This contribution by Christian Meinhard is a reply to Jan Scholten´s article titled "dogmatism in homeopathy". It essentially consists of a definition of the term "clinical data" and indicates that there are two levels of consideration in homeopathy: the "must-level" and the "can-level". This leads to the conclusion that the law of similars does not relate to clinical data and can therefore not take on the value of proving symptoms. Nevertheless, there is no doubt about the fact that drugs can cause a manifestation of symptoms in the ill, and yet their degree of reliability lies well below that of the proving symptoms in the healthy.

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Organon § 21 (sixth edition)[1]

If the present standard in homeopathy was not such a sad story, perhaps we would be amused by the courage with which Hahnemann is accused of false reasoning, just for the sake of justifying modern homeopathy!

On the term of dogmatism

A dogma always has some religious content, to which believers attest to, in spite of all knowledge, that means even then when the contrary has been proven true based on scientific facts[2]. And as Jan Scholten correctly writes[3], this science operates on facts and arguments. At the same time we must clearly recognize the fact that on the human level there is no such thing as pure knowledge, that it always contains a portion of faith – and vice versa. This means that we can only establish if something is science or religion, by identifying the relationship of science to religion. If the proportion of knowledge is greater, then we refer to it as science. However, if the proportion of belief is greater, we are dealing with religion in the farthest sense. Now science, by virtue of its nature, is always striving to confirm this knowledge and to increase it, which results in the reduction of the proportion of belief. This is quite contrary to religion, which increases its proportion of belief by virtue of nature, its proportion of knowledge is thereby decreased or better yet said, it is obfuscated. The resulting consequences can be studied worldwide today.

Now, when scientific work comes to the conclusion that a certain fact is an established truth and this proven truth does not find the acceptance of some people, then for some inexplicable reason science is accused of dogmatism! Homeopathy is no different at present. The "purists" are thus accused of dogmatically upholding Hahnemann´s statements, not taking into consideration that these do not consist of statements of belief, but rather of factual evidence, that is to say: not chance but law! Unfortunately, this is no longer such a clear-cut case, because due to the transformation of word meanings from the 1800s until now, due to incorrect translations and retranslations, due to the influence of the Zeitgeist, due to psychological and esoteric aspects and other things, these scientific facts have been so warped, that they can hardly be recognized as such today. Isn't this just the whole point of the current discussion? On the one hand we have homeopaths who think it is important to make the scientific facts recognizable as such. On the other hand we have another group of homeopaths that clings to interpretations coined by the Zeitgeist. The interested reader can judge for himself on which of the two sides the element of belief and thus the danger of dogmatism prevails.

Definition of homeopathy in praxis

In order to define what homeopathy is today in practice, Jan Scholten applies the "essences" from Vithoulkas. But whether or not they are useful as a basis for definition can be greatly

doubted; for the simple fact that they consist solely of interpretations, superficial thoughts and hackneyed expressions. No wonder why a total of 80% of the "essence symptoms of Lycopodium" (Club moss) cannot be found in the provings of this remedy. The remaining 20% which can be found in the proving protocols are too general to be taken seriously in terms of §153 ORG. (Even the fact that not a single seminar participant out of a total of 400 recognized that Lycopodium was the drug in question following the citing of the first page of the lecture is not convincing enough. On the contrary it shows us how desolate today's knowledge of the Materia medica is amongst colleagues). I would like to see a homeopath that can treat as successfully using these "essences" as Clemens von Bönninghausen did in his time. Which colleague would dare do the same test today, the one that is described in *Bönninghausen´s Kleine medizinische Schriften*[4] [lesser writings] in chapter "Tridum homoeopathicum"? I shall give a brief description for those colleagues who are not familiar with the test. Out of all his medical journals one section was randomly chosen, a passage covering a total of three days. All of the cases which were documented in these three days were then published with the following result: in the course of these three days Bönninghausen treated 28 cases, 24 of which had previously been treated with allopathic medicine, 11 without success and 13 cases experienced a tremendous aggravation. Out of these 28 patients Bönninghausen completed a cure in 22 cases, 4 patients did not give word, and 2 patients continued treatment; no one died.

Frankly speaking, I have to admit that if someone wanted to do this test in my practice, I would lock the medical filing cabinet and throw the key out the window, burrowing my head in shame at the same time! On the other hand, such a test does have its advantages: it shows us what really is possible in homeopathy, if we "repeat them (the experiments) carefully and accurately" with the required diligence and perseverance. (Based solely on this conclusion, I have been practicing exclusively according to the "old method" for the past two years. I derive daily motivation in study and practice from this Bönninghausen test. Taking all the inaccuracy into account that still exists in my work, I have already documented a higher success rate. Simply due to this experience, I abide by Hahnemann´s words "repeat the experiments, repeat them carefully and accurately!" from now on – not because I believe in the dogmatic sense, but because experience in daily practice proves this statement to be correct).

In other words, if we stick to the scientific facts of homeopathy, as taught and practiced by our predecessors, we will be able to follow in their footsteps in terms of success. This and only this can be applied as a basis in finding a definition for what homeopathy is in practice. All essences and other effusions of our time, even Kent's Repertory with all its clinical additions and symptoms of after-effect are totally inadequate for this purpose. I would like to make this point clear by the following.

Clinical data

Let us first consider the aspect of "clinical data". What does it mean with respect to homeopathy? We can observe two kinds of clinical experience, which need to be well distinguished:

1. The confirmation of a proving symptom, which is already known. This is referred to as verification. Without this verification all proving symptoms would be worthless. What is the most wonderfully worded homeopathic drug picture worth, even when based on its proving, if its symptoms are unable to be confirmed in practice? This means: a characteristic symptom of a drug observed during a proving is in the first place a working hypothesis (on which grounds our forefathers made their first prescriptions). It only then became a factual characteristic symptom by means of verification in the sick! Strictly speaking, this is not really clinical experience but rather the confirmation that an already

previously assumed symptom is correct. In this sense it would be more precise to refer to a "clinical confirmation".

Keep in mind: a verified proving symptom MUST be derived from the drug itself.

2. On the other hand we can observe that a symptom unknown in the proving is cured in the course of action of the drug. Nothing is verified in this case. The result is a new working hypothesis with the corresponding question: Is this symptom included in the sphere of action of the remedy? This supposition can only be confirmed by means of a repeated cure of this symptom. True verification can only be achieved through a successive proving of the remedy on the healthy, during which this symptom appears. This by itself is the real meaning of "clinical experience" in the narrower sense.

   Let us make a mental note: a symptom which has been observed clinically CAN originate in the drug.

I would like to quote a famous corresponding example. Amongst Phosphorus symptoms we are all familiar with the following: "As soon as water becomes warm in the stomach, it is vomited." This is not a proving symptom of Phosphorus, but is based on clinical experience repeatedly made by Lippe. This observation prevailed upon him to attribute this symptom to Phosphorus´ sphere of action. So far so good. But the crucial question remains: How could Lippe even have known that he needed to prescribe Phosphorus in the given cases? Did he base his decision on guesswork or on other symptoms of the case, which were characteristic of Phosphorus? No doubt we can assume that the latter was the case. This makes it clear that the second type of clinical experience can merely represent an extension of the actual basis which consists of the proving symptoms in their primary effect. Forgoing this basis, that means standing on its own, clinical experience is worthless, in fact it just would not even be possible!

Materia medica

Thus the foundation of the Materia medica is built on the proving symptoms of drugs in their primary effect on healthy persons. Clinical experience is only made possible because the drug was chosen based on its symptoms of primary effect and has therefore --nothing less was to be expected--proven its curative power. What is cured in a given case, what in fact constitutes clinical experience, CAN be an effect of the drug, yet it does not have to be.

We can read up on this in § 142 of the Organon, where we find Hahnemann´s explicit warning about carelessly assigning clinical experience to a drug, when this experience does not constitute a verification of proving symptoms. The mere assertion that a clinical symptom can deviate from a proving symptom and even be contrary to it, is absolutely unfounded. How do you think this could possibly work? Clinical experience can only supplement an existing proving, the likelihood of which is greater if the proving was incomplete. However, taking this into account, if we should decide to go and say that proving symptoms are unreliable, because we just might be dealing with the opposite case if enough clinical data exists – then what in God's name shall we then base our prescriptions on? This would open the door wide to arbitrariness. Let us consider the right- and left-sidedness in the proving of Lycopodium. What is asked for here is rather a question of a more exact differentiation: what is there on the left and what is on the right side? In how many cases with left-sidedness do we find that Lycopodium was not prescribed even though it would have effected a cure? As is the case with Lycopodium, verification in practice has shown that the right-sided symptoms are cured with greater certainty than the left-sided ones. Solely due to this confirmation in practice are we able to speak of lycopodium as a "right-sided remedy" and not because "right" has come up so and so often in the proving or in clinical experience. But even still we have to differentiate this: what are the signs and symptoms that are related

to the right side? These questions can only be provided with a definite answer with the aid of the lexicon of symptoms that Hahnemann always hoped for and that now will soon be published in German, thanks to the work of Uwe Plate[5].

§ 21 of the Organon

Of course the question arises as to what exactly is wrong with § 21 of the Organon, as is claimed by Jan Scholten. I refrain from giving a recount of the paragraph, I assume that it is already known.

A substance can only be identified as a drug, when it is able to influence the state of health of a living organism, no matter if it is healthy or ill. If a substance were unable to do so, then it would not be classified as such. This substance MUST be in a position to bring about symptoms or more precisely signs in a healthy person. Furthermore, it gives proof of the fact that it is able to eradicate them, meaning the drug substance MUST be capable of effecting a cure in an ill person. At the same time, this substance CAN remove more from the patient, for instance even signs not defined any further (§ 153 ORG.). Yet this is not imperative, because they may continue to exist and become more distinguished as the case progresses, indicating the next drug prescription. However, if following a dose the drug removes signs and symptoms that are unknown in the proving, then we interpret this as a clinical experience as already described above. Nevertheless, the basis on which we were able to make this experience consisted of prescribing according to the proving symptoms. It is here and only here on this level that the law of similars is valid, yet it is not on the level of clinical data. Therefore, the protest from Winston et al. against all kinds of arbitrary additions to our Materia medica, which are not based on knowledge gained in provings, is legitimate by all means.

Scholten's reproach to the effect that Hahnemann suddenly without cause and further comment only speaks of the drug action on the healthy, meaning the proving on the healthy, cannot be reconstructed. Even if we refrain from paying reference to other writings of Hahnemann[6], in which in several passages he vents his opinion enough on this subject, we alone must, by virtue of good old common sense, arrive at the same conclusion. A drug can only really show its signs in a (relatively) healthy person, just like a relatively quiet water surface simply reflects images more correctly than one which is not! Of course it cannot be denied that drugs can demonstrate their action in the sick, which is even obligatory, otherwise they could not effect a cure in the diseased. Yet the degree of reliability of conclusions drawn hereof is still far from being as high as those drawn from the proving of the healthy.

That is not to say that clinical data per se is unimportant, quite the contrary holds true: in establishing verification, it gains a very high degree of importance, as I have already disclosed above. However, authentic clinical data remains unreliable, when applied as a basis for prescription. And because nothing meant more to Hahnemann than achieving the greatest reliability possible in prescribing, it is clear that he concentrated on the reliable signs of symptoms in their primary effect originating in the provings of the healthy. Practice up to this very day confirms that he was right in doing so.

Homeopathy and its two levels

Surely whoever reads this article will notice that I have repeatedly written both words "must" and "can" in capitals. The purpose for this is to point out what I would now like to describe in more detail.

In homeopathy it is important to bear in mind that two levels exist, namely the "must-level" and the "can-level". If they are used interchangeably or even mixed up, we will lose our oversight.

The "must-level":

This level consists of all facts, which MUST be complied with in order to effect a homeopathic cure. The following only takes the facts into consideration that are relevant to this article. Whoever has gained an understanding of this principle can easily grasp and complete the following points.

- A substance MUST be able to produce signs and symptoms in order to be acknowledged as a drug.
- Within the sum of all signs of a drug, the characteristic ones MUST be able to be identified.
- A patient's disease picture MUST include differentiated signs and symptoms.
- These differentiated signs and symptoms (that which is characteristic of the disease) MUST be related to the characteristic signs of the drug with the highest degree of similarity.
- Upon fulfilment of these conditions (taking possible obstacles to cure into account) and assuming we are dealing with a natural disease (please pay attention to this fundamental prerequisite, which is often overlooked by all sides!) then a cure MUST be effected.

This is exactly where, exactly the point at which homeopathy begins! We are dealing with "certainty a priori", which is an absolute novelty in medicine. Hahnemann refers to nothing other than this when he writes: "….according to clearly intelligible reasons."

The "can-level":

Once the "must-level" has been established, additional observations CAN be made, that are then referred to as clinical experience or clinical data. These CAN come from the drug, but do not have to. The question as to whether an observation made is really a symptom of primary-effect or not can only be answered by way of repetitive clinical experience, better yet by means of an additional proving on the healthy. In addition, the question of constitution and all those colourfully dyed observations of our time belong to this level. It CAN be that Sulphur is untidy and that Lycopodium is cowardly; it CAN be that Staphysagria likes wearing silk ties; it CAN be that Lachesis is loquacious and so on.

Conclusion

This shows that similarity CAN exist on the level of clinical data, but is not compulsory. In other words: real clinical data as differentiated above is not relevant to the choice of a drug. Any person, who does practice homeopathy on this level alone, CAN be successful when it comes to curing cases, but does not have to be!

At best, clinical data can be used to differentiate diagnoses, but even then it is still unreliable. Perhaps clinical experience CAN prove helpful when working on a case at the end of which one discovers that two drugs are indicated. What remains uncertain is the fact that we just do not know whether or not the other drug would have effected a cure and thus led to the growth of our clinical experience! I think it is pertinent to bear in mind that Hahnemann, von Bönninghausen, Jahr and all other successful practitioners only could prescribe according to proving symptoms right from the beginning, since they did not have access to any extensive clinical data in their time as we have today. (And apparently, this proved to be an advantage, since the huge pile of clinical data nowadays obstructs our sight more than it proves to be really useful.) Just this thought alone suffices to show that homeopathy MUST chiefly and even exclusively function on the "must-level"! If we set forth to extend the range of clinical

data to the doctrine of signatures and claim that it is part of the "must-level", we are guaranteeing that homeopathy will be carried to the grave by wild speculations and our failures.

Historically speaking, Hahnemann as it were tripped over the "can-level" into homeopathy. Based on his thoughts related to cinchona bark on the level of existing clinical data, he decided to do his famous self-trail. After taking a dose of cinchona he developed symptoms of intermittent fever and thus the "can-level" was confirmed. It was only by continued research, i.e. the proving of cinchona on several healthy people, that the "must-level" revealed itself to him: the characteristic signs and symptoms of cinchona. And these are the only signs that an ill patient MUST be suffering from in order that cinchona will effect a cure and MUST in fact. But take note of the fact that it just does not have to be intermittent fever. It CAN be intermittent fever, but it could be any other disease – as long as the characteristic symptoms of cinchona are present! It was only following Hahnemann's discovery of and research on the "must-level" that he was in a position to put the natural law of cure into words and to record it in his book called the *Organon of Medicine*.

Based solely on the fact that Hahnemann more or less coincidentally gained access to the "must-level" of homeopathy through the "can-level" of intermittent fever symptoms, we cannot simply conclude that clinical data must also be included in the "must-level". This is not possible because then clinical data would unreservedly have the same status as signs and symptoms of the proving on the healthy. The fact that this is by no means the case was repeatedly emphasized by Hahnemann and confirmed by all other successful homeopathic practitioners in practice. So, it should be more than obvious by now, that the law of similars is only valid on the "must-level"! Since § 21 of the Organon is entirely related to the "must-level" of homeopathy, this paragraph is far from being incorrect or even contradictory. Quite the reverse is true: it proves to be a logical element in the significant whole.

The only way that homeopathy will be able to survive is to pick up where our forefathers with their success rates left off. I would like to call the test described at the beginning to mind once more, the one that Bönninghausen subjected himself to. How well do you think that today's "masters" would perform? I really have my serious doubts. Nevertheless, apparently the way that Bönninghausen worked seems good; in fact it seems to have been very good.

And this is why we should spare no effort to reconstruct his work and the works of Hahnemann, to research and understand their steps one by one. In order words: REPEATING IT CAREFULLY AND ACCURATELY! What is really revolutionary about the whole matter is that we do not even need Kent, neither his repertory nor his Sweden Borg philosophy in the slightest. Our homeopathic predecessors did not have any of this; they just solely based their success on pure homeopathy, which up to clearly intelligible reasons to this day is far off any kind of belief or religion. Homeopathy, with its demand to treat "…according to clearly intelligible reasons", is simply the very opposite of any kind of religious belief. To what extent this demand can withstand the speculations of homeopathy today with all its kingdoms, periodic systems and doctrines of signatures is something that each colleague MUST decide on his/her own.

Hahnemann – a saint?

As far as my knowledge of literature is concerned, Hahnemann never considered himself a saint; a daring statement, which is indirectly implied by Scholten. However, his comparison to Newton is quite appropriate, because they both have a significant point in common: the discovery of a natural law. Newton was the first to discover the law of gravity in a falling apple and by the same turn Hahnemann discovered the law of cure by experiment on cinchona bark. These natural laws were in existence long before their discoverers and they will be

valid still long after the course of history has let moss cover our own graves.

Colleagues of modern homeopathy can write their fingers sore; the apple will always fall from the tree to the ground and never the other way around! And this is why it is of no concern that the books that we principally employ in our work are 200 years old (as Scholten complains in his comparison to biologists), since the principle as to how healing occurs and can be effected existed very much earlier! It is up to us to extract what is relevant to these fundamental principles from the old writings and to single out that which has an historic character; because it goes without saying that Hahnemann was a child of his own time. Respectively, the touchstone is simple: daily practice will show us the way, if we CAREFULLY AND ACCURATELY repeat Hahnemann's teachings!

Is not physics just the same? When an experimental setup is carried out in an altered and falsely understood liberal manner and the end result varies from what is expected, no one can claim that the original result was incorrect. But this is just what all the fashion designers are doing with regard to contemporary homeopathy. Who wants to really blame an apple of dogmatic behaviour, just because it always falls to the ground? This is why the reproach of dogmatism is groundless in the true sense of the word.

Concluding remarks

In closing, I would like to address a matter of particular personal importance. Absolutely nothing, not a single comment of mine is meant personally. I would never take it upon myself to deny the honest and serious intentions of other colleagues. And yet I feel committed to do away with misunderstandings and misinterpretations. A person with even the most honest and best intentions can still end up on the wrong path. The delusion and confusion of medicine back then were what motivated Hahnemann time and time again to research the path that he had discovered and to teach it to others. Just for this very reason it is of the utmost importance that we do what we can to prevent past mistakes from being repeated. The fact that now and again somebody takes what has to be expressed personally is unfortunately not something that can be prevented. This too seems to be a part of human drama.

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