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Dr. Morrison in this, his final response to Dr. Saine, refutes the doctrine of signatures, but confirms the importance of knowing the characteristics of remedy sources; he further defends Sankaran's materia medica observations, affirms that homeopathy is in need of further advancement due to the incompleteness of our knowledge, and affirms the importance of using cured symptoms.

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Roger Morrison

### A Final Response

I asked Sankaran once, "How did you come to the idea that the source of the remedy imprints itself so deeply into the patient?" He told me the following story: Once at a seminar, a student raised his hand and asked, "Why do so many snake remedies produce dreams and fears of snakes in their pathology?" (The snake remedies *Agki-p.*, *Both-l.*, *Cench.*, *Crot-c.*, *Crot-h.*, *Dendro-p.*, *Elaps*, *Hydro-c.*, *Lach.*, *Naja* are all listed for dreams or fears of snakes.) Sankaran said he started to make an off-handed answer, but thought about the question a little longer. Finally he replied, "I don't know. I will think about your question." He realized that there were only two possible answers to the question:

It is nothing more than a coincidence.

That "snakeness" is somehow imprinted into the very core of a patient who needs a remedy from a snake venom.

When you consider these two options, it is not clear which one is more palatable. A coincidence of this magnitude is preposterous, but the difficult question which arises when we accept that it cannot be a coincidence is truly daunting! Thus, I do not blame people for shying away from the idea that "simillimum" might mean something infinitely deeper than we have comfortably believed. Homeopaths have been dodging such questions for a long time, seeing these connections (as Dr. Saine states) as something merely "quaint and colorful." Sankaran was the first to face the full implications of this dilemma – an intellectual leap for which our profession will laude him. That he has taught this idea at times with an inappropriate sense of mischief and brashness I do not deny.

Despite this, Sankaran (nor I for that matter) has never advocated or defended the doctrine of signatures despite Dr. Saine's misrepresentation. What I do defend is the concept that the sources of our remedies do profoundly reflect themselves in the symptoms they produce. What I have stated is that the biology and adaptive behaviors of the plants and animals we utilize are imprinted upon the patient who needs the remedy. This is utterly different than the examples compiled by Dr. Saine in his argument against Sankaran's observations. I stand staunchly beside Dr. Saine as he types many pages denying the idea that a plant with quaking leaves could in any way lead us to believe the plant would be good for palsy. Such "signatures" have nothing to do with the elegant observations of Sankaran.

Dr. Saine has gone to great lengths to try to prove that Hahnemann was (or more properly, would have been) opposed to these ideas. In this effort he tries to convince the reader that the doctrine of signatures was the same concept as what Sankaran proposes. In this effort I'm sure

he has poured over dusty texts to find examples similar to the ideas Sankaran has originated and I have defended. I must say his effort to find such proof apparently was met with failure. His examples include:

- the quaking of aspen leaves leading to the idea the tree would be good for palsy where the patient quaked.
- the thick gum exuded from certain plants as leading to the idea that the plant would be good for purulence.
- the use of Hellebore for increasing longevity because it bloomed in winter.
- the use of marigold to make people understand their “duty to their sovereign” because it so faithfully follows the sun in its path.

etc., etc., etc.

I must say, I could hardly ask for a more magnificent proof that the doctrine of signatures was exactly the superficial, nearly superstitious concept that I have asserted. I thank Dr. Saine for making the point so plainly. That Hahnemann should have decried this collection of practices is hardly surprising. The concept as practiced then has no similarity whatsoever to that which I have supported no matter how hard Dr. Saine tries to make the shoe fit.

**Dr. Saine attempts to refute Sankaran’s observation that patients who need remedies from animal sources are jealous.** He states that he finds only eight (rather a strong coincidence even at this figure) animal remedies listed in the *Complete Repertory* under the rubric “Jealousy.” Well and good. 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-lc., helo., lac-c., lac-cpr., lac-eq., lac-f., lac-h., lac-leo., lach., medus., naja, ov., phasc-c., ratt-n., ratt-r., scorpi., sep., tarent., teg-a., ther., vip.

Besides showing what an important tool *Referenceworks* is for a homeopath, this highlights the difference between what is known in the materia medica and what is programmed in our repertories. Far too often we are working with an inadequate database. More on this subject shortly.

**Regarding the remedy *Hura*,** Dr. Saine quotes from Sankaran’s description of how he formulated his ideas from a search and study of the repertory. Dr. Saine uses this to “prove” that Sankaran’s ideas are mere speculation. Sankaran in this chapter tries to show how he formulates a hypothesis; he does not claim it as fact. Dr. Saine failed to read far enough in Sankaran’s work to reach this passage: “*Ever since I wrote this description of Hura in my book "The Spirit of Homoeopathy," I have had cases that confirm this feeling of Hura.*” In fact, Sankaran’s observations have led to cures in over a dozen cases reported in homeopathic journals on four continents. Most of these patients were in a miserable state; several were suicidal. All conformed to Sankaran’s observation. Thus, what began as hypothesis was reported only after multiple cured cases – that is, pure observation. Shall we ask these patients to antidote with coffee until we can find a more “approved” method of finding their remedy?

**Why are any new techniques or ancillary clues needed?** They are needed because of the extremely incomplete nature of our current knowledge. Should these techniques stop us from doing the more definitive work of provings? Of course not. But let us not deceive ourselves about the current level of our science. We are still in our infancy. Merely looking at the double-blind studies regarding homeopathy should convince us of this fact. Yes, we can out do placebo reliably, but is that enough for any us? When we see the miraculous effect of the true simillimum on the life of the patient, how can we be satisfied with the equally frequent

failures or palliations which we observe in our practices? Is the problem our own deficiency, our lack of study of the *Organon* or *materia medica*? Sometimes it is. But just as often the problem is the lack of adequate knowledge in our science.

**On the subject of symptoms developed from cured cases**, which Dr. Saine warns against, obviously high quality provings are our best source of knowledge, but even in many of our best known remedies, cured cases have provided some of our strongest symptoms. For examples:

*Platina* did not produce a single proving symptom of excessive sexual interest.

*Calcarea carbonica* produced no fear of heights or mice. No craving of eggs. (!)

*Calcarea phosphorica* did not produce the desire to travel.

*Calcarea sulphurica* produced no jealousy.

*Capsicum* did not produce any symptom of homesickness.

*Carcinosin* produced no fastidiousness, no desire for dance or travel.

*Causticum* produced no ailments from grief.

*Chamomilla* produced no desire to uncover the feet.

*China* produced no anemia, no ailments from fluid loss.

*Cocculus* did not produce any ailments from nightwatching.

*Coffea* did not produce ailments from excessive joy.

*Colocynthis* did not produce ailments from anger or indignation.

Etc., Etc., Etc.

(As the reader can most probably tell, I was merely scanning in the letter “C” here and have tired of the exercise around “Co.” Hundreds of other such examples can be found.) Would any of us like to practice homeopathy without such vital information available?

Furthermore, even a casual reading through Clarke’s *Dictionary* shows that true and full provings of remedies are the exception, not the rule. Forty remedies in Clarke had no proving. In more than twice that number the provings consist of crude and often accidental poisonings (frequently of a single victim). Then there are the numerous references to “fragmentary” provings.

**In short, we are not playing with a full deck!** Then how shall we proceed? First, by continuing the work of making new provings and more accurate provings of old remedies. Second, by the use of data from cured cases. Third, through the strategies I have mentioned in my earlier letter; that is, through plant families, synthetic salts, connections to the remedy source, etc.

Dr. Saine argues against developing of *materia medica* through cured cases and in favor of provings (though I am not aware of any provings he has made), yet he does not acknowledge that the group of homeopaths he is criticizing (or excommunicating) have been among the most prolific provers of new remedies in the past hundred years. A single proving requires literally hundreds of man-hours. Imagine the predicament of myself and my colleagues: We are proving new remedies as fast as is humanly and responsibly possible while being taken to task by Crothers, Winston, Jacobs and others (none of whom have produced a single proving!) for not doing a good enough job of it. On the other hand, when we reveal carefully devised strategies for prescribing poorly proved or little understood traditional remedies, we are equally reprimanded. Woe is me!

**Finally a word about the style in which this debate has been conducted.** Every new idea in any field of study benefits from critical examination and debate. I welcome the opportunity. However, this debate should adhere to values of courtesy and integrity. What should not be included in such debates: innuendo about opponents' honesty, their desire for fame or money, and imputations against the veracity of their statements. We must confine ourselves to discussing ideas, not resort to virtual name-calling or resorting to statements of hearsay, an example being Dr. Saine's bringing up what some undefined student has said denigrating the benefits of a colleague's teaching. Such statements should not be allowed because we cannot ascertain the degree to which this student followed the teaching, the student's education, etc. We must rely on actual published statements of the authors with whom we disagree. We cannot quote what some student at a seminar said the author said.

I think if we can agree to these minimum ground rules (which are followed by every other scientific journal), we will be in a position to really advance the science. I believe that the editors and boards of our journals are responsible to uphold such standards.