

On Pseudo-Classical Homoeopathy

by Rajesh Shah

What follows is a reprint of an article published in *Homeopathy Times*, an Indian homeopathic journal. It describes the results of a survey of Indian homeopaths regarding their views on "classical" homeopathy.

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

Some people, who wanted to be conscientious in their homoeopathic practice, had 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) so rigidly that they do nothing except administer 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 "classical homoeopaths."

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 they are apparently indicated. They also feel that the nosodes should only be used as constitutional remedies in classical homoeopathy. Yes, some classical practitioners have the daring to admit that they do see a need to use an intercurrent remedy although as classical practitioners they fear in the back of the mind that 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 neophytes 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 for them is nothing more.

Another classic group of homoeopaths firmly believes in the dynamic disturbance and feels 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. To classical homoeopaths who believe in the dynamis, the "pathological prescribers" (as they like to call them sarcastically) are tiny, ignorant, materialist creatures. A true classical prescriber to them is one who completely ignores the pathology in the case.

Another section of the classics knows that it is the infrequent repetition, one or two doses in two to six months, that makes the homoeopath classical. Those who repeat a remedy more often (say, three to four times daily for several days) are criminals and not classical. I have seen some classical teachers not allow their patients to take any allopathic medicines at all, such as paracetamol or anti-inflammatory drugs, when their patients were suffering from non-responding pyrexia or pain, as it goes against classical practice according to them. But they themselves take antibiotics and such when they 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 on classical homoeopathy. One can thus see hypocrisy flourish under the shadow of classical homoeopathy.

The definition of a classical homoeopath has a few more qualifications as understood by some, such as: taking the case always in great detail, for one to three hours (until the patient runs away); always digging deep into the mind of the patient (until it bleeds), to give an exhausting questionnaire to the patient to be filled up and submitted (a good pass-time for neurotics); to dissect the dreams of the patient to see how fantastically the story in the dream can be fit into the real life. (Recently, at one late night party, my hostess, who happened to be a patient of the dream-type homoeopath told me: "You know, nowadays my homoeopath insists on nothing so much as noting down my dreams so 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 was not a joke. It was the actual statement of a patient.

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

Some workers under the banner of classical homoeopathy started believing and teaching that the childhood mental state and the history are 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 choosing the remedy of the patient by comparing her with the drug substance. Hahnemann, as you know,

called it the *Doctrine of Signatures*, and as the wise man he was, condemned this concept 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*, 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 students without warning them about the risk of rigidity. If this concept is applicable enough to consider it classical, then a remedy prepared out of banana should be a great aphrodisiac.

The idea of body language and gestures suggesting the remedy was introduced which intrigued students but made them more fixed in their understanding or remedies. For instance: a *Natrum-muriaticum* individual supposedly does not lean forward while talking to the homoeopath, while the *Phosphorus* type does. This is incorrect and misleading. We have witnessed the reverse of it on numerous occasions. This is just one of many examples, of course.

The concept of classical homoeopathy is great, undoubtedly. The editor of this newsletter is also proud to be called on 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 has been coined and used by various homoeopaths in the later part of this 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 feel like outcasts at times! And their remarkable cures and work are not

being shared with the world of our classical homoeopaths. Aren't we the losers?

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 to 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 rigidity 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 and we will open our eyes and try to understand homoeopathy 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 today's so-called classical homoeopathy is drifting away from Hahnemannian homoeopathy. Some may feel that these points are overstated here and in other recent articles in homoeopathic periodicals, including *Homeopathy Online*. I feel that the repetition of another dose at a reasonable interval is allowed by all types of classical prescribers! The Kentian rule is that you repeat till it starts acting.