

The Sacred Cows of Homeopathy

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Definition of Sacred Cows in general

'Sacred Cow' or 'Holy Cow' is an idiom derived from Hindu culture in which cows are considered Holy/Sacred and their holiness is not questioned. A figurative sacred cow or bull is a belief held as an absolute, by a certain group of people, and thus regarded as exempt from criticism. Sacred cows are the unquestioned rules, dogmatic systems and ways of working that seem off-limits to change. As such they have much in common with an idol or fetish (an object having supernatural powers), which cannot (and must not) be approached. In many stories, strangers are informed of such matters because, both in anthropological inquiries and in satirical adventures, the unprepared outsider will often ask questions or point out things ('Why is the Emperor not wearing any clothes?') which reveal that he or she has, unknowingly, crossed a line and questioned something which 'absolutely must not be questioned.' A fetish has a function – to protect those who believe in it. The charm, charisma and potency of such objects, and the beliefs connected with them, supposedly require a respectful distance.

Every profession, being a tribe, has its sacred cows. When a profession reaches a certain level of development it becomes possible to pay attention to the sacred cows in its own backyard – just as we, as individuals, can come to a juncture which, if we are to continue to evolve with respect to 'the singular purpose of our existence' (Organon, § 9), will require us to see deeply into (*einsehen*) our own (and also perhaps, to a degree, even into our surrounding culture's) biases and prejudices (*Befangenheit*: caughtness, stuckness). Although perhaps an unattainable ideal, this striving towards freedom from bias (*Unbefangenheit*, Organon, § 83) is surely related to the traditional goals and purposes of self-knowledge.

Homeopathy has its fair share of sacred cows too. This article is an attempt to identify and list such beliefs in homeopathy – beliefs that are often taught as absolutes but which have nothing to back them up. To identify and question a sacred cow, we need to review the historical facts and go through the process of reflection, rational analysis and scientific inquiry. The cows are too many and the process of investigation so elaborate that even a single such cow is too big for an article. Books would need to be written if we were to herd them all! Hence, our present aim is merely to identify and to list some common sacred cows in homeopathy, each with a brief analysis of why we consider it a sacred cow. We hope the community will use this as a starting point for an active discussion on these and many other sacred cows in homeopathy.

A few thoughts with regard to the larger picture are also relevant. As in all matters of public opinion, worldview or science, when a certain avenue of development is rejected - because it is not seen as a developmental option – and passes by a whole group of believers, due to their esteem for this or that sacred cow, then such a group not only stops developing as a profession: such a group also becomes, or is imminently in danger of becoming, sectarian. This occurs so as to 'protect the sacred cows'. When a new professional development is rejected by a group because that development is not in accordance with the methods or ideas of the founder, or when a statement that is no longer supported by our experience of the real world is instead shored up with quotations from the founder(s) rather than being abandoned, then such a professional group has already become a sect, devoted not to the perception of what needs to be remedied, and not to the cure of the patient, but rather to the protection of certain sacred cows.

Defining Sacred Cows in relation to Homeopathy

Identifying a Sacred Cow

To identify a sacred cow in homeopathy, for every belief, rule and practice, we have to ask certain questions:

1. Is this belief/rule/practice taught as an absolute?
2. Is it considered beyond criticism or deemed superior to other methods/practices?
3. Is the origin of this belief/rule/practice deep in the past? Is length of survival an argument given in its favour?
4. Does it defy every form of logic?
5. Is it unable to withstand scientific scrutiny?
6. Is the only explanation for it of the form "It is written in Organon..." or "It has been said by Kent..."?
7. Does it evoke excessive emotional response if its validity is challenged?

If a belief, rule or practice is a sacred cow, then it will get a 'yes' in answer to several of these questions. Once we identify what seems to be a sacred cow, it is necessary to investigate its truthfulness and efficacy, and as a community, real efforts should be taken to create more effective rules and practices that are able to replace the sacred cows, once uncovered.

List of Agreed Sacred Cows with Commentary

In the list that follows each item is given in the form of a statement that is asserted, or assumed not even to need such assertion, in the form given. If you find yourself reading the list and thinking, '*Yes, exactly, that's what I believe,*' then, the authors suggest, such easy agreement is exactly what deserves a bit more scrutiny.

Readers will find that there are beliefs cited below which the authors regard as Sacred Cows and which are in complete conflict with other Sacred Cows, also cited. These different and contradictory beliefs are usually (though not always...) held by different groups, and schools, within homeopathy. While one Sacred Cow may be held by those styling themselves 'genuine homeopaths,' and engaging in polemics against all new developments, another Sacred Cow may be held by those trying to set up better and better scientific studies to prove homeopathy to be scientific.

For the sake of grouping together relevant cows, we have divided the list into three parts:

1. Epistemology & Theory of Science
2. Traditions vs. Reforms
3. Homeopathy Lore and Rules

No.	Sacred Cow	Commentary/ The Problem/ The Questions
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Epistemology & Theory of Science

1	<p>Homeopathy is unique - it is unlike any other form of healing, past or present. Our practice is based on principles. (We are not like other professions.)</p>	<p>While grounds for feeling very special, this seems very parochial and highly unlikely. The principle that '<i>Like can neither be grasped nor understood except by like</i>' was proposed by Plato. Does our definition of homeopathy include Plato? And can we seriously assume that a method of healing can function in a way separate and different from all other natural laws that we know, laws which keep the world running?</p>
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		<p>Further, while our theories may very well be different from those followed by conventional medicine, the ground reality is that most homeopaths do not adhere to the theory.</p> <p>Polypharmacy, Complex combination remedies, mixing homeopathy with other forms of medicines like Biochemic remedies, Bach flower remedies, Phytotherapy (mother tinctures) – all this is rampant. The practice is often far removed from the principles.</p> <p>Lastly, the squabbling amongst various ‘classical’ schools also suggests that we are just another profession!</p>
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2	<p>A cured case is proof of the rightness (the homeopathicity) of the remedy given, confirming the specific remedy chosen and its curative powers in that situation.</p>	<p>To protect this sacred cow is to ignore all theories of knowledge offered by contemporary science and epistemology, as well as logic. The “confirmation” that it offers leaves room for neither criticism nor self-criticism. Without the possibility of falsification there can be no such thing as valid confirmation. To think otherwise is to part ways with science.</p> <p>A theory tries to explain the known facts. But a fact (or an observation) can never confirm or prove a theory; at best it fits into it nicely. A good theory is one that has not been falsified yet. This is true for all systems of knowledge – which includes homeopathy.</p>
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2 a	A case cured by	A cured case may have been adequately cured but it
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	<p>Lycopodium is a case that exhibits the features of Lycopodium.</p>	<p>does not necessarily tell us about the specific remedy used to affect that cure.</p> <p>A cure is a combination of the effect of the remedy and the reaction of the patient. It is not easy to delineate between these two. The reaction of the patient depends upon several factors, which include degree of similarity, state of vitality, and degree of pathology. As Withoukhas has pointed out, up until a certain degree of loss of health there is a degree of ‘latitude’ acceptable to the vital force – the vital force is initially more forgiving of close remedies, of choices, which are not exactly right, than it will eventually become if the state continues on unaddressed. Accordingly, cures when the vital force retains such latitude do not necessarily furnish a picture of that which will always cure the gestalt, or the essence, of such an illness picture.</p> <p>Also, if a symptom is not present in our provings, but is removed by the action of a remedy, it cannot automatically be considered as belonging to the remedy. Only repeated confirmation of such removal of symptoms can guide us to the true clinical symptoms of the remedy.</p>
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3	<p>A homeopathic entity, a remedy, is defined by certain texts - it exists as materia medica, without reference to the original</p>	<p>Multiple names and provings, each developing along different historical trajectories, develop idiosyncratic uses and practices associated with them, which may have no basis in the real world.</p> <p>When remedy and proving are clearly connected there is no problem, but in other instances we have</p>
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	<p>entity's existence in the world.</p>	<p>different MM as if for different remedies, but the biological entity is the same, as with Theridion and Latrodectus, or with Rhus-t and Rhus-r, or the same MM for different remedies as with Bar-c and Bar-acet, or with Bism and Bism-acet. What are the consequences of such in our practice, when provings and experiences differ, where there cannot be a difference logically? With practitioners reporting cures of a remedy, which has a wrong identity or a wrong description in books, how do we differentiate between cures by the remedy and cures by intention?</p>
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<p>4</p>	<p>The law of similars will one day find its place alongside other products of contemporary science, a law respected alike with those uncovered by Einstein, Newton or whomever. (Homeopathy is scientific in the usual sense of the word, and will sooner or later be part of an integrated medical science.)</p>	<p>There is very little chance that this aspect of homeopathy will be acceptable to contemporary scientific (Western, now world-wide) thought – unless the latter radically changes. In homeopathy the terms we use (similarity, dynamis, totality) are incompatible with the scientific current paradigm and unknown within the <i>Geisteswissenschaften</i> (the Humanities and Moral Sciences, loosely). These latter include anything regarding the nature of philosophy or theology, for example, but also what used to be termed the ‘moral’ sciences in distinction to the ‘exact’ sciences. However, with respect to this latter hope, our terms and the structure of our thinking clearly belong to the paradigm of alchemy and hermeticism – areas assigned in the Humanities either to the museum of history or of ‘proto-science’. To accept</p>
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		homeopathy as a 'science', either homeopathy will have to undergo a radical change or there has to be a paradigm shift in 'science'.
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5	It is necessary to be an unprejudiced observer.	There is no such thing as an unprejudiced observer, as we know from modern philosophy of science and epistemology. As soon as we start using language we are prejudiced inasmuch as the language used determines which observations can be named and which cannot. This applies even more strongly to our philosophical and cultural backgrounds. There is a prejudice that comes from prior experience and there is a prejudice that comes from prior learning. While it is not possible to be truly unprejudiced, it is possible to remain open to observations that are not in sync with prior learning and beliefs. It is possible to identify our own prejudices and to work on them so that they hinder as little as possible the observation and realization of truth in any given case.
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6	Provings are the very foundation of homeopathy. They are eternal truths revealed for all time.	It is very difficult to separate true drug symptoms from 'noise' in a proving. It also depends upon methodology, dosage, and the experience of the proving conductor. Provings have themselves been shown, under modern scrutiny, to be very 'bug-ridden'. Some provings speak quite volubly about the sub-culture within which they were performed, colouring every remedy proved in that setting with
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		<p>the same brush.</p> <p>Provings are not only dependent on their times, the surrounding culture and the pool of provers; they are also diluted into catchphrases that never represent the complexity and the nuances of the particular proving. Provings are important but they too are subject to change, and need to be reproduced reliably before considering them a strong foundation.</p>
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6a	<p>A proving of a substance prepared homeopathically is distinct from toxicological provings.</p>	<p>In his later years Hahnemann became very categorical as regards the use of 30C (and higher potencies) for provings, but most of his early provings, most of the polychrests that we use most often, were proved in material doses. Those early proving were full of toxic and sub-toxic symptomatology and they have stood the test of time. This implies that to fix some specific potency as a requirement for a proving (30c, or above, for example) is of no import.</p>
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7	<p>Unlike allopathic practice, homeopathy has no side effects.</p>	<p>A proving is itself a record of side effects. Jeremy Sherr even defines the simillimum as the only remedy that does <i>not</i> cause a proving: any and every other remedy <i>does</i> have side effects. Anyone who has ever participated in a proper proving well knows that such effects can be quite severe. Homeopathic remedies, when used without indication or in an unsuitable dose or for an</p>
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		<p>unsuitable time period, have the potential of inducing symptoms in the patient. There might be no allergic rash, no anaphylactic shock, but what occur are medicinal symptoms, and are the side-effect of the homeopathic remedy thus prescribed. Errors of an iatrogenic nature are not the province solely of allopathic practice.</p>
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8	<p>Having learned the techniques, I am ready to practice Homeopathy. I've studied and assimilated – I know enough. I have a room for consulting, insurance, a computer, books and my framed qualifications – I am prepared.</p>	<p>The title of a talk given on this subject by George Withoukaskas is 'The Necessity for an Inner Preparation of the Classical Homeopath'. His talk concerns the need to master oneself, to have a degree of control over one's ego. This is a crucial distinction between a practice within the exact sciences and one within the artful sciences such as psychotherapy and homeopathy. A certain kind of receptivity and psychological preparation are necessary to receive the patient's state and to perceive what is to be done. There is a difference between a 'qualified homeopath' and being a 'good homeopath'. Unconditional positive regard, empathy, and congruence cannot be learned or practiced mechanically.</p>
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Traditions vs. Reforms

8	<p>Hahnemann excelled as a clinician, and we follow in</p>	<p>Hahnemann was himself highly dissatisfied with his therapeutic results, as we know from his</p>
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	<p>the founder's footsteps.</p>	<p>introduction to CD where he reviews the long-term outcome of many earlier courses of homeopathic treatment as 'a catastrophe'. And he was not the best homeopath of all times either, as we know from his journals (Footnote 1). So, which aspect of his practice do we choose to follow – his prescriptions, or his dissatisfaction?</p> <p>Hahnemann's continuous changes in posology, his new provings and his case records, all indicate that he was experimenting continuously to build a better system. While we may follow his spirit, we should not get stuck adhering to any one particular stage of results that he came up with along the way.</p>
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Footnote: Reinhard Flick über „S.Hahnemann, Krankenjournal DF2 (1836-42) in: Homöopathie in Österreich“ Jg. 15, Bd. 3., S. 35. „Es ist ein offenes Geheimnis, dass die Heilungsverläufe von Hahnemanns Patienten meist nicht überzeugend waren. Dies bestätigt sich bei der genauen Lektüre dieses Buches. Die häufigen Gaben der C30 führten zu sehr unbefriedigenden Verläufen.“ transl. „It is an open secret that the healing processes in Hahnemann's patients were not convincing. This is confirmed by a careful reading of this book [Hahnemann's journals]. The frequent application of the C 30 brought about very unsatisfactory results.“

<p>9</p>	<p>Tradition is enough, tradition will see us through, and can answer all our problems.</p>	<p>New circumstances can require new remedies, new thinking capable of grasping the new conditions. The stupefying habit of copying the errors, or the already-disposed of signposts, of a founder surrounds us. There are more than enough examples of fields where every error of the founder is enshrined and repeated as holy writ. With respect to tradition, it is necessary to differentiate between mistakes which, simply by repetition, have become</p>
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		tradition and, conversely, traditions that have some virtue.
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10	<p>There are (a certain number of) miasms, no more and no less, and, now that we know this, every remedy can be sorted exclusively into one, and only one, of these boxes.</p>	<p>The terms used in any two discussions or applications of miasmatic theory are usually on quite different levels of meaning, having very little in common with each other. Is it an infectious disease or is it a disease predisposition, or is it both? Or is it something else, as well as being either or both of these?</p> <p>Looking at the problem in the broadest manner, there are two distinct discourses. One discourse is the quasi-metaphysical and sounds like that of the founder: in this world there are three aspects to everything – compare ‘Brahma, Vishnu and Shiva,’ or ‘Desire, Aversion and Illusion’. The other discourses involve a number other than three, and make no reference to metaphysics. In this latter approach a number of fiefdoms develop, within each of which a certain number and use of miasms (however defined) is held to be obvious and the validity of the system used to carve the world up is deemed unquestionable.</p> <p>Common sense differs from such practices in two regards: Firstly, groups which have miasmatic names are in no way distinct from any other groupings (such as Trees, Gems, Fishes, or Stages) except that disease groupings include within the group one member which is potentized from a substance which holds the name of the group</p>
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		<p>(Leprominium is a member of the Leprosy group). The grouping of miasms (or of stages) and remedies is synthetic and has been developed by different homeopaths to satisfy their way of reasoning and represent that thinking in the form of remedy groupings. Secondly, if there's a Greek myth that already describes the error (the Procrustean bed) then it's time to move on already...</p>
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11	Metaphor is all you need – throw away the repertory, the proving, ...	<p>What is the rightful place of conjecture in practice, of rules that are abstract, or of theories for the interpretation of behaviour as symbolic? Do we not have scientific aspects in addition to such artistic thinking – scientific aspects which cannot be reduced to the status of 'metaphor'? A homeopathic remedy should not be given simply and solely because the homeopath 'believes' in it or has 'a feeling' about it. The individuality of the physician cannot be denied but the basic rules –the checks and balances – need to be employed. There really is very little ground for believing anything other than that the combined functioning of the logical and the analogical approaches is necessary to adequately grasp the reality of the patient's state, and indeed our own reality.</p>
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12	New is better. The new systems, the new remedies,	<p>With respect to the efficacy of allopathic medications, and indeed of experimental scientific</p>
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	<p>the new practitioners. We are all wiser now than they were then.</p>	<p>findings in general (note the waning truth value of classic scientific experiments), it can be true that there is advance and evolution, but such evolution does not necessarily lead toward the true, and the new is not necessarily true in homeopathy.</p> <p>Hahnemann himself was against new conjectures which were not subjected to vigorous scrutiny. His focus was to understand what works for the patient. We should follow what works better and not what's just new. The 'new' is important for advancement of any system, but it does not necessarily take away the value of the 'old'.</p>
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12a	<p>Modern works with themes, which offer characterological insights, bring logic and structure to homeopathic practice – as a result, homeopaths now are receiving/giving true homeopathic simillima – because of the validity of these modern thematic categories.</p>	<p>Such themes, categories and classifications often appeal to the practitioner's own positive sense of self, of having an order, or knowing the way to truth. 'Mystical, enlightened' is one such cluster of descriptors, very attractive to some; 'autonomous and free' is another, rather different, set – each are in danger of employing (or, at the least, of triggering) self-flattery with respect to such practitioners or students of homeopathy who may hold such self-images. This is more descriptive of advertising than prescribing.</p>
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13	<p>Those who doubt Homeopathy, the Skeptics, are vandals, pure and</p>	<p>While Skepticism is, currently, reaching new excesses and is clearly out of balance, this offers no 'blank cheque' to its opposite – to those who prefer</p>
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	<p>simple; there is nothing to be learnt from them.</p>	<p>sentences that begin with ‘I believe in...,’ as if people who ‘believe’ are somehow better than people who ‘doubt.’ As Taoist tradition has put it, <i>‘The way is neither this nor that.’</i></p> <p>Defense of homeopathy against marauders and vandals is necessary: the instituting of an ‘ask no questions, see no evil’ policy within the fortress is a bad idea.</p> <p>Common sense, contemporary science and rationality - each within its operable limits - are vital tools.</p> <p>The sudden research frenzy evident over the last ten years in the homeopathic community is primarily a reaction to the skeptics. They asked pointed questions and the ensuing pain forced the community to look for answers. Homeopaths should be open to scientific enquiry but should avoid mud-slinging with the skeptics who, in the majority, tend not to be committed to finding truth. Devaluing the opponent, especially to preserve an image of the self, serves neither side as regards approaching truth.</p>
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Homeopathic Lore and “Rules”

14	<p>In analyzing each case, to find what must be treated, we seek the totality of</p>	<p>What exactly is the totality? Is it the arbitrary collection of information that we used to call Anamnesis (case taking) or is it our interpretation</p>
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	<p>symptoms/the case – and we treat on the basis of that totality.</p>	<p>of this? (According to sloppy ‘right-brain’ thinking, an unstructured heap is indeed already a whole, as is – but the homeopath will not get far relying on such an approach.) Is it a much more selective collection of rubrics - which is how in practice the totality is often regarded? Different schools and individuals construct totality using different sets of variables like current symptoms, past symptoms, constitutional characteristics, PQRS symptoms, family history, Miasms, Facial characteristics, Core Delusion, Underlying Sensation, Hand Gestures, etc... With each school constructing the ‘totality’ in a different way, can the term be used to define homeopathic treatment? The ‘totality’ of a case cannot technically vary with doctors, but in practice it does; the anamnesis and the remedy will often change between homeopaths. Likewise of importance is the fact that all symptoms are not created equal.</p>
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15	<p>Homeopathic remedies antidote each other. As the books say, X antidotes Y, and Y is complementary to Z.</p>	<p>There is no consistency to the data: what we have are a bunch of vague observations. We do not know what remedy or what substance antidotes what, and the instances of being unable to stop a patient’s response to a remedy (to ‘antidote it’) are legion. Most homeopaths believe this data only because it has been ‘said by so and so’ or ‘written in that book’.</p>
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16	Hering's Law tells us the direction of cure – it is a law, and it can be observed consistently in clinical practice.	The observations attributed to Hering were made by Hahnemann, and this law or set of rules, while observable in some cases, does not consistently explain the direction of cure.
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17	The minimum dose – on that we can rely.	<p>'Minimum,' in what way? With respect to the question of 'potency,' for example: consider the difference between the findings from the clinical practice of Burt and Hughes, and that which emerges from the clinics of high-potency prescribers such as Kent and Fincke. With respect to 'what dilution': is the raw extract or mother tincture of the indicated drug also a minimum dose? If you ask two colleagues about potencies you will get at least five answers. There are so many systems and theories. And not the slightest proof for any of them. The 'minimum' seems to vary from practitioner to practitioner.</p> <p>Jeremy Sherr has tried out various potencies in his provings and found that the oft-proposed relation between a high potency and a "deeper" or more mental impact, where a lower potency likewise has a more physical impact, simply does not exist. C6 produces as many mind symptoms as does C200. This has been published in the 90's, even. But nobody seems to have taken much notice...</p>
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17a	Questions of posology have been settled.	<p>The fact that a habit has taken hold, and that there are few exceptions, proves nothing: regarding the use of the Kentian scale (6, 12, 30, 200, 1M, 10M, 50M, CM), why the jump to 200 after 30? Why not 60, 120, 180? Why there is no 5M, 20M, 30M, 40M on the market these days?</p> <p>Even if we accepted a certain range of potencies to prescribe, Hahnemann used to descend, to go down a sequence of potencies, most of the time, while the Kentians preferred to ascend. Where does the truth lie? Is one wrong and the other right? Or are both these practices merely habits without any greater warrant than inertia, and a historical pedigree, chosen by this or that school in line with its preferred historical masters?</p>
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18	In homeopathy we always follow the rule: a single remedy is all that is needed.	<p>A great number of the homeopaths registered today (for example, many of those practicing in the Indian subcontinent) use polypharmacy and/or complex remedies. A great proportion of the 'homeopathic products' available to the public and to practitioners are combination remedies. Very well: if this is the practice, then is it still homeopathy? And, if it is homeopathy, where does that leave our 'single remedy' rule? We cannot close our eyes by saying they belong to the 'mongrel sect'. We need more research to identify healing patterns associated with different methods of using potentised medicines.</p> <p>Even for classical practitioners the meaning of 'single remedy' varies - one constitutional remedy</p>
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		for all complaints for life; genetic constitutional simillimum; one remedy for past tendencies/miasm and one remedy for current symptoms; one remedy that changes every time the symptoms change; one constitutional remedy with acute intercurrents; one remedy each for each symptom!
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19	An aggravation will show you that you have chosen the right remedy, the remedy homeopathic to the patient – the simillimum.	A gentle response, where ‘nothing happens,’ is equally possible – the kind of ‘nothing’ that signifies a gradual, unnoticed cure. To say that there is always an aggravation is like saying that all soup has lumps in it. Hahnemann did say that the cure has to be ‘gentle’ and that homeopathic aggravation, if it does happen, is ‘slight intensification’ of current symptoms. Hahnemann also said that the change can be so slight that it might be difficult to observe to an inattentive eye.
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20	A good remedy (one that makes the case a “confirming” one for that remedy) is one that the patient needs exclusively for several years. If it is indeed the simillimum, it will bear repeating over a period of time.	It was Heraclitus who observed that you cannot step into the same river twice. How can that which was most similar remain so, how can that which was ‘annihilated’ ‘rapidly and permanently’ (Organon) require to be addressed by the same action, repeatedly? If a patient needs the same remedy for several years, then the cure has either not been rapid – as Hahnemann demands – or has not been a permanent restoration of health, or an annihilation of the disease. Alternatively, it can be argued that the
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		<p>hereditary tendencies and the underlying susceptibility cannot always be modified with the simillimum, thus the patient falls back into the same pattern of illness whenever the vitality is low – and thus comes to need the same remedy.</p>
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21	<p>A remedy can be simply summed up in a keynote, as an essence or in a couple of keywords.</p>	<p>Over-simplification of data is a huge problem in our books. That Pulsatilla and Sepia are ‘female’ remedies is so strongly taught in our schools that we fail to identify large numbers of Pulsatilla males. Not all Baryta’s are idiots, not all Lachesis patients are negative. If you read the Keynotes of the same remedy from two different authors –Allen, say, and Lippe –there are often substantial differences.</p> <p>The process of conveying what is true about the action of a remedy will, at the least, involve a combining of quite different levels of insight (the verb, quality, or dynamic, along with local specifics, preferred organ-systems, or combination of pathologies).</p>
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21a	<p>Remedies can be grouped based on their most common indications.</p>	<p>This again relates to the over-simplification of data and is akin to putting remedies in labeled boxes. Chamomilla, Aethusa, Cina are childhood remedies. Aconite, Belladonna, Allium cepa are acute remedies. Arnica is the trauma remedy.</p> <p>Notions like these are so deeply ingrained in a large section of homeopaths that they fail to see a chronic</p>
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		case needing Belladonna or an adult needing Chamomilla. These boxes, these habits of categorization, are themselves Sacred Cows for most of us. We don't question them most of the time and often fail to use the remedies outside these boxes.
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Discussion & Conclusion

The above list of sacred cows is neither complete nor exhaustive. The purpose of this article is to identify the reasoning behind some of the most common sacred cows and to give the community a starting point for further introspection and reflection on our theories, habits, practices and behaviours.

There are some sacred cows that apply to most homeopaths, while others apply to a small section within our community. As any science or system evolves, newer insights and developments often bring a focus to bear on what was wrong with the old. Accepting that we were wrong all along about something and then replacing it with new knowledge, practices and behaviour is always a painful process for any community. There is always resistance to change. But change we must – to evolve, to be better than what we were yesterday, to attain our higher purpose of existence!

As the authors of this article, we have had to realize that the limits of this format puts constraints on the depth to which each and every one of these sacred cows can be subjected to rational and objective analysis, with a clear mind, as well as to what one might call 'heart-felt' inquiry. This is probably a good topic for a Ph.D.! As part of the discussion, we have restricted ourselves to giving some broad pointers that can serve as food-for-thought for more intense discussions. We hope that this article will make our community reflect on our common beliefs and practices and help start a greater discussion on many of the sacred cows, thus leading to a better homeopathy in theory and practice. If this happens, we will consider our efforts fruitful!