To Master a Discipline, We Have to Start from its Roots Upwards

Interview with André Saine, N.D., F.C.A.H.
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The following interview was recorded in January 1994 in Vienna by Liga members Drs. Friedrich Dellmour and Gerhard Willinger, who discussed some basic questions concerning Homeopathy with Dr. Saine on the occasion of his visit to Austria.

André Saine is a graduate of the National College of Naturopathic Medicine in Portland, Oregon and a Diplomat in the Homeopathic academy of Naturopathic Physicians. He has been teaching and lecturing on Homeopathy since 1985. One of the main points of his clinical work is the treatment of patients suffering from very serious chronic diseases. In addition to his private practice in Montreal, Canada, he has been the Dean and the main instructor for the postgraduate program of the Canadian Academy of Homeopathy since 1986.

Q: What made you decide to study homeopathy?

A.S.: In 1976, at the beginning of my studies, one of our professors, Dr. Joseph Bonyun, had at the end of his professional abbreviations the letters Hom. I asked him what they stood for and he gave a brief explanation and said: "If you want to know what it means, come to my office—I'm in practice on Tuesday and Thursday evenings and Saturdays." I went, and one of the first patients Dr. Bonyun saw that evening was a dermatologist about 45 years old who had eczema since early childhood. This patient was very skeptical and kept repeating that he did not believe in homeopathy but was willing to try it as two of his patients who had similar conditions had been successfully treated by Dr. Bonyun. This dermatologist had a history of having used all forms of ointment to suppress his own eruptions, and Dr. Bonyun gave him Zincum metallicum 10 M. Within a short time the dermatologist became covered with eczema and within six weeks experienced a great improvement. As soon as I discovered homeopathy I told myself: "This is what I want to study." Dr. Bonyun was a third-generation homeopath. His mother had graduated from Hahnemann Medical College in Philadelphia and his grandfather had been a homeopath in England.

Q: Who were the teachers who taught you homeopathy?

A.S.: Dr. Bonyun was the first one to encourage me to study homeopathy. During my internship we studied cases together. Then I studied with a number of teachers including Robin Murphy, Bill Gray, George Vithoulkas, Francisco Eizayaga and John Bastyr. Dr. Bastyr was a third-generation homeopath from Lippe. His teacher was C. P. Bryant (who had been, in 1939, president of the International Hahnemannian Association). C. P. Bryant had been taught by Walter James who had been one of Lippe's closest students. My real teachers, the ones from whom I learned the most, were the masters of the past. I discovered them by reading the old journals. In 1980, I went to the National College of Naturopathic Medicine in Portland, Oregon, to study homeopathy. There, I spent a lot of time in the library which contained over 2,000 volumes on homeopathy. They had a wonderful collection of old journals such as the Homœopathic Physician (Edited by Edmund J. Lee and Walter James, two of Lippe's closest students), the American Homœopathic Review (Edited by Carroll Dunham and P. P. Wells), the Hahnemannian Monthly (Edited by Adolph Lippe), the Medical Advance (Edited by H. C. Allen), the Proceedings of the International Hahnemannian Association, etc. These were the best of the classic journals of the 19th century assembled in one place. Whenever I had spare time I would find myself in the library reading these old journals. That is when I really woke up to it. The more I read the more I realized that what I was being taught in class and what was written in modern textbooks presented a completely different perspective

to the one I was reading in those old journals. Two different ways of proceeding, of practicing, one deductive, depleted of all scientific rigor, very often left to one's own fancies, while the other was essentially scientifically-based, inductive. The more I studied these old masters the more I realized that the modern homeopathic community had been almost completely cut off from its roots. The more I investigated, the more I realized that the real masters of homeopathy had been very few. Even though most of them had already been forgotten, we still had their writings to study from. If we want to master a discipline, any discipline, we have to start from its roots upwards.

Becoming familiar with the history of homeopathy has been crucial for me in developing a deep understanding of it. When we know our history, we can know where we come from, where we stand and where we need to go. In studying the history of homeopathy, I realized that every generation of homeopaths would argue over polemics long settled in the past. Is it not true that by not knowing our history we are condemning ourselves to relive it? In 1983, I decided to systematically review the homeopathic literature to retrieve the now long forgotten jewels. I reviewed the American, which is the most voluminous, the British, French, even some Spanish and Italian literature, as well as translations of the best German articles. I could not have received a better course of instruction in our time. I rediscovered the work of Hahnemann through the work and experience of practitioners who had understood it. I had found in this old literature my best teachers, and, of the old masters, the one who taught me the most was Adolph Lippe.

Q: Why Lippe in particular?

A.S.: First of all, because he wrote extensively. He was probably the one who wrote the most for the journals; in fifty years of practice he published about 500 articles. This means that Lippe would often write one or more articles per month and some of them were up to 20 pages long. But if the sheer volume of his output was extraordinary, so was the quality of his work. I do not think there has been anybody else in the homeopathic literature whose quality of writing equals that of Lippe as far as the demonstration of the principles of homeopathy goes. He was probably the most faithful follower of Hahnemann. In his work, over a period of fifty years, he confirmed what Hahnemann had found fifty years earlier; through his writings, he demonstrated the great truth of the law of similars and validated Hahnemann's teachings day after day in his practice. Nobody in the history of homeopathy came close to Lippe regarding success in treatment. Once, during a seminar, we reviewed the cases he lost during two years, 1878 and 1879. We found that he lost seven elderly patients who had come to him very late with chronic diseases like cancer or tuberculosis, but not a single patient in these two years had died from an acute disease—and this was absolutely remarkable in a period when there were epidemics of scarlet fever, typhoid and diphtheria. These epidemic diseases usually had a high mortality rate—often over forty percent for diphtheria. Sometimes malignant diphtheria would claim a death rate of 60-65 percent or even more. He was a phenomenal prescriber, second to none. In the city of Philadelphia, it was known that he had the largest and most successful medical practice of all—and that was the city where Hering also lived and practiced. He was in a class by himself and known to be so also during his lifetime. Now when we look at Hahnemann's and Bœnninghausen's case-books, we can further understand why Lippe was considered "the best prescriber that our school has ever known." Lippe seemed to have applied himself in the practice of homeopathy better than Hahnemann himself.

Q: There are many homeopathic schools and methods. Once you compared this development to a sequoia tree. Could you explain this in more detail?

A.S.: The sequoia is a tree that can grow very old, up to three thousand years, its base is very large, with the trunk growing thinner towards the top. Now, I compare this base to

Hahnemann's teachings: we progress in our science, we add new knowledge to what is already there, but the bulk of knowledge is already acquired, the broad base is there. This trunk is as solid as life can be. It represents the practice of pure homeopathy. The trunk grows only by adding a new layer on the outside. The core never changes. Similarly, pure homeopathy is based on a law which is immutable. There are branches which also grow from the trunk—without a trunk, there can be no off-shoots of homeopathy.

In a sequoia the branches never live as long as the trunk—the lower branches fall off and die and the new branches come out at the top. I compare these branches to the various "offshoots" or "parasites"—of homeopathy: Lux isopathy, Griesselich low dilutions and specific medicines, Hughes pathological prescribing and physiologic materia medica, the polypharmacists, the complexists, the alternists, the organopathists, the eclectics, Schuesslerism, Kent's Swedengorgism and synthetic materia medica. Later we had Bach bowellism and flowerism, today we have the electrodiagnosticians, the materia medica fantasists and futurists, the grand elaboration of miasmatic follies, the very high dilutions only, and even the supra Kentian Catholicism. All of these and more are departures from the strict inductive method of Hahnemann. But like new branches at the top of the sequoia they attract many, and many become overly enthusiastic with these new approaches. It reminds us of the famous admonition of Trousseau: "Treat as many patients as possible with the new remedies [with these off-shoots] while they still have the power to heal." As the tree continues to grow, these branches fall off and die to be eventually replaced by new ones. What remains always vital is the trunk, the foundation of homeopathy based on the strict inductive method of Hahnemann. That lasts, and will continue to grow forever. Too many have forgotten the admonition that Hering wrote in his last published article: "If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine." At times, we have a feeling that there is almost a competition for who will be the most original, and inadvertently become the best caricature. Sorry fellows! There are other fields than medicine to clown around in.

Q: Who were the homeopaths who really followed—and follow—Hahnemann, in history and at the present time?

A.S.: Of course we know only about the ones that have left writings. I have made a very careful study of the history and literature of homeopathy, and especially, of course, the American "chapter" of the homeopathic history, and I have come to the conclusion that there were very, very few people who ever really mastered homeopathy. If you look at Hahnemann himself, he was a scientist, an experimenter, he made a phenomenal contribution to medicine, but as a practitioner, as can be seen in his casebooks, he was not able to fulfill the whole promise of homeopathy. This may have been due to his experimenting so much. But if we look at the people who really applied the teachings of Hahnemann, better than Hahnemann did himself, they achieved phenomenal results. They were the ones who truly mastered the clinical aspects of homeopathy. Lippe, of course, is once again the best example. Hering was probably the one who was second to Hahnemann in terms of the personal delight he took in developing homeopathy; he participated in at least 106 provings, only ten less than Hahnemann. He was not the first homeopath in America, but with William Wesselhoeft he was one of the founding fathers of the American school of homeopathy. When he died in 1880, Lippe wrote in his memorial to Hering that the American school of homeopathy had loss their father.

Beside Adolph Lippe from that school emerged people such as P. P. Wells, Joslin, Carroll Dunham, Edward Bayard, H. N. Guernsey, Constantine Lippe (Adolph's son), Nash, E. W. Berridge, H. C. Allen, Earnest and Harvey Farrington (father and son), Yingling, etc. Very few people in the history of homeopathy have really mastered homeopathy and very few have understood the teachings of Hahnemann—so the real potential of homeopathy has very seldom been fully realized. The people whose names I just mentioned were part of

the golden age of American homeopathy. In Europe, we had Bœnninghausen, Nuñez and Jahr who understood homeopathy very well and also Thomas Skinner (a student of Berridge) David Wilson in England. Later on, there was a resurrection of good homeopathy through Pierre Schmidt, who came to America to be trained by two students of Kent, Frederica Gladwin and Alonzo Eugene Austin. He went back to Europe and inspired a whole generation of homeopaths throughout the world. Many of the more recent leaders in homeopathy have been direct students of Pierre Schmidt such as Jacques Baur, Jost Künzli, Jacques Imberechts, Robert Bourgarit, Horst Barthel, Will Kunkler, Tomas Paschero, D. Harish Chand, etc. His influence has spread beyond Europe, to the Americas and to India. In North America, Elizabeth Wright-Hubbard, F.K. Bellokossy and Roger Schmidt (Pierre's brother) were also students of Pierre Schmidt. We also have to remember that Pierre Schmidt was the founding father of the Liga in 1926. Still, I repeat that very few people have really mastered homeopathy. Lippe was one of the few who mastered it from a clinical point of view. He did a few provings too, of course—but mainly, he practiced homeopathy according to Hahnemann's teachings to the point where you can say that he really mastered the subject of clinical homeopathy. Hering was a master who combined theory and practice of homeopathy as much as possible, and so did Bœnninghausen, though to a lesser degree. The American school of homeopathy left, in the twentieth century, the International Hahnemannian Association created through the labor of Adolph Lippe; it was Lippe's "offspring." It was the famous speech of Carroll Dunham in 1870 which eventually opened the door to physicians of any school regardless of whether they practiced homeopathy or not, to join the American Institute of Homœopathy. Lippe called to the Hahnemannians to found a new association to preserve pure homeopathy. Ten years later, just prior to Hering's death in 1880, the International Hahnemannian Association was founded. From 1881 until 1959 these Hahnemannians met every year for 3-4 days to discuss papers which where later published as Proceedings of the International Hahnemannian Association. This Association played a crucial role in assembling the Hahnemannians and in providing new momentum to the practice and spread of pure homeopathy. If it hadn't been for Lippe who for fifty years labored in the practice and defense of pure homeopathy, the American school would have likely died, and if it had, there would have been no Pierre Schmidt. In my opinion, in that case pure homeopathy would have disappeared entirely. In the same way, if Hahnemann had never existed, homeopathy would likely never have been discovered. What Hahnemann did and discovered was so unique, so extraordinary. And if it had not been for Lippe, his teachings would have been lost, not only in America but all over the world. This is my opinion, but there is a lot of evidence in the homeopathic literature to support it.

It is interesting to trace the history of homeopathy in Europe from Hahnemann forward. It was a downhill development on the whole, even though there were some pockets in almost every European country where we could find good quality homeopathy. In America there was as well, thanks to Hering and Wesselhoeft who founded a very high quality school. As the demand for homeopathic physicians increased, more schools were eventually developed. We can say as a general rule that the greater the number of schools, the worse was the education, to the point where few graduates were able to practice homeopathy successfully. So you see the survival of pure homeopathy has been very precarious: less than two percent of graduates could practice pure homeopathy. And this was so because they did not understand it, due to the poor quality of education.

Q: What do you think were the reasons for the decline of homeopathy in America and all over the rest of the world over the last 100 years?

A.S.: I have followed the evolution of homeopathy very carefully and I can tell you when the "downward" movement started specifically in America. We can date its beginning in 1845 with Julius Hempel's first translation of Hahnemann's works. His mistranslation and interpretations of Hahnemann's texts, as well as his general teachings, led to confusion and he was responsible for introducing into homeopathy a more reductionist and

allopathic way of thinking. That was where it started, but that movement was not very strong until 1870, when Carroll Dunham made his famous speech before the American Institute of Homœopathy called "Liberty of Medical Opinion and Action: a Vital Necessity and a Great Responsibility." In fact this speech provided license to the pseudo-homeopaths to practice their eclecticism. Four years later in 1874, the word homeopathy was stricken off as a requirement for membership in the American Institute of Homœopathy. Dunham's original motive was perhaps noble but later shown to be naïve. He said, "let them practice as they judge best, and in the long term they will be convinced that pure homœopathy is the only way to practice." Lippe in answer to Dunham's speech asked whether the homeopaths should be governed by principles or by opinion like the allopaths. He said because similia similibus curantur is a law, we do not have the freedom to practice contrarily to the law if we call ourselves homeopaths.

What eventually happened was that the pseudo-homeopaths had greater freedom to call homeopathy what they practiced, taught and wrote about. As predicted by Lippe it weakened the societies and the colleges. The survival of pure homeopathy was in danger. The decline continued further. Take for example in 1885 when T. F. Allen, then President of the American Institute of Homœopathy and Dean of a New York Homœopathic Medical College, said that there had been no proof of the power of infinitesimal, it was but dogma. Now the majority of members of the American Institute of Homœopathy who were pseudo-homeopaths were just one step short of joining the "regulars": the allopaths. In the societies and the colleges, the fundamental principles of homeopathy were not even taught. The quality of education in the colleges in North America went way down. It was now but a question of time for the decline and disappearance of its institutions. Homeopathy had become very popular in North America during its early years due to its amazing successes obtained by the "old guard" during the epidemics—epidemics of diphtheria, scarlet fever, cholera, malaria, yellow fever—especially yellow fever; the death rate for that was 55% when allopathic treatment was used, but less than 5% in cases with homeopathic treatment; and it was the same for cholera. It is here with the "old guard" that homeopathy obtained its golden letters. So homeopathy became very popular, with the public as well as with the politicians. For a physician, it was often better to be known to be practicing homeopathy than allopathy. In 1880's there were about fifteen different homeopathic colleges with more being founded as the demand for homeopathic doctors rose. But very few physicians were trained in pure homeopathy and able to practice it properly. So most of them practiced "mixed" homeopathy with allopathy. So when we hear that at the turn of the century, there were 15,000 homeopaths in the United States, this simply is not true; there were probably less than two hundred trying to practice pure homeopathy. The rest were "mixers" or physicians who had degrees from homeopathic colleges, but did not attempt to practice pure homeopathy. Such a degree did not mean that you had been trained in homeopathy. Just to give you an example: Nash, whom we all admire for his "Leaders" said that when he attended the Western College of Homœopathic Medicine in Cleveland during the 1860's, not only had he never read the Organon, but he had never heard of its existence. By 1880 there were about 6000 homeopathic practitioners in America, of which 4800 were graduates from homeopathic colleges. Do you know how many copies of the Organon had been sold by that time since the first American edition of the Organon had been published in 1836? About 600 copies had been sold—total! Moreover, quite a large number of these Organons had been bought by laymen, because physicians like Lippe had their patients read the Organon. So you could say that less than ten percent of the graduates of homeopathic medical schools owned a copy of the Organon! Many of them had never even heard of it. The real problem, of course, was one of education.

You see, homeopathy becomes an extremely difficult science to learn and practice successfully when rigor in teaching it is missing. During a meeting on homeopathic education, I was once sitting at a table with about twelve other physicians, most of them had also specialized in various fields. As far as I remember there were two psychiatrists, one neurologist, one cardiologist, two internists and one radiologist—they all had done

long years of study in difficult and demanding fields, but all of them said that their attempt to learn homeopathy had definitely been the most difficult. Yet none of them had gone through a training that would have taught them homeopathy like they had for learning their specialty, from A to Z. For their homeopathic training they all had to collect bits and pieces, here and there. And that has always been the problem—the lack of good quality education in homeopathy. And why? Because we do not have people who have mastered the subject enough to teach it well. There was no lack of institutions in America, but how could one expect to receive adequate education if none of the teachers themselves had mastered their discipline? We have to start somewhere. Otherwise we are dealing with a vicious cycle, a downward spiral. This has always been the problem in the history of homeopathy. Few people mastered the subject sufficiently to teach it so that the graduates would be able to apply the principles of homeopathy successfully. At the same time, impostors such as Hempel took up chairs of instruction, so that the blind was leading the blind. Today, it is not too different. History is only repeating itself.

Q: In your opinion, what should a systematic homeopathic training include?

A.S.: Ideally, it would be a training where a student would, prior to entering medical school, receive a broad general education in the liberal arts and sciences, and especially a very solid foundation in philosophy. Hahnemann referred to this subject in an article called the Medical Observer published in the second edition of his Materia Medica Pura. In this article he mentions that good judgment and the capacity to observe accurately are not innate faculties but must be acquired through proper education and training. He mentions that the study of the classic Latin and Greek authors is essential in order to develop these faculties. Similarly, Hering taught his students at the Allentown Academy that we physicians could learn as much from Socrates as from Hippocrates on how to examine the patient. Incidentally Hippocrates said that the most difficult aspect of medical practice is judgment. It is not different today. The study of liberal arts and sciences with a strong foundation in philosophy is essential to prepare the future physician to develop good judgement by promoting an openness of mind and critical and sound reasoning, a sense of history and the capacity to describe one's perceptions accurately so as to be able to proceed with care and intelligence. Once in medicine, the student should be presented with a philosophy of medicine encouraging him or her to develop a general and critical understanding of the study and practice of medicine.

The study of medicine should have three major goals: first, to train doctors to become excellent diagnosticians. Not only to be able to recognize the pathological process, but to recognize the phenomenon of disease globally and from its beginning. To be able to investigate not only all the symptoms but all the circumstances, factors, influences and causes involved. To be able to constantly individualize. To achieve this goal, the student of medicine must study the basic biological sciences—anatomy, physiology, histology, etc.—with a special emphasis on microbiology, genetics, hygiene and psychology, always with the perspective of the whole, thus permitting a global understanding of human nature and the dynamic relationship of man with his environment, followed by the study of pathology, the study of signs and symptoms, differential diagnoses, diligent and thorough case taking and physical examination. Only then would the science of diagnostics takes its full value. By becoming a good diagnostician, thus by being able to recognize the fundamental causes of disease, the physician would then be able to achieve the second goal, which would be to eliminate the process of disease at its origin and teach the patient how to live a life that is conducive to good health. The third goal would be to assure that the doctor receives all the necessary training permitting him to master therapeutics and, above all, homeopathy, the science of therapeutics. Starting in the first year of medical school, the students would learn the philosophy of homeopathy, the repertory, materia medica of the acute remedies, acute prescribing and first-aid. Also they would start to observe experienced and skilled clinicians at work. In the second year, they would complete what had not been covered in first year and start the study of chronic prescribing and its materia medica. In the clinic, they would participate in case-

taking and examination of the patient under supervision. In the third year, they would continue their study in chronic prescribing and at the clinic, would start to manage cases under supervision. In the fourth year, they would complement their training of homeopathy by studying its application in the various fields such as pediatrics, gynecology, obstetrics, neurology, psychiatry, cardiology, etc. By this time, the graduates in medicine would have done about 2,400 hours of didactic training and 2,400 hours of clinical training. One could then choose to spend one or more years in residency. There they would work on special training with perhaps the more experienced and skilled practitioners in our profession, continuing their study, perfecting their clinical skills and doing research. Afterwards, the recent graduates would be asked to return to receive 50-100 hours of continuing education for the following 4-5 years. There are subjects in homeopathy that can be tackled only after a few years of practice. There should also be a possibility for recent graduates to bring their more difficult cases to their teachers, maybe to a college clinic with fixed hours for this purpose, where they could watch the more experienced homeopaths work on those cases; this is the way they will become experts. This would be the final step in their training where the expertise would be transmitted from the masters to the more advanced students. In the field of therapeutics, complementary care to homeopathy would be learned in parallel, such as psychotherapy, hydrotherapy, physical medicine, etc. Then we would have a well rounded physician who would be prepared to deal with the most difficult acute or chronic cases, a physician trained in truly classical medicine. After such training and about five to ten years of practice they would have had all the opportunities to master their discipline. Unfortunately, to my knowledge, this form of training has never been offered and that is the main reason why so few people have ever really mastered homeopathy. The closest we have come to this was when Lippe took charge of the Homœopathic Medical College of Pennsylvania in the mid 1860's. He made sure that the entire faculty shared the same understanding of homeopathy and provided a unified training. On the faculty, beside Lippe, there was Hering and Guernsey. When we look at the list of graduates from those years we find an unprecedented list of names such as Constantine Lippe, E. A. Farrington, T. L Bradford, E. W. Berridge and Walter James, all of which contributed in major ways to the profession. One day, very soon I hope, we will be able to provide an adequate system of education to our students.

Q: What are the requirements for a really first-class homeopathic physician, what kind of a person should he (or she) be?

A.S.: The first requirement is a balanced personality. If this is lacking, the way such a person approaches his studies, the way he applies medicine, the way he treats his patients, would reflect his imbalance. Balance is health, especially emotional health. Otherwise, it could be a very difficult experience for both the doctor and the patient. Also, a good knowledge of self is essential—the more a physician has this knowledge of self, the more he or she will be able to progress in mastering homeopathy, the fewer mistakes he or she will make, the less of his or her own ego will intrude. Medicine is an art and science that was designed to help people. It is a service from one human being to another; many seem to have lost the true purpose of medicine, which is not to serve physicians or enrich drug companies. It is essentially a service for humanity. The physician, as a scientist, must approach the practice of medicine with great humility—he or she must have a sound education, self-knowledge; he or she must always be eager to search, to learn about nature. The word "physician" is derived from the Greek word "phusis" which means nature, thus the physician is the one who seeks to understand nature, its principles and laws and how to apply them in health and disease. Two basic requirements are mandatory: openness to observe, and at the same time the capacity to be critical of the observer and the observed. Like Hahnemann said, doubt your own power of apprehension. So, in answer to your question, I would say that the basic requirements to becoming a good homeopathic physician would be a person who has great self-knowledge, sound health and who approaches medicine and homeopathy with humility and objectivity. If we physicians let our ego and prejudices interfere, our

capacity to observe nature as it is and to apply its principles will be biased. And that retards our progress in the science of homeopathy.

Q: What is the correct attitude of a homeopathic physician towards a patient, what should be his state of mind?

A.S.: As physicians, we must have compassion. If we have no compassion, we will never be really good physicians. If we practice our art mainly to make money, we should go into business—it is much easier. So the first essential is compassion—we treat the other as we would wish to be treated. The patient is the "king" or "queen" in our office. We are there for them, not the other way around. That is the basic attitude. Our ego should not stand between us and our patients, as Hahnemann said to come out of ourselves, so to speak. While our heart and intelligence should be unreservedly at the patient's disposal, a good bedside manner is an art which is quite essential for the successful practice of medicine. Also, we should be constantly willing to learn from our patients. We should always remember that each patient we see contributes to our training. Each patient is an individual, presenting an unique phenomenon of nature, who is also there to teach us. The practice of pure homeopathy is one of the greatest teachers there is, because, in trying to constantly apply a law of nature, erring, cheating, pretending or being lazy can only lead to failure as the right way requires a great deal of precision. If we let prejudice interfere between us and our observation, our perception of natural phenomena will be distorted and we will no longer be able to observe nature as it is. This is the main reason for our failures in practicing homeopathy. Therefore, every time our perception of reality is distorted or we make an error in judgment, failure will result and unfortunately in the worst cases it may be a "fatal error," an expression often used by Lippe to describe any deviation from pure homeopathy. Indeed people will die from our failure to correctly apply and abide by the law of similars. Therefore, in homeopathy, if we are unable to be objective, if we have a tendency to be prejudiced, to form opinions, fancies, conclusions, explanations and extrapolations, our thoughts prevent us from perceiving reality accurately. Thus, it is not surprising that we are not able to realize the promised results of homeopathy. For some reason we all have this tendency to imagine what we do not know, instead of seeking true knowledge. We cannot cheat nature and that is why there must be sound training, why students must be taught the right way, i.e., how to obtain superb results by following the law as it is. Pierre Schmidt used to say that homeopathy provides many great satisfactions in life. First, because it is a challenge for the mind. Second, it is a joy for the heart, because we help people that are suffering. And third, it is a very decent way to make a living for ourselves and our families. I would like to add a fourth, i.e., homeopathy is also a great teacher, perhaps the greatest there is, because it teaches us to apply a law of nature. We are constantly being corrected by nature. The symptoms of the patient are the language of nature, they are telling us physicians what we need to know. If our perceptions are misleading so will be our actions, therefore compromising the quick recovery of the patient. So we will have to correct ourselves constantly, redirect our navigation at the first sign of erring, so that we keep sailing in the right direction. If we are acutely keen on learning while practicing homeopathy, we will become wiser by constantly trying to conform to nature. Wisdom, in essence, is this constant search for the right or just way.

Q: What is the best way to study materia medica?

A.S.: First, we should study only the reliable sources. Hahnemann lead the way titling his first major work on materia medica, Materia Medica Pura. Pura because the materia medica has to be based on true observations only, pure from opinion, conjecture or fancy. Now, the materia medica must first of all be based on provings including cases of poisoning; to this are added the cured symptoms which are the verification of the provings. There you have the basis of the pure materia medica of Hahnemann. As the materia medica eventually became voluminous, it became necessary to approach it in a

systematic way, otherwise it would be absolutely overwhelming. Various teachers of materia medica have approached this subject, often in completely opposite ways. The best method to my knowledge, is the diagnostic method of Hering as he taught it to the students of the Allentown Academy in the 1830's. Essentially, we can approach the materia medica in the same way as you would approach any other natural science, such as geology, botany, zoology or entomology in which everything is classified by comparison. How long do you think it would take an experienced entomologist to classify a newly discovered insect? Just seconds—by comparing, differentiating and classifying the characteristics of this new specimen. In studying the materia medica with the diagnostic method we would start with one remedy, one of the most often prescribed ones, reading from reliable sources as much we can about it. We would start with the proving, which should be studied very carefully, then compliment this with the clinical experience of reliable prescribers, and lastly with cured cases. Then we take another often prescribed remedy that is the closest to the one previously studied and compare and differentiate the two. We do the same with a third one and so on. We could do a series of twelve remedies most often used in acute cases and then another twelve remedies most often used in chronic cases. In such a way the practitioner would know very well a limited number of remedies and would immediately be able to recognize one of them when indicated, or when it is not one of them. Nash, in his monograph on Sulphur, wrote that "one remedy well studied is better than several not half understood." In practice, when choosing the most similar remedy, you often have to differentiate between three or four remedies. Usually, two or three of these are among the most often used remedies.

Q: Could you name a few examples?

A.S.: For remedies most often used in acute cases, one could start with Belladonna, followed by Aconitum, Bryonia, Rhus toxicodendron, Arsenicum album, Apis mellifica, Hepar sulphur, Ferrum phosphoricum, Gelsemium, Nux vomica, Ignatia amara, Chamomilla. For remedies most often used in chronic cases, Lippe recommended his students to start with Lycopodium—which is a very good remedy to start with because it presents a very characteristic picture—and then we could go on to compare Pulsatilla with Lycopodium; then study Sepia and compare to the first two, because they are very close in some aspects. And then you study Natrum muriaticum, Phosphorus, Sulphur, Lachesis, Calcarea carbonica, Silica, Staphysagria, Aurum metallicum, Platina, and so on, one after the other, always comparing their similarities and differences not only with each other, but with other remedies sharing similar symptoms, constantly comparing and individualizing. This is the meaning of diagnosis, to know through distinction, differentiation. The plan of such lectures on materia medica would be similar to Farrington's Clinical Materia Medica. With this method, the more remedies we study, the less time we will need to study further ones. Lippe once said that all those who had really mastered our materia medica had studied according to this method—the diagnostic method of Hering. In my own experience, I have found that the best way to prepare a lecture of materia medica is, first of all, to read the original wording from the proving, if possible, especially if it is there in chronological order. This is often possible in the case of provings that took place in America. We get exact information as to what occurred, at which hour of the day, so that we can follow the evolution of the symptoms. Of course we do not always get this. Most materia medica follows the plan of Hahnemann by emphasizing the anatomical rather than the chronological arrangement. Regardless, it is still very important to study the original symptoms of the proving to obtain an appreciation of the primitive symptom picture. This is absolutely basic for a serious study of the materia medica. A well conducted proving with sensitive provers will bring out the most characteristic symptoms, its "genius." And that is what is important. When reading a remedy we seek to perceive its genius, its nature, what is most characteristic, peculiar, what identifies it. Generally, Hahnemann would give a taste of the genius of a remedy in his introduction to it, or by emphasizing in bold the most striking symptoms. After reading the proving, I read the clinical confirmations from reliable—this is important!

reliable—authors and then I usually discover a lot more about it.

Q: Can you give us an example?

A.S.: Not all characteristic symptoms will necessarily be discovered during a proving. Take for example the symptom of vomiting as soon as what has been ingested becomes warm in the stomach. This symptom is not to be found in the Materia Medica Pura or in the Chronic Diseases; so where does it come from? It comes from Lippe who observed it in a patient and reported it. Since has been often confirmed and has become a guiding symptom. As we investigate further, each drug picture will evolve and become more complete with further proving and by adding the clinical experience of its application. This is the idea behind Hering's Guiding Symptoms, a materia medica based on the verification of the provings as they were found in the sick. In the provings we will find the more pure and primitive symptoms which tends to be the more functional, the symptoms of the beginning of disease, while in the sick we will find also the later stage of the disease, the more organic symptoms. So, when I prepare a lecture on materia medica, I start with Hahnemann or the original proving, then I follow this with Allen's Encyclopædia of Pure Materia Medica, then with Hering's Guiding Symptoms, then I read the reliable authors—Lippe, Guernsey, Nash, Dunham, Earnest Farrington, etc., then I will finish with more modern authors such as the Pulfords (father and son) and Harvey Farrington (Earnest's son). Finally, I gather all the cases I can find from reliable observers and from my own practice to complement and illustrate the lecture. Now we have something juicy. This is the very best way I have found to study the materia medica.

Q: Was that list of reliable works on materia medica which you just gave us a comprehensive one, or are there more to be added?

A.S.: I should say that a comprehensive list would include Hahnemann, Lippe, Guernsey, Nash, Allen, Hering, Farrington. Although, with the father, Earnest, we have to be very careful, we have to exclude all the physiological aspects. He was wrong there. In the twentieth century, there are not too many authors that are reliable. William Boericke was not necessarily the best homeopath but he was well read and what he wrote was reliable but very limited. Clark was also well read. His Dictionary is good for its first section called "Characteristics" which can be used as an introduction to a remedy. The anecdotes related here often create lively images, facilitating the characterization of a remedy. The rest of his materia medica is not that valuable. The Pulfords—father and son—practiced in Ohio for a period of about eighty years. They were very good homeopaths and their materia medica is very reliable. Harvey Farrington was one of the last of the very reliable teachers of materia medica. His lectures are very valuable. Pierre Schmidt was also very reliable. He did not use much of his own clinical experience to add to the materia medica, but he added to the materia medica from his readings. He had a very good library and he was able to draw on reliable material, while the Pulfords and Harvey Farrington were able to draw more from their experience. Herbert Roberts also makes interesting reading, he had a lot of experience and he was a good observer. Boger would be in the same league.

Q: What about Kent?

A.S.: Oh! A lot of what he wrote is not at all reliable, but even experts often do not know this. For instance, all his synthetic remedies are not at all reliable in my estimation.

Q. Could you please explain what synthetic remedies are?

A.S.: Synthetic remedies are the ones like Alumina silicata, Aurum arsenicum, Aurum iodatum, Aurum sulphuricum, etc. You take two known remedies, you look at their

separate provings and then you say: "What would happen if these were combined?" With the synthetic remedies, we will notice that Kent usually begins with something like "the symptoms of this remedy present themselves in the morning, forenoon, afternoon, evening, during the night and after midnight"; then you take the next remedy and you find worse "in the morning, forenoon, afternoon and night" and so on! There is absolutely no credibility to these supposed provings. Kent was likely not too impressed by paragraph 144 of the Organon where Hahnemann says that "all conjecture, everything merely asserted or entirely fabricated, must be completely excluded from such a materia medica: everything must be the pure language of nature carefully and honestly interrogated." Kent had been publishing his synthetic remedies in an obscure journal called the Critique of which he was an associate editor. In his editorial of December 1907, he promised for the coming year twelve new remedies, one for each number of the journal. He did so until June 1908 when he was severely criticized by H. C. Allen and W. P. Waring. Both were members of the International Hahnemannian Association and like Kent were involved in homeopathic education in Chicago. After this criticism, which Kent didn't defend, he never again published another synthetic remedy not even the ones he had promised. He continued to contribute to the Critique but not with materia medica. When he published the second edition of his Lectures on Homeopathic Materia Medica in 1911, he did not include any synthetic remedies which had been published between 1904 and 1908 (the first edition of his Lectures on Materia Medica had been published in 1905). On this point, Hahnemann made it very clear in the first paragraph of the Genius of the Homœopathic Healing-Art, published in every edition oh his Materia Medica Pura and which he considered one of his most important articles. Here he says that it would be senseless to combat disease with imaginary properties of medicine.

Read Interview with Dr. André Saine - Part Two -

How to Become a Homeopath

Interview with André Saine, N.D., F.C.A.H.

PART TWO

Nowadays, you are more likely to be misled than to be "led" because there is no great master of materia medica today. Self-styled "masters" are quite common, they often have a large following of devoted disciples, but mostly, it's a case of the blind leading the blind.

André Saine is a graduate of the National College of Naturopathic Medicine in Portland, Oregon and a Diplomat in the Homeopathic academy of Naturopathic Physicians. He has been teaching and lecturing on Homeopathy since 1985. One of the main points of his clinical work is the treatment of patients suffering from very serious chronic diseases. In addition to his private practice in Montreal, Canada, he has been the Dean and the main instructor for the postgraduate program of the Canadian Academy of Homeopathy since 1986.

Q: Which are the best works on materia medica for a beginner?

A.S.: That is a complex question to answer because the field of materia medica is a very vast one. There are two points that must be considered in your question. The first point relates to quality and the second to accessibility of the work. For beginners, the most important criterion for quality of a materia medica is the reliability of the author. The best works on materia medica are not necessarily easily accessible to the beginner. If I was to tell a beginner to start with Hahnemann without further instructions, I might not be giving him the best advice. Of course, for reliability, Hahnemann is by far the best but there is a great risk the beginner will be overwhelmed by the sheer volume of Hahnemann's works on materia medica. Take for instance Sulphur, in Hahnemann's Chronic Diseases. It has over 1900 symptoms. Without further instructions on how to use

these books, the beginner may feel hopeless. It's no use just to recommend a book to a student—he has to be taught how to use it. He has to learn how to study and use Hahnemann's Chronic Diseases, Hering's Guiding Symptoms or Allen's Encyclopædia of Pure Materia Medica. He ought to know how these works were developed and how they were meant to be used. To return to your question: for somebody who has never studied materia medica, who knows nothing about it and wishes to begin, I would first recommend Nash's Leaders, as a quaint and pleasant introduction to the materia medica. Another book along the same lines would be Margaret Tyler's Homœopathic Drug Pictures. It is simple, reliable, full of interesting anecdotes and contains many quotations from reliable authors: Hahnemann, Lippe, Hering, Nash, Kent, etc.; it's a simplified approach to our vast materia medica. Along the same lines, I could also recommend two other books in which the authors have used more modern expressions of language, viz. Gibson's Studies of Homeopathic Remedies and Harvey Farrington's Homeopathy and Homeopathic Prescribing. So these are the four books I would recommend to the beginner as easily accessible and reliable. Later on, in order to progress further, the serious student of homeopathy has to be taught how to use the major works.

Q: Many homeopaths have tried to arrange and summarize the symptoms of certain remedies to make those remedies easier to comprehend. What is your opinion of such "drug pictures"?

A.S.: Well, there is certain danger in that and it is necessary to be very careful. If you have a drug picture, there is always a danger of taking one aspect of the remedy and generalizing, saying "This is the remedy." Or you may be completely wrong in your picture and thus be unfaithful to reality. Whenever anybody says to you: "This is the nature of the remedy, this is the picture of the remedy"—take it with a grain of salt. It could be totally unreliable and lead the student astray for years to come. There is a great danger in generalizing. The key is whether the one that is generalizing is basing the generalization on a close study of the provings supplemented with extensive clinical experience. I have not much quarrel with Hahnemann when he says not to prescribe Nux vomica if the patient is mild and phlegmatic or Aconitum if the patient is calm and undisturbed, as long as the student clearly understands that there are exceptions to these generalizations. These generalizations depicting the nature of the remedy or the state of the patient needing this remedy are usually very helpful to the beginner for perceiving with greater ease the remedy. Unfortunately not everyone who is teaching materia medica and generalizing has made a close study of the provings, is a reliable observer and has had extensive clinical experience. The danger of making false interpretations and creating false images is enormous. These generalizations are not much of a problem as long as the student understands that a close study of the proving is always the best way and the last word on deciding the degree of similarity—not someone's opinion, regardless his name.

I have no quarrels with P. P. Wells when he says that Belladonna is characterized by violence in the function of the mind or body. Here is a very reliable author with extensive clinical experience who has studied the provings closely. This type of generalization is very attractive to the student of materia medica and we can easily appreciate how misleading it can become if the author is not reliable, which is the rule rather than the exception today. Nowadays, you are more likely to be misled than to be properly led, as anyone can easily advertise themselves as masters of the materia medica. Self-styled "masters" are quite common, they often have a large following of devoted disciples, but mostly, it's a case of the blind leading the blind. I know some physicians who have followed such teachers as one would follow a guru—some of them have spent as much as ten years prescribing on false images before waking up, and even now, they find it difficult to get rid of these ideas. At times, when they refer cases to me—of course, cases in which they have failed—what I hear most often from them is "Why didn't I see this remedy? How did I come to miss it?" The answer is simple. They do not follow the basic blueprint of Hahnemann, which is first to take a complete case. Once this is done

properly, even a beginner would be able to find the remedy because we have a pure description of the morbid phenomenon. Otherwise, with an incomplete case or a case full of misleading interpretations, even an expert would not be able to find the correct remedy. The second step is to analyze the case so to find among the totality of the symptoms the most characteristic, peculiar and striking ones. The totality of these characteristic symptoms forms what Guernsey called the genius of the disease. Similarly, when we study the materia medica we will try to identify in a remedy it's genius, what constitutes its identity or individuality, what distinguishes it from all others. In studying a case, we would compare the genius of the disease to the genius of the remedy. This is the basic method. If we take a case and we are carried away by our prejudices and carelessly interpreting what the patient is saying, then we are not paying attention to the pure language of nature, and as Hahnemann puts it "carefully and honestly" interrogating. Then when we come to the analysis of the case and we superimpose all our interpretations of the remedies, we are no longer following Hahnemann's blueprint but rather practicing something that cannot be called the science of homeopathy anymore, it is closer to esoterism. The more we crystallize the remedy picture the less we will be able to recognize all its many different clinical presentations. The more we narrowly conclude about a remedy picture the more likely we will have distorted reality to the point of not being able to recognize its indication, even though very clear for an unbiased prescriber.

Of all the great many additions to the repertory, I find that ninety percent of the ones I confirm daily in practice are from Hahnemann. Ten percent are from all the other authors, and the bulk of these are from Allen's Encyclopædia and Hering's Guiding Symptoms. It does not say much for all these modern authors, except almost complete unreliability. You see, if we want reliable information, we have to start with Hahnemann—and then move on to Lippe. Lippe took Hahnemann's writings, just as he found it, applied it to the letter and then published his confirmation of it. He had fifty years of experience to sustain what he says. After reading Lippe, we can go back to Hahnemann to better comprehend him. Lippe was—and is still—the best teacher to better understand Hahnemann's work, especially regarding the clinical aspects of homeopathy. Lippe's writings are powerful, attractive, intelligent, logical, clear, profound, critical and to the point. Hering is also very reliable. He gives us a broad perspective and like Hahnemann had an investigative mind. Then, there is Dunham. Every homeopathic physician ought to read Carroll Dunham's Homœopathy, The Science of Therapeutics. It's a gem, containing some of the best and most clear writing in the history of homeopathy. He tackles difficult subjects like the place of therapeutics in relation to hygiene, or the primary and secondary symptoms of drugs, the alternation of remedies, the use of high potencies, the question of dose, the relation of pathology to therapeutics, etc. He wrote about these subjects because there was a need to clarify aspects of homeopathy which were confusing in Hahnemann's writings. Dunham's writing is very clear and definitive. Take for instance the difficult subject of primary and secondary symptoms of drugs. Hahnemann wrote about this in many places in the Organon and in other works. The more you read Hahnemann the less clear it is. Dunham takes up the subject and makes it perfectly clear. Later on, Kent takes up the subject and again we are led to confusion. And then, whatever you can find by Nash is always of great value, just like H. N. Guernsey, P. P. Wells, Joslin (senior) , Yingling, Skinner, H. C. Allen, Harvey Farrington, Pierre Schmidt, Herbert Roberts, Elizabeth Wright-Hubbard, Julia Green. For contemporary writers, there is Jacques Baur, who is the editor of an excellent French journal, les Cahiers du Groupement Hahnemannien du Dr. Pierre Schmidt. Dr. Baur is presently working on the publication of a compilation of Pierre Schmidt's writings collected over the last thirty years. It will be worthwhile to read coming from such a refined pen as his. Altogether, there is a lot to be learned from good journals. I recommend my students to seek good journals, old and new, and to regularly read them. It's an excellent way to do continuing education. There are some old journals that can be read from cover to cover. This is the case of the Homœopathic Physician, the Organon or the Hahnemannian Advocate. Take this last one which is very rare. There were nine volumes published containing wonderful articles by excellent writers such as Nash or Yingling. These are very valuable, usually richly illustrated with interesting cases. There

is very much to be learned from journals of such quality as so much of it has not been written in books. This would apply to the teaching of many of the masters of the past such as Lippe or Wells. These are the people we should regard as our leaders and on whom we should rely for our training.

Q: Could you give us a summary of what, in your opinion, are the essential points of case-taking?

A.S.: I have a lecture on how to take a case; it's a long lecture of about ten days. I start the lecture with about a dozen key points which are important to understand when taking a case. If I were to try and pick out the most important point in case taking it would be for the physician to strive to maintain his objectivity. It is the basis for obtaining accurate observation. We have to listen to the patient with all our powers of observation on the alert. As soon as we introduce our bias or use direct questioning, the information we obtain loses it's value. During the act of taking a case, the moment we focus on a certain remedy we have lost our objectivity. It is crucial that we keep our neutrality until the end of the case. This does not mean that we do not think of certain remedies while taking the case. As we are making the discovery of characteristic symptoms it is inevitable to consider certain remedies. The frame of mind here should be to rule out rather than try to confirm a certain remedy. Of course the temptation is great to jump to conclusions quickly. We have to be on constant watch to maintain our objectivity. The use of direct questioning is a good way to fool ourselves. For success in medicine, as in science, it is not one of our options to lose our objectivity. We have to observe as if we were not there, as observers of nature devoid as much as possible of our biases.

The second point is that we have to adopt a method that will induce patients to open up and "deliver the goods," so to speak. Patients will open up to the physician they trust. They will trust most the one who is sincere and competent. There is no better way than homeopathic case taking to develop this trust from patients. If we spend thirty minutes investigating a patient's chief complaint, let's say in a case of multiple sclerosis, and when questioning about the modalities which affect the symptoms the patient mentions that all the symptoms are aggravated just before a storm. There is a magical moment that develops between the patient and the physician. First of all, we have spent more time thus far questioning the patient about the problem than most neurologists have done. Second of all, the patient notices our reaction of interest by mentioning the fact that the symptoms are aggravated before a storm. Not only is the patient feeling that this doctor is listening to me but that my story is really important after all (contrary to the neurologist for whom it was an insignificant fact). And then we ask the patient about sleep position, whether the body or parts get warm or cold in sleep, dreams, food cravings, etc. Inevitably there is a complicity that develops between the physician and patient. Our patients cannot help but sense our interest in them. We eventually come to ask our patients to talk about their personality, their sensitivities, their anxieties, the most intimate aspects of themselves; at this time they will reveal anything we need to know. By this time they are like an open book. It is the best way to discover the truth which is the only way for success. The way Hahnemann taught us on how to take a case is very classical. I was told that medical students from Harvard University are encouraged to preceptor with homeopathic physicians for developing their skills in case taking. It is difficult to imagine a better way to have patients open up to the physician. Of course to inspire such trust in our patients we must be sincere. This must be present when first deciding to undertake the study of medicine.

The basic principles of case taking were set down by Hahnemann in the Organon. However in the second volume of the American edition of the Materia Medica Pura, Hahnemann wrote about the importance of becoming good observers. It is a marvelous article of classical medicine. In it, he says that, "This capability of observing accurately is never quite an innate faculty; it must be chiefly acquired by practice, by refining and regulating the perceptions of the senses, that is to say, by exercising a severe criticism in

regard to the rapid impressions we obtain of external objects [so we must be critical of our sense of observation], and at the same time the necessary coolness, calmness, and firmness of judgment must be preserved, together with a constant distrust of our powers of apprehension." You see when we take a case we must not arrive at a conclusion too quickly. We must learn to keep our "coolness." We must always check and double check with the patient through skillful questioning until we have a clear picture of what is really happening to our patient. We must be patient. To practice homeopathy, a physician that is not patient to start with would have to learn it or may have to change professions. Without patience we cannot be good observers. Like any real scientist, in order to adequately observe we have to let things unravel at their own rhythm. It is essential to be very patient and understanding, to be compassionate with the patient. If we don't have compassion the patient will not open up to us. We may as well go into business. I should say that objectivity, sincerity, patience and compassion are some of the essential ingredients for obtaining a good case.

Another aspect is thoroughness. Ask yourself whether Sherlock Holmes when examining the scene of a crime would accept to leave out half of the scene, or rather would want to include all circumstantial evidence; nothing is being a priori ruled out. He does not impose on himself any limit to his investigation. In other words, the clues to a crime can lie in the time the crime was committed, the position of the corpse, the mud on the shoes of the victim, a telephone number in a side pocket, the job that the victim had, the family inheritance, etc. Case taking is very similar to the process of investigating a crime. Both look for clues. While one looks for clues leading to a suspect, the other looks for clues leading to a remedy. The clues in the case can lie in any idiosyncrasy, such as a time of aggravation, a sleep position, a food craving, a peculiar mental state, an objective symptom, an old symptom not present anymore, in the past medical history of the patient, in the family history, etc. We can not guess a priori and we cannot leave any stone unturned. We must not consider anything as being unimportant a priori. We must look for clues everywhere in the case. As many of my cases come in critical condition, any laxity in my thoroughness would reduce the patient's chances of recovery. Not to be thorough is not one of our options.

Another aspect of taking a case is to seek to develop a global understanding of the patient and his problem. In other words, by the end of the case, all should be clear to the physician. The circumstances, the causes, the onset of symptoms and the course of the disease should all come together to form a comprehensive whole. The case is not finished until we have reached a sufficient level of understanding.

Also when taking a case, we must keep good records so that 'the story' written down is not only comprehensive to us but to anyone else who may eventually need to use the case. All that is pertinent to diagnosis, prognosis, case management, proscription or prescription should be clearly written down. The symptoms should be written in the exact words used by the patient with the least interpretation possible. Of course only the peculiar symptoms that are relevant for the prescription of the simillimum would need to be outlined, so that in the end in surveying the case you will be able to quickly see the few outlined characteristic symptoms in the case. Lastly, after the physical exam we must write our impressions as well a description of the patient's morphology, physiognomy, complexion and the objective aspects of the patient's temperament and personality. There are other aspects to case taking but I think I have outlined the basics here for you.

Q: What are the essential points of case analysis?

A.S.: When you have a complete and well taken case then it can be relatively easy from there. In paragraph 104, Hahnemann says that when a case has been thoroughly and carefully investigated and precisely written down, then the most difficult task of the physician has been done. Now, that we have all the facts in front of us, we ask ourselves

the question: what is most striking in this case? It is not obvious to the uneducated physician. In order to know what is striking, first, we have to know what is common to human nature, how people function and how common or uncommon is a certain symptom in a certain pathology or a certain behavior in a certain context. This would include the knowledge of behavior, or ethology, through various cultures. Let me give you an example: What is the percentage of people in the Western world who feel a certain degree of shyness when using a public washroom with others close by? In fact our washrooms are built so that we are somewhat hidden (protected ?) from one another, besides the fact that we are trying to keep a certain distance from one another. From inquiring among my patients, I would say that the figure can be as high as 90%. However, in other cultures in which people are used to relieving themselves with others around, it is an everyday occurrence. In our culture, it would be more striking if someone had no inhibition at all, or that someone would show an unusual degree of inhibition to the point of avoiding public washrooms totally. The characteristic value of the symptom depends on the level of intensity of the symptom which is relative to the norm of the group to whom the person belongs. Another example: when I ask who among the students in a classroom have a craving for sweets, the figure is usually between sixty and seventy-five percent; so a craving for sweets is not very characteristic in itself as compared to a craving of the same intensity for ice. What I am trying to say is that the more we understand human nature, the more we become capable of distinguishing what is characteristic for an individual from what is common to the group. To know human nature demands of the homeopathic physician a broad knowledge in many fields including ethology, sociology and psychology. To be able to recognize what is characteristic in a human being the homeopathic physician must also know pathology. The study of pathology should not be restricted only to the study of the end results of the disease process as we have in present textbooks of pathology but to the study of the entire phenomenon of disease from beginning to the end with special emphasis on the study of causes.

Also, of course, we have to know materia medica very well, because the more we know about it, the more easily we will be able to distinguish what is striking from what is common. Lastly, clinical experience will round out this knowledge. It is the ultimate test. It is here that we obtain our confirmations. It is here that we learn for instance that on one hand a characteristic symptom of a remedy, such as the ascending paresthesia of Conium, is not characteristic and in fact of little significance in the search of a remedy in a case with multiple sclerosis, as it is a common symptom of the disease. On the other hand, it is through clinical experience that we learn that we can have common symptoms of a disease condition, such as dilation or movement of the nostrils seen in an advanced state of respiratory failure, as in a serious case of pneumonia, be a very reliable guiding symptom.

To return to your question of how to analyze a case, first after taking a complete case, we make a list of the most characteristic, and, therefore most valuable symptoms. If the patient presents only one disease state or disease picture, we assemble all the characteristic symptoms in a one totality. We arrange these characteristic symptoms with the ones with the highest value at the top of the list and the lowest at the bottom. The ones at the top of the list are the guiding symptoms while the ones at the bottom of the list are called differentiating or confirming symptoms. With the aid of the repertory, the first ones guide the prescriber to a group of remedies while the later ones help to differentiate or confirm one or more remedies that are very similar. This totality of characteristic symptoms then constitutes the genius of the case. The last step is to read the materia medica to find which remedy best matches the genius of our case.

However, if the patient is presenting with two or more dissimilar diseases then the characteristic symptoms will be assembled under each dissimilar disease. For instance, we will commonly see a patient presenting an acute state, let’s say pneumonia, and a chronic state which includes for instance chronic arthritis, digestive difficulties, insomnia, fatigue and nervousness. Very commonly in such a case, the symptoms of the acute

condition are dissimilar from the chronic state. Then, the characteristic symptoms will be divided in two totalities, all the symptoms that have appeared since the onset of the acute condition in one totality and all the symptoms of the chronic state in another one. Also, there are more complicated cases in which two or more chronic dissimilar diseases are mixed together forming what Hahnemann called a complex disease. As much as possible each dissimilar disease state must be identified and their characteristic symptoms be duly separated. There are a great number of possibilities for the coexistence of two or more dissimilar diseases in the same person. In diseases which evolve in stages, whether acute like pneumonia or chronic like kidney failure, each stage of the disease may be a dissimilar disease, thus requiring a different remedy for each stage.

Q: Let us talk a bit about potentization of remedies and about posology. What potencies do you use in your practice?

A.S.: The answer to this question should not take too much importance. A physician can learn to master any set of potencies, stick to them and address whatever problem with them. However, I am like Nash on this point. In his Testimony of the Clinic, he says that he used to tell his classes in the college "that he who confines himself to either the high or low preparations of remedies cripples himself from doing the best possible for his patients. We do not have to restrict ourselves in the matter of posology to the 'demonstrable divisibility of matter,' but can and should avail ourselves of the whole scale, from the crude drug to the highest of a Fincke, and abide the result according to the finest of all tests, the physiological." Regardless of the set of potencies used, what I found to be the most efficacious is to adapt the posology to the patient. What I call optimal posology. It means to choose a potency that would be optimal for the patient at that time. As for the repetition, it should also be optimal, not too early, not too late. Generally speaking, I start a chronic case with a two hundredth Dunham or a 10 M Korsakoff. If the patient is too sensitive for a two hundredth, I will tell him to take a teaspoon or less of the remedy diluted in one or more glass of water. Some patients are even more sensitive than this and then I will go down to a thirtieth or even lower to a sixth centesimal. In some cases, when diluting the remedy in water is not enough, I may have the patient briefly smell the remedy. Hahnemann did this quite often. The key here is to obtain maximum benefit with the minimal discomfort to the patient. Usually, I use the same remedy in the same potency for as long as the patient is deriving increasing benefit from it. So for instance, if I use a two hundredth potency and the patient does better for five weeks after the first dose, and for six or seven weeks after the second, I will continue giving the same remedy in the same potency in the same way as long as the patient is obtaining increasing benefit from it and the picture remains the same.

But when a patient is losing his sensitivity to a potency of a remedy, when he is not reacting as well to a succeeding dose and it has nothing to do with outward circumstances and nothing has happened to interfere with the reaction to the remedy, then it is a sign to move on to a higher potency, as long as the presenting picture remains the same. At this point, we could also go to a lower potency as Hahnemann did for many years. It does not matter much. As a rule, I prefer to go up the scale. I will go up in this way to the MM potency and then if needed start again with medium potencies. At this point, however, I will use whenever possible intermediary potencies, such as five hundredth, five thousandth, twenty thousandth, etc. The longer we wait to reintroduce a potency of a remedy to which a patient had in the past lost his sensitivity, the more the sensitivity to it will eventually return. Giving twice the same remedy in the same potency without any plussing is contrary to what Hahnemann taught. However, I find it more efficacious to evaluate the sensitivity of the patient to a remedy if at the time of a relapse the same potency is again given in the same way. It is the closest we can come to repeating the same experiment in medicine. The results of such experimentation provide the physician with all kinds of very useful information regarding curability of the patient, the degree of similarity of the remedy and much more, all of which can be very

important. It would be too long to go into that right now. To return to the repetition of the remedy, it should be repeated optimally. Otherwise if less than optimal, the patient will recover more slowly with more significant relapses and, if too often, the patient will lose his sensitivity to the remedy. Always keeping in mind that the patient must recover his health in the most rapid way. As to the best time to repeat the remedy, it is when the patient has stopped responding to the previous dose and has perhaps stabilized or is starting to relapse again. In an acute case, the approach is a bit different on two points. First, the potency to start with will usually be proportionally elevated to the severity or the ascendancy of the acute condition. Here, it is not unusual to start a case with a 10 M or 50 M. Second, the repetition of the remedy would have to be done in such a way as to prevent a relapse. It is clear that it would be unfortunate to obtain a relapse in cases of pyelonephritis, meningitis or pneumonia.

Q: In your experience, are there any differences in the effects of C-, D-, LM- and Korsakoff potencies?

A.S.: This a very difficult question to answer. There are all kinds of ways to produce remedies by varying the concentration, the number of vials used, the number or strength of succussions (Jenichen, Dunham), providing us with all kinds of potencies such as Hahnemann's centesimal and fifty millesimal, Korsakoff's centesimal, Jenichen's with few dilutions but repeated strong succussions, Dunham's powerful force applied in succussing, Fincke's continuous fluxion and Skinner's interrupted fluxion. Hahnemann's centesimal potencies are fine except the scale is limited to up to the two hundredth or the 1 M potency. Korsakoff's and Skinner's potencies are fine and provide us with the higher scale. Fincke potencies are excellent. They were Lippe's favorite. Unfortunately they are not available in pharmacies. It is interesting to note that Fincke's and Skinner's receive no succussions except that of the force from the jet of the water stream. Hahnemann's fifty millesimal and Jenichen's potencies are actually low potencies and can be too limiting. Also, there are more people that will respond to the lower than to higher potencies as the degree of similarity does not need to be as great to obtain a response. As a result, our search for the simillimum may become more difficult with the lower potencies, as we obtain too many false positive responses. Dunham's two hundredth potencies I find to be the best in their category of two hundredths. The response of the patient to them seems overall deeper and longer lasting. I use Dunham's two hundredth potencies, Hahnemann's centesimal potencies, the old handmade Bornemann's potencies, the Skinner's made by Boericke and Tafel, the old Fincke's and also Korsakoff's potencies. All of which provide excellent results. In my opinion, the problem most often, does not lay with the remedy and its method of fabrication, but with the prescriber. The real key lies in finding a remedy with the highest degree of similarity that we can find. The higher the degree of similarity, the greater will be the vital reaction, and therefore the recovery of the patient.

Q: How about LM-potencies?

A.S.: This is a very delicate question. I do not want to offend any of your readers but the question must be exposed and discussed openly. For a moment, let's briefly review Hahnemann's personal evolution regarding posology. What we find out is that he was constantly trying to improve on posology. First, he started to dilute the remedies, in order to make them less toxic. He started with dilutions of one in five hundred; then he did one in ten thousand and so on. Then he went to make successive dilutions by changing vials. Eventually, he systematically adopted the centesimal dilutions without succussion at first and later on with succussion. He experimented with the number of succussions from a hundred down to two, and up again. Then in his last eight years, he started using higher and higher potencies. By 1840, he was commonly using the two hundredths. At the beginning of 1841, he started to experiment with the fifty millesimal. In total, he had only about a dozen remedies prepared in this way and the highest was

Sulphur LM 20. He experimented with these for about two years. In the later part of 1842, he made fewer prescriptions. In 1843, he barely practiced. He made his last patient's entry in his case book in early May 1843. By that time he was preparing the sixth edition of the Organon for publication. Apparently, he felt that he had enough experience to authoritatively recommend the LM potencies to his colleagues. I have read in Hahnemann's case books almost every case in which he used the LM potencies. Truly, it is very difficult to be satisfied with his success.

When we study Hahnemann as a person as well as a scientist, we soon find out that he tended to be very dogmatic in his writings by rendering his last experiment as the ultimate way. This approach of his is contrary to the great scientific mind he had. When we read his works in a chronological order, at each step of its evolution he impresses upon the reader that the method has now been developed to absolute perfection and, that is it. Period. Then comes the next work, and now he tells us that further experiments are now permitting him to negate what he had previously said with such great certainty and that the method has now reached a new state of perfection, and so on. If we read any work of Hahnemann, including the sixth edition of the Organon, we may ourselves get stuck in his dogmatism and not go beyond the last work just read. I would think that we would do greater honor to Hahnemann by further developing homeopathy, and medicine in general, through understanding and adopting the inductive method which is the basis of his achievements, rather than by adopting his dogmatism and repeating his mistakes. Wouldn't we be fools not to learn from his mistakes? In my mind, the real Hahnemannian is not the one who does as Hahnemann said to do but the one who proceeds with the positive aspect of his approach, the inductive method. That is the real Hahnemannian, not a follower, but one who understands.

It is likely that if the sixth edition of the Organon had been published earlier the question of potencies would have evolved differently. Perhaps fortunately, as soon as Hahnemann died Bœnninghausen started to systematically prescribe Lehman's two hundredths. Later on, the Hahnemannians, especially in America, started to experiment with the high and higher potencies. Since our most reliable prescribers have consistently abided by them for over one hundred and fifty years, starting with Hahnemann himself, followed by Bœnninghausen, Lippe, Hering, Dunham, Skinner, Nash, etc., the higher potencies have been proven and are here to stay. I am not sure if we could achieve similar results if we would limit ourselves to the lower potencies, and in reality the LM are very low potencies. I have stayed away from them, first because I did not need to use them, second because it is too complicated (in keeping in mind the second paragraph of the Organon: "... on easy comprehensible principles") and third a few reliable authors, such as Pierre Schmidt and P. Sankaran (the father), have tried them only to later abandon them. It does not mean they don't have a role to play but I don't think they are what Hahnemann wanted them to be, the ultimate homeopathic preparations. We cannot deny the incredible success we have had with the higher potencies on which, unfortunately, we do not have Hahnemann's experience. I do not want to take any credit away from the LM potencies but things have to be considered in a broad perspective. Hopefully, the perfection of our potencies will continue to evolve. Like Hahnemann, our aim should be to always try to perfect our method, including the potency question. Like him, we should favor change, positive changes.

Q: You talked about four distinct schools or methods of Homeopathy, the Hahnemannian, the Kentian, the Classical and the Neo-classical. How would you distinguish these four and how would you evaluate them?

A.S.: I once wrote a paper on this question. Basically, Hahnemann developed a therapeutic method with clearly defined principles which he called homeopathy. It should be basic whenever anyone is using the name homeopathy it is in reference to the therapeutic method clearly defined by Hahnemann. Unfortunately, for different reasons, many, who do not understand homeopathy, have assumed the right to use the word

homeopathy for a completely different way of practicing medicine. Since the time of Hahnemann, many have thus improvised themselves as homeopaths and misrepresented the profession. This is not right. If a person after finding out about homeopathy wishes to be treated by such an approach and calls on someone presenting himself as a homœopath, should he not expect to receive the best of what homeopathy can offer? Unfortunately for this person, no impostor would be able to provide him with the promises of homeopathy. If practitioners want to practice something else they just have to call it something else. There is no justification for their usurpation of the word homeopathy. The word homeopathy should suffice to clearly identify a practice according to the method developed by Hahnemann.

In the same way, I do not favor the word classical not just because of its recent use but because of the false elitism associated with it. It usually means Kentian or supra-Kentian homeopathy. In the nineteenth century (prior to the time of Kent), the followers of Hahnemann formed, at Lippe's request, the International Hahnemannian Association (IHA) to differentiate pure homeopathy from misrepresentations. As a rule the leaders of this association understood homeopathy very well. Then came Kent, who went along with the IHA for some time, later left it and eventually formed with his students the Society of Homœopathicians. Kent introduced his own prejudices, along with the teachings of Swendenborg into the practice of homeopathy. There is no doubt that Kent was a good clinician and a well sought after teacher, but he was not one of the great masters. He was not up to the standards of quite a number of the people who had preceded him. As he was very charismatic, people in the twentieth century followed almost blindly his teachings without digging deeper into the masters of the past or even Hahnemann. It became one of those myths, one after another, students followed Kent's teachings assuming that he had mastered homeopathy. As his writings are authoritative like the ones of Hahnemann, a form of idolatry has developed around the persona of Kent. This idolatry prevented students from studying with a critical sense Kent's writings and at the same time prevented them from reading the works of the masters which preceded Kent. Later, in the twentieth century, people influenced by the teachings of Kent became even more dogmatic than him, what we could call supra-Kentians, more Kentian than Kent himself. Kent had already deviated from the teachings of Hahnemann so these supra-Kentians are floating in some faraway galaxies. Further and further the homeopathic profession in the twentieth century drifted away and became disconnected from its roots. I would hope that the admonition of Hering mentioned earlier in this interview about deviating from the strict inductive method of Hahnemann would ring more bells. Nowadays, we have people practicing this supra-Kentian homeopathy and in general calling it Classical which is in effect Neo-classical. Few of them have read the works of Hahnemann and the old masters of the past. Classical homeopathy should be the homeopathy of Hahnemann and of the Hahnemannians, or in other words, pure homeopathy. Unfortunately, few study history; in my opinion, this is a great mistake. Hopefully more and more of us will remedy this situation not only for our own sake but for the sake of the sick ones and the profession.

Q: Thank you for giving us this interview.

A.S.: You are very welcome and I thank you for giving me an opportunity to share my views.

(Part III of this interview was recorded in March 1997 in Vienna and it is being presently prepared for publication in Germany)