

# HOMOEOPATHY TIMES

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## EDITORIAL...

### ON PSEUDO-CLASSICAL HOMOEOPATHY

Dear colleagues,

Recently we raised a question to gather opinions of homoeopaths: What did 'classical homoeopathy' mean to them? The answers, some of which were published in the last issue of **HT**, and the rest made us scratch our heads, compelling us to ask ourselves what it really meant!

Some people, who also want to be conscientious in their homoeopathic practice, have somehow developed the concept that sticking religiously to one remedy alone is classical homoeopathy. With due respect to their sincerity, we often see them sticking to the first remedy (prescription) given so rigidly that they do nothing except administering placebo, when the patient under treatment is down with an acute condition calling for genuine, immediate attention and medication. They do not mind their patients resorting to allopathic medicines for that condition instead of homoeopathy, merely out of the fear that they would deviate from being called as 'classical homoeopaths...'

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Yet another group of classical homoeopaths believes that using any nosode or an intercurrent (so called) remedy, during the course of treatment, may spoil their 'classical' image hence they keep away from such anti-miasmatics, though apparently indicated. They also feel that the nosodes should

only be used as constitutional remedies, in classical homoeopathy. Yes, some classical practitioners have a daring to admit that they do see a need to use an intercurrent remedy although they are classical practitioners, fearing in the back of the mind by doing so they might distort the definition of classical homoeopathy.

The younger classical enthusiasts (the students) feel that the use of any small remedy, irrespective of its name and origin (e.g. Arundo to Zingiber) can be used as a constitutional remedy by the classical prescriber, no matter whether it falls into 'so-called' classification of acute or chronic remedies. They also enjoy saying that all the remedies are equally deep acting if the (mentals and) totality match. This understanding is a part of their understanding of classical homoeopathy.

Some innocent homoeopathic neonates are often more sincere than the senior prescribers and more serious in the belief that classical homoeopathy is a practice based on selecting the remedy that covers the centre or the core of the individual and that which can best be ascertained by careful study of the dreams and delusions the patient has. Classical homoeopathy is nothing more.

Another classic group of homoeopaths firmly believes in the real dynamic disturbance and they feel that classical homoeopathy should essentially ignore the pathology in the given case, as the pathology is merely the outcome of the dynamic disturbance, it deserves to be omitted in the case totality. Such classical homoeopaths believing in dynamis, the 'pathological prescribers' (as they like to call sarcastically) are tiny, ignorant, materialist creatures. A true classi-

cal prescriber to them is one, who completely ignores the pathology in the case.



Another section of the classics know that it is the infrequent repetition, one or two doses in two to six months, make the homoeopath classical. One who repeats a remedy more often (say, three to four times daily for days together) are criminals and not classical.

I have seen some classical teachers strictly not allowing their patients to take allopathic medicines such as paracetamol or anti-inflammatory drugs, when their patients suffering from non-responding pyrexia or pain, as it goes against classical practice, according to them. But, *they* do take antibiotics and such stuff when they themselves suffer from Enteric fever or Pneumonia! One such teacher I caught looking for a chemist shop (to buy pain-killers) for his acute abdominal colic. He was on his way to a function to be the key-speaker classical homoeopathy... One can thus see hypocrisy flourishing under the shadow of classical homoeopathy.

The definition of a classical homoeopath has some more qualifications as understood by some, such as: taking the case always in great detail, for 1-3 hours (till the patient runs away)/ always digging deep into the mind of the patient (till it bleeds)/ to give an exhausting questionnaire to the patient to be filled up and submitted (a good time-pass for the neurotics)/ to dissect the dreams of the patient to see how fantastically the story in the dream can be fitted into the real life.

**( Editorial Cont.)**

( Recently, at one late night party, my hostess, who happened to be a patient of the dream-tvne homoeopath told me . You know, now a days my homoeopath insists so much on noting down the dreams that, although I never used to dream earlier, now I dream daily of my homoeopath asking me in a dream to talk about my dreams... It wasn't a joke. It was a real narration of a patient.)

One school of thought on classical approach is that the constitutional remedy of the person remains the same throughout his life, no matter what problem he has. Likewise many teachers have conveniently glorified their fantasies and theories in the name of classical homoeopathy. Unfortunately, we have no universal homoeopathic body ( like W.H.O.) to put forth some guidelines on such basic issues.

Some workers under the banner of classical homoeopathy started believing and teaching that the childhood mental state and the history is the most important for determining the remedy that the patient needs at any given phase of his life. Some adventurous homoeopaths even went as far as to ascertain the pre-birth mental state of the patient. Homoeopathy, as one european colleague whispered into my ears a little sarcastically, has become more spiritual than in the times of Hahnemann.

Another trend strongly suggests to choosing the remedy of the patient by comparing her with the drug substance. Hahnemann, as you know, called it doctrine of signature, and as wise man a as he was, condemned this concept himself, so that people in the future would not liberally speculate on this basis. It, of course, sounds quite interesting to say, for instance, the Pulsatilla plant moves easily with wind, so it is yielding...So many other plants, also have the credit of bending with ease like Pulsatilla plant, but they are not yielding, I am afraid to say. The symbolic analogy has its own place, but it is unfair to talk about it to the students without warning them about the involved risk of fixity. If this concept is applicable enough to consider it classical, then a medicine prepared out of banana should be a great aphrodisiac...



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The idea of body language and gestures suggesting the remedy was brought in which intrigued students making them fixed. For instance: a Natrum-mur individual does not lean forward while talking to the homoeopath, while the Phosphorus does. It is incorrect and misleading. We have witnessed the reverse of it on numerous occasions. This is just one of the many examples, of course.

The concept of classical homoeopathy is great, undoubtedly. The editor of this news-letter is also proud of being called as a teacher in classical homoeopathy. University level education in homoeopathy, in India, to the best of my knowledge, does not use the term 'classical' anywhere in the syllabus. This unique phrase is coined and used by various homoeopaths in the later part of the century, who practice, think and understand its essential meaning differently, in accordance with their knowledge, depth, background, prejudice and fixity.

It matters very little to all of us (i.e. the classical practitioners), how we define the terminology. It does matter a lot to all those who have yet to be (classical) homoeopathic practitioners. Mainly students.

Many of our colleagues who practice good homoeopathy, but may not be practicing the way it is understood by other classical homoeopaths: they feel out-cast, at times ! And their remarkable cures and work are not being shared with the world of our classical homoeopaths. Aren't we at loss ?

While introducing themselves, some teachers have introduced their partially tested ideas as part of classical homoeopathy. This has amply confused the younger generation. Several newer themes and ideas imposed in the name of classical homoeopathy, such as the

concepts related with images or the core of the remedies, central themes of the remedies, misunderstood concepts of essence, dream-proving, story-telling, etc. have brought in plenty of fixity and inhibitions in the wider application of our materia medica. Such a centre based approach towards the understanding of the materia medica, as I have clearly recognised, has taken away the flexibility in the application of the Similia principle. I am confident that the time will come once again when the narrowing of our vision will be broadened when we will open our eyes and try to understand homoeopathy all afresh.

Little less than a decade and half ago when I started my homoeopathic schooling, I came across the term Classical homoeopathy. I thought, it would be synonymous with the Hahnemannian homoeopathy which I was then studying. But, now I realise that the today's so called classical homoeopathy is drifting away from the Hahnemannian homoeopathy...

Some readers may complain about re-stating this message after discussing it in the previous issue. I feel that the repetition of another dose at the interval of 4 months is allowed by all types of classical prescribers ! The Kentian rule is that you repeat till it starts acting...

**- Dr. Rajesh Shah**