

## MATERIA MEDICA: STANDING ON SHIFTING SANDS

Is homeopathy an art or a science? Of the many definitions of science, the Academic Press Dictionary of Science & Technology presents the following: 1. the systematic observation of natural events and conditions in order to discover facts about them and to formulate laws and principles based on these facts. 2. the organized body of knowledge that is derived from such observations and that can be verified or tested by further investigation. 3. any specific branch of this general body of knowledge, such as biology, physics, geology, or astronomy. (1)

By this definition, homeopathy qualifies as a science. The French physiologist Claude Bernard [1813-1878] has been called ‘the father of modern experimental medicine.’ A proponent of ‘conventional’, i.e. compartmentalized, reductionist, mechanical-chemical medicine, Bernard uses a third person to say: “A modern poet has characterized the personality of art and the impersonality of science as follows: Art is I; Science is We.” (2)

It seems that homeopathy is both. That being so, how does the art and science in homeopathy present itself? Regarding the art versus science query, it is noteworthy that this division was applied to the basic works on homeopathic materia medica, T.F. Allen’s *The Encyclopedia of Pure Materia Medica*, and Hering’s *The Guiding Symptoms of Our Materia Medica* [1879-1890].

Allen’s 10-volume Encyclopedia and Hering’s 10-volume Guiding Symptoms are rightfully considered the cornerstones of the homeopathic materia medica. As secondary sources they drew on primary, first-hand sources providing the original materials. No doubt many agreed with Clarke, who identified both Allen and Hering as the major sources of his Dictionary: “Without these two monumental works my work would have been scarcely possible.”

With the appearance of the volume 2 of Guiding Symptoms in 1880, a peer review brought up the art-science topic: “It must not be forgotten that homeopathy is both an Art and a Science. Artists in homeopathy we must all be, if we are to succeed; scientists therein we need not be, and but few evince any desire for such attainments.

“To the mere artist it suffices to know that a symptom is reliable; whether it be clinical or pathogenetic, whether produced by the strong tincture or the CM potency, whether elicited at the beginning of the proving or the end, who the prover was, etc., etc., etc., all these points are of little or no moment to him; let the symptom only be reliable find he is satisfied. To the scientist, on the other hand, who desires to know not only the bare fact, but also its rational explanation, all these particulars are of importance. Again, while the scientist [who ever occupies the highest ground, and who is the author of the treatises which the artist employs] requires everything to be placed before him in all its details, in order that he may judge, and after judgement accept or reject; the artist, engaged in busy practice, and without the time, often without the ability, to sift the wheat from the chaff, needs his tools to be fashioned and sharpened for him by some master on whom he can implicitly rely. The Guiding Symptoms is the work for the artist; the daybooks of the provers, ... and Allen’s Encyclopedia, are the works for the scientist.” (3)

Desiring to avoid even the appearance of rivalry with Allen’s work, Hering spoke of his work as “*a true complementum*” to that of the latter. He wrote: “While Allen ... has tried his best to omit all cured symptoms, the Guiding Symptoms, as a true complementum to his work, have collected all the cured symptoms, at least as many as the editors have been able to bring together. ... Look at the communications in our journals! If not mere controversies concerning theories, they consist, as far as really practical, of cures mostly based on characteristics and formerly-cured symptoms, that is, cured by others; not names of diseases or diseased states, but real symptoms.” (4)

## **Guiding or Misguiding**

Hering went into the literature to gather up clinical symptoms as published in the various homeopathic books, journals and periodicals of his day. Calvin B. Knerr, Hering's son-in-law, gives us an example of how this was done: "In the evening I am occupied with scissors cutting symptoms copied by the secretary from Jahr's Therapeutic Guide. These are intended to go into the work on *Materia Medica*. These symptoms, written on slips of paper, Dr. Hering pastes on sheets of brown manila paper, in an order which, he says: Enables him to look behind the scenes. He says he has done this with Guernsey and Raue's books." (5)

Hering completed the work up to *Causticum* in Volume 3. Upon Hering's death in July 1880, Knerr became responsible for the completion of the 10-volume *Guiding Symptoms*. Originally working with Dr. Charles Mohr and Dr. Charles Raue, and later working alone, Knerr completed Hering's masterpiece in 1890.

An important change was made when Knerr, Mohr and Raue took over, correcting Hering's serious misjudgement of omitting source references. Any reference work lacking authentication obviously lacks the basic foundations of scientific scholarship. It is inconceivable how a man of Hering's stature and eminence could have overlooked such basic requirements. On the other hand, if we agree with the above assessment that *Guiding Symptoms* embodies the art-part of homeopathy, there will be no need for scientific exactitude.

However, it did diminish the value of the work, according to J.P. Dake's critical review of *Guiding Symptoms*: "It is regretted that all signs are omitted going to show whether a given verification has come from Dr. A., or from Dr. B., or Dr. C. The recorded experiences of Dr. A. might command our confidence, while those of Drs. B. and C. would be considered worthless." (6)

The new editors improved matters somewhat by including a section termed *Clinical Authorities*, which mentioned titles, authors, and publications from which clinical symptoms were taken. Such symptoms were marked by a single bold vertical line. Unfortunately, still some puzzling must be done to connect the symptoms with their authorities. While usually referring to *single* [rather than multiple] cases, Kent judged them as deserving of a second- or even a third-degree listing in his *Repertory*. Kent's grave misconstruction has created a confounding and false impression regarding the reliability and subsequent gradation of symptoms. Not only did such marked symptoms belong to single cases, they were often neither confirmations nor verifications of proving symptoms, as Kent and most of his followers have asserted.

It is important to understand that the presented cured symptoms were not necessarily those on which the successful prescription was based. In reality, they were additional, ancillary, secondary or concomitant symptoms observed in cases where the remedy was prescribed on some keynotes or characteristics, as Hering conceded.

## **Checking the Clinical Sources**

Whether something is an art or a science, or both, reliability remains a key issue. To pursue this issue of reliability further we need to have some background information on the state of homeopathy in Hering's days. In his enlightening presentation *The History of Homeopathy*, Kim Elia reveals that, "By 1862 homeopaths controlled 110 homeopathic hospitals, over 30 nursing homes, 62 orphan asylums and retirement homes, and 16 insane asylums in the United States." (7)

Over time, including the years in which the cases for *Guiding Symptoms* were gathered, homeopathy in the U.S. had several main centres of activity. Hering and his friends and colleagues were in Philadelphia, Pennsylvania. Other key centres were New York, New Jersey, Boston, Chicago, St. Louis, Cincinnati, Ann Arbor, Cleveland, Minneapolis, and San Francisco, among

others. There were many journals and periodicals arising from these centres, published monthly, bi-monthly, or quarterly. In addition, there were the annual proceedings and transactions of the homeopathic medical societies of a number of states. Some journals had a brief existence, others were circulated for more than five decades. Thousands of case reports, clinical observations, and provings saw the light in these publications.

With many of the publications cited in *Guiding Symptoms* now available on the internet or in American university libraries, it is possible to double-check the Clinical Authorities and the cases presented. While an amazing 42 American journals and periodicals were available to collect clinical material from, the selection made in *Guiding Symptoms* is, astonishingly, quite limited and judicious. Stapf's Archiv [1822-1846], Rückert's Klinische Erfahrungen in der Homöopathie [1822-1858], the Allgemeine Homöopathische Zeitung, and some other German and Austrian journals are generously represented. [All four workers involved in the *Guiding Symptoms* venture were German born or of German descent.]

The American material comes from a small number of journals, including 'Raue's Record', short for The Annual Record of Homeopathic Literature, edited by C.G. Raue. According to the editor and co-editors, the Record's "precise merit will be best appreciated by those who claim to adhere most closely to straight-out Hahnemannianism." (8) The first Record appeared in 1870; the project was abandoned after 1876 because, as Raue admitted, it "did not pay."

### **Back to the Original Sources**

The above explains why the American 'Clinical Authorities' in *Guiding Symptoms* are mostly from the 1870s. Moreover it implies that there is more to be gleaned when we go back to the original sources that either fell outside the time or reference frame of *Guiding Symptoms* or somehow didn't fulfill the specifications for selection by the editors.

Within a timespan of about 100 years more than 60 journals and periodicals came into existence in the United States alone and disappeared again after a short or longer period of continuation. Other countries where homeopathic journals were published included Germany, Austria, France, England, Italy, and India, amongst others. Translations appeared in their American counterparts.

Over the last 5 to 8 years I have been going through this material, a truly countless number of pages, being rewarded with a harvest of some 4000 cases and clinical observations, and 1041 of what were called 'provings', altogether a total of 750 different remedies. The cases cover about 500 remedies. Everything is in the original language of patients, prescribers or provers. It may reasonably be assumed to cover 90% of the traditional, mostly American, homeopathic treasures, up to about 1930. It won't come as a surprise that reading symptoms in their original context and wording is quite a difference with them being shortened, distilled or dressed down to fit a particular template, scheme or codification.

Let me give one striking example. It concerns a self-experimentation by Dr. Stokes with Hypericum tincture. On September 25, 1852, he notes the following effects: "Last night, late to bed, and dreamed awful horrid dreams, as that God was far from me, and repudiated me, etc.; on rising, stomach hottish and uncomfortable, though only a bit of bread and potato for supper with half a glass of port wine in water; felt right after a drink of cold water." And this is how it ended up in the materia medica: "25<sup>th</sup> - Horrid dreams; stomach felt hot and uncomfortable on rising." [Cyclopedia of Drug Pathogenesy, Vol. 2, pg. 682.]

There are plenty of other examples of what has been sacrificed for the sake of conciseness, at the expense of the fine nuances. One day the full material from the old journals will be published in book form. I have already decided on the title: Vista Vintage.

### **In the Slipstream of Guiding Symptoms**

Guiding Symptoms stood at the head of reference books on materia medica, even more so than Allen's work. In his Lectures on Homeopathic Materia Medica, Kent repeatedly refers to the "Text," by which he meant the Guiding Symptoms and which he used as the basis of his Repertory. Likewise with many others and William Boericke.

The latter was arguably the most widely known homeopathic data miner, whose Pocket Manual of Homeopathic Materia Medica went through 9 editions. Boericke's Pocket Manual contains 1115 remedies, ranging from briefly sketched to single-worded in remedy descriptions. By contrast, Guiding Symptoms includes 410 remedies, and Allen's Encyclopedia close to 800.

However, what Boericke's materia medica offers in width, it lacks in depth and completeness as well as in accuracy and precision. The objection regarding Hering's contribution to Guiding Symptoms applies equally to Boericke's Pocket Manual: It lacks source references and thus lacks the basic foundations of scientific scholarship. Boericke leaves us often in the dark.

For example, Boericke writes of *Eschscholtzia californica* [California poppy]: "Experiments upon animals showed it to act more powerfully than morphine, which is contained in the plant." (9) This erroneous assertion is based on a report by Bardet and Adrian, of France, in 1888, who found an alkaloid in the plant that gave the reactions for morphine. In 1889 the error was rectified, yet nearly 40 years later, it persists unchanged in Boericke.

Boericke borrowed from eclectic and herbal sources, particularly where under the heading Dose, the use of tinctures or low potencies is advised. It seems that Boericke equated treatment according to homeopathic principles with the use of homeopathic preparations per se.

Boericke claims *Syzygium jambolanum* to be "a most useful remedy in diabetes mellitus," to lay it on thick in the next sentence with: "No other remedy causes in so marked degree the diminution and disappearance of sugar in the urine." Boericke is on shifting sands with a sweeping statement like that, given the fact that the brief materia medica he provides is based on a *single* case treated with the tincture, reported by Dudgeon in Homeopathic World, of December 2, 1889. (10)

We are on shifting sands as well when priming Boericke and Kent as primary sources.

### **Concordant Correction**

When working in the early 1990s on the incorporation of Hering's Guiding Symptoms in the second edition of my Concordant Materia Medica, I discovered that some of Hering's material was already there by way of the authors I had cited in compiling the first edition. I took it at face value that Hering was the sum total of all traditional homeopathic knowledge, the Guiding Symptoms comprising all that had been caused and cured, the whole nine yards. I took also for granted that Hahnemann's materia medica would be included in Guiding Symptoms.

How wrong I was. Whereas Guiding Symptoms does contain a small percentage of proving symptoms considered characteristic, including a small portion of Hahnemann's, the major source for symptoms of the category 'caused' is T.F. Allen's Encyclopedia of Pure Materia Medica.

In my new book, Concordant Reference, I have implemented two major revisions: (1) Upgrading and/or correcting the source materials and remedy names in the classic materia medica to current scientific standards. (2) Addition of T.F. Allen's Encyclopedia of Pure Materia Medica and his Handbook of Materia Medica and Homeopathic Therapeutics to the existing text, in order to make the classic materia medica as complete as possible in the space of one volume. Moreover, this meant that Hahnemann was now included in full!

The inclusion of symptoms from T.F. Allen's *Materia Medica*, hence of caused symptoms elicited by provings and poisonings, implicated a significant modification of the equilibrium between caused and cured symptoms. Previously the balance was tilted towards clinical symptoms, due to Hering's *Guiding Symptoms*; now, with the addition of T.F. Allen, the situation is more equal and the balance between art and science has been restored.

### **Provings Purity**

Notice the word 'pure' in T.F. Allen's *Encyclopedia of Pure Materia Medica*. In the learned opinion of J.P. Dake and quite some of his contemporaries the claim of purity was nothing less than boastful grandiosity: "We have no *Materia Medica Pura*. The symptoms recorded as such in Allen's *Encyclopedia*, the largest and most faithful collection ever published, are so impure, so unsifted, so unreliable as a whole, by reason of the notoriously defective provings, whence they have been mainly derived, no one has the courage to claim one-half, or even one-third of them as genuine drug-effects." (11)

We may dismiss this as spiteful and unfair criticism, maliciously backmouthing and backstabbing trustworthy men with honourable intentions. We may also feel offended by such devaluation of provings as the very core and foundation of homeopathy. In 1853, the editors of the *North American Journal of Homeopathy* held that, "The pride of homeopathy has always been its provings. It is we alone who possess a true *materia medica*." Pride is at the root of hurt feelings.

Current declarations appear to gloss over the controversies and issues that have surrounded provings from their very start. We read that "provings are the basis upon which a homeopathic remedy is chosen for a patient" and that the characteristics of various sources such as plants, minerals, animals and diseased tissue "have been brought out through carefully constructed provings." (12)

The truth is somewhere in the middle. It is neither as notoriously defective as Dake professed nor as foolproof as current avowals have it.

### **Sacred Cows & Magic Wands**

For a medical discipline proclaiming strictly individualising treatment on the basis of completely individual drug pictures, the shift to grandiose generalisations is startling to notice when the subject of provings is brought up. When dogmatic battles break out, the odds are that provings are involved, directly or indirectly. We hear solemnly pronounced that the *materia medica* is based on provings, and that only proven remedies are reliable.

First of all, what is meant with the word 'proving'? How are we to understand the numerous times that the words 'proving' or 'proved by' are used in Hering's *Guiding Symptoms*? Are we to get the idea that a proving is a standardised protocol with a number of regulated factors in regard to provers, proving substance, and methodology?

For proving guidelines we consult the 5<sup>th</sup> or 6<sup>th</sup> edition of the *Organon*, aphorisms 105-145, suggesting that classical, Hahnemannian provings were conducted with daily doses of "four to six very small globules of the thirtieth potency" for several days. [aphorism 128]

The use of the 30<sup>th</sup> potency is only mentioned in the 5<sup>th</sup> and 6<sup>th</sup> editions, where it is presented as according to "the most recent observations." Remarks in aphorism 128 such as "we *now* find it best" and "the plan we adopt" indicate that the 30<sup>th</sup> potency was a recent and new development.

How Hahnemann really did his 'classical' provings is told in both the 3<sup>rd</sup> and 4<sup>th</sup> edition, published in 1824 and 1829, respectively. Aphorism 120 tells that the prover has to take "eine solche Gabe der zu prüfenden Arznei, als man in der gewöhnlichen Praxis in Rezepten gegen Krankheiten

zu brauchen pflegt” [the proving substance in a dosage as is usually employed in common practice in the treatment of disease] “mit etwa zehn Theilen nicht ganz kalten Wassers gemischt,” mixed with ten parts not too cold water.

Since almost all Hahnemann’s provings date from before 1830, they were doubtlessly conducted according to the guidelines in the 3<sup>rd</sup> and 4<sup>th</sup> editions of the Organon. *Materia Medica Pura* appeared in 6 volumes, in 1811 [2<sup>nd</sup> print, 1822], 1824 [vol. 2], 1825 [vols. 3 and 4], 1826 [vol. 5], and 1827 [vol. 6]. The first edition of the *Chronic Diseases* was published in 1828-30 in four volumes.

The idiosyncrasies of provers shouldn’t be ignored. Hahnemann ‘proved’ many of his substances on himself, his wife, and mostly one or two, sometimes more of his students. His student Langhammer was involved in 42 provings. He was altogether responsible for 135 mind symptoms in Hahnemann’s *materia medica*, making him the third largest contributor to the mind-section, after Hahnemann himself with 888 symptoms and Mrs. Hahnemann with 194 symptoms.

### **No Standard Protocols or Uniformity in Execution**

Since Hahnemann proving protocols have been of all kinds, while proving substances generally consisted of crude substances, tinctures and low potencies, up to 12<sup>th</sup> [x or c]. I collected 1041 ‘provings’ from original, primary sources, published between 1830 and 1920. Of these, 272 were self-experimentations, 492 were ‘involuntary provings’, ‘accidental provings’ poisonings, side effects, etc., and 277 were what comes closest to the term ‘proving’ as generally understood. Nearly all had either the word ‘proving’ or ‘poisoning’ in their title. Toxicological information has always been included in the *materia medica*, not infrequently categorised as ‘provings’.

‘Provings’ were of all kinds and ranged from small to large assemblages of provers; from brief solo undertakings to prolonged self-experimentations; from solely male participation to exclusively female input; from no effects to virtual toxicosis; from chewing of bark and leaves to sniffing and handling of flowers; from overdosing with tinctures to occasional dosing with single drop doses; from fleeting observations to encounters drawn out over months; from flat nondescript accounts to detailed personal narratives; from unspecified proceedings to scrupulous sequence of events; from ultra short to comprehensive.

### **Sameness and Homogeneity**

In summary, traditional provings lack standard protocols or uniformity in execution. Modern so-called ‘classical’ provings, conducted for about the last 30 years, follow more consistently a basic protocol. The balance has shifted from a past plethora of physical symptoms to a current overabundance of mind symptoms. General themes that play in modern societies abound in modern provings, such as assertiveness, setting personal boundaries, emotional clarity, wanting to protect or help children, animals or nature, irritation and anger, intolerance of injustice, environmental or gender issues, male-female topics, relationship stresses, spirituality references, out-of-body experiences, isolation and separation from the world, sweet cravings, etc. So where there is now more uniformity in execution, there is also much more uniformity in outcome. As a surplus new proving methods have been introduced, such as C4-triturations, dream provings, meditation provings, and induction provings.

### **Major Pitfalls**

However considerable the diversity and dissimilarity of the past ‘proving’ methods may have been, they were all deemed to bring out the pure effects of substances. Or as Hahnemann said in aphorism 144: “Everything should be the pure language of nature carefully and honestly interrogated.”

There is no question that we possess nowadays more advanced and better methods to obtain the pure language of nature than 18<sup>th</sup>-19<sup>th</sup>-century knowledge and/or provings could ever hope to provide. We know about the differences in snake venoms, plant chemicals, mineral and metal properties, biological activities of fungi, bacterial and viral diseases, etc., etc. Such knowledge brings *welcome, crucial enrichment and decisive modification* of the traditional materia medica.

The bare facts are that the substance section of traditional homeopathy is full of flaws, inaccuracies, misconceptions, and blatant fallacies. If there is anything, I think, that leads to prescribing the wrong remedy, it is because it is the *wrong* remedy, much more likely than because of some defective analysis or improbable method being used.

Faults are of two kinds: those with minor effects, and those with major effects. Those with minor effects are substances confused with or substituted for each another because of close similarity. This happens quite a lot in the materia medica. For instance, there are two different species under Bufo; under Castoreum; Tuberculinum; Rhus tox.; Aloe socotrina; Bryonia alba; Cinchona [China]; Ginseng; Helleborus; Origanum; Magnolia; Scrophularia; Tilia; Trifolium; Melilotus; Helonias; Naja tripudians; Homarus. There are various species of Pilocarpus under Jaborandi, various species of Smilax under Sarsaparilla, various species of Euphorbium under Euphorbia, various species of true vipers under Vipera, various species of wasps under Vespa, and various species of spiders under 'Tarentula'. Formica rufa contains two different ants and three different chemicals believed to be related to ants.

As long as the species are closely related, i.e. share the same genus and consequently have similar chemical composition, an overlap of symptoms [and therapeutic result] may be expected to some extent. But it won't and can't be 100% where one species is prescribed where it should have been the other. And not too much of a result can be expected where species are unrelated.

Due to limited space, only a few words on major quirks and aberrations. Traditional homeopathy tends to misidentify small animals, such as insects and spiders, and misapply properties and effects to them. Ignorance and superstition abound, for example regarding fictitious 'Tarentula' and 'Mygale'. Haemotoxic snakes and neurotoxic snakes are not separated in their effects, resulting in a haemotoxic Bothrops species erroneously included in the materia medica of the neurotoxic Naja tripudians. The reason why Dr. Neidhard in 1853 considered Crotalus horridus as a specific for yellow fever is too bizarre for words. The risk inherent to sweeping generalisations becomes evident when we read in Boericke that "*all* spider poisons powerfully affect the nervous system."

Mineral and metal salts are confused and lumped together. Most symptoms now found under Baryta carbonica were obtained with Baryta acetica; same, albeit to a lesser extent, with Calcareo carbonica and Calcareo acetica, with Cuprum acetatum and Cuprum metallicum, with Plumbum acetatum and Plumbum metallicum. Chloride salts [muriaticums] stand under the pure metal [Stannum]. Whereas Bismuthum is said to be bismuth oxide, it is bismuth subnitrate when we carefully read how it is made. Mercurius solubilis is also a nitrate salt.

Zincum phosphoricum [zinc phosphate] is confused with Zincum phosphoratum [zinc phosphide]; the first is a zinc salt, the second is a phosphor salt. Their effects are very different. Same with Argentum phosphoricum [silver phosphate], which turns out to be Argentum phosphoratum [silver phosphide].

In light of this it may be wondered how to conduct 'group analysis' when the composition of the group is uncertain or inaccurate.

## **Conclusion**

If the question is whether homeopathy is “art or science, clinical or proving, classic or modern,” then the answer is YES. It is all of the above. Spending our time preoccupied by digging our heels into one side of these polarities distracts us from the real and only pertinent question. Are the symptoms reliable as experienced by the patient or prover and described in their own language? Only then can we be said to be following Hahnemann’s adage of seeking “pure language of nature carefully and honestly interrogated.”

- (1) Christopher G. Morris, *Academic Press Dictionary of Science and Technology*; Academic Press, 1992.
- (2) [www.gly.uga.edu/railsback/1122sciencedefns.html](http://www.gly.uga.edu/railsback/1122sciencedefns.html).
- (3) Review of *The Guiding Symptoms of Our Materia Medica*, Vol. II; *The Organon*, Vol. III, No. 3, July, 1880.
- (4) Constantine Hering, *Let Us Try*; *The Organon*, Vol. II, No. 2, April, 1879.
- (5) Calvin B. Knerr, *Notes from my Diary*; *The Life of Hering*, 1940.
- (6) Review of *The Guiding Symptoms of Our Materia Medica*, Vol. I; *The Hahnemannian Monthly*, Vol. XIV, June, 1879.
- (7) Kim Elia, *The History of Homeopathy, Part 1*; [www.wholehealthnow.com/courses/history-of-homeopathy.html](http://www.wholehealthnow.com/courses/history-of-homeopathy.html).
- (8) Review in *The North American Journal of Homeopathy*, Vol. XIX, Nov., 1870.
- (9) W. Boericke, *Homeopathic Materia Medica with Repertory*, 9<sup>th</sup> ed., 1927, pg. 270.
- (10) W. Boericke, *Homeopathic Materia Medica with Repertory*, 9<sup>th</sup> ed., 1927, pg. 629.
- (11) *We Dissect Books, not Authors*; *The Hahnemannian Monthly*, Vol. XIV, June, 1879.
- (12) George Vithoulkas, *The Science of Homeopathy*; 2002.