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This letter to the editor of Joel Shepperd is a reply to the letter of Dr. Moskowitz "The Fundamentalist Backlash: Revisiting an old problem". In this letter Joel Shepperd explains that many of the modern trends in homeopathy - like themes, grouping of remedies or families and archetypes – are deductive in their method; they may have some didactically useful aspects, but they are in contradiction to the homeopathy of Hahnemann which is strictly individualizing and inductive.

*Joel Shepperd, MD*

### **Reply to Dr. Moskowitz**

Letter to the Editor of *Simillimum*

The purpose of this reply is to address some issues and ideas mentioned by Dr. Moskovitz in his letter "The Fundamentalist Backlash: Revisiting an Old Problem" published on the HANP website.

Only a few points will be mentioned and discussed with the following questions in mind:

- ◆ How are current trends deviating from Hahnemann's homeopathy?
- ◆ Why will they not lead to consistent results?

These comments are made from the framework that homeopathy is primarily a well-developed scientific method rather than only a philosophy or religion.

#### **Only Mentals and Generals**

Many cases have no mental symptoms that can be used in choosing the remedy. If a hand is smashed in a closing door, the symptoms of the injury are most important. When a baby is born not breathing, it is not the time to wonder why she does not want to be here. In a country where severe, acute diarrhea outbreaks lead to death, a psychological profile of a person is of little usefulness compared to color, consistency, size, odor, painfulness and frequency of stool. Perhaps some homeopaths have a self-selecting subset of patients who have no important local signs or symptoms. It is not correct to say that the mental and general symptoms are the most important, as if it were an accepted rule of the homeopathic process. The mental symptoms may be important. They are very often important. However, the decision about which symptoms are important is to be made only after each individual unique case, not before hand. It is a prejudgment and a preconception to generalize about mental symptoms without talking about a specific, real case history. Such preconceptions are not the homeopathic method. They close the mind before the case is taken so that other important possibilities will be ignored.

#### **Archetypes and Stereotypes**

Colorful stories about remedy types have been used by homeopathic teachers for many years to help their beginning students to remember remedies. The images remain in the student's mind more easily than unrelated facts. If the teacher elevates the importance of these enjoyable portraits by calling them an archetype, then it is no longer part of the homeopathic method. The current use of the word archetype comes from the language of Jung's psychology. It is a pattern of thought in the collective mind and represents a common

experience of the culture. Abstract ideas about common characteristics do not lead to a deeper understanding of each new case history. Archetypes fill the imagination with vivid pictures. The prescriber then attempts to squeeze each person into a predetermined category ignoring the facts of the case since the mass of symptoms are now declared otherwise unconnected. Never have common characteristics been important in finding the exact remedy that each person needs. Never have abstract constructs replaced the exacting work required to discover the remedy. If each homeopathic student can only imagine a Pulsatilla case as a certain type of little girl, then every old man that needs the remedy will be missed. Metaphors are poetic information, not necessarily accurate or complete. The use of archetypes in homeopathy can easily become a degraded psychology of stereotypes.

### **Teaching Methods vs. Prescribing Methods**

Each homeopath must face the task of learning *Materia Medica*. Since each person's memory functions differently, many styles of mnemonics have developed. One person may learn the remedies alphabetically starting with all the remedies beginning with a vowel. Another student may learn the polycrests first. Another person may choose to study one remedy and then compare or contrast it with others. Still another studious person may choose a rubric like "confidence" and learn the differences of each remedy listed. If a homeopath was a biologist first, they may divide the remedies into families, or orders and learn by groups. The initial strategy for learning remedies may be to choose some arbitrary group that has something in common, but this limited learning technique should have nothing to do with the technique in prescribing the correct remedy. The most accurate remedy is found by what is most unique, peculiar, individual and characteristic of each medicinal substance, not what is common. If a bushmaster snake and a rattlesnake are observed side by side, the homeopath is interested in what makes each one different, not that they are both snakes. If a person's symptoms are close to, but not exactly the symptoms of Lachesis, It does not mean they need another snake remedy. It means they need another similar remedy, no matter whether it is of plant or mineral or animal origin. It is an error of scientific method to blur mnemonics with prescribing.

### **No Thema, No Schema**

So-called themes in current homeopathic use are deduced. Deductive reasoning starts with hypothesis or theory. Deductive reasoning is a common source of ideas in mainstream science that must then be tested by experiments. Until scientific experiments prove the hypothesis, it is just a guess. Applied to homeopathy, this line of thinking proposes a common set of characteristics in some group after analyzing some data. Only the most general and common characteristics of a remedy are included. Details such as local symptoms are excluded. Not only are the common symptoms occurring in the remedies of a group considered the most important, these schemes are used to predict the symptoms of remedies not well known. This is called speculation because it draws conclusions from poorly proved assumptions. Thorough and businesslike descriptions of imaginative ideas do not undo speculation. Only thorough validated provings are acceptable evidence. Widely teaching premature conclusions before they are more than hypotheses should not be done. There is no deductive reasoning in the practical application of the homeopathic scientific method. Instead homeopathy uses an internally consistent inductive method. No theories come first. The perceptible signs, symptoms and circumstances of a person's disease are the starting point. The same type of phenomena are recorded in the provings. The law of similars is then applied. This rule of nature is a law because no example disproves it within its constructed boundaries. The day-to-day practical application of this principle of healing is determined from experience and experiments, not from unproven deductions.

The most similar remedy is found from the most characteristic symptoms, not from a common pool of symptom ideas shared by a group. Each person's disease is different than every other person's disease, just as each fingerprint is different and each plant is unique. Each person needs their own remedy, and we find the most closely matched remedy by recognizing the importance of their individuality, not by reducing them to their commonalities. The method of seeing the gestalt, the totality and the living unity of each case takes experience and practice. It is not a matter of abstractions and theories.

### **Hahnemann's Miasms**

Hahnemann's Chronic Disease is assumed to be a work of theory, but it is not. Later translators of his work added the word "theory" to the title. It is a work that reports observations and experiments. In modern science it is customary to start with theories and end with conclusions in a written research paper. In Hahnemann's work, he starts with results and conclusions, and then the evidence is related in detail. The revolutionary impact of Hahnemann's conclusions about chronic disease is lost upon us now since they are assimilated into everyday practice. Chronic miasms were defined for the first time as dynamic, infectious diseases that the life force could not heal on its own. There are detailed, exacting descriptions of observed manifestations of disease over long periods of time. There are definitions of the different observed miasms, much like acute miasms such as small pox or measles were defined. This did not mean that a specific treatment was recommended just because a specific name was coined. The same law of similars was to be used in selecting remedies for chronic miasms, just as for acute miasms. The list of anti-psoric remedies was an incomplete list of possible examples of remedies that could be used in this newly described disease process. Many of the same remedies were already used in acute miasms and acute diseases. Anti-psorics are not a specific group of remedies for a specific disease.

Psora is not a religious punishment or original sin as mentioned by Kent. Miasms are certainly not styles, pathological or otherwise, as if they were the figment of someone's imagination in a creative writing class. They are infectious diseases passed from person to person and generation to generation and manifesting in unlimited numbers of forms.

### **Religion, Philosophy and Science**

Illuminists are enlightened. Fundamentalists know the importance of the basics. By labeling people with religious words, then the discussion becomes just a matter of opinion and personal beliefs. Instead, what is at stake here is a revolutionary method of science that can yield consistent, ever useful results no matter what the newest challenging disease. If the internal coherence of scientific reasoning is not recognized in homeopathy, then results are inconsistent and transient. "If our school ever gives up the strict inductive method of Hahnemann, we are lost and deserve to be mentioned only as a caricature in the history of medicine." (C. Hering, 1880.)