

## SOCIAL AND HISTORICAL

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### A strategy for research

Galen Ives, a 'relative outsider' to homeopathy, attempted to outline what he saw as important current research issues for homeopathy. He commented that there had been no large-scale, multidisciplinary investigation of homeopathy designed to clarify some of the many unknowns. Most of the research had been inept and piecemeal, with a few notable exceptions. The relative absence of good research, based on sound scientific principles, had resulted in an inability to communicate with the mainstream; while the lack of fundamental research, especially into the nature of potency, further compounded the communication problem. The author stressed that certain experiments needed repeating, such as the finding of altered dielectric properties in potentized solutions. He suggested a co-ordinated research programme, which should contain the following elements: clinical research, conceptual research, and fundamental research.

The difficulties faced by researchers in the clinical field were acknowledged. A parallel could be drawn with research in psychotherapy, a subject which had developed considerably over the last decade. Homeopathy, with fewer methodological problems than psychology, 'could benefit from the application of some of the techniques developed over recent years to cope with the complexities of the latter field. It is vital that inappropriate research methods are not applied to homeopathy in a Procrustean fashion'. In clinical trials of *chronic conditions*, the author saw an appropriate design as involving three groups, randomly allocated: (1) homeopathic treatment, involving the use of several remedies ('any temptation to simplify this process or to reduce it to a single remedy for the sake of methodological simplicity or scientific clarity must be resisted'); (2) homeopathic treatment with placebo

substituted for *all* remedies (must be all or nothing); and (3) allopathic treatment. He also advocated the use of *single case studies*: 'A method which has proved useful in psychotherapy research is the intensive single case study using multiple baseline assessment. A modification of the technique to include placebo control might well yield valid and interesting results'. In certain *acute conditions*, a traditional double-blind trial would be more feasible. The author suggested an approach which might strengthen the scientific validity of such studies. This involved a pilot study to identify different drug pictures; a questionnaire based on the characteristic indications to differentiate the remedies; and assessment by statistical cluster analysis. A further suggestion is the use of *experimental models* to achieve standardization of both the pathological condition and the remedy. One promising line would be the testing of the isopathic principle, which had already given quite convincing results.

Conceptual research was dealt with next. *Constitutional prescribing* would be amenable to scientific testing. Cluster analysis again would identify groups showing certain characteristics. A pilot study by the author had yielded positive results. Likewise, the *principle of similia* could be studied. The hypothesis that the more closely a patient's symptoms resembled the drug picture, the better the response, could be investigated statistically. This kind of study could be built into any clinical trial which used a questionnaire to identify groups.

Fundamental research is a crucial area: *potency assay* and the *physical characteristics* of the potency. The author considered the lack of a reliable experimental method as seriously hindering study of the former; and that sensitive measuring techniques would be needed for the latter. He made several suggestions. In conclusion, he hoped that the Blackie Research Fund would rectify the serious lack of funding in the past.

### Repertorizing

In this 14-page article on the repertory, Margaret Tyler and John Weir give guidance on the process of

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repertorization. The article was inspired by the many cries for help they received, with exhaustive lists of drugs and rubrics. The authors considered it little wonder that people got 'Repertory funk!'

The key to the enigma is the *grading of symptoms*. This largely reiterates what was outlined in the first article (*BHJ* 72 (3),130), but has further clarifications of procedure and many helpful suggestions. Symptoms are of two orders: (a) those *general to the patient as a whole* (Kent's 'Generals'), and (b) those *particular to some part of him* (Kent's 'Particulars').

The Generals have three grades of symptoms: Mentals, Reaction to environment, and Cravings and Aversions. As the mental symptoms are the most important in the case, the authors insisted that it was particularly important to master the Mind section and to make cross reference, eg *aversion to company* and *better alone* are not quite the same thing; or *worse in the dark* and *fear of darkness*, etc. Second in grade are the reactions to bodily environment. Once again, it is important to have the correct rubric; *better for open air* is definitely not the same as *desire for open air*. The authors insisted that the Repertory should not only be read, but used with brains and imagination! The third grade, cravings and aversions must not be merely likes and dislikes, but *longings* and *loathings*. It is important to remember that symptoms must be in equal type in the patient and in the drug. In taking the case, it will help to put poorly marked symptoms in brackets, and to underline the intensely marked. (Finally, in women, the Menstrual State, ie general *aggravation before, during* and *after the menses*, is next in importance).

The Particulars come next: 'You will have taken them down *first*, with the utmost care and detail, listening to his story and interrupting as little as possible; but you will consider them *last* (certainly in chronic cases)'. These are symptoms for which the patient says 'my' instead of 'I'. The Particulars may not only be quite different, but flatly contradictory, so it is imperative to *know what value to give to each*. Among the Particulars, the first-grade symptoms will always be anything peculiar or unexpected. They can be strongly suggestive of one medicine, especially in acute diseases eg, the stomach symptoms of *Phosphorus*. Besides Kent's Generals and Particulars, there are the common symptoms; those common to all cases of a certain disease, and so of little use. Uncommon symptoms eg, *absence of thirst* in fever, or *better from pressure* in inflammation, are much more valuable.

The authors conclude with a list of Dr Gibson Miller's hot and cold remedies; and six detailed case studies to show the method of working.

## Chronic disease: reconsideration of Hahnemann's views

This article is an attempt by Anne Clover to assess Hahnemann's ideas concerning disease, especially

chronic, in the light of contemporary psychotherapy; and to encourage fresh lines of study, especially of miasmatic theory.

Hahnemann embraced the early 19th century idea that an inner dynamism or vital force was directing man's overt behaviour. In discussion of the determinants of disease, he postulated a hierarchy of causes revealed in human activity. The highest consciousness, an 'autocracy' or 'reason-gifted mind' was the aspect of the vital dynamism which ruled the healthy organism: this expressed itself through individual experience of related sensation; and through gross organic function. The harmonious interaction of these aspects is health. Disease is a disruption that becomes a veil, hindering cooperation with the higher levels and resulting in overt dysfunction and pathology.

Clover commented: 'Such theories bear close comparison with ideas expressed in various ways by many contemporary schools of psychotherapy. The contrast is drawn in modern terms between action freely initiated in the moment, and programmed behaviour. The former is a linkage in a single act of the will to function, an understanding of the form of the action, its aesthetic appreciation and its physical expression. Such an action unifies the being energies in the moment of its performance. The contrast occurs when an emotionally conditioned response opposes the choice of the moment, with the result that an individual experiences conflict or disunity within his being and may show this as overt disease symptoms'.

In dealing with miasmatic theory, the author suggested: 'It is arguable that Hahnemann had insights into dynamic causes of disease that have subsequently become progressively obscured by an overemphasis on more material factors' and that 'some aspects of Hahnemannian theory may still be valid today and that it may well be as erroneous totally to reject them as to maintain an unquestioning repetition'.

Hahnemann's suggestion that overt syphilis, or the congenital trait, has its roots in processes from very early times is supported by an article by Hackett in the 1963 *WHO Bulletin*. He postulates that syphilis is a mutant of yaws or pinta, which are also developments of treponemes affecting very early forms of animal life. He suggests that an infection moves to man as yaws or pinta, and only later mutates to become syphilis. Clover then considered briefly the philosophical implications of the term 'itch', a term said by various philosophers to imply a process fundamental to the development of human consciousness: 'There are none so intelligent as the sufficiently irritated!' The biological spur inciting man to improved levels of hygiene and function made the final break from the lower animals. Entomologically 'lues' and 'louse' have been related to the word for light (another symbol for intelligence). The author states 'Similar ideas are frequently acknowledged in psychotherapeutic practice where the symptoms of disease, if used appropriately for research, can become a means of self-knowledge'.

Finally, Clover considered the role of nuclear and extra-nuclear determinants in relation to miasms. She refers to the biological changes in venereal infection, but also to the conditioning involved in venereal disease: 'Such imprinted data, it may be argued, are conveyed in the extra-nuclear cytoplasm, and their influence may be compared to the miasmatic factor referred to by Hahnemann. Most moral guilt states have connections with venereal diseases and may extend themselves to other apparently unrelated conditions'. The author concludes 'Whatever we decide about the particular theories put forward by Hahnemann, they may well serve as a provocation to us to delve far deeper in our search for hidden and perhaps distant roots of many of today's diseases. Hopefully such reflection will eventually lead us to more effective therapy'.

**Book review: '*Psyche and Substance. Essays on Homoeopathy in the Light of Jungian Philosophy*' by Edward Whitmont**

Whitmont had a practice in Analytical Psychology, and this book is a collection of the numerous talks and

articles by the author on the relations between this and homeopathy. There are three sections: Part 1 discusses the principles of homeopathy from analytical psychologist's point of view. Part 2 is about Homeopathic remedies and their Archetypal Forms. Part 3 is concerned with homeopathic practice and the Soul-Body relationship; with an approach to chronic disease. The author's homeopathy follows a strictly Hahnemannian approach.

The reviewer considered Whitmont's style to be deceptively simple and easy to read in spite of his immense erudition; but not so easy to retain because of the depth and complexity of the ideas, and the further perspectives which they indicate. The case for a parallel relationship between the two subjects is made but not stressed, leaving the reader free. The book is strongly recommended to homeopath and psychologist alike.