The following correspondence between Manfred Fuckert, Curt Kösters and Thomas Schreier deals mainly with the usability of clinical symptoms. Are they—according to Hahnemann, Lippe and Hering—not applicable or are they useful and valuable as in the opinion of Nash and many other authors? Or does the truth lie somewhere in the middle?

Fuckert / Kösters / Schreier

Clinical symptoms in the Materia medica?

Manfred Fuckert:

Dear Mr. Kösters,

first of all I would like to pass on my sincere thanks for the initiative you have taken against modern esoteric currents in "homeopathy". Hopefully, we are not throwing the baby out with the bathwater, because now and athen I myself make use of such measures (especially the doctrine of signatures) in an emergency and – it is awful to have to say this! – am even successful sometimes. Of course such methods cannot set the standard in homeopathy and this is why we rightfully combat them.

I do have one request: where exactly does Hahnemann write that cured symptoms are NOT to be added to the list of symptoms of a drug? I am referring to your letter to the editor on an article about the violet (Viola odorata) in the periodical on classic homeopathy (KH 1 and 2/2002). Our repertories are full of such symptoms, including the one published by Boger/Bönnighausen! How can we go on practicing homeopathy at all, in a sensible and acceptable time span, if we have to go and verify all the symptoms brought forth by the patient in the Materia medica? Oh boy!

Of course Hahnemann could be right: because the cured symptoms are not derived from a drug proving on a HEALTHY subject, rather from someone who had formerly been sick and produced them during his convalescence. This is where the indistinction lies. Perhaps such symptoms just provide for a kind of "indication which has proven itself successful over time". The bowel nosodes which I have been working with in the past several months are subject to this criteria (no proving symptoms whatsoever, all symptoms are derived from cures/improvements) and yet these nosodes have become a necessary part of my practice. Some cases, even some of the most stubborn ones, cases which I have found to be hard nuts to crack up to this date, have made favourable progress with these nosodes. Either the nosode helps all on its own or it leads to the next better "normal" drug indicated. Here of course doing careful provings first would prove to be helpful, but apparently nowadays the only people who engage in provings are those expecting an esoteric experience to remember. Where are all the people eligible to do provings, those who are mentally sane and sensitive in the emotional sphere? They are probably working and are glad that they do not have anything to do with the trials and tribulations of a drug proving. I once myself had the displeasure of proving Capsicum annuum and Cuprum aceticum – and I am not at all keen on doing it again.

Wishing all the best for you and your work

M. Fuckert

Curt Kösters:

Dear Mr. Fuckert

Hahnemann's statement regarding the sources can be found in "Examination of common sources of the Materia medica"published in "The Lesser Writings of S Hahnemann" – in fact, really the whole article is quite interesting. But there also has to be something similar in the Organon in any case.

It was only following a lecture held by Klaus-Henning Gypser that I could understand why you cannot simply add cured symptoms to the Materia medica. The question is not so much about the healthy or sick person – to a certain extent Hahnemann himself took the symptoms produced by patients following a remedy and entered them in the Materia medica (well confirmed in Sulfur) – but rather the issue is whether a symptom appears or disappears following the intake of a remedy. The former can be attributed to the remedy with a certain degree of reliability, if the person proving the remedy is not familiar with it. The latter cannot be attributed to the remedy due to the lack of distinction and also because every convalescing person experiences concomitant effects which can also cause symptoms to disappear. Hahnemann's reasoning is such that you can only learn from a cured case if you are confronted by the exact same case again, and this is precisely what never happens in nature. (Examination of common sources of the Materia medica)

I don't think that it's necessary to verify every single symptom in the Materia medica on a daily basis. Prior to any publication or classroom use you probably should though. In daily practice looking up the rubric suffices to gain an initial orientation – although at least in chronic cases I do consult the works of Clarke now and athen. (In my letter to the editor I already indirectly mentioned the fact that he himself is not a primary source either in the true sense of the word).

Basically speaking, the initiative is not about the approach taken on beginning to select a remedy either. There are different approaches taken by Kent, Bönninghausen, Hahnemann, Sankaran, Masi, ….

Perhaps I do have an opinion which is correct and reasonable – that is yet another debatte.

At the end of the road of selecting a remedy there is still the patient with his/her symptoms and the remedy with its symptoms. The similarity between the two lists of symptoms can then more or less be plausibly justified by the prescribing physician, irrespective as to how he ended up selecting the remedy – they could by all means even be analog conclusions in the sense of the doctrine of signatures.

I really have a problem when somebody starts randomly changing the one and more important side of the calculation (it's not an equation), i.e. the Materia medica. In the article "Against Divisiveness" Morrison sticks up for his right to draw conclusions from the intrinsic nature of a drug with respect to its symptoms. What exactly happens on doing so is the following: You arbitrarily change the Materia medica by entering such conclusions into it, either directly or via a cured case.

In the past homeopaths have always also prescribed poorly proven drugs, with the help of more or less bold approaches. However, there is one thing you should at least keep in mind here and that is that the drug proving on the healthy is the gold standard of homeopathy.

In this sense

Kind regards

Curt Kösters

Manfred Fuckert:

Dear Mr. Koesters,

I have read Hahnemann's Materia Medica Pura, Volume III ("Examination of the Sources") over and over again and as someone who has received a classical education I think that I am very well capable of decoding Hahnemann's Latin-analog and involved periods. But in this case I just can't seem to find the decisive point. Hahnemann talks about "ab usu in morbis", but really he is referring to diseases and not to individual symptoms – I would ask you to observe this difference very exactly! And even if you could come up with another subordinate clause somewhere, in which Hahnemann also rejects these cured symptoms – I still couldn't accept it. This is due to the simple fact that a lot of our most valuable symptoms are derived from cured cases. Actually our forefathers' practice of prescribing – and their success – made it even possible in the first place that we are able to prescribe with more confidence. I would like to insert an example in order to make this clear. In the most recent issue of the periodical for classic homeopathy (ZKH) a drug proving on Carcinosinum was published. Based on this proving I could never see myself in a position to give Carc. to even a single one of my patients, to whom I have prescribed Carc. (with success!) in the past! And to be honest with you, the same holds true for other remedies as well. There is a big gap between the symptoms of a proving on the one hand and "experience" related to practice on the other hand. I consider it misleading to hold a discussion on which path is the scientifically correct way. What needs to be answered first is the question as to why this discrepancy exists at all. Why is it that only a few symptoms of a proving attain the status of important symptoms, i.e. why do they become decisive for the choice of a remedy? In the meantime the rest of the symptoms lie dormant or become insignificant until one day when a prince accidentally happens by and kisses them awake, i.e. in an extremely tricky case Symptom Nr.957 of drug xyz attains the status of a symptom according to §153.

Let us suppose there is a child requiring treatment and this child has following characteristics and symptoms: a large head, blonde curly hair, night sweat, enlargement of the lymphatic glands, a quiet disposition and even a desire for eggs and this or that as far as I am concerned. Who would dare NOT to give Calcium AS THE FIRST REMEDY, even if the child had an extraordinarily striking symptom according to §153? Ok, if Calcium doesn't work then we come back to this symptom again, unless the first prescription already steers us towards this other remedy (thus not Calcium).

A lot of our work is pragmatic and routine, luckily, because who can afford to do artistic work on a professional basis every day for several hours daily. W. Springer once said in a gist that the development of a homeopath could take place in the following steps: from a craftsman, then to an artist craftsman and finally to an artist. I totally agree with this, because even the artist who has perfected his work to the highest degree is still dependent on the reliability of his materials (paints, clay, words and sounds) and tools. Twenty years ago Eichelberger, a renowned German physician, put his plan into action and published a "purified" repertory. It was a repertory which was void of all symptoms which he considered to be invalid. Künzli, also a famous homeopath, tried something almost totally opposite: he gave rubrics "points for therapeutic value". As if a rubric per se could be more expressive than a case in real life! Thus, we are searching for simplifications, because it is just impossible to bear in mind the bundle of symptoms of a drug proving of even only a single significant remedy. Just as I am writing, I recall an opposite example to the Calcium case mentioned above, which actually did take place as follows: a middle-aged woman was suffering from a severe dishydrotic eczema on the palms of both hands. They were covered with small blisters that caused itchiness and broke open. There was an extensive peeling of the skin and the whole surface remained soar. Daily work and social contacts were maintained by using gloves. The patient consulted numerous skin specialists AND was in several clinics – without success. Based on these and

those symptoms, she received Kali-c and Sulphur and the eczema always remitted satisfactorily, but it always came back again. At one point the patient recalled that every time she had such a horrid spell of itchiness, her one big toe would get cold! We can't find the remedy in the rubric "Coldness– first toe", but we do find it in the general rubric "Coldness – toes". It is Ran-b. This remedy caused her eczema to disappear completely. This was several years ago. What's interesting is the fact that her fear of being alone in the evening disappeared while taking Kali-c; a symptom which is also covered by Ran-b. And of course in every practice you can encounter prescriptions which were based on far less concrete ground and nonetheless have been successful.

We the homeopaths are also not masters of life and death. We have moments of genius with almost clairvoyant traces and we fail miserably in banal cases (the conventional physician or the nonmedical practitioner around the corner could do a better job). We work on cases using all kinds of methods, ways of thinking, aspects and nothing happens. On the other hand this approach might just be what causes a case to make progress.

It was Wilhelm Reich who once said that the forming of a scientific theory corresponds to the tip of a pyramid. The basis builds the facts. I would like to witness the continual development of homeopathy in this sense, until we have an even better form of medicine. What I am dreaming of is a scanner like the one in Star Trek, one which provides for immediate and equivalent treatment. Until then homeopathy is one of few tolerable and acceptable methods.

Enough for today

Kind regards

Manfred

Curt Kösters:

I have to admit that I am starting to really enjoy this letter writing. That was the point of the whole issue: Questions were to be asked that could shed light on weak spots from various directions, so that more clarity might result in the end.

Enclosed in my response: 1. Correspondence dealing with the starting point of the debate (Cantar), 2. my comment on it (just written today) – and yet again I'm eagerly looking forward to your response.

Regards

Curt Kösters

Thomas Schreier:

Dear Curt, dear Manfred,

As a supplement to your correspondence (Manfred mailed it to me) I would like to put the following excerpt from Nash's "The Testimony of the clinic" (which I have worked on) at your disposal. Please consider it my contribution (as word.doc). I have underlined the important passages relating to the question: "Clinical symptoms in the Materia medica?"

Kind regards

Thomas

100 cases in homeopathic practice

The Testimony of the Clinic

Written by Eugene B. Nash

Phosphorus

Case 54: Cholera

It was in 1851, on one of those unsurpassably hot mornings that prevail here in August, that I was summoned to see a case of cholera at a great distance. A Redemptorist Father had been with him during the night, and finding his apparently homeopathic treatment not as successful as he desired wished further advice. The patient was an emaciated, sharp-faced German, a tailor, about 50 years old. He had indulged on the previous day for his supper in blood pudding and cucumber salad. He was taken about 11 P.M. with Asiatic cholera; he still continued to vomit and to be purged, with violent cramp at short intervals. All of these cramps and rice-water discharges ceased during that day, the principal remedy had been Arsenicum; but from that evening till the next evening he continued to vomit, and apparently was sinking from exhaustion.

Thirst was very great; he had to drink large quantities of cold water, and felt better afterwards, till the water became warm in his stomach in from fifteen to twenty minutes, and then he had to vomit it up again, to be relieved of this exhausting painful vomiting and thirst by drinking another large quantity of water. A number of remedies administered produced not the slightest relief.

The symptom found by the clinical experiment in this case – cold water drunk is vomited up as soon as it becomes warm in the stomach – was not to be found in our Materia Medica. But there was found, after a long search, under Phosphorus, in the fifth volume of Hahnemann's Chronic Diseases, Symptom 745: "In the most terrible agonies he vainly tried to vomit; only the drinking of cold water relieved." Nothing could be found in a search for a similar remedy but this symptom, and now we gave this suffering man one dose of Phosphorus 19m. about 9 P.M., with the order to repeat it every two hours untill he was relieved. On the next morning we found that he had been given no more than this solitary dose, and that he was rapidly improving. He recovered without needing any more medicine.

Comments

The case here briefly stated might be claimed to belong to the "causes célèbres." Ever since this case was cured and published everybody has admitted into our Materia Medica this so frequently confirmed Phosphorus symptom – "vomiting of what has been drunk as soon as it becomes warm in the stomach." Everybody knows it, and the knowing ones have and will continue to cure this not infrequently recurring symptom with Phosphorus. The case illustrates the manner in which our Materia Medica has been developed; how symptoms observed by provers only similar to the symptoms observed on the sick as the result of disease may be cured by a given drug, and that the confirmation of such cures entitle this symptom – the result of the clinical experiment – to as much importance as if it had been observed on a dozen of provers.

Upon reflection, the men who persistently insist in the sifting of our Materia Medica may think the better of it. (Ad. Lippe.)

Case 55: Dysentery

Several years ago I treated a child suffering for two weeks from an obstinate attack of dysentery. Several remedies had failed utterly. Counsel was called, but our combined efforts were equally unsuccessful. At one of my visits the mother chanced to be changing the child's

diaper. I noticed that the anus was wide open. I could have inserted my little finger to the depth of two inches without touching the bloody mucus-lined walls. (The tenesmus was almost continuous). Neither Jahr's Manual (Snelling), Bell on Diarrhoea, nor Hering's Condensed contain this important symptom. Finally I discovered this under Phosphorus in Lippe's Textbook. Three days after the use of the remedy naught remained of the troublesome disease except the resulting weakness. (Nash.)

This case was published in the "Hahnemannian Monthly," May, 1880. In the June number of the same journal Dr. F. B. McManus, of Baltimore, Md., wrote: "On reading Dr. Nash's cure my mind was vividly called to what I had learned forty years ago, in regard to that precise symptom and condition given in Phosphorus, recorded in the first American translation of the first German edition of Jahr's Manual, translated "by the North American Academy of the Healing Art, Allentown, 1838." In the repertory of that volume, under the head of "Anus and Alvine Ejections", is found, "Openness constant of the anus." In the manual Phosphorus has, "Escape of slime and blood from the anus, which continually is open." In Hempel's translation of Jahr, large edition, of 1848, ten years after the Allentown edition of Jahr, is found, as a symptom for Phosphorus, "Mucous discharge from the anus, which is constantly open."

Nux vomica has precisely the reversed condition of Phosphorus, the former having discharge of bloody mucous, with a sense of constriction,--Phosphorus a similar discharge, with relaxation and openness. It will amply repay any physician to look into Phosphorus in all cases of intractable dysentery, particularly when the seat of the disease is confined to the rectum, and near to or involving the anus.

In cases, too, of a reversed condition, inveterate constipation, with disappointed calls, the trouble being seated in the rectum, the attention of every astute physician would be called to Phosphorus."

These two latter cases of Dr. Lippe's, and my own, are brought in here in order to show how valuable clinical symptoms came into our Materia Medica. As Dr. Hering used to say, "they are born by breach presentation."

Nor does this, in my opinion, reflect in any degree upon the principle of Similia, for if under the action of any remedy in potency a symptom or condition is removed it is fair to infer that the further or more exhaustive proving of the drug would produce the same symptom, etc.

To be sure symptoms disappear with which the remedy has nothing to do, but when it repeatedly or invariably does so, no other reasonable conclusion can be reached than that it was homoeopathic to such a state. So such symptoms cannot be lightly rejected, but in all cases, when pathogenetic symptoms also correspond is the result doubly confirmed.

Curt Kösters:

Dear Thomas, Dear Manfred

Nonetheless, I would appreciate a direct comment on the statements I made in my last letter.

Basically what is happening here in the first place is common practice in homeopathy. You quote an authority (Nash) and I quote other authorities (Hahnemann, Hering) with a different view. This really doesn't help us get anywhere.

The fundamental question is still whether or not clinical experience should be allowed to be admitted into the Materia medica, and if so, under what conditions.

Regards Curt

Thomas Schreier:

Dear Curt!

If you go and quote Hahnemann as "YOUR authority" "against MY authority", in this case Nash, then you are making a considerable mistake: Nash's time was later…

I can understand your aversion to: "…said" (…= Hahnemann, Nash, Hering, Boger, Künzli, Vithoulkas, etc.) – I also have something against that – and yet I consider Nash's contribution to be of significance for the entire discussion:

Let us please consider the chronological order of events: first there was Hahnemann and his observations regarding the provings of drugs; Nash came later and documented his comments with respect to symptoms cured by clinical experience. I am inclined to consider Nash's comments as a further step in the development of homeopathy.

In my opinion the confusion arises from the fact that we are not clear in our minds on the meaning of "ab usu in morbis" in Hahnemann's works. Nash's comments have helped me to become clearer on something else: Apparently, Hahnemann was against the tempting use of "specifics" (=indications which have proven themselves successful over time), which has continued up to this very day. (For example: Ferr-p. is a specific for earache…, you know what I mean.) If a certain drug has proven to be the remedy of cure for a certain DISEASE, then this does not necessarily mean that it will help the next patient inflicted with the "same" disease. This would be the case only if and when the symptoms of the patient are absolutely identical to those of the former patient! No further discussion is required on this point as far as I am concerned.

On the other hand – and now let us take a look at Nash: If during the course of treatment a certain SYMPTOM disappears on prescribing a drug (refer to Phos.: vomiting of water after becoming warm in the stomach – to a certain degree the symptom does have the value of one in accordance with §153!), and if this symptom disappears time and time again on prescribing this drug (in other DISEASES as well), then obviously it is legitimate to take up this symptom in the range of curative effects of this drug!

As far as the idea goes to observe patients who have improved following the homeopathic prescription of a drug such as Ars-s-f. for example, in order to learn more about the drug: I consider it legitimate, with a small (to huge) drop of bitterness. How can I be sure of my choice of drug; does it really hit the "heart" of the problem? This could be a way to better understand a drug – however, what is required is the ability to assess the effects of a drug, a lot of experience and a corresponding dose of self-criticism (and by no means any kind of self-contentment with one's own prescription…).

As far as the risk is concerned that a patient could receive Sepia from one homeopath and Nat-m. from another, thus causing the signs and symptoms of the one remedy to be assigned to the other: I too see the risk, but only as long as we believe that it can work, that a patient could receive two different remedies from two homeopaths!

However, I am of the quite unalterable opinion, that there can only be ONE correct prescription for a patient in a certain situation. It's true that we're often not successful in finding it and that we maybe have to take detours to achieve our goal, but I nonetheless uphold this claim. It's quite absurd to think that a person who gets Sepia prescribed by one homeopathic practitioner and Nat-m. from another will find that BOTH remedies help him (equally well). What is lacking here are the clearly intelligible reasons!

Sincere regards

Thomas

Curt Kösters:

Dear Thomas, dear Manfred!

I can appreciate the fact that a symptom becomes valuable when it has been REPEATEDLY observed and has disappeared every time when the remedy was prescribed.

Nevertheless, the whole matter remains a delicate subject, simply because it is based on the above mentioned assumption that there is one and only one remedy which can be effective in each case.

In the first place, what speaks against it is the observation of the prescription technique of various colleagues. If it were so, then many a known Kentian would practically never have been able to achieve any kind of success, had he based his technique for prescribing remedies on a rather small number of polychrests in chronic cases.

In the second place there is a theoretical consideration which also speaks against it. If you consider the disproportion between the comparatively small number of already proven drugs and the almost infinite number of potential drugs, then you have every right to assume that at least one remedy could also be found amongst the remedies still unknown when considering a large number of cases. If this unknown remedy would solely prove to be effective, then the success rate of homeopathy would fall significantly below the 1% margin. – Or to make it short, how did homeopaths treat "Apis cases" or "Lachesis cases" prior to the introduction of Apis or Lachesis in the Materia medica? If I recall correctly there is a comment on this topic (possibly made by Nash, or perhaps it was Lippe) as to how a certain case were to be treated with several remedies in succession without the use of Apis.

Of course you shouldn't attach all too much importance to the idea of several remedies. The above mentioned theoretical consideration still exists. What I mean is: There is only such a thing as more or less similarity and more or less success. This is indirectly expressed in the question: "Does the remedy really get to the 'heart' of the problem?" Who is capable of passing judgement on that? We can never know what another remedy would have done in the same case.

Regards Curt

Thomas Schreier:

Dear Curt!

Yes, I do consider it essential: if there are "clearly intelligible reasons" (§2 of the Organon) for a prescription, then in a case, i.e. in the prescribing situation, there is exactly one remedy that hits the nail on the head. Of course that does not mean that we always find it: maybe due to the fact that we just don't see it in the mass of information or merely because the remedy is still unknown, i.e. is not yet available amongst our store of remedies. In the latter case, I do agree with you that we can effect a cure via a roundabout way and I'm sure there are several ways to do that…

However, if there is such a thing as a "core" remedy, then I demand that ten out of ten good homeopathic practitioners select precisely this remedy – or, in case other remedies are chosen due to lack of knowledge of drugs or lack of accessibility of the patient, it should at least be possible to discuss the suggested prescriptions and to agree on one remedy in the final

analysis…. ("You may say I'm a dreamer…").

A good way of finding out if this is possible or not would be to take a handful of homeopaths (3 – 5) and have them each do an anamnesis of several patients. Thereafter you could compare and see what result each one comes to with respect to the remedy…

…

Lippe's quote can be found in the preface of E. B. Nash's book The Testimony of the clinic:

"…That drugs may and do complement each other we do not deny. This sometimes enables us, as Dr. Lippe used to say, to zig-zag to a cure of cases for which the perfect similimum is not yet known. …"

That's all for today, sincere regards

Thomas

Thomas Schreier:

Dear Curt,

…

With respect to the problem if there is only ONE remedy, I would like to say the following. Apart from the fact that there may be cases for which THE remedy cannot be found, for example because it has not even been proven yet, I do think that for a given person in a given situation there is ONE remedy, which is the most fitting, the similimum for the case, and it should be possible to find this remedy. In my opinion what also has to be possible is that ten out of ten homeopaths find the same remedy (according to clearly intelligible reasons) in a given case or that they at least agree on one remedy following a discussion (in case someone didn't see it, because he was not quite as familiar with the remedy perhaps etc.). I find the state of affairs concerning the arbitrary (one person cures a case well with Sepia, someone else is successful with Nat-m.) selection of a remedy quite intolerable and it is not worthy of a method which claims to have discovered a natural law when it found the law of similars. With this being the case, then there is only one remedy which is "the most similar" at the moment.. (I realize that I'm demanding quite a high standard and I also don't think that I find the most similar remedy very often, but I do believe that we shouldn't let up even by a millimeter in our efforts to do so…)

That's it for today, sincere regards

Thomas

Curt Kösters:

Dear Thomas

The matter is still lacking clarity in my mind. To me the idea of the "similimum" deals with the idea of an absolutism, whereas the idea of the simile –of the most similar, is always a relativism. Similarity can only be determined in relation to remedies which have already been proven.

Putting it simply: You will never be able to prove that there may not have been an even better fitting – an even more similar remedy in a case. The fact that we are always more than satisfied once a remedy does have a reasonable and quite a far-reaching effect, does not necessarily mean that the remedy applied in this case was the similimum.

In practice it is like this: I give a remedy and it does something, but I am not really satisfied yet and maybe I go and prescribe another remedy. And this remedy perhaps improves the symptoms to the extent that the patient is declared to be cured.- And then I go and say that the second remedy was the similimum and yet all I can really say is that it was more effective than the first. Or seen from a different angle: Where exactly should I place the threshold? Is it when the symptoms have disappeared completely? Is it only when the symptoms start returning after a year or two or five? Is it when the patient never gets sick again? Is it when the patient immediately becomes a saint and thus from then on dedicates himself to "that intellectual office incumbent on the higher human mind"?

In my opinion there are strong observations arguing in favour of the relativity of similarity:

- The fact that different techniques of prescription have obviously proven to be successful. (You don't even have to go as far as looking at the various modern esoteric teachings. It suffices really just to take the differences between Kent and Bönninghausen to heart).
- The fact that the number of proven remedies is a finite number.
- And in the final analysis the whole matter is based on an epistemological misunderstanding anyways. The homeopaths who enjoy feeling superior to the simple-minded and antiquated Newtonian view of conventional medicine, are the same people who are helping themselves with totally simple-minded and mechanistic logic, i.e. when A=B, then B=A. This logic certainly holds true for simple systems, however it does not for complex systems. In particular the theory of chaos teaches us that the link between cause and effect is complex in complex systems—there's no denying it. Before I go and consider the assigning of clinical symptoms to the Materia medica as something that is plausible, I'd first just like to see the meteorologist who can identify the butterfly in China from the tornado in the USA; the butterfly which is responsible for the tornado according to a famous dictum. I believe –without being able to substantiate it as of yet – that homeopathy is a concept which holds the answer to the fundamental incomprehensibility of complex systems. This fundamental incomprehensibility was named after Hahnemann and he obviously found a brilliant answer. I think that the law of similars is a universal law which can be also applied far beyond drug treatment to all complex systems. (This still remains to be proven!) – However, it does pose a problem if you want to draw conclusions from the effect on the cause, because the concept is always an approximation.
- He who cures is right! – I've always thought that this sentence is quite simple-minded. He who cures may have effected a cure for completely different reasons that have nothing to do with his concept and there is no assurance when the next patient is treated. It was Hahnemann's goal to achieve certainty, but in practice we are still far from it. Each and every step that homeopathy takes requires careful consideration on our part, in order to ascertain if it leads to more certainty or away from it. – And when it comes down to it, this was the underlying thought of the manifesto. – In any event I would let the following sentence pass: He who always cures, is right!

Besides, what necessarily follows from the fact that there is no similimum as such is that there is no such thing as a lifelong "constitutional" remedy. And in my opinion this correlates well with the observations made in practice.

In order to prevent misunderstandings: I'm all for admitting reliable clinical symptoms to the Materia medica. I'm even for entering myths, fables, symbols, colours etc. into the Materia medica. What the user needs though is a better way of discerning what is a proving symptom and what is a clinical symptom and a clinical experience respectively.

Please take note: I would always suggest that especially still rather inexperienced colleagues base their prescriptions on proving symptoms (preferably those which have already been

verified) in the first step. If still in doubt when trying to differentiate various remedies, then you can go and incorporate clinical experience and whatever else occurs to you. That's no problem whatsoever as far as I'm concerned. This is similar to what Hahnemann did by naming characteristics: The mild and gentle disposition of Pulsatilla is not a symptom, but rather a clinical experience, a characteristic. Accordingly this was applied by Hahnemann himself (see his cases published in the Materia Medica Pura). First he selected a remedy based on reliable and concrete symptoms and then he included characteristics to confirm his choice. This is then what we refer to as a homeopathic prescription. If I start with the disposition or mental state then it quickly becomes pure speculation.

Regards Curt