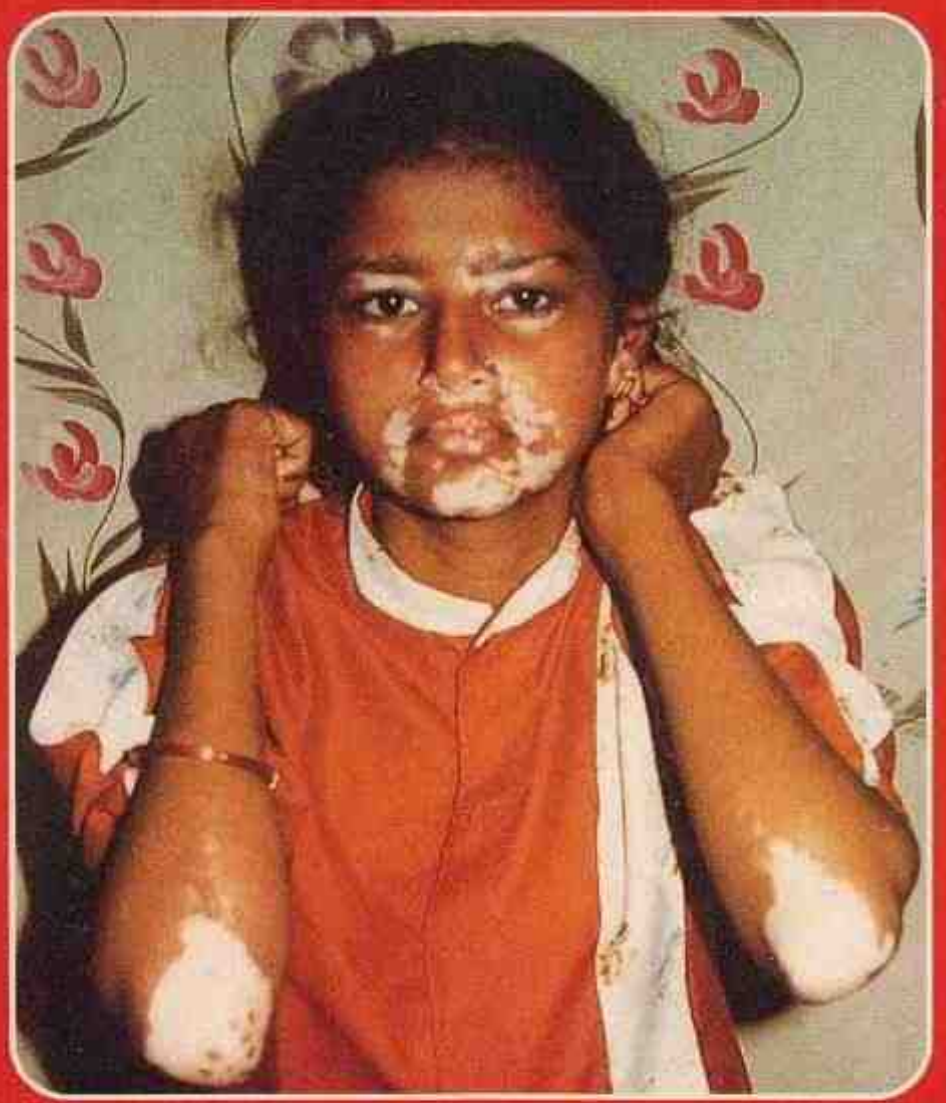
NJH
NATIONAL JOURNAL OF HOMOEOPATHY
Vol. II No. 2 March-April, 1993 Rs. 20

LEUCODERMA

The Spotted Face



BEFORE TREATMENT

SIX MONTHS AFTER TREATMENT

Face to face with Misha Norland

Homoeopathy : The 'Rock' in a Crumbling World

'The Foundation for Homoeopathic Research', as a part of the Bicentenary Celebration of Homoeopathy, organised a seminar in Bombay with a leading British Homoeopath, Misha Norland.

Misha Norland is one of the founder members of 'The Society of Homoeopaths' in England. Dr Rajesh Shah interviews Misha exclusively for the NJH.

RS: Homoeopathy is completing 200 years. What are your views on the status of Homoeopathy in the world today?

Homoeopathy Flourishes

MN: The status of Homoeopathic medicine today is good; it is flourishing. It does so because it is based upon observable phenomenon and scientific principles, coupled with human needs and values. As Kent says, "A homoepath must see and feel his patient as an artist; see and feel the picture that he is painting." The bringing together of aspects of art and science has been a human desire, most earnestly sought after since well before the 'age of enlightenment', of which Samuel Hahnemann was a Star Child. The 'spirit of the age' in Europe at that time, sought to set aside the old order and to place in its stead, the rock of reason of scientific principles, out of which the technology of today was born. But the foundation stones of the world's social systems are rocking still (witness - the effects of the great wars in Europe, the break up of the USSR and the many battles raging here and elsewhere). As belief structures are increasingly called into question, it becomes apparent that inquiring minds and disturbed hearts of awakened people should be searching for meaning and purpose. This is the context within which Homoeopathy is flourishing. Orthodox medicine is no more immune to the potency of the truth of the creative process, than an outmoded social system is to upheaval.

RS: Your school is one of the most eminent schools in England. You have also lectured in many countries. Please give your reactions to and suggestions about the prevailing Homoeopathic education worldwide.

Teaching = Practising.

MN: In common with others, I also hope to work towards a growing awareness amongst students of Homoeopathy to create an awareness of
1) Themselves, so that they may reduce their own prejudices and develop the high ideal, spoken of by Hahnemann in paragraph 6.
2) An awareness and respect for the patient's soul, out of which is born their individuality and their personal suffering.
3) An awareness of the living truth which we have codified as Homoeopathic philosophy.
4) An awareness of the depth and breadth of the remedies' actions upon the healthy and their adaptation in combating disease.

I would advise those who are involved in Homoeopathic education, to experience Homoeopathy at work and to restrain from teaching anything which cannot be born out in daily practice, time and time again. If they would do this conscientiously, and not for personal glorification, then I have no doubt that Homoeopathic education would be of the highest standard. The verifiable in Homoeopathic practice brings that, which is the common denominator, into focus; it reaches out to the truth and leaves behind the false.

RS: Misha, you are familiar with the kind of Homoeopathy being practised in India. How do you compare it with Homoeopathy in Europe?

Homoeopathy in India

MN: I am aware of two major distinctions: firstly, in India, population pressure brings hundreds to the doors of many practitioners and secondly, the presenting pathology tends to be physical. The combined effect of these two factors allows the practice of many doctors to be simplified, in that, more of the hidden interior, to quote Hahnemann, is brought unequivocally to view. Disposition, profession and physical suffering, are least of all hidden from the closely observing physician. However in the West, much is obscured from view, including physical pathology. The patient tends to be a more complex character, analogous to the many middle class persons who might visit a Bombay practice. Therefore it might be appropriate for a student who may practice in a rural setting, to learn materia medica, out of say Allen's Key Notes, in order to adapt to an Indian clinical situation; while for a European or American student, it might be preferable to also study the human psyche, as well as to be acquainted with some of the seminal concepts of analytical and archetypel psychology. I have noted, from such contacts as I have made with Indian prescribers, that they have a great knowledge of facts, of the Organon and of materia medica, than we do in England; however the psychological side of things is not so well appreciated in many instances.

RS: I have observed during my visits to Europe, that the efficacy of Homoeopathy for the treatment of acute diseases has not been adequately exploited. Especially in U K, Homoeopaths do not often have to treat acute diseases such as the Infectious diseases etc. What are your thoughts about it ?.

MN: From my previous comments, it follows that I agree with your observation. However, before tackling this, I would comment that many children come to Homoeopaths in the west and that their acute as well as their chronic ills are treated. There are roughly five groups of patients, who present themselves for Homoeopathic treatment :

1) Mothers bring their children, often for primary health care

2) Having witnessed success in the treatment of her children, she also comes for help, with her acute and chronic complaints. The family pet may be brought along also!

3) Adults, usually young, educated persons come for primary health care, because they are intellectually convinced of Homoeopathic principles, while being disillusioned with allopathy and orthodox thinking in general.

4) Referrals from local general practitioners. These tend to increase in direct proportion to patients becoming cured. (Note that in Britain, the National Health Service pays the doctor, not the patient.)

5) Disillusioned, often middle aged and older patients who have tried all manners of treatments and remain chronically sick. Also victims of Allopathic abuse.

RS: How much importance do you give to dream-analysis, imaginary interpretation of dreams, delusions, etc in your practice ? Do you not think that there is a great risk of becoming speculative? Did not Hahnemann warn us against them? Do you not think that they make us 'fixed' about the remedies and prejudiced about their application ?

MN: It is apparent that there is a great controversy and misunderstanding around these issues. Different practitioners have used these concepts in varying, dare I say, idiosyncratic ways often the core or essence is no more than a stereotyped picture. By way of example, we may cite the *Pulsatilla* stereotype, as blonde, blue-eyed female. Were we to go to the interior, we might say that she is of an essentially receptive and pliable nature. We might note that this inner psychological posture, expresses itself in easy weeping and ever changing moods and symptoms. We might note that such a person, in order not to be swept away by her ever changing feelings, would for safety's sake, fix herself rigidly to convictions. She might become attached to a religion or a dietary dogma. In order to explain these various interrelated phenomenon, we might ask the question, 'How does the *Pulsatilla* patient feel in her essential core ?' I know that there cannot be only one answer to this question. I know that for myself, I have developed changing perceptions, based on my growing experience. The inquiry is, of itself, a worthwhile exercise, because it sharpens not only the mind but also our perceptions. When we are with a patient, whose physical and mental pathology does not unequivocally indicate only one and no other remedy, then we must be a little smart. Our inquiry is, in essence, no different there with the patient than it was earlier with the remedy. We might say, when studying materia medica, we are taking the case of a remedy. In either situation, we ask 'what' is going on in the interior ? During the case taking we want to know what the patient is thinking and feeling.

Dreams – Link to the past

We understand that the root of pathology is in the past and we wish to find what was going on for the patient at that time. This event or events to which the patient was unable to adapt, will be carried forward into the present time in the form of presenting symptoms. The value of aetiology in case-taking, is largely defined by the case-taker's capacity to discover the feelings of the

patient, at the time of the trauma. It is not always possible for a patient to recall those feelings. Wheareas dreams, will often inform us about these, although the language of dream may be symbolic and require interpretation. In other words, we may not find the exact dream in the dream section of the repertory. These core feelings, arising from non-adaptation to the primary situation, may be spoken of as a central disturbance. This, as I understand, is close to the system used by and popularised by Sankaran. I consider it to be a highly refined application of Homoeopathic principles. I know from my own practice that it furnishes consistently excellent results. However it is not easy to remain detached, that is to say, to keep one's own feelings and prejudices out of the process of analysis. One's own fantasy may get in the way. It is not so much that we become fixed about the remedies, as we are fixed about ourselves and therefore unable to penetrate into the soul of the remedy or of the patient.

Now regarding dreams : It is said that eyes are the windows of the soul. Dreams, I would say, are likewise a window, an inner eye, which takes note of the landscape of the psyche or soul. We should honour the uniqueness of the individual and the idiosyncrasy of the symbolic language of images and dreams through which the psyche speaks.

Also I would like to ask, in all actions what is 'real' and what is 'dream'? The distinction which we make, is often arbitrary, for each is a reflection of the other - its opposite number, if you will. It is a well established rule of dream analysis (although, of course, not the only rule), that the dreamer compensates for the day world in night time fantasy. How well we Homoeopaths know (from our study of materia medica as well as from clinical practice) that action and reaction follow, as day does night, that primary action is followed by secondary action and is the vital force's response to an influence.

Dreams inform us, in a remarkably exact manner, of the activity and specificity of the reactive mechanism. But it is to the West that we must turn, to use seminal work of Freud, Adler, Jung and Von Frauz, in order to begin to unravel the apparent mystery. It is certainly not to the dream section in the repertory ! It is indicative of Kent's limitation in this respect that dream section is in sleep rather than mind.

Dreams are many things and among their more obvious functions, they inform us of feelings, of experiences long forgotten, and they may be the only echoes of the past that the patient can come up with. Such information is surely not to be dismissed lightly. How to use this information, how to interpret it within the context of the totality of the case, is beyond the scope of this interview.

RS: How much importance do you give to the physical pathology in your prescribing ?

MN: Every homeopath understands that the most useful symptoms are those which are the most peculiar, striking and idiosyncratic. It matters not whether the symptom expresses through the mind or body. Often idiosyncrasy is more precisely expressed through the medium of the mind; in the mind symptoms the highest level of individuality is to be found in delusions, fears and dreams. To my way of thinking, there should be no question of an arbitrary dominance of one level over another and therefore it follows, that it is more or less useless to be guided by a nonspecific symptom such as weeping or cancer.

We learn from proving of substances, that the first symptom to appear, represents disturbances of sensation, and the second represents functions. It is only in the case of poisoning, where the substance has been ingested over protracted periods, that structural and tissue changes become apparent. These indications give us a picture of the general thrust of the drug. But they lack specificity. For example, *Phosphorus* and *Lachesis* are both noted for haemorrhagic diathesis, but without their characteristic differentiations we would not know which to choose.

Drug Proving

RS: You are involved in the project on Drug-proving. Could you please tell something of interest from your experience ?

MN: In England the one who has done the most excellent work on drug provings is Jeremy Sherr, and therefore I would think that you should ask him to comment on this. However, from my lesser experience I have noted that the main loss of information arises from inadequate supervision of the individual provers. I have found that even the most sincerely motivated provers, become poor witnesses of their own symptoms during the proving. This is because the remedy affects them in their most interior being first; in other words, it alters their mode of perception such, that they become biased observers of their changed sensations. Once they are in the active process of exteriorizing their altered state, of producing functional disturbances, then their recording of the events becomes clearer. Another way of expressing this, is to say that while under the primary effect, the prover is a poorer witness of himself, than after the secondary effect is established. In practice, therefore, daily contact with the prover is best. The issue of primary

and secondary action, is worthy of further note in respect of repetition of the dose, for it is only while the organism is in a passive, that is receptive state, that the dose should be repeated. Once the vital force has established a counter action further doses should be withheld for fear of antidoting the proving. In practice, this means that once an action is established, no further doses are permitted. Further, the best provers, that is those who are most susceptible to the substance, do not require 'pushing' with many doses. It is interesting to note that it is not uncommon for one or two provers (and Jeremy confirms this) to be used in proving the remedy. Obviously this result does not furnish evidence of the substance beyond its relationship with formerly prescribed curative medicines. Regarding the use of placebo, in provings it has been noted by various conductors of provings, that the group effect of simultaneously conducted experiments, is such, that the few to whom placebo was given, also produced some symptoms of the actual substance; which indicates that it is indeed the subtle, or as Kent puts it, the simple substance which is active. Furthermore, the implications of the phenomenon of the drug influenced placebo reaction, lead one to appreciate something of the power involved in group activities - the subtle dominance of the level below personal consciousness, which, as in an epidemic, takes hold of and influences all but the most unsusceptible. This is analogous to group hysteria and may well be similar to, if not the same, as the mechanism whereby information (of a non rational type) is carried from person to person and group to group. It also supplies an example of the non-microbial and non-viral transmission of the miasms.

Nosodes : Just Another Remedy

RS: Do you use the Nosodes as intercurrent remedies besides using them as regular remedies?

MN: I have heard of this practice and also that it furnishes good results in the treatment of Chronic diseases. However ninety eight percent of my practice is of Chronic diseases and in twenty years, I have never found it necessary to adopt this technique. Often nosodes are indicated and naturally I use them, single remedy, single dose.

RS: Could you please narrate your most interesting case of the recent past?

Case - "I am the dominant female"

MN: Just before my seminar, I visited Elephanta caves and observed the depiction of Shiva in half male, half female form. I was reminded of a patient whom I saw some ten years ago, who since puberty had only one breast. Her presenting complaint was infertility. She lived with several other families. She described herself as the dominant female. This phrase struck me as peculiar because it is born of the language of animal psychology. For instance, in a group of primates, we speak of dominant male or dominant female . In adopting this phrase my patient was assuming kinship with animals. Upon taking her history, I learned about the psychological abuse which she suffered at the hands of her parents when she was a child. She had come to believe that she was a despised and worthless person. This feeling successfully compensated at psychological level, by the affirmation that she is the dominant female, but not physically, for she had only one breast and could not conceive. The feeling of worthlessness, of being despised, represents the central disturbance in this case. Naturally, I prescribed *Lac-can*, single dose, but I cannot now recall the potency. She now has two children, fortunately not twins. This case illustrates one of the many delights which, we as homeopaths are party to; not only do we get to heal the sick but also we are afforded the grace of understanding. From as little information as "I can not conceive, I am the dominant female" we can deduce the remedy : *Lac-can*. Or by asking how should a barren woman feel, who says in the language of animal psychology, "I am the dominant female."

RS: What kind of difficulties do you face in Homoeopathic prescribing?

MN: The greatest difficulty that I face in my practice, arises from my own lack of knowledge on one hand and from my fullness of Ego on the other. I would wish to have more of the first and less of the second.

RS: Misha, what is your message to the students of Homoeopathy?

Live By Aphorism No 1

MN: We do not embark upon any action without desire. Therefore my first message would concern motivation, and I would ask any prospective student to consider well the paragraph 1 of the organon, for if she or he has this mission, then the motivation to search and to continue searching will be there. This search should be to find the most effective method and remedy whereby to restore the sick to health. I would therefore expect the student to study well the Organon, the materia medica and the human beings and to turn these teachings into daily practice. This naturally leads to the second message, or may we say requirement, which concerns stamina! We all need to cultivate this quality by becoming healthier ourselves, so that our vitality should rule with unbounded sway allowing us creativity enough to continue to cultivate our desire to heal the sick. I would

suggest that the student (and we all) should allow ourselves the freedom to be what we are.

And this leads me to my final message, which is, to have faith, by which I mean complete confidence, in the process which we experience as life. Now let us work these messages backwards, for if the student or practitioner has faith, then this may be transmitted to the sick person. If the student or practitioner has stamina, then this will be transmitted to the sick person, and desire must always be there, else action itself would cease.

(Acknowledgments: We thank Dr Usha Shah for transcribing the interview.) □