camps of medicine versus counselling.

Understanding homeopathy as energy, not just that energy is in our remedies, but in terms that all disease - acute disease and chronic - result from an energy imbalance, goes a long way in understanding how and why our remedies work.

The vital force is a Hahnemannian term for our energy body. The vital force governs our physical body keeping it harmonious and in good working order; when our vital force is out so too is our physical body.

While we cannot truly know all the inner workings of the vital force because it cannot be seen, weighed or measured, we can understand theoretically how it works because its design is reproduced in our physical form. This has to be the case. The vital force cannot have a completely separate design with different rules and triggers, and yet also be in harmony with the body. Therefore, it is not unrealistic to make the assumption that – as above so below – the vital force is governed by the same need for homeostasis as the rest of our physical body.

The vital force can be reasoned to work according to negative feedback triggers, because that's how our physical body is organised. If the physical body is organised according to this mechanism – why would the governing force of the physical body not be designed in the same way? 'As above so below.'

Homeostasis means that optimal functioning can only take place within defined limits. If the vital force's role is to govern those pre-

prescribed limits, then it seems obvious that the vital force itself must share in that same process.

Any homeostatic trigger that makes the vital force respond, cannot in itself be physical. Unlike the physical body negative feedback responses cannot be based on an actual substance, because the vital force itself is not physical. Our physical body monitors homeostatic levels and responds to physical triggers such as changes in blood sugar levels, hormones, calcium levels, respiratory gases as well as a variety of other important balances.

The vital force however, can only be connected with *energetic* homeostatic levels. Like blood sugar, when energy levels rise above accepted pre-prescribed homeostatic levels, negative consequences arise. At the same time, if energy drops below this pre-prescribed level for too long a period, once again negative consequences occur. If these energy levels are breached for a short period of time the effects will most likely be acute and transient. However, if energy levels are constantly outside this homeostatic range, chronic disruption occurs. It's really quite simple.

In the energetic model of homeopathy there is no need for overcomplicated pathologies and systems. There is no need for convoluted theories and suppositions regarding the origin of disease or who my patient really is at their core.

Homeopathic remedies are energy medicines. Non-infectious chronic diseases are caused by energy complaints. Understand this, and you can throw half of those obscure materia medica and theory books you struggled over, in the bin, where they belong.

Homeopathic remedies can cure infectious diseases because of the immutable energetic laws of attraction and repulsion. However homeopathic remedies can also treat non-infectious chronic diseases, not through attraction and repulsion, but by our remedies restoring homeostatic balance to our out of balance vital force.

Let's go back to the two models of homeopathy we were discussing before; one being the more clinical medical model, the other the more newage psychopathological counselling model.

Question one. Can an acute disease change an individual's energy levels? If the answer is yes then that makes pathological prescribing an important and valid method of practice.

Question two. Can fear, anxiety or a demoralising self-belief, drain and alter vital energy? If the answer is yes then psychopathology and the attempt to understand a patient's nature becomes a valid form of practice.

Question three. Can a tumour once formed or an organ once damaged, deplete vitality and energy? If the answer is yes then we are back to clinical pathology being a valid form of homeopathic practice.

Question four. Can a feeling of worthlessness drain a patient of energy?

I am sure you can see where I am going here.

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Now, before we pat ourselves on the back and state the cliché that all roads lead to Rome, so therefore how we practice is irrelevant, let me ask just a few more questions.

Question five. Is a tumour or an acute illness the *only* way a person's vital force becomes drained?

If your answer is no, then your conclusion must also be that clinical prescribing is not a complete answer by itself, because physical pathology is not the only influence on health.

Question six. Is anxiety, fear or negative self-belief the *only* cause of altered energy levels in patients? If your answer is no, because you believe that alcohol, cigarettes and junk food, as well as acute disease, sleep loss, pain and other stressors, also contribute to depleting the vital force, then we have to question why so many modern homeopaths promote essence, mentals and remedy pictures as the deepest and supposedly most insightful way of practicing homeopathy.

Why, if alcohol, drugs, lack of sleep and excessive stress are acknowledged causes of energetic dysfunction, do so many modern homeopaths spend such a disproportionate amount of time, sometimes up to 90% or more of the consultation, on the mentals only?

Why is it, when we can see the logic that drugs and stress will cause just as much energetic damage to patients as worry or anxiety, do we not include these stressors into everyday case-taking? Why are the mentals taking so much professional time, when half those mentals only exist as a result of stress, not a cause of it?

However, we don't have to dig too far back in history to see there was one homeopath who understood this completely. A homeopath who understood that energetic stressors could come from a variety of causes; a homeopath who understood the need to have a balanced repertorisation that included a range of energetic triggers and changes that occurred within the vital force; a homeopath who stressed the importance of totality because he knew the homeopathic system like the back of his hand; because it was his hand that wrote it. No-one before or since has known or knows homeopathy better than him. That is why I am going to take a number of Hahnemann's aphorisms and writings directly from *The Organon* and examine them in light of contemporary knowledge.

There have been numerous books written about The Organon and while most try as best as they can to explain Hahnemann's aphorisms, they are usually translating into plain language, the vocabulary of Hahnemann's time into more understandable terms. They clarify to present and future students Hahnemann's writings so they don't become too baffled by language and confuse his ideas. By doing this *The Organon* and its concepts will not be lost to future generations.

However the purpose of this book is different. Firstly, I intend to take the above mentioned interpretive process one step further, by not only interpreting but by adding new ideas and explanations that I feel are more in line with contemporary clinical experience. Secondly, I am only choosing selected writings and aphorisms - those I believe need updating or further clarification.

It is not the role of this book to re-write every aphorism into modern conversational language. What is the purpose and what is new in this book is the reinterpretation, and in some cases even the updating and changing of Hahnemann's original ideas. Not the laws of nature obviously, but some of the more theoretical concepts. I am not trying to make changes for changes sake, many aspects of *The Organon* are perfect and these perfections are in relation to Hahnemann's observation of natural law in action. Where changes have taken place they are generally an attempt to compliment and to develop Hahnemannian ideas and to bring his observations of natural law into a new light that is hopefully – if I do my job properly – easier to understand by the modern mind. Lastly, it is also my attempt to make any required changes or clarifications fit in to be complimentary to the fundamentals of homeopathic practice and natural law.

Chapter 1 - Homeopathic Discrepancies

'I must warn the reader that indolence, love of ease and obstinacy preclude effective service at the altar of truth, and only freedom from prejudice and untiring zeal qualify for the most sacred of all human occupations, the practice of the true system of medicine. The physician who enters on his work in this spirit becomes directly assimilated to the divine Creator of the world, whose human creatures he helps to preserve, and whose approval renders him thrice blessed.'

Samuel Hahnemann 1810

I can't say with certainty how many times I have read Hahnemann's Organon, but what I can say is that each time I read it I always gain more information and a new perspective on the practice of homeopathy. I also gain a revitalised and increased reverence for Hahnemann himself. In saying that I am also aware that this is not how everyone views his book and that for many *The Organon* is a chore to be endured, rather than a mystery waiting to be unravelled. As one student once said to me, 'the main thing I discovered about *The Organon* is that it's one of the best cures for insomnia I have ever tried!'

While confident this student has missed the point, there is also some truth in her words. The fact is *The Organon* is long-winded, repetitive and comes from a by-gone age that had different ethics, language, beliefs and of course, a different view regarding the practice of medicine.

Bringing a new perspective and a contemporary clarity to many of Hahnemann's aphorisms is the purpose of this book.

A lot has changed in the world since Hahnemann first put quill to paper and yet some homeopaths talk and practice as if every word written in *The Organon* is just as valid and up to date today, as it was when Hahnemann first wrote it. But the world has not stood still. Understanding

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has changed and homeopathy like every other thinking profession needs to change with it. Homeopathy needs to revise its knowledge in light of contemporary understanding. It needs to ascertain what remains valid and what ideas need to be updated.

This is not a slur on Hahnemann. Hahnemann wasn't a clairvoyant and he did not write about the future. Hahnemann wrote about homeopathy and medicine for his time period. His references are all directed to the practices of his era - not ours - and this gulf needs to be addressed. Indeed it is negligent not to do so.

There is much in *The Organon* that needs revising, and I don't just mean putting Hahnemannian vocabulary into modern day language. Much of what is written in *The Organon* needs to be understood in reference to the learning that has occurred since its completion. However, in revising the writings of Hahnemann, we have to be careful not to trade homeopathic principles and forgo our understanding and application of natural law, just to fit in with a modern way of thinking. And yet at the same time it is foolish to just stick doggedly to precepts clearly needing to be revised, but refusing to do so because Hahnemann wrote them.

Once of the great criticisms of homeopathy often levelled against it by conventional medicine - particularly in the past - was their perception of homeopathy being a closed and sectarian 'belief' system, rather than an open and evolving profession. To allopathy this sectarianism gave the impression that homeopathy had a professional unwillingness to compromise on any of its beliefs, because that is what they were – beliefs not facts or opinions.

To help explain:

'The basic doctrines of Hahnemann were nothing less than articles of faith. This meant ignoring the controversy over infinitesimals; emphasising the spiritual (high dilution) aspects of homeopathy: and associating healing with evidence of divine purpose. It also meant recognising medicine as a belief system rather than as a science; opposing strenuously the scientizing of medicine; and stressing the simplicity of symptomology and the power of each individual to become the instrument of his or her cure.' ²

Homeopaths have always seen homeopathy as a natural science. This means homeopaths have unwillingness to compromise because they believe all of homeopathy's principles are based on natural law. To a homeopath the truths found in *The Organon* are the laws of nature, so why in the mind of the homeopath, would one want or be willing to

compromise these laws? But here is the problem, not everything in *The Organon* is natural law. Much of what is written in *The Organon* is not Hahnemann's observation of nature but rather his opinion regarding these observations. The two are entirely different.

Many of Hahnemann's observations such as the law of similars, the opposing forces of dissimilar disease and the differences in the technique required for the treatment of chronic disease by comparison to acute, are objective. Many of his other definitions and explanations regarding the mechanisms of what is occurring at the level of the vital force are not. These latter explanations are subjective assumptions and Hahnemann's best attempt to try and explain the unexplainable pathways regarding the workings of the vital force. However, and this is what must be remembered, these explanations are just guesses and as such they demand new and additional thought and sometimes if required, further explanation or even change.

Hahnemann himself confirms this conclusion when he explains in aphorism 28:

'As this natural law of cure manifests itself in every pure experiment and every true observation in the world, the fact is consequently established; it matters little what may be scientific explanation of how it takes place; and I do not attach much importance to the attempts made to explain it. But the following view seems to commend itself as the most probable one, as it is founded on premises derived from experience.' 3

This phrase *the most probable one* is important and needs to be understood for what it actually means. Probable means a feasible and plausible explanation to understand the events taking place. Probable does not mean incontrovertible fact and probable does not mean immutable and indisputable truth. Probable is not natural law. Probable is a question mark not a full stop. Full stops put an end to a sentence or discussion while question marks demand further clarification.

The Organon can be divided into two distinct categories — observation and thought. The first are the observations made by Hahnemann and regarded by him as actuality. By this I mean the repeated events that Hahnemann saw as being an expression of natural law. The second category — thought - was Hahnemann's personal conclusions regarding the observed event. These thoughts are not of the event itself but his interpretation of the workings and processes that created the event.

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An observation of actuality is a fact. It is something that occurs commonly, is reproducible and often exists as part of everyday life. The sun rising in the east is an observation of actuality or fact. What the sun means to us at a personal level differs from person to person because the rising of the sun at a personal level is interpretative. For some the sun is just something that is there. The sun provides light and heat but apart from that no more consideration is given to it. For others the sun is a symbol of life and something to be revered, as it gives life-blood through its warmth and energy. In this last example we see the sun as the symbolic representation of the humanity of God and as a living gift to the world. However, and this is the point, irrespective of which theoretical position you adopt – irrelevance or reverence - the sun will still rise in the east. Interpretative thought is flexible and changeable - natural law is not.

When we review *The Organon*, we see a mixture of observation and deduction entwining together to form the author's conclusion. Understanding the difference between observation and deduction is vital for continuing professional development. However, this key to our professional progression is both tricky and elusive and rests in the understanding that while observation may remain just as true today as it was in Hahnemann's time the deductions drawn from that observation may not.

As challenging as this may sound, this book's purpose is not as daunting or as deliberately controversial as you may first believe. As the author I am not trying to tear down the laws that homeopathy holds dear. I am simply trying to explain these laws in more easy, comprehensible terms.

This book is not a rebellion against homeopathic principles but a personal attempt to clarify and progress them. It is simply one homeopath reaching out to other homeopaths in an attempt to explain what works for me in clinical practice, and why. This book is my deductions that I have drawn from observable clinical successes. These deductions have been set alongside the observations laid down by Hahnemann to see what parallels or what deviations occur.

At this stage two questions should be forming. The first is 'why do I need to read a book about how clinical successes have been measured against Hahnemann's theoretical writings?' The second question is 'how am I, as the author of this book, qualified to question someone like Hahnemann?'

Obviously the first question is easier to answer than the second, so let me answer the first by giving a few examples regarding homeopathic posology and case management; a few excerpts from a famous and well respected homeopathic book, *The Prescriber* by J H Clarke. ⁴

The Repetition of the Dose.-For the sake of simplicity and uniformity, the times of the repetition of the dose are given in terms of hours and minutes. After the same of a medicine with its attenuation, "1h". means that the medicine is to be given every hour; "2h." every two hours; "6h." every six hours, or four times a day; "8h." every eight hours, or three times a day; "10m." every ten minutes.'

Further on in the same book, Clarke also gives some directions for the treatment of specific ailments. These treatment plans include the following:

Acne

Simple and recent in young persons, Carb. v. 6, 6h.; if plethoric, Bell. 3, 4h.; if pale, Puls. 3, 4h.

More chronic, (1) Kali brom. 3x - 30, 4h. (2) Rad. bro. 30, once a week. (3) Arct. l. 3x, 4th.

From cold drinks, Bellis 3x, 4h.

[Sulphur 6, 8h. may be given intercurrently with any of the othermedicines; and it is often useful to apply at the same time a lotion of Sulph. f (a teaspoonful to the ounce) with a camel-hair brush to the spots.]

Thuja 30. 3 doses in one day, then wait, is often a most useful remedy.

Berberis Aquifolium f mins 10 in a little water 3 times daily after meals.

This may be given in conjunction with the homoeopathically indicated remedy.

Adenoid

In pale, fat children, cold clammy feet, head perspiring at night, Calc. c. 30, 8h.

In children with consumptive family history, Bac. 100, gl. v. once a week.

Much clear mucous discharge, Agraph. n. 3x, 8h.

Thin children, large, pale tonsils, Calc. ph. 3x, gr. iv. - 30, 8h.

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Children who are always hungry, irritable skins, averse to be washed, Sul. 30, 8h.

Psoric subjects, offensive catarrh, Pso. 30, 8h.

Mentally weak, Baryt. iod. 3x, - 30, 8h.

Dark-eyed, dark-haired children, Iod. 3x - 30, 8h.

Mania (insanity with delirium)

Simple mania in a subdued form, without hyperaemia; vivacious talkativeness, with hallucinations of the senses, or spiteful, quarrelsome moodiness; muscular twitchings and restlessness of the eyeballs; suspicious, thinks is being poisoned; nymphomania (with great tendency to uncover); hypochondriacal monomania as syphilophobia, Hyo. 3, 1h.

In every form of mania as soon as sexual desire is increased, Bar. mur. 6, 4h.

Great depression fears he is losing his senses, Calc. c. 200 at bed-time.

Settled melancholy, gloom over everything, suicidal, Act. r. 3x - 30, 4h.

Acute mania without symptoms of hyperaemia, Stram. 3, 1h.

Acute mania with furious delirium, red face, large staring eyes, dilated pupils, Bell. 3, 1/2h.

Mania with exalted ideas, time and space seem infinite, Can. ind. 3, 4h.

Incontrollable laughter; outbursts of fury, rapidly alternating with fits of repentance, Croc. s. 3, 4h.

With anguish, religious melancholy, depression, cold sweat on forehead, Verat. a. 3, 2h.

Violent delirium with absence of menses, Cupr. ac. 3x, gtt. v. or Cupr. 30, 4h.

Straight away what we see here is that a discrepancy exists between the way Hahnemann tells us how to practice and the clinical practice that Clarke claims achieves good results. Discrepancies of this kind occur commonly throughout homeopathy.

For those who may not have heard of him, J H Clarke was a well-respected and highly regarded practitioner, teacher and scholar of his time. In fact Clarke is still recognised by history as one of homeopathy's great contributors with epic books like his *Dictionary of Practical Materia Medica*. These prescriptions, loosely labelled as clinical prescribing were and continue to be a popular method of homeopathic practice. Prescriptions like the ones above have been given to patients with varying degrees of success by numerous homeopaths since clinical homeopathy's inception.

There is nothing wrong with this sort of practice, and as a method pathological keynoting, which is the basis of clinical homeopathy, is still practiced and written about into the present day, and all around the world.

The discrepancy we referred to earlier as question number one only begins when a practice like clinical homeopathy, is assessed against the theoretical writings of Hahnemann in *The Organon*. As an example, let's examine what Hahnemann has to say about repeating doses of homeopathic medicine in Aphorism 246 of the sixth edition of *The Organon*:

"...Every perceptibly progressive and strikingly increasing amelioration in a transient (acute) or persistent (chronic) disease, is a condition which, as long as it lasts, completely precludes every repetition of the administration of any medicine whatsoever, because all the good the medicine taken continues to effect is new hastening towards its completion. Every new dose of any medicine whatsoever, even of the one last administered, that has hitherto shown itself to be salutary, would in this case disturb the work of amelioration."

Hopefully the discrepancy between these two authors is not lost. One author – Clarke - is repeating his remedies consistently and without any warning to the reader. This means Clarke did not see any of the ill effects of repeated prescriptions predicted by Hahnemann in some of his writings, and so therefore he saw no reason for caution. The other author – Hahnemann – is warning against doing precisely what Clarke is telling us to do, stating in no uncertain terms the direness of the consequences for anyone who does not heed his warning.

To anyone outside of homeopathy the conclusion might be, 'Ok so two people have different views regarding the best practice of their profession, so what, that happens all the time.' However homeopathy is not 'every other profession' and for homeopathy any discrepancy no matter how small is a very big deal, when that discrepancy involves moving away from Hahnemann. The fact is, Hahnemann said not to repeat remedies especially when the action of the remedy had begun to work and that was

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his final word. He said *never* repeat until the action of a remedy is exhausted and the case has come to a standstill. According to Hahnemann if a homeopath acts pre-emptively by repeating a remedy before the exhaustion of its action, then not only will the repeated remedy do nothing at all, it may also start undoing the gains previously made.

What makes this a big deal is that any contrary action or statement to Hahnemann's decisive demands, forces homeopathy into a right or wrong position. Hahnemann did not say *occasionally* a repeated remedy may be beneficial and he did not say that in *some cases* a patient may do well on a repeated dose. He said:

"... Every perceptibly progressive and strikingly increasing amelioration in a transient (acute) or persistent (chronic) disease, is a condition which, as long as it lasts, completely precludes every repetition of the administration of any medicine whatsoever..."

The act of faith earlier opponents held against homeopathy and used to criticize the profession was the 'act of faith' by the profession regarding the inerrancy of Hahnemann's every word.

Every one of us no matter how much we love homeopathy, understands that no fallible human being can be right about everything all the time. Hahnemann himself, as I have already quoted, stated personally that some explanations are beyond his capacity. However knowing the human need for explanations and answers he did his best to clarify his opinions:

'...I do not attach much importance to the attempts made to explain it. But the following view seems to commend itself as the most probable one, as it is founded on premises derived from experience.' ⁵

Here is a question. Is the repetition of remedies an observation of natural law, or does it fall under the heading of theory? Did the rules regarding the repetition of dose come from Hahnemann's best attempt to explain and instruct, or are the ill-effects of repeating remedies part of an immutable natural law? Do Hahnemann's proposed ill-effects always occur when his instructions are breached, just like the sun will always rise in the east every morning?

Natural laws and phenomena include the repelling action of two similar forces. We know this to be true because it occurs in the natural world as well as inside the homeopathic clinic. In nature the repelling action of the law of similars can be seen all around us. Two protons forced into a

confined space without neutrons in between to buffer the similimum (similar charge), is as already stated, one of the most elemental examples of this observable natural law.

The existence of non-material entities without any form of physical structure is another example of a natural phenomenon, exhibited this time in the universal composition of energy. In human beings thoughts and emotions are the way we express this energy. In homeopathy universal energy exhibits itself in the infinitesimal dose.

However the repetition of remedies does not fall into the same category as the existence of energy or the similimum. Ill-effects from the repetition of remedies are not a Hahnemannian observation of natural law, but a Hahnemannian deduction. This means Hahnemann's instructions regarding the repetition of remedies are not sacrosanct and not beyond scrutiny and re-examination. Homeopaths like Clarke prove that there have been many homeopaths who not only thought the warnings against the repetition of dose were unwarranted, but even more, the writings of Clarke leave the reader with the impression that repeated doses of the same remedy and potency, are actually *needed* to achieve the desired result.

Like every homeopath I am not willing to compromise on natural phenomenon such as the law of attraction and repulsion. How can we compromise on the sun rising in the east? But when it comes to theory and deduction, homeopaths not only have the right to inspect and challenge, they have a duty to do so. Deductions are not fact, and we owe it to the health of our patients to test deductions, even those coming from Hahnemann. It is vital to the future of homeopathy to enhance our ideas and practice, and this can only occur through the development of thought not by intellectual acceptance and stagnancy.

Memorising Hahnemann and following blindly is an anti-Hahnemannian act. Challenging beliefs, evolving practical systems and keeping homeopathy useful so we can better serve our patients - that is truly Hahnemannian homeopathy.

It is in this spirit - the Hahnemannian challenge for truth - and with homeopathy's best interest at heart, that I use this book to examine a selection of Hahnemann's writings and aphorisms. My intention is to clarify homeopathy by bringing Hahnemann's thoughts into the modern day world. I will also attempt to show how a wide range of diverse thoughts and opinions can develop from one small aphorism. At a personal level I will explain how the development of one diversified thought has re-shaped my homeopathic practice, and how the implementation of a collective of rearranged thoughts has proved so clinically successful, that it has given me

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the impetus to write this book. And that is my answer to the second question, 'who am I to write such a book'?

Chapter 2 The Emergence of Rational Medicine and Methodology

If in its operation it should deviate by a single step from the guidance of perception, it would lose itself in the illimitable region of fantasy and of arbitrary speculation...'

Samuel Hahnemann.

The 'it' Hahnemann is referring to is of course homeopathy and this warning is one that Hahnemann keeps making throughout most of his editions of *The Organon*. This warning of how easily practitioners fall into speculation and fantasy if the basic rules are not followed comes initially from the second edition, but its sentiments are echoed in every edition up to and including the final sixth. This warning is not always reproduced word perfectly but the repeated sentiment of many of his writings is obvious. Hahnemann knew how easily the human mind wanders.

Hahnemann knew two simple truths. One, it is easier to speculate than it is to prove a fact. And two, speculation and certainty are not the same thing.

Medicine before Hahnemann was a mixture of speculation and folklore, together with some serious academic attempts to rationalise understand and create reproducible results.

The doctrine of signatures, which continually re-emerges within homeopathic practice in various disguises, was in its time one of the most influential and used methods of medicinal selection, before Hahnemann started on his quest. Homeopathic history books have Hahnemann raging against orthodox medicine due to their practices of bloodletting and purging but make no mistake, he was no fan of the doctrine of signatures either.

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The doctrine of signatures had been used for centuries but was made famous primarily by Paracelsus. The doctrine of signatures had proven itself to be effective in some cases but not in others. It was the hit and miss speculative approach to treating disease that Hahnemann wanted to change. Medicine, according to Hahnemann could never be an effective science while it was a subjective process.

Historically the doctrine of signatures meant the medicinal benefits of any herb or mineral could be assumed and theorised according to the way that substance, plant or animal looked or behaved in nature. A substance's medicinal benefit could also be surmised according to its colour and structure. It was exactly this random conjecture that enveloped the medicine of his time that Hahnemann hated. It was the doctrine of signatures and speculative medicine that Hahnemann sought to change through the development of homeopathy. A major part of Hahnemann's rational restructuring, was to change the practice of medicine away from the doctrine of signatures more speculative approach, into a system based entirely on verifiable reproducible facts. This aspect of his vision was achieved via the addition of his provings:

It is impossible to divine the internal essential nature of diseases and the changes they effect in the hidden parts of the body, and it is absurd to frame a system of treatment on such hypothetical surmises and assumptions: it is impossible to divine to medicinal properties of remedies from any chemical hypotheses or from their smell, colour, or taste, and it is absurd to attempt, from such hypothetical surmises and assumptions, to apply to the treatment of diseases these substances, which are so hurtful when wrongly administered. And even were such practice ever so customary and ever so generally in use, were it even the only one in vogue for thousands of years, it would nevertheless continue to be a senseless and pernicious practice to found on empty surmises our idea of the morbid condition of the anterior, and to attempt to combat this with equally imaginary properties of medicines.' 2

Hahnemann had no time for people or systems he believed were risking the health of patients by selecting medicines based on speculation and guesswork. At the same time he also understood the ease we have in the human mind to wander back to this guesswork. This explains why Hahnemann was so adamant, and in some instances even bombastic, in his laying down of the law. Often Hahnemann has been criticized for his temperament. For being too autocratic and repressive in his dictatorial

demands of what homeopaths should and should not do. However this demanding personality needs to be assessed in reference to what he was trying to achieve.

As Hahnemann has already described, he was well acquainted with just how easily the human mind reverts to fantasy. The moment a new system is introduced to the world, is the same moment someone else wants to adapt and modify it. It is also at that very same moment that a critic to that new idea is born.

I don't think that Hahnemann was against credible practitioners trying new approaches and ideas. The ideas of Boenninghausen are an example of this. What Hahnemann was most concerned about was the introduction of *incredible* ideas from practitioners, who were not credible and who were unskilled in the basics of homeopathy. His fear was that people such as this would bastardise his system before it even had a chance to begin; hence his laying down of the law.

So now the real question becomes, based on all the demands Hahnemann made clear for rational thinking and the eradication of speculation, are we applying his rational methodology in today's homeopathic practice?

This is not a rhetorical question when you consider the amount of rare and exotic remedies being developed almost daily. Particularly when the administration of many of these new remedies seems to be done anthropomorphically via subjective interpretation or through information gathered on Wikipedia. Whether you as the reader feel these contemporary approaches are rational, I leave up to you. However to the question of whether Hahnemann would approve of this type of methodology? All I could say is that I seriously doubt it:

"...speculative reason can consequently have no voice; there when it acts alone, it degenerates into empty speculation and fantasy, and produces only hazardous hypotheses, which in millions of instances are, and by their very nature must be, self deception and falsehood"

Chapter 3 - What is Success?

"...though I shall be no longer here below, a future generation of mankind will do justice to this gift of a gracious God..."

Samuel Hahnemann

It is often suggested that if we stick to Hahnemann's rules and procedures and never deviate from what is written in *The Organon*, then success in our homeopathic practice is assured. However in this rigidity it needs to be remembered that not even Hahnemann followed Hahnemann's instructions. Right up until the end of his life Hahnemann continuously changed his thoughts and practices. In knowing this fact we also need to remember that there is only one reason why a change in methodology occurs, and that is to improve what already exists. No-one, regardless of the field of interest, wants or needs to spend their time improving what already works perfectly. If a homeopathic practitioner is genuinely happy with their clinical results there is no need to go off on tangents.

The development of the LM potencies is a good example of exactly what I mean. There is only one reason Hahnemann would even want to research a better way of providing repeated doses of medicine, and that is because he felt the need to supply patients with repeated doses of medicine:

On the other hand, the slowly progressive amelioration consequent on a very minute dose, whose selection has been accurately homoeopathic, when it has met with no hindrance to the duration of its action, sometimes accomplishes all the good the remedy in question is capable from its nature of performing in a given case, in periods of forty, fifty or a hundred days. This is, however, but rarely the case; and besides, it must be a matter of great importance to the physician as well as to the patient that were it possible, this period should be diminished to one-half, one-quarter, and even still less, so that a much more rapid cure might

be obtained. And this may be very happily affected, as recent and oft-repeated observations have shown, under three conditions: firstly, if the medicine selected with the utmost care was perfectly homoeopathic; secondly, if it was given in the minutest dose, so as to produce the least possible excitation of the vital force, and yet sufficient to effect the necessary change in it; and thirdly, if this minutest yet powerful dose of the best selected medicine be repeated at suitable intervals...

There is an old saying that 'we only see what we are looking for'. If Hahnemann was completely happy with the success of the single dose, that is, one dose of a 30C potency then waiting for his prescription to work without interruption, then the LM potencies would not have been developed. Hahnemann introduced a system of repeating remedies because he felt he needed to repeat his remedies.

Homeopathy is a work in progress. It is not a work of art so perfect that even an additional brush stroke would deplete it. And homeopathy is certainly more than the study of remedies. Homeopathy is the study of the forces that drive and shape the natural world, and everything that exists within it. Homeopathy is the study of life, both organic and inorganic. Its knowledge can never be complete. Whoever believes that homeopathy is already perfect and that as a consequence should never be altered, is absolutely wrong. No one person can know all the knowledge homeopathy has to provide, including Hahnemann himself. As a result we must be open to receiving new information as long as we are careful to measure that information against the truth of the laws of nature:

'A man should look for what is, and not for what he thinks should be.' 3

Albert Einstein

If truth is the key to measuring information, then a method for evaluating truth needs to be defined. While methods of measuring truth vary from profession to profession, for homeopaths truth comes from only one place, and that place is the clinic. However obtaining homeopathic truth is not as easy as it sounds, because there is one serious flaw in assessing homeopathic clinical success — there is no external unbiased evaluation process that exists for the homeopathic profession.

A number of years ago I read an article about the successful treatment of a patient with an exotic new remedy. According to the author of the article, the patient's symptoms had significantly improved under the influence of their remedy and remained good up until the time of writing the article. A number of months later, by absolute chance, that very same patient, the one who had been successfully treated, walked into my clinic. I

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knew it was the same patient because their story and their symptoms were distinctive – that's why the author thought it was a good case to write up. On top of some distinctive signs and symptoms, this patient informed me that they had being seeing a homeopath and when they named who the homeopath was – the author of the article - it put beyond doubt that this was the same case I had read about earlier.

What also became obvious was this patient did not consider her case to have been treated with anywhere near the degree of success as her homeopath. In fact this patient did not return to the previous homeopath because in their mind the main complaint was not treated successfully at all.

Does this mean the homeopath was deliberately lying? Not necessarily. However, it does highlight three problems. The first is the danger of subjective assessment. The second is that some practitioners have a different objective to their patients. The third is that practitioners evaluate 'success' differently.

As a further example, at a seminar I once attended the case of a woman in her thirties was presented. The patient suffered from asthma, severe menstrual pains and excessive bleeding, as well as a decrease in overall vitality. After two return visits her energy was definitely better, her consumption of junk food had decreased and her optimism and enthusiasm for life had improved. As a result she was given a clean bill of health and announced by the presenter as one of their better success stories.

My problem with the presented case was that the patient's menstrual complaints had not improved and her asthma was not even discussed during any of her two return visits. The presenter was an open and giving teacher so the issue is not whether she was trying to deceive the audience – I don't believe that to be true. The issue is the shifting sands of assessing clinical success:

You cannot divorce medicine and Theology. Man exists all the way down, from his innermost Spiritual to his outermost Natural.' ⁴

J T Kent

Evaluating clinical success varies from practitioner to practitioner because homeopaths have different theoretical foundations that define what they see as important. These theoretical differences shape differing clinical expectations as well as a differing hierarchy of case importance. In short, what is seen as a success by one practitioner is not viewed in the same light by another. To the presenter this patient's case was a success because she had an increased vibrancy in her life. To me because her asthma and menstrual problems had not been significantly ameliorated, the case was not a success at all:

'One sick man is to be treated, not the disease.' 5

J T Kent

In the above quote by Kent, it is clear the mentals and the demeanour of the patient are seen as valuable tools for evaluating the effect of a remedy. While Hahnemann stated that the mentals of a patient can be an important aspect in remedy selection, Kent takes the idea of character a great deal further. To Kent the mentals are *the* causal link to understanding a patient's pathology. With Kent the homeopathic age of psychopathology had begun.

Currently for most western homeopaths the mentals have become the main guide of measurement and in some cases, like the above lecturer and for the writer of the article spoken about earlier, the mentals are almost the *only* measurement and guide to assessing the success or failure of a remedy. Personally, I don't like nor do I use the mentals as the primary measurement of patient success, however I understand why many practitioners do. To some homeopaths, patient contentment and a patient's energy levels have become the primary clinical objective. To other practitioners – like me – physical pathology and the amelioration of the main complaint is the primary objective. It's great that a patient may feel better in themselves but if they having just as many asthma attacks, migraines or bouts of nausea, then to me the remedy is not right.

Regarding the 'article patient' that came into my clinic - just to finish the story, it became obvious to me that her lethargy and depression about her life had escalated dramatically since becoming redundant from her job. She had been unemployed for a number of months at the time she saw the author of the article. She had been having difficulty sleeping and she suffered debilitating headaches and eye pain.

What made her case a success in the mind of the author was that not only had her energy improved but that she had also gained employment not long after beginning the prescribed remedy. Serendipity? Not according to the author of the article; who believed absolutely that the energy shift caused by the prescribed remedy was the sole cause of her getting another job. Maybe – who knows? It's completely possible that a change in attitude could produce a more favourable outcome in a job interview. However, that is completely unprovable - but then again so is a lot of homeopathy so we are back to not knowing for certain. So to some degree I accept the author's opinion that the remedy changed this patient's life. However, I also know for a fact - because she was sitting right in front of me - that there had been no amelioration whatsoever to her sleeping problems, headaches or eye pain. Therefore, because physical pathology is my measurement and

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guide, this case while successful for the author, was not judged as a success by me.

These are the 'shifting sands' that I spoke of that make any real evaluation of homeopathic technique impossible. Who is going to judge one homeopathic method against another? And by what criteria are 'they' going to judge it?

It is a common conclusion within homeopathic circles, that practitioners can achieve good results using a variety of different methods and remedies. While there is no dispute that we all use different methods defining the term 'good' can be very difficult.

A patient of a colleague was being discussed. This patient suffered from rheumatoid arthritis, bouts of debilitating depression, as well as numerous other physical complaints. The patient was treated with Ant Tart 1M and since taking the remedy they had no reoccurrence of the sties that occasionally they suffered from. At this point my colleague stated that in his opinion, that while the Ant Tart had done a great job so far, he felt he was going to change the remedy because in his opinion the Ant Tart had done all it was going to do.

This statement is reasonable and I have heard statements like this numerous times over numerous years by numerous practitioners. But here is my take on the effectiveness of the Ant Tart for this patient. I think the remedy did nothing much at all. Instead of being happy with its success but ready to move on, I would have been disappointed. What it did do was minor by comparison to what needed to be done. If this patient was mine, I would have re-done the patient's facial analysis, re-taken their case and hopefully selected a better remedy.

Like the woman with the menstrual problems, this case is a failure not a success. Physical symptoms should be a major criteria for success. I understand that in both cases some headway was achieved, but whether we want to admit it or not, minor symptoms often come and go naturally. And when it comes to the mentals, contentment and happiness will often depend on what external events are occurring at the time.

I don't think the mentals are unimportant but pathology is what the patient is coming into my clinic for, so to me pathology and the generals of the case are more stable and reliable guides. Place yourself in the same position, if you saw another type of practitioner let's say for migraines, wouldn't you assess the progress they were making by whether your migraines were getting better or not? I certainly would.

It's true that a patient can be made happier and more energetic on a homeopathic remedy yet still have their arthritis. Sometimes they even have the arthritis to the same degree they originally had it. But think of how much happier this patient would be if they not only had more energy, but

they were also not in pain. Without an amelioration of pain, whatever energy they receive from the remedy will be transient.

The idea that the mentals should be the ultimate benchmark of success is something that has crept gradually into homeopathy since Hahnemann, but it is not from Hahnemann. In the following two aphorisms (8 and 17) we are instructed that a disturbance in the vital force can only be perceived by the signs and symptoms produced. Every disturbance, because it originates on the vital level, cannot be measured by reasoning or equipment, and as a result only observable signs and symptoms can be our guide.

The only way we can truly know that our remedy is balancing a disturbed vital force, is when the presenting signs and symptoms created by the disturbance are no longer present. This is the only way we can be assured that the vital force has been brought back in balance by our remedies. While physical signs and symptoms persist, our job is not complete.

What you will notice in the following aphorisms is that physical signs and symptoms are vital, whether the patient feels better or not. An out of balance vital force creates a flow on effect that is both mental and physical. If the mentals are ameliorated but the physicals remain, then our task is not complete. As a result according to Hahnemann, we should not be congratulating ourselves when our job is only half done. Aphorism 8

It is not conceivable, nor can it be proved by any experience in the world, that, after removal of all the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain anything else besides health, or that the morbid alteration in the interior could remain uneradicated.'

Aphorism 17

Now, as in the cure effected by the removal of the whole of the perceptible signs and symptoms of the disease the internal alternation of the vital principle to which the disease is due—consequently the whole of the disease —is at the same time removed, it follows that the physician has only to remove the whole of the symptoms in order, at the same time, to abrogate and annihilate the internal change, that is to say, the morbid derangement of the vital force—consequently the totality of the disease, the disease itself. But when the disease is annihilated, health is restored, and this is the highest, the sole aim of the physician who

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knows the true object of his mission, which consists not in learned-sounding prating, but in giving aid to the sick.'

This is an important aphorism because it emphasizes that as practitioners, we must know what we are trying to achieve for our patients this is 'the object of his mission'.

I have already previously highlighted the difficulty of assessing varying homeopathic methods because of the differences in the 'object of our mission'. This is the differing theoretical starting points and clinical objectives spoken of earlier. Theoretically it should not be a difficult task, but practically, homeopathy just does not have the resources for such a trial, regardless of how sorely needed. Without a trial of varying methods, homeopathy will always be just one practitioner's claims of success versing other claims of the same. This is the antithesis to science, and a major stumbling block to homeopathy ever being taken seriously.

Contemporary homeopathy has seen an explosion of ideas of which my system of HFA (Homeopathic Facial Analysis) is only one. Each new idea has its own method and practice and each – including HFA - claims to produce wonderful and improved results. In this myriad of ideas how does a student know which method will really live up to its claims; especially when the base line of success is so varied? The sad answer is the student cannot possibly know, and so it comes down to which lecturer is also the best salesman. Under these conditions this means the system that becomes the most popular and widespread, is the system most theoretically appealing to audiences, and not necessarily the system that is the most clinically successful.

Two important points become evident from this situation. The first point is the need for both students and practitioners to be more demanding when it comes to assessing 'good' patient results. Hahnemann's recommendations should always be our baseline and no success should be accepted unless the patient's pathology has significantly improved. The second point is, because homeopathy has no independent governing body, no improvement in physical pathology should be accepted without video documentation of the patient's return follow up consultations, or by some independent medical verification.

In every other profession, especially those involved with science, success is never accepted on the say so of its promoter and especially without impartial evidence to back up the claim. Other sciences or health professions, demand this kind of independent evidence from those claiming success from improved methods. Science demands evidence not because they are accusing a promoter of grandstanding or lying, but because there is a need for an onus of proof. As we have seen, success differs so markedly from practitioner to practitioner, that without any external documentation

in the form of medical results or unedited video recordings, claims regarding continuous successful treatments should be treated with caution. It is not enough for the lecturer to read or just relate how successful their case was – they must, like every other science, prove it.

Homeopathy as a profession is always going to be behind the eight ball in reference to proof. We having no independent assessors in the profession and of course we have no financial backing. This is where video documentation becomes important. Apart from the problem of patient compliance, video documentation is one of the forms of verifiable evidence we have at our disposal. Video evidence is cheap and transparent but it must include all the relevant details. If a patient comes in for treatment for asthma, then the asthma must be ameliorated. If a patient suffers migraines then the migraines must be ameliorated. If the practitioner in the follow up video does not ask the pertinent pathological questions, the follow up video is useless.

Homeopathic audiences must become more discerning and demand that at a minimum, video documentation of successful cases be shown with follow up consultations shown in their complete form. Sometimes in a seminar the first case will be shown and then the lecturer relates the follow up in their own words. This is not good enough. The follow up must be shown as some form of third party evidence. Otherwise we are accepting people at nothing but their word and the sad truth is - no matter how distasteful it may seem, some human beings – because they are human – will be tempted to embellish and twist the truth in their favour, especially when embellishment means financial or professional reward:

What life is can only be known empirically from its phenomena and manifestations, but no conception of it can be formed by any metaphysical speculations à priori; what life is, in its actual essential nature, can never be ascertained or even guessed at, by mortals. 8

Samuel Hahnemann

It is interesting that in contemporary homeopathy so much emphasis is placed on the mentals and anthropomorphic interpretations of remedies, when it is clear that Hahnemann said precisely not to do exactly what is being done. What is just as interesting is how casually we change our definition of what is Hahnemannian practice and what is not Hahnemannian practice.

With HFA I have always stated upfront that I do not apply the miasms in the same manner as Hahnemann, because my interpretation of a miasm is philosophically different from his. This is why in my first book *Appearance and Circumstance* I changed the miasmatic classifications of psora,

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sycosis and syphilis to yellow, red and blue. This was done to show my departure from the Hahnemannian concept of inherited infection into something slightly different. In the HFA system miasms are seen not as the disease itself but as the body's defence to fight disease. Rather than an attacking enemy, the reaction or motion that Hahnemann and later homeopaths labelled as a type of inherited disease is seen now, in the HFA model, as a motion of reaction *created* by our defence system for the purpose of protection. This change in philosophy, means that the outward motion or centrifugal action Hahnemann named psora is viewed in HFA as a defence reaction that uses outward motion to expel stress from the body. The action of outward motion remains the same but the philosophy behind the action in HFA is changed. However this difference and change in philosophy has caused all manner of problems in regard to getting other homeopaths to look at the HFA system.

Many times over the past decade I have received emails from students disappointed that their colleagues or teachers will not even look at a new method like HFA because as I have stated, it's philosophy regarding the miasms is different from Hahnemann's original interpretation. This disregard is irrespective of the fact that the way many of these homeopaths practice is not Hahnemannian in the first place.

Just as common, but no less silly, is the closed mindedness I have experienced by many sensation practitioners who claim that because HFA does not use interpretation or sensation, that it is not homeopathy at all. What makes this statement illogical is that sensation itself is regarded by many conventional homeopaths as being the ruination of Hahnemann's teachings.

One example of homeopathic hypocrisy I experienced was when a patient of mine, despite having a positive result, became disillusioned and worried after being told by another homeopath that the HFA system was not scientifically proven and as a result of this lack of proof HFA should be treated with the greatest scepticism!

This type of uninformed rubbish from medical doctors is unfortunately to be expected, but to get this sort of professional derision regarding HFA from another homeopath is an outrage. But wait there's more! That is not even close to the end of the story. The real craziness of my anecdote lies in the fact that the practitioner, who told my patient about the unscientific nature of HFA, is a homeopath who works by supposedly channelling Hahnemann in a state of trance mediumship. When I first heard this criticism about the unscientific nature of HFA (despite the fact that with HFA every case has a specific methodology and repertorisation technique) my instinct was to look around to find the hidden camera. I

mean trance mediums accusing other homeopaths who apply the generals of a case in a sequential order as being unscientific has to be a joke right? But unfortunately I was wrong; it was not a joke at all.

Hahnemann may have tried to take medicine out of the realm of magic but many homeopaths seem intent on putting it right back there.

Before provings Hahnemann believed the medical world was stuck in the dark ages, where speculation replaced logic and interpretation superseded knowledge. It was this world that Hahnemann hated and tried his best to change. And it was against this world that Hahnemann vented his spleen. He saw these loose speculations and connections as unscientific and irrational. They were the products of lazy and egocentric minds that pretended to know more than they actually did. Yet, it is to this world of spurious metaphorical connections that many practitioners have returned, not by necessity but by choice.

Oh and by the way - just as a footnote, I believe the spirit of Hahnemann would be doing its best to help practitioners who are trying hard and who are putting their shoulder to the grindstone for their patients. However it was not in the character of Hahnemann as a person to spoon feed and baby along someone content to 'channel' answers. If I know Hahnemann at all, the only words he would channel would be 'get to work and learn how to do it for yourself':

"...pure Materia Medica, which from the earliest times until now has consisted solely of false conjectures and fictions of the imagination—that is to say, did not exist at all." Samuel Hahnemann