

## **The Mind in Homeopathy: Rhetoric vs. Reality**

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The intention of this presentation is to share some thoughts on the historic development of homeopathic method, most especially with regard to how we understand characteristic symptoms, the symptoms upon which we base our prescription. We will particularly concern ourselves with those characteristic symptoms coming through the mental/emotional sphere.

The driving force of all homeopathic development is the quest for accuracy. Certainly we can never know the materia medica deeply enough, and many of us fall down there. The materia medica is vast, virtually unattainable and always growing away from us. The repertory was developed to make the materia medica practicable, but its limitations have been a stimulus of further evolution with the same purpose in view. How are we to move beyond remedy preferences and access the breadth of materia medica available to us?

Materia medica and method are very closely interwoven. Just as the provings are meant to reveal the face of the remedy, the case is meant to accurately reflect the characteristics of the patient. As long as we lack full and complete understanding of each remedy or a sufficiently accurate knowledge of what is characteristic of the patient, there can be no straight path to the *simillimum* in every case.

In navigating the modern homeopathic world, where potentially valuable new methods are often half-understood and misapplied, it is important to travel upstream regularly to immerse oneself in the historic literature. One can find both solace and guidance. Along with the *Organon* and *The Chronic Diseases*, the lesser writings of Hahnemann, Boenninghausen and Kent are tremendously valuable headwaters.

It is also instructive to read cases from practitioners of the nineteenth century to better understand the method of remedy selection and potency choices of the earlier generation. Kent, for example, very often prescribed single doses of extremely high potencies, far higher than are generally applied nowadays. He also prescribed a very wide range of remedies.

What are the symptoms that are most valuable for prescribing and how are they attained too? Famously Hahnemann states that the striking, exceptional, unusual and odd (characteristic) signs and symptoms are chiefly to be considered in the selection of the homeopathic remedy. However, as Boenninghausen points out in his essay "*A Contribution to the Judgment Concerning the Characteristic Value of Symptoms*", "...it is here left to the physician to judge what is understood by the more 'striking, particular, unusual and peculiar' symptoms." Boenninghausen was concerned that no one had produced a definition, a schemata of characteristic symptoms.

He himself attempted to do so in the same essay, offering seven categories of characteristic symptoms. These seven categories of Boenninghausen are: *Quis, Quid, Ubi, Quibus Auxiliis, Cur, Quamodo, Quando*. This translates as Who (the nature or the personality); What (The Chief Complaint): Where (the location of the disease): Concomitants (accessory symptoms of the person): Why (Causation): Modalities (modifying influences): When (time of appearance, aggravation, amelioration).

(This ready summation was borrowed from a footnote to a recent essay on Boenninghausen published in the *American Journal of Homeopathic Medicine*, Summer 2003, titled, *The Boenninghausen Repertory Method* by George Dimitriadis.)

In the Spring 2004 editorial, we quoted Boenninghausen from the same essay regarding *Quis*, or the person, which comes first in most homeopathic consideration. He writes, "As a matter of

course, the personality, the individuality of the patient, must stand at the head of the image of the disease, for the natural disposition rest on it... *we have all the more cause to fathom these states with all possible exactness* (my emphasis), as in them frequently the bodily ailments recede to the background, and for this very reason offer but few point for our grasp..."

"...Every man presents an individual nature different from every other one, and ...every medicine must be exactly adapted to this individuality, in agreement with the symptoms, which it able to produce in the total man...A great many medicines are thrust aside, just because they do not correspond to the personality of the patient"

This is a very significant statement indicating the tremendous esteem and clinical value accorded to the mysterious potency of the personality. Also, Boenninghausen is referring to "states", the "total man" "individuality" – something beyond the mere collection of symptoms. Yet, when we review the cases of the old masters, we find little evidence that these wonderful ideas translated into practice. Instead, mental/emotional symptoms are generally used as flat, undeveloped facts.

Hahnemann himself had said, Aphorism 211: *This preeminent importance of the emotional state hold to such an extent that the patient's emotional symptoms often tips the scales in the selection of the homeopathic remedy. This is a decidedly peculiar sign which, among all the signs of disease, can least remain hidden from the exactly observing physician.*

Edward Whitmont summarizes the baseline homeopathic view of mental/emotional symptoms when he writes, "The homeopathic prescriber has learned to use the mentals (actually alterations of the affect response for most of them pertain to the emotions, not the mind) as aids in finding the *simillimum* in the treatment of physical conditions, ordinarily classified as somatic disorders. This is based on the rationale that the somatic derangement of the proving is attended by emotional alterations which operate in demonstrable functional unity..." (*Psyche and Substance* page 173).

While waxing eloquent on the sphere of the personality, moving on to the practical side of things, Boenninghausen places a great deal of emphasis on modalities (*Quamodo* and *Quando*), often useful in classical method and a strong source of striking, characteristic symptoms.

Boenninghausen writes:

"This category has a double importance to Homoeopathy, first, because it was first discovered and developed by Homoeopaths, and is, therefore, their indisputable and exclusive property, and secondly, because all the results of provings and of experience, without exception, belong to the more or less characteristic signs....

During the progressive development of our science the importance of modalities appeared more manifest, and it was soon declared to be indispensable, so that in the later provings the attention was more and more directed upon it....

... I may openly confess that I consider the indications obtained from this (category) and the following (quando or Time – time modalities) as the most important, indubitable, and therefore the decisive ones for therapeutic purposes."

It is interesting to realize that even though he gives first importance to the person, he relies very much on modalities to guide his prescription. Now there is nothing wrong with this as far as it goes. A lot of great homeopathy occurs within the bandwidth of keynotes and modalities, but it is hard to escape the conclusion that the philosophy and the practice were not wholly congruent.

In the course of his article Boenninghausen gives important reminders regarding the nature of totality, its reflection in the characteristic symptoms and the importance of forming an artistically accurate image of the whole person, just as a painter captures all of the characteristic features of the peculiar physiognomy of a face, as he puts it (in paragraph three under *Quibus Auxiliis*). It is an inspiring image, yet the face he perceived was quite dramatically different then the face we

see today. It would appear that the philosophical rhetoric ran ahead of the clinical reality. In fact, this apprehension of the importance of the personality, while revolutionary to medicine, and remarkably detailed as evidenced by the repertory, was still very young in its development and applied in a rudimentary way.

At this juncture it may be interesting to point out that Kent took exception to Boenninghausen's schema. He felt that the twin concepts of the affected part (*Ubi*) and the concomitant or accessory symptoms (*Quibus Auxiliis*) created false distinctions that violated the pure, holistic view. Kent erased these from the schema saying that there are no concomitants because there is no local disease. Kent further believed these distinctions were dangerous to homeopathy and against the idea of Hahnemann. "I urge you to shun concomitants, as it leads away from the idea emphasized by Hahnemann" (*Lesser Writings*, 598)

Of course in clinical practice, we do have a main complaint, typically followed by the patient mentioning other health issues that may or may not offer useful or even superior prescribing symptoms. So, from that point of view, we can perfectly well understand the distinction that Boenninghausen is making. Yet, Kent's rigorous holism is philosophically enticing and consistent with Hahnemann. Kent, informed by both the esoteric spirituality of Swedenborg and the historic primacy that homeopaths gave, if only in name, to the nature of patient, was able to realize a greater perception of the distinct character and nature of the remedy. Although this was still conceived to a large extent in terms of specific symptoms, now there was a more formed appreciation of the remedy as if it were a person, with a striking and distinct personality. It is for this that Kentian homeopathy is especially noted. Without a doubt Kent's homeopathic philosophy and his approach to teaching materia medica essentially defines the development of homeopathy ever after.

Kent writes, "It is the physician's duty to know that every proved drug contains the image of man, and the likeness of the disease and diseases it can cure. To be able to see a drug in its totality, to see in symptoms collectively as it assume the human form – not the body, but the character of the man, or his image – must be the end in view in order to use the materia medica for the healing of nations." (*Kent's Minor Writings on Homeopathy, The Trend of Thought Necessary to the Application of the Homeopathic Materia Medica, or a Rational Use of Curative Agents*, Gypser edition, page 360)

This timeless statement sets the tone of post-Kentian homeopathic development. Kent is speaking to the reflection of the remedy in the very innermost nature of the person. So then why is it that perusing Kent's cases is far more like reading the cases of Boenninghausen than anything seen today? Why is it that so much high-minded nineteenth century philosophy finds such little reflection in nineteenth century homeopathic practice?

Homeopathy may have started with the body, but quickly discovered the mind. The provings revealed the fact that in every individual and in every individual case of disease, the emotional/mental apparatus was more or less affected – and this was not only to be taken into account in the case but also regarded as the foremost seat of characteristic symptoms. Hahnemann discusses this in the *Organon* aphorisms 210-213.

While applied homeopathic philosophy in the form of provings and careful case taking made it possible to perceive with much greater understanding the psychological patient, the old homeopathic literature betrays the era of its inception in many ways. We can be sure that if homeopathy had been invented thirty years ago, its psychology would have been as sophisticated as it has become.

The early homeopaths were a product of their age. They had entirely different reference points in terms of the psychology of the patient and this reflects in their cases. Intimate and personal information was elicited or revealed and it must have registered the enormous

impression that inspired our essayists, yet at the clinical level, mental/emotional symptoms were treated more or less as flat facts with little development.

Kent writes: "Hahnemann made use of the information thus obtained (from provings) when he stated that the mind is the key to the man. The symptoms of the mind have been found by all the followers to be the most important symptoms in a remedy and in sickness. Man consists in what he thinks and what he loves and there is nothing else in man." (*Lectures on Homeopathic Philosophy* page 24).

The three cases of Kent on page\_\_ offer average cases found in *Minor Writings On Homeopathy*. Kent's philosophized wonderfully about the innermost of man and wrote eloquently on the mental and emotional aspect of remedy and patient. Yet in his cases, emotional points that come up are left with little development or context. Like the earlier homeopaths, he relied heavily on very characteristic physical and/or mental and emotional symptoms and his vast knowledge of *materia medica*.

So where is the state, the individual, the total man of which all these brilliant practitioners spoke? Really it is with the advent of the Freudian age, in other words with cultural changes outside of homeopathy, coupled with the philosophic elaborations and remedy pictures of Kent, that case taking seemed to begin to run deeper.

Tomas Paschero, who lived from 1904 – 1980 was a highly influential Argentinian homeopath who was a student of Arthur Grimmer, one of the well known students of Kent. He writes, "The homeopath is forced to investigate not only the specific function of a given organ, such as the heart, the stomach or the liver, but also the total complex evolution of a human being as a person, i.e., as a living whole, in adjusting himself to the cosmic and social environment within which he moves. This compels the physician to come in contact with ... a knowledge of that inner essence or intrinsic unfathomable reality that is the mind."

Paschero's case on page .... is certainly an advance in the attempt to understand the whole person towards aiding remedy selection.

Paschero's selects the rubric, *anxiety about salvation*, as the best reportorial analogy for the patient's feeling of lost womanhood due to her apparent inability to become pregnant. This is a clever abstraction of the repertory that finds its reflection in the modern writings of Indian homeopath Sehgal.

Paschero's case is particularly interesting because it begins with a highly elaborated psychoanalytic view of the patient that is almost amusing in its fine tuned dissection of the internal conflict. Yet his detailed analysis seems to have little bearing on his actual prescribing. Also, it is important to notice that the case is not offered in the language of the patient. Hahnemann, in aphorism<sup>84</sup>, says that the physician "...writes everything down with the very same expressions used by the patient and his relations." While this is fairly easy case due to the physical characteristic symptoms and emotional pattern, dispensing with the direct expressions of the patient and asserting a psychoanalytic view, could be ruinous to the pure homeopathic case.

The lengthy psychological cases that are common today are a certain, inevitable, natural fact of homeopathic evolution presaged in the words of Hahnemann, Boenninghausen and Kent. It is a quest into what is uniquely and holistically characteristic of the patient.

Without straining too hard to trace this development after Kent, we might mention Margaret Tyler's *Drug Pictures*, which gave us a glimpse of the English Kentian's. Psychiatrist/Homeopath Whitmont is sometimes also cited as a pioneer of a more sophisticated mind/body approach. Like Kent, his homeopathic method of practice was fairly conservative, though his understanding was less rigorously holistic, paradoxically dividing his perception of the patient between the two sides of his professional life\*.

In terms of a detailed elaboration of the mental/emotional picture, George Vithoulkas has probably been the watershed figure of modern homeopathy. If only we had known his homeopathy was just as deeply imbedded in the physical characteristics of the remedy. Katherine Coulter, Bailey, Herscu, Zaren, Sherr, Klein and Sankaran have all offered lengthy personality profiles, largely based on clinical findings.

Rajan Sankaran and Divya Chhabra, grounded in the rigorous homeopathic training of the best Indian schools, driven by voracious intellects, have gone more and more deeply into the methodology of case-taking and the language of the patient. They use the significant expressions of the patient as signposts and doorways rather than as symptoms.

Sankaran's work is towards the deepest common state that encompasses the characteristics and the totality, the point where patient and remedy become one. He is uncomfortable when any one aspect of a case deviates from a definable unity.

The experience of his case taking methodology has led Sankaran to propose a structure he calls the seven levels.

- 1) Name; limited to a part of a part of the person; Diagnosis, pathology
- 2) Fact; limited to a part of the person; Local symptoms
- 3) Feeling; Limited to the person; concomitants, general effects.
- 4) Delusion; Limited to mankind; cravings, sleep, general modalities.
- 5) Sensation; Limited to all things on earth; general sensations, affections.
- 6) Energy; Encompassing the Whole Universe; general movements and patterns.
- 7) Blank, consciousness

Through understanding these levels, the practitioner is able to know where they are within the case taking process. In its fuller form, this is an intriguing model that any practitioner can test for its value in better understanding the patient and the case. For example, as the case taking progresses, one can differentiate the exact point where the patient has dropped from the emotional or feeling aspect into expressions that represent something more general and encompassing, less particular to the emotional plane, yet more characteristic of the patient as a whole. This can be a subtle, yet valuable distinction, alerting the practitioner to a potentially critical point in the case taking process.

There are other teachers, with whom I am less familiar, who are also delving more deeply into the fundamental characteristics of patient and remedy. Kent spoke of "the image of man" in the remedy, yet clearly this image itself must change as our understanding of what constitutes "man" evolves. The ability of homeopaths to access the inner world of the patient has certainly seen great advance. This also reflects in our ability to understand our remedies in new ways. Homeopathy is not a closed revelation or a static science. Evolution in understanding and utilizing the mental, emotional realm are a natural outcome of the philosophy expressed by homeopathy's greatest luminaries and a valuable aid in the homeopathic cure of many patients who might otherwise have never received help.

\*See the essay "Psychosomatics" in *Psyche and Substance*.

Whitmont writes:

"I have taken the nature, preponderance or absence of modalities, to indicate the direction of therapeutic management and likely prognosis. A preponderance of mental and emotional modalities points to the necessity of psychotherapy whereas the preponderance of physical modalities makes me expect more of the remedy; the less of *any* modalities, the poorer the prognosis either way. Please note that I say *modalities*, not *mental symptoms*. A case may have many mental symptoms and yet few or no emotional modalities. Modalities are not merely characteristics or symptoms or concomitants, but *are conditions of amelioration and aggravation*. They indicate the fixedness or changeableness, hence, the responsiveness of the organism and of the pathology... Preponderance of physical modalities makes me look for a remedy; preponderance of emotional modalities makes me tend to explore the unconscious psychological background. Too few modalities make me shake my head."