

This article first appeared in 'Allgemeine Homöopathische Zeitung' (AHZ Vol. 248, 2003(2)) published by Karl F. Haug Verlag in MVS Medizinverlage, Stuttgart, (www.haug-verlag.de) edited by Dr. Karl-Heinz Gebhardt, Dr. Rainer Appell and Gerhard Bleul. It is presented here with kind permission.

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Subject of this article is a current debate about the doctrine of signatures and the purity of the sources of homeopathic Materia Medica. Is homeopathy a scientific method, and what are the reasons for speculative tendencies within this method?

Keywords: sources of Materia Medica, scientific method in homeopathy, different approaches

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Magic or Science?

Origin of the debate

The declaration documented in the appendix originated in connection with a controversy which started in December 2000 in the North American journal "Homeopathy Today". The editor of the journal, Julian Winston, had criticized speculative tendencies in homeopathy in an editorial¹. As a result, the journal received a reader's letter "Against Divisiveness" signed by 21 well-known homeopaths (including Rajan Sankaran, Roger Morrison, Jonathan Shore, Nancy Herrick, Corrie Hiwat, Harry van der Zee, Deborah Collins). In the letter, Julian Winston was asked to resign from his post as editor.

This attempt to remove an irksome critic – according to the motto "Against Divisiveness", paradoxically enough – seemed to us in need of comment. With this declaration it is our intention to show that Julian Winston is not alone with his criticism, and we are appealing to homeopaths of every school to participate in this important debate.

We consider it a sign of the times when criticism is misconstrued as nest-fouling. The ladies and gentlemen whose names are gathered together beneath the letter dominate the international scene today. Since the year before last, when Vithoulkas launched a somewhat too personal attack on the dominant position of this speculative - or, to put it more politely, visionary – direction² – which he actually established himself in some ways - and this attack was buried under a wave of furious e-mails from all over the world, their position is pretty undisputed in the pages of the "Homeopathic Links" as well.

But the question is, where do these undisputed leaders want to lead homeopathy – and what does all this have to do with homeopathy, anyway?

Doctrine of signatures in homeopathy?

The 21 signatories write about the use of signatures as a source of homeopathic Materia Medica. "It is true that Hahnemann disparaged this doctrine. At the time of Hahnemann the 'doctrine of signatures' meant simply and only that the shape of a substance could be used to determine the organ the plant was likely to help (for example a bean-shaped leaf applies to kidney ailments). This rudimentary doctrine was criticized by Hahnemann. But nowhere does Hahnemann criticize the idea that the source of the remedy has a bearing on the symptoms it produces."³ These sentences were the immediate trigger for this declaration. As we see it, the introduction of the "doctrine of signatures" represents a direct threat to essential working fundamentals of homeopathy and an attack on all homeopaths who have to work with these

tools. In his reply to this reader's letter⁴ and in his more detailed article on this subject⁵, Andre Saine has already explained that Hahnemann's criticism of the "doctrine of signatures" refers not only to inferences from the external form of plants, but also to any theoretical conclusion drawn from the properties of the substances – to all findings which cannot be deduced from the immediate observation of the effect of the substance on the human organism.

Today, patients can find a colourful bouquet of "alternative" and "naturopathic" treatment methods on the market of possibilities. What is so special about homeopathy? Is it the prescription of potentized substances or the prescription according to the principle of similarity?

Both principles are also used by the representatives of other types of therapy – for instance spagyrics, anthroposophy, bach flower treatment...

What is so special about homeopathy is the scientific mode of working, the "clearly perceivable reasons" (cf. Organon § 2); at least, that is how its founder envisaged it at the time. For it was not Hahnemann's primary goal to go down in history as the founder of a new medical system. He despaired in the face of the speculative and arbitrary practices of his day and tried to develop rules for a methodically reliable art of healing. It is not by accident that the call for clearly perceivable reasons is positioned right at the beginning of the Organon, a number of pages before the word homeopathy is mentioned for the first time.

Thus, Hahnemann developed homeopathy as a system within which each individual step is subject to verifiability. All remedy tests, potentization processes and the principle of prescription according to similarity can be examined and confirmed – given sufficient time and energy – by any impartial observer. And even where Hahnemann is misled, he is not misled by speculations, but due to wrongly interpreted clinical observations. Hahnemann himself realized and revised many of his own mistakes in the course of his lifetime and incessant scientific observation. The keystones remained remedy testing in the healthy subject, prescription according to similarity and the demand for certainty in medicine.

Thus, anyone who deviates from the demand for a scientific mode of working must put up with the question what this has to do with homeopathy.

Materia Medica as the basis of homeopathy

Some of the first readers of the declaration got the impression that it is a matter of conflict between different prescription techniques. A colleague writes: There are different ways to climb a mountain. - How true!

But that is not what it is all about.

The focal point in the conflict is not the case analysis / prescription technique, but the *Materia Medica*.

There are different prescription techniques within the field of homeopathy. What they all have in common is the reference to the sources – the *Materia Medica*.

We may have a clear idea for ourselves which way we consider best. Even so, we find ourselves compelled to follow a different path on occasion – depending on the individual case. Other colleagues take other paths. As long as we have an agreement which symptoms must be allocated to a particular remedy, and joint criteria for the assessment of progress, then communication is possible. This variability is even stimulating rather than detrimental to homeopathy.

Patient and remedy are like to two well-defined banks of a river. Between these two we have to build a bridge, which we term similarity. The foundations of the bridge are the symptoms

of the patient and the remedy. There are different ways of constructing a bridge. What matters is that we can cross safely, without getting our feet wet. It is desirable that the bridge is useful not only for the person who constructed it, but also for those, who come after him; whereby the fascination of the ingenious should be appreciated, in view of constructions which permit a reliable and precise single crossing, only to then disappear into the waters without a trace. Similarity is certainly a term which becomes more complex the more one thinks about it.

In any case we can – once safely on the other bank – decide based on the symptoms how successful this has been. There is only a problem when it is not clear within the field of homeopathy what are actually symptoms and which symptoms can be attributed to a remedy.

For this reason, the question as to whether the doctrine of signatures can become a component of the homeopathic *Materia Medica* is a decisive one.

In our opinion, only remedy provings and toxicology can be sources of the *Materia Medica*. Signatures may be useful as a didactic aid in teaching; but to make them a source of *Materia Medica* not only violates the fundamental rules of homeopathic remedy research (cf. Organon § 20) "this spirit-like power, hidden in the inner nature of the remedies, to alter the human state of health and thus to heal illnesses, is by no means recognisable by simply using the intellect; **merely by means of its expression when acting upon the health of persons**, it can be perceived, and very clearly perceived, in the experience"⁶ [bold type by the authors]). This could be borne, every rule should be developable and revisable. It is much worse that a fundamental rule of scientific work is thus violated:

Statements of fact can only result from direct observations. Ideas pass into our observation of facts in the form of a model formation, but cannot replace this. Unfortunately, it often happens at the moment that model formations / ways of looking at something (e.g. usual differences between remedies of animal and vegetable origin) are confused with ascertainment of facts.

It is fascinating, of course, that some snake venoms exhibit the symptom of discomfort if clothing is too tight around the neck. However, it is too easily forgotten that the snakes in question are not imposing constrictor snakes, but poisonous snakes.

In general, snakes love sunny places. What can we deduce from this fact as regards the modalities of warmth? Can we draw conclusions at all from the symptoms of some snake venoms to apply to the symptoms of others, in view of the fact that differing snake venoms are known to have completely different toxic effects? With some snake venoms, the haemolytic effect is at the forefront, whereas others have more neurotoxic effects.

It is by no means disputed here that similar remedies can cause similar symptoms. This fact is already known from the field of toxicology and can be demonstrated very well in some plant families (e.g. Solanaceae). The question as to whether such similarities can be drawn out to include the general classification - vegetable or animal - is contentious at the very least; and it may well be doubted whether they would be so shallow and striking (animals are jealous).

If we look at Stannum, the metal of Jupiter, we can draw a clear parallel between the thunderbolts of Jupiter and the sudden occurrence of symptoms. The only problem here is that, in fact, the gradual development of symptoms would seem to be a little more typical for Stannum, at least insofar as the banal and antiquated remedy proving is to be trusted, and not the exciting findings of a modern, symbolic reflection.

Hypotheses about remedies?

Homeopathic anamnesis and case analysis can be compared with the work of a criminologist. We look for clues. In the end, we hope to have obtained a few leads, which fit together like a

mosaic and point to one particular remedy. At the beginning of the anamnesis, however, we do not know in which area we will find the decisive clues. Thus, we are forced to sift through all areas of the existence looking for a few particles of gold.

Anamnesis and analysis are an art. All thoughts are allowed. There are situations in which criminologists resort to unusual methods. After all, each case is unique. It may even have happened that criminologists made use of the help of a clairvoyant to give them some ideas. But what counts in the end is the evidence. At the end of the case analysis, when we believe we can suspect a remedy, we must slip out of the role of a criminologist and into that of a judge; we must examine the evidence on hand and pass a judgement which is as objective as possible. Each case analysis must be measured by the similarity between the patient's symptoms and those of the remedy. In homeopathy, this similarity is regarded as a fundamental to prescribing according to the rules of the art.

There is a kind of consensus in society as to what is accepted as certain proof and to what degree. This applies to both science and criminalists. A problem arises when the conclusions of a clairvoyant are regarded as proof.

What would you think of a minister of the interior who tried to introduce visions as a permissible form of evidence in the code of criminal procedure? Most of us would consider this to be a somewhat explosive matter. The same colleagues, however, do not hesitate to prescribe a remedy to sick people on the basis of the same quality of evidence.

In order to pass judgement on similarity, only the real symptoms of the patient (especially the noticeable, odd and peculiar ones – regardless of whether these are local, emotional or general symptoms) and attestable symptoms of the remedy – no rubrics and no hypotheses – can be taken into consideration. But perhaps there is no need to go into that here.

The purity of the sources of the *Materia Medica*, the objective evidence, is the crux. The preservation of the *Materia Medica* is the core of this debate, not different prescription techniques. However, the signatures are only the abyss at the end of an inclined plane. It has become customary today to teach remedies based on rubrics. An example of where this can lead is illustrated by means of an article on *Viola odorata*⁷. At the centre of the article was the rubric "Emotions governed by the intellect". Now, if this rubric is traced back to its primary source, then the original symptom from the remedy testing reads: "Unconnected ideas, of which one ousts the other, but none of which he is able to grasp; but his power of judgement remains, so that he knows how little he would have been understood if he had spoken his thoughts aloud; and so he is silent, and, indeed, mostly incapable of uttering even one word of his fantasies."

Merely by means of this confusion between symptoms and rubrics, the *Materia Medica* is changed beyond recognition. What would be desirable is a *Materia Medica* which is based on the original proving symptoms and differentiates – clearly recognisably for the reader – between these and clinical experience.

There is another problem concerning clinical experience. A colleague – himself the co-ordinator of a well-known documentation project –whom I told about *Viola odorata* answered me: "No problem at all. You have to look at it like this: "Emotions governed by the intellect" is a new hypothesis for the remedy, which can then be verified on the basis of cases." Unfortunately, the conceptions of homeopathy and the conceptions of clinical pharmacology are being confused in this case.

Hypotheses regarding remedies are put forward in conventional medicine and then confirmed in studies accordingly. There, casuistics have no cogency. But in homeopathy, too, their evidential value must also be regarded as limited. To draw a conclusion from a patient's

healed symptoms as to the remedy would be permissible if THE remedy for this case existed. However, it is a matter of similarity and not of congruence, and it can never be proved that no other sufficiently similar remedy might perhaps have existed – even if it is among the remedies which have not yet been proven so far. In the treatment of a case, it may occur that – as a result of non-specific accompanying effects of a healing reaction – symptoms also disappear which have absolutely nothing to do with the remedy and cannot simply be attributed to this remedy.

I expect all of us went through the experience at the beginning of our homeopathic training that we recognized ourselves in almost every remedy presented. So if we take a remedy successfully, should we then just attribute all aspects of ourselves as a person to that remedy?

If the so-called Simillimum were, indeed, a prerequisite for successful homeopathic treatment, then the success rate should be below the promille (per thousand) range – given the glaring disproportion between the number of proven and unproven substances.

If a hypothesis is formed regarding a remedy or a group of remedies, and cases which fit in with this hypothesis are then collected, there is a danger of a “self-fulfilling prophecy” concerning said hypothesis.

Roger Morrison demonstrates this problem himself in a contribution to the controversy. He writes, in defence of the concept (jealousy as a fundamental property of remedies of animal origin) "However a search with Referenceworks shows there are really thirty animal remedies which have demonstrated this property. Jealousy (30): androc, apis, apisin, cench, corv-c, crot-c, crot-h, elaps, falco-p, haliae-ic, helo, lac-c, lac-cpr, lac-eq, lac-f, lac-h, lac-leo, lach, medus, naja, ov, phasc-c, ratt-n, ratt-r, scorp, sep, tarent, teg-a, ther, vip"¹⁸.

Apart from the fact that here, in mentioning Apis and Apisinum, not the same remedy, but the same source is named twice (the remedy which was originally studied by Hering under the name Apis was bee venom; today, unfortunately, the whole bee is used for production by most homeopathic remedy manufacturers; only very few offer the true originally studied remedy under the designation Apisinum); so apart from this mistake, which should not really happen to such an experienced colleague, what becomes immediately obvious here is the clear predominance of the so-called new remedies. With respect to the majority of the remedies mentioned, which have already been known for some time, it must be said that the symptom “jealousy” was not to be found in the original remedy testing, at least. To name but a few examples, *Crotalus cascavela*, *Crotalus horridus* and *Elaps* and *Naja*. Thus, the source of recognition may be prescriptions, and also studies in part, which were made with prior knowledge of this hypothesis. As regards the studies, a number of different colleagues took note of the vast increase in emotional symptoms in comparison to the old studies with more or less considerable discomfort. Now, there is not really any need to make the mistake of Hahnemann, who in many cases, for example, gave descriptions of dreams shortened beyond all recognition; but the question must be asked whether rules should be introduced into the setting of remedy testing, rules which facilitate stronger objectivity on the part of prover and proving director (for example, blinding of examiners and blinding of proving director in the evaluation of symptoms). It is a fact well-known to a small circle here, at least, that the “remedy proving” of *Bacillinum* (performed by Rajan Sankaran during a seminar in Spiekeroog) even included the symptoms of a “prover” who was suffering from food poisoning at that time.

If the sources in ReferenceWorks are investigated more closely, it becomes apparent that, apart from the long-known Apis and Lachesis, the evidence is mainly made up of cases – mostly from Mangialavori or Sankaran – or sources from recent secondary literature (Complete Repertory, Morrison, Sankaran, Vermeulen), which in turn are probably based on

these cases. The following are solely based on cases: Helo, Lac-c, Medus, Phas.-c., Teg-a., Ther. Recent provings are quoted for Androc, Corv-c, Falco-p., Haliae-lc., Lac-h., Lac-leo., Ratt-n., Ratt-r. And for two remedies (Lac-cpr, Lac-eq.), in fact, the only source given is “Natural History”.

Thus, what is to be proven is proved by means of that which had to be proven. Everyone may reflect on the scientific purity of this procedure for himself. It would have been clearer if Morrison had written straight out: We have cases for the following remedies, in which the symptom “jealousy” crops up. However, this would not have been proof of the hypothesis, either.

If the healed symptoms are attributed without criticism to the *Materia Medica* of the remedy applied, this can lead to an increasing haziness in the image of the remedy. Clinical experience can and must supplement the *Materia Medica*, because proving symptoms are verified in clinical application, and because correlations and symptoms which cannot occur in remedy proving are observed (for example: complaints due to grief). Clinical experience is included in the selection of a remedy, but should not be the starting point of analysis, and it should be kept clearly separate from the real proving symptoms.

In his day, Hahnemann warned against adding the healed symptoms to the remedy’s list of symptoms “No! The doctrine of remedy powers can never draw even the least useful truth from healing attempts, even with individual remedies, with the intention of its *usus in morbis*”⁹ He separated such observations in successfully treated patients strictly from the symptoms and mentioned them in the introductory remarks regarding the remedy in question. Hahnemann was of the opinion that one could only draw conclusions from a healed case if exactly the same case occurred again, and this had never happened in the history of medicine.

What is also misjudged in this method is the fact that the formation of hypotheses is something which is foreign to the homeopathic method. Basically, hypotheses are a generalization, while the aim of homeopathy is individualization. Prover, patient and all symptoms are each something individual, unique, not repeatable in this form. When the third “facet” of calcium is introduced to us in a seminar, at the latest, we should begin to think about whether general statements concerning a remedy which go further than a list of the symptoms caused a) make sense and b) are even possible.

Pluralism or arbitrariness?

Today, it seems to be disappearing from our awareness altogether that remedy proving is the gold standard of homeopathy.

Scholten interprets the periodic system, Sehgal draws deep wisdom from rubrics of the repertory, other directions understand mythology to be the basis of a new *Materia Medica*, in the LINKS, a colleague publishes her experiences as a goat-herd¹⁰, evidently with the intention of enriching the remedy picture of *Lac caprinum*.

The arbitrariness of thought is indeed shocking. Everything gets published somehow, then becomes part of the *Materia Medica* and the repertories. Finally, it is all one big stew of information. And in the end, compilations of rubrics are published as a *Materia Medica*.

In a short time, then, we will develop a similarity on a higher level. Perhaps a “similarity between the inner being of man and the inner being of the remedy”. Sounds good, doesn’t it? The only problem, perhaps, is that this method already exists. Anthroposophy lays claim to the method of lifting the rough similarity of remedy symptoms in their spiritual penetration onto a higher spiritual plane. All colleagues who are searching for a *spiritual way* into homeopathy are recommended to read the works of Rudolf Steiner. But they should then be

just as clear in their attitude as the anthroposophy (and the “biochemists”, for example) and not offer their method as homeopathy. Homeopathy itself is a phenomenological form of medicine, but it is not based on the claim to see through the inner nature of things.

When extremely innovative representatives of fashion trends come along and begin to change the fundamentals, and when the rules for the preparation of *Materia Medica* are subject to sheer despotism, then the method will be shaken to its very foundations.

What right does someone have to claim he can draw inferences from the behaviour of an animal as regard the medical efficacy of some kind of milk? What makes people build complex structures of theory on the foundation of rubrics in the repertory, if they have only to read about the symptoms in the primary literature to find out that it says something quite different there? When people begin to prove the Berlin Wall, at the latest, the whole thing becomes embarrassing. This is magical thinking, and rather simple it is, too. Once you get to magical thinking, it becomes quite arbitrary. Then differences should be made between the wall in Berlin-Zehlendorf and Berlin-Kreuzberg? And what was the slogan written on the wall, anyway? And who was it written by? And why?

If Sehgal, when dealing with patients who don't really speak up, considers the category *Hide, desire to*, then this is understandable to a certain degree; but if *Light, desire for* is applied to thirst for knowledge, then boundaries are overstepped.

Sehgal utilizes the Repertory in the same way that the South Sea islanders used a pilot's helmet after the Second World War within the scope of the cargo cult – as a magical object, as the soundboard of a cultural interpretation. The whole thing has a slight air of cabalism, but certainly not of science.

Do we consider it to be tolerance and pluralism, when our work fundamentals are watered down, confused and destroyed, and we just stand by and watch? Today, it sometimes seems as if large sections of Hahnemann's attacks on the sloppiness in medicine and on speculation apply more to the modern homeopath than to modern conventional medicine. There, one essentially endeavors to achieve scientific thought and precision. This would have been a pleasure to Hahnemann.

The problem of these pluralists is that there is no longer any common basis, apart from arbitrariness. But in the end, it is perhaps only consistent if water glasses are loaded with magical slips of paper and if Jörg Wichmann advises in the LINKS that homeopathy should have a ‘coming out’ as a magical method¹¹.

In the course of lashing out like this, it should not be left unmentioned that many of the controversial colleagues have also contributed interesting ideas to the further development of homeopathic technique.

Sehgal's basic idea that the exact way in which a patients speaks of his symptoms could be of importance is certainly worthy of further thought.

Masi's advice that overcompensation of a deficit is not necessarily a cure is valuable in the assessment of treatment.

The approach of Sankharan, according to which we should not necessarily content ourselves with the first statement of the patient, but go on asking questions until something is said which can no longer be questioned because it stands for itself as a peculiarity, is one which we consider worth imitating in this point. Furthermore, it seems to us, based on observations made at the appropriate seminars, that the representatives of the so-called Bombay school often practice a well-founded form of homeopathy, based on solid symptoms. A good basic knowledge of the “usual” remedy symptoms is certainly one of the strengths of the Indian

training system. However, one problem with it is, that the European echoers only perceive the “Central Delusion” and not the normal remedy symptoms which have led them onto the trail of the remedy. It is also certainly true that none of the seminar participants would be prepared to pay up a heap of money to hear something about symptoms which he could read about – in greater detail to boot – in the *Pure Materia Medica* at any time (if he were actually to make the effort). Central Delusions simply have a higher marketable value. The European followers may then perhaps wonder why prescriptions which are based entirely on the alleged Central Delusion occasionally only have a limited effect.

That was probably more or less the exact problem of Vithoulkas. At the Berlin congress, where he criticised his own students publically for the first time¹², he stood there quite obviously bewildered in the face of the ghosts he, himself, had called upon.

Scientific Character of homeopathy?

We can safely take it as an irony of history that a method at whose cradle – for the first time in the history of practical medicine – scientific thinking stood, has today become a home for esotericism and wild speculations. How did it come to this?

One problem is probably that people are filled with the urge to understand. Now, homeopathy is based on the insight into the obscurity of the last reasons for health and sickness – homeopathy itself is a way to deal with this general lack of knowledge. We like to ignore this and we try to understand. We think we understand the patient, understand the illness; we happily form hypotheses and no thunderbolt strikes to avenge this presumptuousness.

"Der verstehende Zugriff läßt am Fremden nur das Verstandene gelten, es hat der Menschheit allezeit genügt, das Unbekannte als das längst Bekannte wiederzuerkennen." "The understanding approach only accepts that which is understood of the unknown, it has been sufficient for mankind in all of time to recognize the unknown as the long since known."¹³

"Verstehen ist penetrant. Es gibt sich nicht zufrieden mit der Oberfläche der Erscheinungen. Es geht ihnen unter die Haut. Es geht in seine Gegenstände hinein, in ihre Tiefe, auf ihren Grund. Aber nicht um ihre Wahrheit zu ergründen, sondern um die eigene in sie einzupflanzen." "Understanding is intrusive. It does not content itself with the surface of appearances. It gets under their skin. It goes inside its objects into their depth, to their bottom. But not to fathom their truth, but to implant its own truth into them."¹⁴ If I understand everything, then there is nothing particularly unusual left any more.

For Hahnemann, medicine and the sick person were a mystery, and he only subjected the phenomena which appeared on the surface to his scrutiny, he did not ask about deeper reasons, because all the answers possible would only have been speculative (cf. § 6 Organon and annotation).

This urge to understand is also promoted by the fact that we are all assailed by the horror vacui again and again – the horrors of the empty prescription block. In the understandable fear of not being able to find a suitable remedy for this patient, we tend (and the authors explicitly include themselves here) to grasp at straws, we interpret statements made by the patient and our own observations. We are grateful for every clue which might give the patient or the possible remedy a meaning which we understand, whether it is well-founded or not. It is always difficult in every single case to make it clear to ourselves that lack of knowledge stands at the beginning of recognition and that we must learn to bear this worrying emptiness. Only then can we create a space which the patient, in a more favourable case, can fill with his symptoms.

Another problem is that homeopathy leads a strange peripheral existence in science. It teaches something which can be observed, but which seems to contradict the world's conception of the natural sciences diametrically in certain points (potentization process).

Potentization is not really a central pillar of homeopathy, but a comparatively peripheral problem; perhaps the contradiction between homeopathy and the physics of the 20th and 21st century is no longer as distinct as it was; but the damage was done long ago. In the 19th century, the mainstream of homeopathy successfully managed to stay free of the natural sciences, which were considerably more doctrinarian and complacent at the time –and thus more or less missed the boat as regards the modern development of scientific theory and the theory of knowledge.

Belief in authority and scholastic argumentation have taken the place of scientific thinking in homeopathy. Each new school has nothing better to do than provide proof that its theses can, in fact, be found with Hahnemann. Masi would like to make Hahnemann into a Thomasian. Even Sehgal bends certain quotes from the Organon into shape to suit his purposes.

Hahnemann was searching for a healing method which bases its prescriptions on “clearly perceivable reasons”. Homeopathy was an expression of this search and not the reverse – i.e. the call for rationality is not a rule of homeopathy, but a fundamental demand which Hahnemann placed on medicine, on the basis of which he developed homeopathy. So at least one should not cite Hahnemann when propagating arbitrariness and thinking unscientifically.

Hahnemann believed he had found the healing method he was looking for in homeopathy. He thought he could prove that this method was based on a law of nature (similarity) and functioned with the reliability of a law of nature. This legitimacy is what is meant by the term “certainty of healing”. The point is that an unsuccessful prescription does not contradict this law, any more than a climbing balloon filled with helium contradicts the universal validity of gravity.

So it is not about the absolute reliability of the method in individual cases, but perhaps more about the reliable predictability of the remedy's efficacy in individual cases.

Nor is it about declaring every single sentence of Hahnemann's to be absolutely right. It is obvious that he was wrong in the field of the Psora doctrine, although we still consider his fundamental approach of treating existing entities of sickness with specific remedies to be directive. The aim is rather to uphold Hahnemann's demand, namely medicine according to clearly perceivable reasons. According to this claim, we know no better tool, in fact, than remedy provings and toxicology to find out something about the effect of a remedy.

Clear rules in homeopathy?

Homeopathy is not an “applied philosophy”, not just any energetic or esoteric process, but an application technique with a clear set of rules – as solid as mechanical engineering. There, too, not all the scientific rudiments are explained in detail. Some things are based on sheer empiricism, and are then included in the calculations in the form of appropriate material coefficients.

If Edison had waited until the fundamental sciences had explained which material would be the most suitable for an incandescent filament, we would probably still be reading our repertories by petroleum lighting today. – However, Edison experimented, and did not philosophize on the periodic system, nor did he try to begin manufacture on the basis of inferences by analogy.

The crucial question is, whether homeopathy considers itself to be a science. If it does, then it must adhere to observable, explainable laws. Laws of nature always claim universal validity.

Individual paradigms (law of similarity, remedy proving) may only have been subjected to inadequate scientific research to date. But what prevents us from scrutinising these paradigms?

If the fundamental claims regarding similarity and certainty of healing are correct, it should, for example, be possible to express in statistics a correlation between the prediction and the success of therapy. Fortunately, this question is already being worked on.

If our assumptions regarding remedy provings are correct, it should be possible to perform double-blinded provings on previously well-proven substances and show that we are able to recognize which substance was proved. This would be a validation of the instrument of remedy testing.

If such experiments do not turn out to be successful, the paradigms, at least, would have to be revised. In the end, however, homeopathy can only profit from them.

Homeopathy must free itself of scholastic thinking and find its way back to a scientific way of thinking.

Today, doctors can find a colorful bouquet of homeopathic schools on the market of possibilities. Of course, everyone is free to do whatever he can take responsibility for, towards his conscience and towards his patients. Basically, we are simply asking whether all these methods are right in calling themselves homeopathy. We believe that this designation is protected – not by the patent office, but by a higher and more important law.

In the course of this debate, individual colleagues have already asked the question whether “the truth” or “being right” actually exists. But if we regard homeopathy as an application technique, which mainly serves the purpose of finding the right remedy for particular patients, then it is all about clear rules and regularities. We would really like to recommend to all of these colleagues that they go to Alaska – or any other wilderness – equipped, instead of with map and compass, with the philosophical field pack of knowing the futility of all human effort to find eternal truths.

Progress of debate

Three central questions crop up in the current debate:

1. Do we regard homeopathy to be a scientific/rational method (“clearly perceivable reasons”) or as a mixture between the medicine of experience and applied magic? – The answer to this question leads automatically to all the rest.
2. Are there legitimate sources for the *Materia Medica* other than remedy proving and toxicology? Hahnemann plainly committed himself in this question by stating that only remedy proving and toxicology could be sources of the *Materia Medica*, as solely the pure effect of the substance is shown here. He considered clinical observations to be supplements at most – and he explicitly rejected speculative considerations, based, for example, on signatures.
3. What conclusions can be drawn from clinical experience? Is it permissible to develop any hypotheses we wish about remedies and then to “confirm” these by means of appropriate casuistics?

We do not regard the declaration presented here as the end, but as the starting point for a hopefully broad debate to clarify the various points of view. We believe that the questions brought up are of vital importance for the future of homeopathy.

The goal cannot be unity at all costs. In connection with the declaration, one colleague wrote about a witch-hunt and exclusion. We consider this accusation to be unjustified, not only

because this accusation should sooner be directed towards the author of “Against Divisiveness”. Homeopathy is neither a religion nor a political party. In science, argument is possible and sensible, if it serves to clarify pertinent questions.

We are not defending the validity of Hahnemann’s conclusions here – but the validity of his paradigms. Therefore, we also consider the question, itself hypothetical, “Who knows what Hahnemann would think today?” to be more or less irrelevant. Perhaps Hahnemann would be a leading representative of “evidence-based medicine” and would not even think of founding homeopathy.

We are pleased that the declaration has caused a stir among some of our colleagues even before being published. We sincerely call upon these colleagues to present their points of view in a well-founded manner and to send us their statements in writing (accompanied by an German translation if possible, but not imperative). But those colleagues, too, who can partially or completely appreciate our considerations are requested to contribute further aspects to the subject, if possible. ***We shall document the whole discussion according to the arguments for and against and make them available as a compilation – on the web as of today under www.grundlagen-praxis.de. The brochure can then be ordered from the publisher in printed form, once the most important contributions to the ongoing debate have also been included.***

We have no exaggerated expectations of the effects of this debate. The communication problems in this Babylonian village are probably too far advanced. – if we manage to reach a few colleagues, and perhaps save them from long trips up the wrong track and from disappointments, then we are happy enough.

Of course, this has already happened before: in 1991, Klaus Henning Gypser wrote: “How was it possible that a healing method which put certainty of healing into practice for the first time in Western medical tradition and moved fundamentally away from the art of assumption of the empiricists was never able to achieve its initial standard and today, plundered by pirates of all hues, has sunk to the level of a peripheral therapeutic method, after almost becoming a leading medical therapy in the America of the last century?”¹⁵. As the president of the Swiss Association of Homeopathic Doctors (1972-87), Walter Buschauer demanded that homeopathic physicians should find their way back to an authentic interpretation of Hahnemann’s teachings and to a unity of doctrine¹⁶. In a speech before the members of the International Hahnemannian Association in 1887, Knott said: “They are not willing to fight the battle of life in toilsome duty, but want easy sailing. They therefore propose to trim out the Materia Medica and its teachings so as to make our labor light. Let us therefore be careful that we are not led astray by these suggestive gentlemen...”¹⁷ In 1823, Groß wrote: “Where speculation and despotism are not kept in check by observation and regularity, fashion soon tends to stretch out its sceptre... Where fashion sets the boundaries of its kingdom, then a rash, flippant character is the natural result in many.”¹⁸ Referring to conventional medicine, of course. This student of Hahnemann probably never dreamed that his comment could be applied word for word to homeopathy 200 years after discovering of the method..

In particular, of course, all the significant arguments are to be found in the writings of Hahnemann, should we care to read them.

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Notes:

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- ³ Morrison, R et al.: Against Divisiveness. *Homeopathy Today* 2001; 21: 21-22.
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- ⁵ Saine, A.: Drawing a Line in the Sand: Homoeopathy or not Homeopathy? *AJHM* 2002; 95: 69-88.
- ⁶ Hahnemann, S.: *Organon der Heilkunst*. 6. Auflage. 1921.
- ⁷ Bahemann, A.: *Viola odorata* - zwei Fälle. *ZKH* 2002; 46: 13-17
- ⁸ Morrison, R.: A Final Response. *American Journal of Homeopathic Medicine* 2002; 95: 88-89
- ⁹ Hahnemann, S.: *RAL* Bd. 3: 47; Beleuchtung der Quellen der gewöhnlichen *Materia Medica*.
- ¹⁰ Nidecker, A.: Letter to the Editor. *Homoeopathic Links* 2001; 14: 135.
- ¹¹ Wichmann, J.: Defining a different tradition for homeopathy. *Homoeopathic Links* 2001; 14: 202-203.
- ¹² "Homöopathie für die Welt" - Weltkongreß für Klassische Homöopathie 2.-6.April 1997 - private script (see also Vithoulkas-Interview *Homoeopathic Links* 4/99).
- ¹³ Gronemeyer, M.: *Das Leben als letzte Gelegenheit*. 1996.
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- ¹⁶ Buschauer, W.: *Zur authentischen Interpretation der Homöopathie als Vollendung der Hippokratischen Medizin*. 1985.
- ¹⁷ Knott, A. B.: Clinical experiences. *Proceedings of the Eight Annual Session of the International Hahnemannian Association* 1887: 414-418.
- ¹⁸ Groß, G.W.: Ist eine Amalgamierung der Allopathie mit der Homöopathie ihrem beiderseitigen Wesen nach möglich und für letztere wünschenswerth?. *Stapf's Archiv* 1824; 3: 5

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