

THE PERCEIVED SCHISM IN HOMŒOPATHY *

George Dimitriadis

BSc., DHom(Syd), DHomMCCH(Eng), MSCH

Correspondence: Suite 26, Level 2, 20-22 Macquarie Street Parramatta NSW 2150, Sydney, Australia

www.hahnemanninstitute.com; inquiries@hahnemanninstitute.com

Anyone who has travelled abroad and met with various homœopaths, will perhaps tell you, as in our case, that homœopaths are very friendly, hospitable, giving you time without even having known you previously. As soon as they realise your genuine interest in Homœopathy, and of your desire to learn, they give generously of the little time they have. This is what my wife Jacqueline and I experienced in each of our overseas trips. It seems that genuine homœopaths are all too eager to meet and discuss their chosen field of endeavour, and to assist in any way possible anyone who demonstrates a desire to learn Homœopathy.

Yet, why is it that our profession is notorious, even from the days of Hahnemann, for disunity? As Hæhl has stated: ¹

With the continual growth of homœopathy the old saying, "So many men, so many minds," proved once more to be true. What was gained outwardly by the partisanship of the people, was lost in the internal workings of the cause by discord amongst the homœopathic physicians.

I would like to examine further as to why this perceived "schism" still persists to the present day.

It was in 1822 when *Moritz Müller* spearheaded the movement of "half-homœopaths" as Hahnemann put it, suggesting it as acceptable for homœopathic physicians to practice both homœopathically and allopathically. Of course the "purists" as they in turn were termed (*Hahnemann, Staff, Gross, Franz*, etc.), were horrified that such promotions should arise from amongst the ranks of so-called, and self-confessed converted homœopaths. As Homœopathy gained in popularity through its increasing success in treating illness, several Leipzig allopaths (*Caspari, Haubold, Drescher, Lux* (veterinary surgeon)) became "converted". It was however, pre-eminently these self proclaimed converts whom Hahnemann mistrusted, as we see in his letter of 1823 to *Wislicenus*: ²

The "Converted" are only hybrids, amphibians, who are most of them still creeping about in the mud of the allopathic marsh and who only rarely venture to raise their head in freedom towards the ethereal truth.

These are harsh words which would not endear Hahnemann either to the converts, nor to the main stream of medicine. Nevertheless, we must examine in detail why he was in fact so critical.

It seems that the problem stemmed from those converts to Homœopathy. It proved impossible for these men to completely erase one approach to practise (with which these converts had become very familiar and therefore comfortable), and to unreservedly embrace another, almost foreign method, on the basis of observed efficacy, yet without real appreciation of the fundamental and logical principle (*Similia*) of the system they wished to embrace.

This discord between the purists and the half-homœopaths continued, and in 1829, in an attempt to effect a union, *Haubold* formed the *Leipzig Association of Homœopathic Physicians*. But Hahnemann and his purists were most uncomfortable with these loose additions into the strictly principled system of Homœopathy, clearly stating his views in a letter appearing in the Leipzig daily paper on 3 November 1832. We read: ³

Either be honourable allopaths of the old fraternity, ignorant as yet of anything better, or pure homœopaths intent on curing your suffering brethren. Once more I exhort you, and this, for the last time, to abandon this course and to give those abroad a better example, one more worthy of imitation.

...Hence I most solemnly protest against the employment of such a bastard homœopath, whether as teacher or medical attendant. Let no one of this description enter upon the sacred offices of our divine art in this hospital—no one of this type!

For, should any false doctrines be taught under the honourable name of Homœopathy, or should patients be treated otherwise than by pure Homœopathy (with no trace of this allopathic muck), you may depend upon it that I shall raise my voice aloud honestly and to its utmost...To-day my paternal admonition sounds through this journal within the precincts of Leipsic, hoping for your improvement.

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What Hahnemann says in his first paragraph extracted above, is the very point which is often missed. Hahnemann states that you should decide exactly what it is you want to be and then stick to it—that you cannot be both a homœopath and an allopath—they are mutually exclusive occupations, and the reason is simple.

You see, Homœopathy consists of a purely rational approach to the application of medicines for the purpose of relieving suffering or healing; that in every case of disease, the same logical method shall be followed—first, the determination of the totality of signs and symptoms of the patient—next, the selection of the most similar medicine for that patient in illness. Allopathic (by very definition, allopathy is a general term referring to any therapy *other than* Homœopathy, and includes such practices as naturopathy, herbal medicine, etc.) prescribing, on the other hand, shows little consistency or scientific method, consisting of varied, often empirical approaches with little or no consideration of the whole patient in disease, and in many cases, with little or no knowledge either of the specific mechanism of action of each drug, nor of its entire (whole-person) effects.

Hahnemann never set out to develop Homœopathy; rather, being so disgusted with the illogical, opinionated, baseless medical practices then (and even now) in vogue (such disgust was evidenced by his abandoning practice for long periods throughout his life), he was simply looking for logic in prescribing. It just so happened that he found this logic in a simple, repeatable observation, the principle of which he termed *Similia Similibus*, and the method of its application, *Homœopathy*:⁴

The pure homœopathic healing art is the only correct method, the one possible to human art, the straightest way to cure, as certain as there is but one straight line between two given points.

And again we read from Hahnemann:⁵

It is impossible that there can be another true, best method of curing dynamic diseases (i.e., all diseases not strictly surgical) besides homœopathy, just as it is impossible to draw more than one straight line betwixt two points. He who imagines that there are other modes of curing diseases besides it could not have appreciated homœopathy fundamentally nor practised it with sufficient care, nor could he ever have seen or read cases of properly performed homœopathic cures; nor, on the other hand, could he have discerned the baselessness of all allopathic modes of treating diseases and their bad or even dreadful effects, if, with such lax indifference, he places the only true healing art on an equality with those hurtful methods of treatment, or alleges the latter to be auxiliaries to homœopathy which it could not do without! My true, conscientious followers, the pure homœopaths, with their successful, almost never failing treatment might teach these persons better.

Now, for a "homœopath" to prescribe at one time homœopathically and at another time allopathically, is the same as saying that at the one time they prescribe rationally, whilst at other times, non-rationally. On reflection, being "rational" can only be a full-time occupation. Either one understands that Homœopathy is literally *the* science of therapeutics (as Dunham put it) or they do not. As I see it, this is the only reason to fully accept Homœopathy (or any other approach to prescribing), the only reason which will make us even more determined, against any criticism, to support it at all cost.

Of course, there are many (lesser) reasons of which I have become aware, for people taking up and continuing the study of Homœopathy, including failure to make it into (allopathic) medical school. Whilst one's introduction to Homœopathy may come in many different ways, it is not a good reason for one to *continue* on in Homœopathy and to assume the title of homœopath simply because they have seen the benefits in more or less cases, and wish to add more scope to their multi-faceted, even "liberal" practice of medicine. Neither can an allopathically trained physician simply become a homœopath after undertaking a short course over a few weekends. Such persons (who do not practice *only* homœopathically) can not truly reflect the general scope nor the depth of application and efficacy in the most difficult and allopathically incurable cases, since their specific knowledge in Homœopathy is limited. They can only be "*jack of all trades, master of none.*" Whilst such "half-homœopaths" (I prefer the term pseudo-homœopath), may, by virtue of the increasing numbers of them to which patients are exposed, increase public awareness, yet they are not our best representatives, and as a result, the public impression of Homœopathy, is also limited and confused.

It is even held by some of these pseudo-homœopaths that one must be fully medically qualified in order to be a homœopath, but by this it is meant that one must be a qualified *allopath* first. Whilst it is essential that a homœopath possess a sound knowledge of the basic medical sciences (at least equivalent to an allopath); that a homœopath is intimately acquainted with the processes of health *and* disease, it is quite unsound reasoning to suggest that allopathic training in any way qualifies one to practice or teach homœopathically. Nothing could be farther from the truth, since the intensive training programmes of allopathic (mainstream) medicine produce a graduate who has been quite strongly moulded into a position whereby the view of applied therapeutics is decidedly biased in contradistinction to the homœopathic one. These graduates are in a far worse position, having to unlearn their acquired reflexes in their view of cases and the application of medicines, as well as learn the objective, scientific observational skills required of a homœopath.

For an allopath to *become* a homœopath, demands not only a complete change in approach, but first and foremost, a whole shift in attitude. This proves most difficult, requiring an appreciation of the individuality of each and every patient in their specific illness (whether it be pathologically defined or not); a conviction in attitude, and a serious determination in the application of medicines based on Similia. In a letter to *Schweikert* (who had replaced *Müller* as Director of the Leipzig Homœopathic Hospital the previous year) Hahnemann wrote: ⁶

I know only too well how much self-denial is required...to forsake the old ideas, and so to speak, annihilate the whole collection of conceptions which have been acquired by study, in order to make room for the establishment of truth in an atmosphere which it has been so hard to clear.; without this it would be impossible to give genuine help to our suffering brethren...I say that I can thoroughly realise how you must have struggled, and what efforts you must have made to be able to become a perfect homœopath at your age.

In other words, it is neither easy or quick, this process of becoming a homœopath, especially for those who have to unlearn many years of teaching and habit. In my view, it should be *only after* one has become a homœopath completely, both in attitude and in application, that the title of homœopath may justifiably be used. Beforehand, they should use a title of *student homœopath*, or *homœopath-to-be*, etc., and let them receive every support and encouragement in their pursuit of Homœopathy. In this way, the homœopath should be viewed as an ultra specialised practitioner, with a decidedly difficult and prolonged programme of training being required just to be able to achieve consistent results in clinical practice. Whilst good results can come remarkably early for the novice, the solid, repeatable, almost unbelievable results (especially in chronic cases) can only come with an ever increasing conviction in the principle of Similia through the experiences of its constant application.

To be a homœopath

The answer to this proposition first requires a clear knowledge of what Homœopathy is. But in order to know what constitutes "Homœopathy", and whether or not a particular approach or method falls within its parameters, we must be able to define it precisely. The answer to this question of what defines "Homœopathy," remains as straightforward as always, and has been addressed in the editorial of the *AJHomMed* 2/1 for April 1993. Let us briefly recall what was written in that issue:

The word Homœopathy is a composite of two Greek words, ομοιον (resembling, similar) and παθος (happening, suffering)...It is with...particular care that Hahnemann derived the specific term *Homœopathy* (from the Greek ομοιον and παθος, in the English written as *omoion pathos*, better recognised as *homœon pathos*) to best describe the application of therapeutics according to his experiments and observations.

Thus, it takes but little reflection to see that the basis of all things homœopathic, the very pillar upon which Homœopathy rests, the core of this system, by very definition, is the principle of ομοιον, or as it is better known from the Latin, *Similia*.

Now it is simple. Homœopathy can only be said to be done, that is, a remedy can only be said to have been prescribed *homœopathically* when its selection has been based on the single guiding principle of Similia.

To *be* a homœopath, therefore, requires one very simple yet definite decision, viz:

To *strive*, in every case, to prescribe a single substance on the basis of the indications derived from the similarity of its proving symptoms with those of the disease.

We may fail, in any particular case, to prescribe the most similar remedy—that's OK, since our failures are a stepping stone to increasing success—as long as we hold the attitude that requires us to seek earnestly for the most similar medicine in every case (to never settle for less), then we are true homœopaths. This is why in the Latin, *Similia Similibus Curantur* refers to the general observation that "Like Cures Like", whilst *Similia Similibus Curentur* is a directive to physicians in the application of medicines which states "Let Likes be cured by Likes".

Let me not give an erroneous impression that the task of the homœopath is simple, for whilst the aim of a homœopath is indeed definite and clear, the journey itself in the achievement of this aim proves to be an enormous challenge, and for many prescribers this aim of selecting the most similar remedy in each and every case of disease proves altogether insurmountable, resulting in various excuses for their resorting to allopathic means of treatment.

So where is the schism?

Where is the real schism? is it within Homœopathy and amongst homœopaths? Not at all. Of course more or less problems have occurred as a result of differences in personality amongst homœopaths, especially when this is mixed with variations in method seen within Homœopathy (*e.g.*, high/low potency; single/multiple doses; keynote/essence prescribing; heavy/no reliance on repertory; etc.), but such differences are not unique to Homœopathy.

The real schism occurs quite sharply between homœopaths proper on the one side (the "purists"), and these other, half-converted, pretend or pseudo-homœopaths. The basic problem of disunity, as I see it, stems from a failure of those who have been prematurely admitted to the title of homœopath—and thereafter naturally presume to be able to make accurate

determinations on the direction and teaching of Homœopathy proper—to realise the basic definition of Homœopathy; a failure of many so-called "homœopaths" to understand (as well as an inability to correctly express to others) the simple, unique basis of the very system they support. Such a failure leads to much dissatisfaction amongst those who have become homœopaths out of conviction of the logic and universality of its fundamental principle, and have sacrificed more comfortable lifestyles in their pursuit of this art.

In turn, those with, as they term it, more liberal views, claim that modern advances have demonstrated the limitations of the "purist" or "classical" stance, and that more liberality should be tolerated. But such "limitations" they experience only reflect on their own inability to perceive and prescribe accurately, since there is no doubt that the most amazing results follow the strict application of Similia. Hence, the obvious response to this liberalist or so-called "modern" view is that (as in any science or field of endeavour), whilst there is much freedom or liberality *within* Homœopathy (various methods of practice, of repertorising, of case-taking and analysis, etc.), there can be no acceptance of things unhomœopathic. The liberality sought for by the "non-classical" sector includes the use of radionic preparations (these have not been tested in provings), mixtures of medicines, etc., which, by very definition, can never be regarded as falling within the boundaries of Homœopathy. This is no different to the distinctions between an electrician and a plumber, or a chiropractor and a surgeon. Each knows their parameters and exercises an amount of liberality or flexibility *within those parameters*. From J.T.Kent we read the following words: ⁷

Of the 12,000 professed homœopathic physicians not more than 800 are sufficiently acquainted with the principles of homœopathy and the homœopathic materia medica to relieve human suffering by homœopathic therapeutics, and they are therefore compelled to resort to old school methods. The colleges and the literature are the cause of this famine in homœopathy.

Even though this number of "sufficiently acquainted" homœopaths represents only 6.7% of those counting themselves amongst the profession, one cannot but wonder what the proportion would be today?

So, the *profession* of Homœopathy (as opposed to the self-existing principle), mainly due to a lack of proper controls which has allowed the title of homœopath to be conferred much too easily (some have studied by correspondence over 1–2 years, this including the medical sciences!), consists of many so-called "homœopaths" of different backgrounds, often with widely differing views of what does or does not constitute Homœopathy.

From this situation arise "teachers", who, with little understanding (although perhaps with all sincerity), make statements which reflect more the *opinions* or *beliefs* of the teacher, rather than the science and art of Homœopathy proper. To quote again from Kent: ⁸

One of the greatest obstructions to the progress of homœopathy is found in the minds of its practitioners. The inclination today is to be guided by the personal opinion of men, or some one man, instead of looking to the principles themselves as authority.

Thus we hear of the numerous "laws" of Homœopathy, including the laws "of potentisation; of minimum dose; of direction of cure, of susceptibility; of reactivity," etc. Students spend much of their time trying to memorise these various (imaginary) "laws", yet they almost gloss over the SINGLE, DEFINING LAW of *Similia*.

Even amongst the pure homœopaths (those who apply only Similia in the treatment of disease), we find those who are so poorly trained in scientific method, that they are unable to discern *fact* from opinion, presenting their (untestable) opinions to the unsuspecting eager student as factual. For example, much "spiritual" discussion and teaching has crept into the curricula at various colleges, to the point where many students are taught that Homœopathy acts on a *spiritual* level to treat and heal the person's sick spirit—as if to say that the practitioner now has developed some "divine" capacity, taking Homœopathy from an applied medical science (art) into the world of religion. Needless to say, such focus occurs at the expense of the basics, *i.e.*, how many graduates are comfortably familiar with the *Materia Medica Pura* or *Chronic Diseases* of Hahnemann, or with the *Organon* for that matter, being able to refer freely to various sections without reference to the index?

It is in this manner that the graduate exposed to such "transcendental speculations which can receive no confirmation by experience" as Hahnemann himself termed it (*Organon*, §6) subsequently teaches the same opinions as fact to his or her students, and this process continues until someone of the nature of Copernicus (1473-1543), Newton (1642-1727), or Hahnemann (1755-1843) breaks the cycle. There is nothing wrong with expressing a personal viewpoint or opinion, as long as it is presented as such.

Homœopathy must be taught factually, from the ground up, from its very base (Similia, accurate observation, etc.), and students should be allowed to incorporate their own spiritual or other beliefs into this basic knowledge in their own time (outside the classroom), each according to his or her own experiences. Hahnemann himself was very religious, yet did not allude to his specific beliefs in his teachings on Homœopathy (I refer the reader to the article by Jacqueline Dimitriadis in this issue).

It is this vast diversity of backgrounds amongst homœopaths that warrants a demonstration of viewpoints and commitment by each individual *prior* to being admitted into a group of like-minded homœopaths for the purposes

of developing basic standards and directives for Homœopathy, *i.e.*, *prior* to the assuming of such an important role. In this regard, it is also clear that since allopathic training, by very definition, can offer *no* qualification in Homœopathy, it is neither logical nor appropriate to allow only allopathically trained persons to enter such positions—a situation which is promoted by some of our leading educators at the present time. Neither must an allopath be excluded from any association of homœopaths, simply because they have received allopathic training in the past—our most venerated masters of Homœopathy (Hahnemann, Hering, etc.) were trained in allopathy prior to abandoning those methods in favour of homœopathic prescribing. Each person must be assessed individually.

The profession must raise its standards to the point where only specialist homœopaths are admitted to the title of homœopath; only those who already possess and reflect the logic in prescribing on the basis of Similia must be allowed to qualify with that title. On the other hand, there is no shame in being a *homœopath-to-be*, just as there is no shame in a student of martial arts taking many years to become a *sho dan*. I personally have experienced nothing but friendly encouragement and support from those dedicated homœopaths whom I have had the privilege of meeting, and to whom I have looked for guidance and example. I for one am happy to consider myself a keen student of Homœopathy.

Finally, let us remain strongly united in Homœopathy, and, as professionals, associate with but remain separate in identity to, professionals of the other therapies. In this way each distinct profession can move along its chosen (parallel) path, with a view to the same goal—to permanently cure the sick in the most rapid, gentle, and reliable manner.

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