

## Where is Modern Homeopathy Going to?

### – thoughts around the scientific evolution of homeopathy

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The current homeopathic community is repeatedly engaging in discussions about the “new” methods, about what really is to be called “classical” and what serves the healing process best. Since I regard these discussions as important and necessary I would like to elaborate on a few questions from the point of view of the sensation method.

#### What were the reasons to develop the systematic and sensation method in the first place?

(This movement not only encompasses the efforts of the Bombay group around Rajan Sankaran, but also the work of Jan Scholten, Massimo Mangialavori and others.)

As far as I can see the “modern” methods within homeopathy have been developed because they meet an urgent need for better tools to prescribe. In the 90s homeopathy was full of interpretations and uncertainty of prescriptions. When a teacher asked the audience to give remedy suggestions for a case he/she would get dozens of totally different ideas, originating in different psychological interpretations of the patient, kind of a random selection through the *Materia medica*. Repertories were growing fast thanks to technology, but we found out that even their foundation was very insecure. And everyone was looking for a more solid ground for their prescriptions and a deeper understanding of their cases. This movement within the homeopathic world that was started by Vithoulkas was an attempt to include psychology as it had grown during the last century without having been noticed too much by homeopaths. Of course this was an important and necessary step, but it also brought rather too much than less room for interpretation. So the search went on and whereas some looked back to an exclusive use of old scriptures in a fundamentalistic turn that too often follows a phase of uncertainty, others moved towards the development of family systems and a deeper access to ailments through more sophisticated case taking.

From the experience of the last two decades it is clear that the development of systems was a consequent step towards more certainty and reliability compared with the old approach that was not seen as sufficient by a great number of colleagues.

The next two points will give more reasons why this was consequent and meaningful.

#### Do we need /do we want a deeper level of understanding of our patients apart from a correct prescription?

What do we understand as “healing”?

We know from our first master Hahnemann himself that the pure application of the law of similars ends up in a catastrophe for the patient and frustration for the therapist (Hahnemann’s intro to *Chronic Disease*). So why should we repeat this experience to come to the same conclusion in the end of our lives? Why not start thinking and researching earlier which kind of homeopathic work brings about lasting and satisfactory results?

Hahnemann didn’t know about psychology as such ideas had not yet been developed in his time. Freud, Jung and Steiner hadn’t even been born then. But he was one of the first doctors in Europe to strive for a new approach in the treatment of disfunctions of the mind and therefore became one of the forerunners of modern psychology. But still he couldn’t see the possible role of consciousness in the healing process. Thus he invented the miasm theory to go to a deeper level of healing and to overcome the limitations of treatment purely by similarity. Today many homeopaths are still not sure if this was a successful idea and if this is what they are looking for. The search for a widening of awareness however has caught the attention of many a homeopath, as it could well be the key to a deeper and lasting healing experience. Many homeopaths today have found that “healing” (the first and foremost goal of our profession as to §1) does not mean superficial “results” in terms of eradicated symptoms, but causing a deeper change in the person of the patient – such as Hahnemann demands in the said preface. Humanistic psychology has come to the same clue as homeopathy that raising consciousness does not mean to find psychological explanations or rationalizations as we had thought for quite some time, but to come into contact with the awareness that lies in the symptom itself. In psychotherapy this is called focusing or psychoenergetics or other, in homeopathy we call it sensation method. Remedy or not, this method has a strong healing quality in itself. And it meets the insight of the early homeopaths, that the analysis of cases has to start from a meticulous exploration of the main complaint.

#### Understanding scientific evolution

The most important point in the whole of this discussion seems to me to understand what actually happens within homeopathy today. We have to take a look at the theory and history of sciences in general to understand this. And will find that the process homeopathy is currently going through is more important and far reaching than any of the discussions about systems, families and genuineness are mirroring. All sciences move through several stages. It all starts with random observations, which can be several small surprising events or a single striking one – like Hahnemann’s unintended China proving. Once the

mind of a person or group focuses on these observations, science goes into the stage of induction. Observations are collected, remembered and recorded. Causes or certain actions are connected to certain effects. We know: If I do A, the probable result will be B; and if I do C, the result will be D. But I don't know about the how and why of the connections and cannot predict new connections. Cause and effect are not understood but just observed, and there is no system for the A, B and C's. This stage of a science can last very long and bring forth quite an impressive knowledge. But it lacks an unifying theory. In physics, biology and medicine we can watch this stage from the Greek scientists until the late middle ages, from the Physics of Aristotle to the medicine of Hildegard.

The next stage then is that of system building. Structures seem to appear within the observations, that are developed into first systems. So if I have observations A, B and C within one group of my system that has certain features, I expect that observation D will show the same features if it belongs to the same group. As there still is no guiding theory behind the process, this stage of building systems is slow and prone to make mistakes. Trial and error guide us through.

Next comes the stage where systems have proved to be sound and theories are built from them about the underlying logic, about the reasons for cause and effect. This is the deductive stage, which makes it possible to predict the next observations under given circumstances. Modern physics and chemistry are well into this stage with most parts of their knowledge. Therefore the other sciences as biology, medicine and psychology have a strong tendency to refer to these established systems of physics and chemistry rather than to develop their own structures which are still stuck in earlier stages of scientific evolution. Thus physics and chemistry have become the paradigmatic sciences of our age, which is adequate regarding their structural features, but not when it comes to contents. This is being confused very often. Biology will not become more scientific by explaining an organism with the help of chemistry – this widespread mistake is called reductionism. More scientific it would become by finding out structures and principles of its own to explain life processes, just as chemistry does within its framework.

As we know well from history of science each of these evolutionary stages is being resisted against by traditionalists. These are mostly elderly scientist who are not flexible anymore and want to believe that life goes on as they are used to; or young fanatics who are ardent believers in some kind of fatherly authority; or opportunists who hope to make a quick career by uncritical adaptation of the established system. Traditionalists although rather infamous from the hindsight have an important role to play: they force the pioneers to slow down to a more healthy pace, to stay grounded, to have a closer look at disturbing details.

Back to homeopathy: We are currently watching homeopathy crossing from pure induction, from the collection of unconnected facts (for which our *Materiae medicae* are model examples) into the stage of system building – this is the stage where astronomy was with Ptolemaeus and biology with Linné. Different attempts are being made to find structure and systems in the large body of homeopathic knowledge that has been collected in the last two centuries. We have to expect many small and major mistakes in this early phase, mistakes that do not disprove the evolution of homeopathy as traditionalists would have it. But these mistakes are necessary steps to provide material for the trial and error process that is characteristic for this developmental stage. We can trust and make our mistakes so that they will be able to serve in a larger context.

It is crucial for modern homeopathy to understand this larger context. Only then we will be able to see our question marks not as signs of professional insecurity but as tentative steps into new areas. And we can appreciate our first and immature systems with all their shortcomings as what they really are: pioneer achievements, first shacks in an unknown land.

Four insights follow from this:

- a) We can be extremely thankful towards our pioneers – Rajan Sankaran, Jan Scholten, Massimo Mangialavori – who have brought us to this stage, and respect their achievements however unfinished they may be.
- b) We can relax and be assured that scientific evolution follows its own logic; and homeopathy *will* reach the next stages of knowledge and development. Whatever the traditionalists may say. The methods that are currently developed are not just some new tools, but steps into a new stage of the scientific evolution of homeopathy.
- c) If we feel an inclination to turn back to the good old times, we should not forget that there have been very good reasons to move on from them and engage in further developments – not one of the least of those being Hahnemann's own warning against a superficial application of the law of similars.
- d) We can see clearer how important cooperation and critical exchange of knowledge is at this stage. We have to question and shake these first systematic approaches to filter out their shortcomings and mistakes and thus build them into a solid ground for the work of the next homeopathic generation. To quote Obama: The best is still before us !

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## Side notes:

### Is repertorization a possible complement or a contradiction to systematic analysis (sensation method)?

During the discussions about the different homeopathic „methods“ the question is rarely asked what exactly a “method” is and whether we aren’t comparing apples and oranges, or better: screwdrivers and cars. As part of the homeopathic case analysis, repertory and evaluation of symptoms are simply tools and not dependant on the method that I am following. A method on the other hand is a certain way of dealing with my tools and provides a background understanding for my analysis. Different methods can of course influence the tools, as the Boenningshausen method provided a repertory of its own, different from Kent’s. But the use of a certain tool is not a method or way of case analysis in itself, not more than the use of a dictionary determines what I want to say in that language and not even whether I have a command of that language at all. A confrontation of the use of a repertory and a methodological understanding of cases and remedies from a systematic or sensation approach just confuses basic categories. For professional homeopaths it is a matter of course to use certain tools which doesn’t need an accentuation or discussion. Neither would you celebrate the use of a screwdriver in the construction of a car as a special achievement or synergy. And there can’t be a contradiction either.

### Does the homeopathic work gain in accuracy or reliability if we depend more on old sources in repertories or materia medica?

Everyone who has studied the history of repertories knows that a repertory is anything but a reliable tool. And this is not dependent on too many modern entries. The repertory in itself can only be an instrument of very modest accuracy. Information from provings, toxicology and clinical data are mixed and hardly discernable. Many provings, especially the classical old ones, are often of quite a poor quality, have not been blinded, have had no proper supervision, personal symptoms of the provers have not been sorted out (a major shortcoming of Hahnemann’s provings as we know). Sometimes even the substances are not clear, yet appear in the rubrics. Much of the old Materia medica is a mix of different sources and levels of knowledge. All this old and “classical” material still needs a lot of work – like the “Materia Medica Revisa”, a large project recently started by Klaus-Henning Gypser – to be clarified and put on solid grounds. No, we won’t gain reliability by blind trust in the old, but by critically questioning traditional knowledge, by revising and correcting old sources and by developing our new material in a methodologically sound and accurate way making use of all possible technological means.

### Are we able to follow several approaches at the same time?

From experience with case taking we know that the material we get depends on what we focus on. So if our focus is on quick results we will mainly have to work with keynotes and a few rubrics and ask our questions as relevant for this. Even if we don’t ask any questions the patients will sense precisely what we want to hear, when we are concentrated, when bored, when impatient, and how open the space is that we offer them – and will provide us with the material meeting our more or less conscious expectations. Keynotes was the way we did homeopathy years ago. The approach had advantages: with good knowledge of rubrics and Materia medica it could be quick, a few dozen remedies were sufficient. If this is what you want, it’s superficially ok. But many of us had good reasons to turn away from this approach, as there was a lack of deeper understanding, neither on the level of the patient nor on the level of the remedies. And there is Hahnemann’s warning that this way ends up a blind alley. If you want to learn more and go deeper, you have to focus on a different level. We all have experienced hundreds of times that the sensation level is like a shy animal in the forest: You have to be skilled and patient to see it. If you just take a few snapshots and walk away from the forest after ten minutes you will never meet the shy animal and just notice a few big trees – also nice and impressive but different. We know very well: If we want to work with the sensation method we have to focus on it first. If we get a few keynotes on top, that is fine, and usually we get more than enough of them because we get the whole story. – This is what makes a good sensation homeopath: We want to understand the whole story in all its depth, this is our passion, and this is what helps the patient in depth. It’s the same difference as between the journalist who wants quick results and an impressive headline next morning or the author who wants the real story and really listens to the people. Both is ok in a way, but you can’t have both at the same time.