

REGARDING *PATHOGENESIES*

A necessary clearing up of things...

The constructive and also enlightened point of view expressed by a fellow homoeopathic dentist about the listing of many medicines¹ recommended for dental problems and what might be linked to them from a psychosomatic angle served as a basis for some thinking...

His first remark reminded that it would have been necessary, before proposing homoeopathic medication, to emphasise that the substances enumerated did not replace dental treatment. It shows how much the difference in practice is confronted with an unsuspected reality: what is obvious to the practitioners of a speciality may not be to everyone. If the issue was raised, it is because the comparison with clinical medicine shows the need to mention it and, beyond all explanatory considerations, it is necessary to remind of this fundamental notion.

Obviously, homoeopathic medicines do not replace dental treatment!

This can only remind one of the obligation to say regularly that the homoeopathic treatment alone is inadequate for many disorders, when they have exceeded the subject's means of defence or there is a problem to be settled in situ which involves an operation of a surgical or other nature.

It cannot be recommended alone for many severe mental or depressive illnesses either: it can only accompany and contribute towards the making of the diagnosis so as to choose the most appropriate treatment...

It is necessary to give a few explanations about it and put the concepts back in order.

It was a very apt remark, which highlighted that the difference in practice and way of thinking necessitates explanations all the more as day-to-day clinical medicine shows that certain elements that seem obvious to the practitioner sometimes need to be repeated.

It was all the more important as it drew attention to another problem concerning the contents of some of the *pathogénésies* of medications recommended by dentists. It seems that it would have deserved greater clarity, which would have contributed to a greater chance of confirmation by clinical medicine...

This thought should be taken into account all the more as it is closely akin to a criticism made regularly and already initiated in the past: *pathogénésies* should be updated.

If it was advocated bringing out the main points of them and separating the conclusions from many additions or subtractions made as time went by and according to the experiences and points of view of people, this need is strengthened still more by what comes from the regular appearance of new *pathogénésies* drawn from often very various sources.

Our intention is not to question *pathogénésies* or their value,

As they constitute the basis of the Hahnemannian discipline. But it is essential to emphasise some of their inadequacies and invite one to be more rigorous in the way of using what comes from them. It is not pointless to check the sources and compare the modalities

¹ Mentioned in the article, *Aïe mes dents*, February 2014 on homeopsy.com

recounted with those which can be seen during clinical observation to make the essential points emerge with a view to their use as originally and to quality repertorisation.

This is not a new problem...

Already expressed by Doctor Rolland Zissu² in 1962, the need to stand back from what seems to be obvious becomes clearer and clearer. It is essential to review *materia medica* from scratch if not to update it on fundamental points.

«Puisque, depuis la création de l'homéopathie, les pathogénésies se sont modifiées, et non seulement par rapport à quelques détails, mais au sujet de caractéristiques, de modalités, de signes importants ; puisque chacun des auteurs étudiés, et il y en a bien d'autres, ne peut, en principe, être accusé de mauvaise foi, ne doit-on pas songer à une révision indispensable, à une recréation expérimentale des pathogénésies?»³

While emphasising the significance of these contributions, certain of which were essential, Dr Rolland Zissu emphasised the importance of this putting back in order. He supported what he said with the fact that the aggravation of the health of THUJA – who, in an unexpected way, does not have general modalities according to Hahnemann - with humidity is found in other authors, whose observations benefited practitioners... Although these declarations '*can only be catastrophic for the narrow-minded practitioner who bases their prescription only on the blind and uncritical obedience to the pathogenetic studies of one author*', they offer food for thought regarding the material used to choose the appropriate medicine(s).

The need to retain objectivity, to check the sources of the modalities used, as well as to retain rigour in the choice of what will be used as the basis for the decision is essential. Certain elements are obvious, visible, checkable, examined closely from the angle of clinical medicine. Only these should guide the practitioner.

The modalities mentioned by Hahnemann are mainly of a symptomological nature.

The elements emerging from the *pathogénésies* are visible, detectable and may be observed by everyone. They do not have any sort of interpretation likely to modify the view of the medicine, especially concerning the signs coming from the psyche...

It is this maintaining of the contents of *pathogénésies* in pure semiology which permits to retain a pertinent language and makes it possible for newcomers or non-homoeopathic doctors to have reference points. Only it may facilitate the possibility of a dialogue with the supporters of official medicine and the practitioners of the different trends present within homoeopathy.

It is important to study from where they come...

It is essential to separate what comes from pathogenetic experimentation itself, to give its source and distinguish its contents from what comes from the clinical experience of the author of the *materia medica* used: certain of them use information put forward by other

² *Réflexions sur les pathogénésies. Bases d'interprétations modernes d'Antimonium Crudum*, Journée homéopathique du 21 juin 1962, Lab. Unda, S. A. Harze, Belgium.

³ 'Seeing that, since the creation of homoeopathy, *pathogénésies* have changed, not only concerning a few details but about important features, modalities and signs; seeing that neither of the authors studied, and there are many more of them, may, in theory, be accused of dishonesty, should we not contemplate the necessary revision and the experimental recreation of *pathogénésies*?'

people, whose sources sometimes lack rigour or are questionable regarding the manner in which their elements are collected, which may engender difficulties.

It seems necessary to facilitate the better cohesion of the data that can be used.

This may prevent, according to the materia medica consulted and the practitioner's affinities with the elements put forward by its author, the way of seeing the medicine from being modified and its use from being different from one nursing person to the other. This is the point of view which many homoeopaths and researchers interested in the Hahnemannian approach share.

Until the reviewing from scratch is done, there is a possible solution.

Doctor Rolland Zissu formulated its content in a global manner: *«une interprétation rationnelle des symptômes qui peuvent être expliqués, sur un plan tant synthétique qu'analytique, peut servir de dénominateur commun à des différenciations a priori incompatibles, mais explicables après réflexion»*⁴, leaving *«délibérément de côté ce qui ne peut s'expliquer présentement, sans pour cela l'éliminer, mais en reportant à plus tard l'interprétation et en utilisant tout symptôme inexplicable, pourvu qu'il soit vérifié cliniquement, l'efficacité thérapeutique étant en définitive le critère suprême, à condition qu'il ne soit pas l'effet du hasard et qu'il se retrouve fidèle dans les mêmes conditions de diagnostic du remède»*⁵.

This may be a good course of action given the difficulty in putting in place the correction process and the fact that it may be a long time coming given the scale of the task.

The appearance of computer data will not make the task easier.

The multiplicity of the signs linked to *pathogénésies* can only constitute an even more crucial difficulty.

There is a serious risk that the use of materia medica will be reduced and the medicines will be prescribed from a few signs. If they may lead to the substance corresponding to the disorder of the moment, for lack of sufficient light or precise semiology complemented by the data from clinical observation, they may make it more difficult to understand the subject and their disorder or, conversely, be put forward in an inappropriate manner.

The most adequate course seems to be to continue to take into account and observe the signs, as Hahnemann did.

Natrum mur 'withdraws into themselves to think about their pains'. Their health is 'aggravated by comfort' and they 'think that only they can be of any help'... These are visible signs on which one can, according to the approach, shed light in a specific way, such as mentioning the role of salt metabolism in the organism, that of the relational mode inherent in the fact that they belong to *Tuberculinisme* in their desire to escape from the real or that

⁴ 'a rational interpretation of the symptoms that may be explained both globally and analytically may serve as the common denominator of differentiations which may, a priori, seem incompatible but which can be explained after thinking about them',

⁵ (leaving) 'deliberately out what cannot be explained at present without eliminating it but postponing the interpretation and using all inexplicable symptoms provided that they are checked clinically, the therapeutic effectiveness being, in fact, the most important criterion so long as they are not the result of chance and are faithful in the same conditions of diagnosis of the remedy'.

of their psychic structure which predisposes them early to the disorders of the symbolic function...

This can only enrich the approach, permit to understand it better and, by keeping to common and visible signs, to speak the same language and say pertinent things...

Simplifying without cutting, enriching without engendering confusion...

This may be the future course of action for homoeopathy, caught between the imperatives of galloping modernism and the need to keep its richness: not to do without the contributions of the past and the present but to avoid confusion.

The gradual shifts that have appeared in vocabulary and certain concepts introduced in *pathogénésies* would be chased away, making it possible to remain faithful to the homoeopathic semiology and the Hahnemannian teachings. The criticism of *pathogénésies* such as has been formulated would become groundless...

A particular period for homoeopathy as well as for today's medicine

It is important not to lose sight of the subject, to maintain the practice in its art without giving in as regards rigour and the definition of the concepts and to expound the scope of reference. This can only make Hahnemann's message pertinent, re-establish it in its original foundations and permit a dialogue with non-homoeopaths and also between homoeopaths of all trends.

But this will be possible only if, in the enunciation of *pathogénésies* and the transcription of semiology, the fundamental principles are maintained. This would make it possible for everyone, beyond the various explanations or types of backing up of all sorts – physico-chemical or psychological ones -, to have the same view of each medicine...

There is a possible course of action...

Using various sources does not imply the losing of sight of what is common to all types of materia medica and is confirmed or contradicted by objective clinical experience.

This forces one to think about what is not confirmed by clinical medicine and may be considered questionable and, even if it depends on one author's point of view, may nevertheless be passed on by others.

Taking it into account can only be profitable, repertorisation will be made easier, the results will be confirmed and homoeopathy will be truly modernised...

Let us do Doctor Rolland Zissu the honour of concluding and say with him that

«L'avenir est à une œuvre de groupe, qui verra le jour grâce à une équipe désintéressée de chercheurs et d'expérimentateurs munis de tous les moyens, notamment financiers, pour y parvenir; à l'image de ceux dont est pourvue la médecine officielle...»^{6 7}

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⁶ 'The future belongs to group work, which will come into being thanks to a disinterested team of researchers and experimenters who will be able to use all possible means, notably money, to succeed, just like official medicine...'

⁷ Translated by Pascale Tempka