

A CRITIQUE

"The day of the true knowledge of medicines and of the true healing art will dawn when men cease to act so unnaturally as to give drugs to which some purely imaginary virtues have been prescribed, or which have been merely vaguely recommended, and of those real qualities they are utterly ignorant; and which they give mixed up together in all sorts of combinations."

– Samuel Hahnemann, Kothen, January 1830

I have chosen to critique Mark Wells' "Building a Practice using Combinations". In his article, Wells promotes homeopathic complexes as useful and potentially effective for building a successful practice. According to him, for a practice to flourish, it must employ reliable and predictable natural medicines that are also easily selected. In his opinion, doing so ensures "a good supply of clients who are willing to accept natural medicines". He argues that since homeopathic complexes are used prolifically, they are copiously proven and can thus be deemed strong, reliable and predictable. Furthermore, he adds that combinations are easily selected because their actions are confined to specific body parts, and are prescribed based on objective symptoms. Wells concludes that together these qualities provide greater consistency in relieving symptoms, ensuring the return of clients and a successful practice.

While I agree remedies should be reliable and predictable, that is where I stop seeing eye to eye with Wells. For one, I do not concur that homeopathic complexes are proven or predictable simply due to extensive use. I also do not agree that remedies – in this case, homeopathic complexes – are easy to select because they are based on particular areas of the body or the client's objective symptoms. In fact, I contend that the prescription method suggested by Wells and underlying that of homeopathic combinations defy the laws and philosophy of Classical Homeopathy.

To begin, let's consider Wells' proposition that "... these complexes because of their prolific usage have been 'proven' on countless occasions." On the contrary, a proper homeopathic proving demands the keenest observation of symptoms produced and the careful weighing of their relative value. For a proving to maintain integrity, the drug must be pure, free from mixtures with other drugs, and be active. The prover must be healthy, and the circumstances surrounding him should be as per normal. (Roberts 1942) Proving must include mental, emotional and physical changes. The record must describe external circumstances and concomitants, and new symptoms should not be omitted. Furthermore, the prover mustn't know the remedy beforehand and must accurately and objectively record all symptoms in his own words. These are but some basic principles of a proper homeopathic proving; nonetheless they sufficiently highlight how absurd it is to declare a complex proven just because of its 'prolific usage'.

I also challenge Wells' comment that "we also have very clear knowledge of the individual components of the complexes so we may easily understand the cumulative effect of the medicines and the systems or areas of the body-mind they will affect directly." Such a statement is similar to saying because we know how sugar, eggs, flour and milk tastes separately, we know how a cake will taste. It couldn't be further from the truth. When prescribing single remedies, the homeopath aims to match the symptom picture of the remedy's "artificial disease" as closely as possible to the symptom picture of the patient's illness. The remedy with the unique "disease" picture that matches the totality of the patient's symptoms is the simillimum. (Schepper 1999) This single remedy allows the vital force to concentrate its maximum healing power on the essential picture of the illness. In contrast, two

or more remedies administered simultaneously disperse the vital energy's reaction, and may even confuse it.

In Aphorism 274, Hahnemann said: "even though the simple medications were thoroughly proved with respect to their pure peculiar effects... it is yet impossible to foresee how two or more medicinal substances might, when compounded, hinder and alter each other's actions on the human body." (Hahnemann et al) Combinations may confuse the vital force, counteract the curative effects, disorder the state of illness, and obscure the disease picture. Hahnemann also said: "in no case under treatment is it necessary and therefore not permissible to administer to a patient more than one single, simple medicinal substance at one time." (Hahnemann et al) Furthermore, besides contradicting fundamental homeopathic principles, homeopathic complexes, unlike single remedies, do not give a base to obtain information about the individual actions of the remedies. A combination may potentially improve some symptoms but also cause a proving. However, there is no way of knowing which remedy is doing what, and hence it is impossible to effectively treat the patient.

Wells further suggests that "combining these [homeopathic] medicines can be viewed in the same way as combining herbal medicines" and like herbal mixtures, homeopathic complexes "gives us a strong, reliable and predictable effect..." On the contrary, homeopathic remedies operate in an entirely different way from herbal medicines and shouldn't be viewed alike at all. While herbs work predominantly on the physical level with perhaps some mental and emotional effects, homeopathic remedies go directly to the energetic level, strengthening the vital force to rid the body of the disease. Precisely because the energy of the homeopathic remedy doesn't exist physically, the artificial disease picture it creates can't harm the body. (Schepper 1999)

Wells' statement that "because [the homeopathic complexes are] low potency, the homeopath has control over any possibility of 'aggravation' of symptoms by merely lessening the frequency of dose" is also simplistic. An aggravation may be homeopathic, in which case, the remedy is right, and either the potency or the dose may be wrong. Alternatively, an aggravation may be the result of a proving, in which case it is the wrong remedy. In both situations, we can clearly see that "merely lessening the frequency of dose" is insufficient to control the aggravation of symptoms.

Next, Wells argues that "selection of the correct complexes is easy [because] the complexes confine their primary action to specific areas, organs or systems of the body-mind so it is easy to correlate them with those same areas, organs or systems at the cause of the illness within the person." Once again, I disagree. Contrary to his implication that specific areas, organs or systems of the mind and/or body are the root of illness in a person, I contend that signs and symptoms that appear on a physical or mental level are in fact the outcome of a disease process.

According to Vithoulkas, the dynamic plane is "the plane of the essence of life, the plane on which disease originates, and also the plane of origin of the defense mechanism." When the dynamic plane is in a healthy state, it does not manifest itself when exposed to a stimulus. It responds and adjusts without noticeable effects manifesting on the mental, emotional and physical levels. In disease, however, once a certain threshold is crossed, the defense mechanism or vital force of the individual is stimulated, and it may generate processes that are perceived as symptoms on the physical, mental or emotional levels. Rather than the cause of disease, these symptoms are in fact perceived as the workings of the vital force in its bid to restore order and harmony; they are attempts of the organism to heal itself. (Vithoulkas 1980)

Moreover, "since the activity of the defense mechanism (vital force) originates on the dynamic plane, the most logical therapeutic approach would be one which enhances and strengthens this level, thus increasing the effectiveness of the organism's own healing process." (Vithoulkas 1980) In contrast, by confining "their primary action to specific areas, organs or systems of the body-mind," combinations merely address the symptom manifestations of the vital force. They do nothing to resolve the original disturbance on the dynamic level. While classical homeopathic advocates would hasten to mark this as a major flaw of homeopathic complexes, Wells ironically highlights it as a benefit, stating that this method of prescription is "more in line with the contemporary medical model [where] objective symptoms are of major importance." According to Wells, "objective symptoms" are an advantage because the practitioner has easy access to them, thus the correct homeopathic complex can be found more easily.

According to the Oxford dictionary, the word *objective* can be defined as "not influenced by personal feelings or opinions; considering only facts." (OUP 2003) This would imply that Wells is suggesting that factual symptoms that are independent of individual thoughts are the key to selecting the correct remedy effortlessly. However, such symptoms would undoubtedly be limiting and perhaps even superficial. Once again, Wells' claim directly opposes some fundamental teachings of classical homeopathy. For one, when prescribing a homeopathic remedy, contrary to relying solely on "objective symptoms", it is in fact essential to obtain a thorough case history. The physician should spend at least one hour with each patient to obtain a thorough understanding of the totality of the patient's disturbance, which includes disequilibrium at both subtle and gross levels. In Hahnemann's view, disease is an imbalance of the vital force, expressed by the totality of signs and symptoms in the patient on the physical, emotional and mental planes. (Little 1998). If we merely focused on "objective symptoms," only a partial image of the total symptom picture is acquired, and the effect of the therapeutic substance on the individual will be limited to that vibrational level. (Vithoulkas 1980)

In addition, the basic principle underlying not just homeopathy, but most complementary health practices is individualisation. In his book "The Principles and Art of Cure by Homeopathy", Roberts says, "With the homeopathic physician... the individual patient, into whatever diagnostic group he may fall, is treated as an individual, and the therapeutic measures are directed according to the individual symptoms." (Roberts 1942) Thus, contrary to Wells' suggestion that objective symptoms should be our primary focus when selecting a homeopathic remedy, emphasis should be placed on symptoms that in fact individualise the patient and sets him or her apart from everyone else. The more peculiar, strange and rare the symptoms, the more important they are in repertorising the case. The more common the symptoms, such as anorexia, headache, fatigue, and discomfort, the less important they are. Thus again, we see that thorough case-history taking is very important. It is usually through this process that the homeopath builds up a rapport with the clients and gains their trust. At this stage, vital signs and symptoms that may have been considered too strange and peculiar to bring up initially may surface. In contrast, "objective symptoms" may remain commonplace, superficial and thus less crucial in finding the simillimum.

Furthermore, Wells' promotion of symptom relief as a treatment goal defies the homeopathic and naturopathic principle of treating the cause, which in the case of homeopathy is, as previously mentioned, addressing the imbalance in the vital force on the dynamic plane. The signs and symptoms are only the "outer reflection" of the disease. Thus even if we eradicated the symptoms on the surface with complexes, if we do not remove the cause of the disease, they are likely to reappear. Moreover, by treating symptoms alone, we may even be suppressing the palliatory expression of the vital force, causing the disease to metastasize to the deeper regions and produce a more complex pathological state. (Little 1998) In contrast, a

well chosen single remedy that approximates the illness as a whole, taps into the vital force to correct any energy blockages. In turn, a genuine and profound cure of the whole person can often occur, even in obstinate chronic diseases.

In the last portions of Wells' article, his claims become even more preposterous. On the one hand, he says "seeking the correct 'constitutional' medicine can be extremely time-consuming and let's face it, often very elusive even for the experienced practitioner." On the other, he claims "if the practitioner is experienced, knowledgeable and confident enough... they should be discerning enough to detect and recognize the differences in responses in their client to the low potency complexes and the higher potency single medicine or simillimum." Hence while Wells suggests that even experienced homeopaths would most likely be unable to do their job of finding the correct remedy (and should thus take the easy way out and use homeopathic complexes), he is entrusting these same "incompetent" homeopaths to distinguish the differences between their clients' reaction to a complex and a single remedy given simultaneously. The first statement is nothing short of insulting for qualified members of the profession, and the second, absurd, for even on their own, responses produced by single remedies can vary widely between individuals. When combined with complexes, which are again composed of various different remedies, there is an even greater possibility for variations in responses. Thus if a reaction does occur, whether positive or negative, there is simply no way of telling which remedy was the one that produced the effect.

In summary, Wells has failed to persuade me that the use of homeopathic complexes is vital for building a successful practice. I am not convinced that they produce effects that are reliable and predictable, nor that their selection process is necessarily appropriate, much less that they will keep the customers coming. While I can appreciate that there may be a place for them in acute situations where a homeopath is not readily on hand, and they are comparatively safer than most over-the-counter pharmaceuticals, nonetheless, I still see their use as being limited. Ultimately, rather than addressing the cause of the disease, which should be the ideal treatment aim of any homeopath in the long-term, homeopathic complexes only provide symptomatic relief. As Schepper says, "the last thing we want to do is imitate allopathic medicine, in which many drugs are given at the same time, each with its own side effects, creating such a muddle of symptoms that the original disease picture is lost." (Schepper 1999)

~ END ~

Word Count: 2000 words

References

- Hahnemann S, Dudgeon RE, 1982. Organon of Medicine. 5th & 6th Edition. B. Jain Publishers, New Delhi.
- Kent, JT, 1990. Lectures on Homeopathic Philosophy. B. Jain Publishers, New Delhi.
- Little D, 1998. "The Principles of Hahnemannian Homeopathy". [website online]. Available from URL: <<http://www.simillimum.com/TheLittleLibrary/PrinciplesGuidedTour/princ.html>>. Accessed 4 August 2004.
- [OUP] Oxford University Press. "Oxford Advanced Learner's Dictionary". [website online]. Available from URL: <<http://www.oup.com/elt/oald/>>. Accessed 4 August 2004.
- Roberts HA, 1942. The Principles and Art of Cure by Homeopathy. B. Jain Publishers, New Delhi.
- Schepper LD, 1999. Hahnemann Revisited. Full of Life Publishing, Santa Fe.
- Vithoukias G, 1980. The Science of Homeopathy. Thorsons, London.
- Wells M, 1994. "Building a Practice using Combinations." Brauer Professional News, February, pp1-2.