

## II- A problematic<sup>1</sup> clinical case<sup>2</sup>...

Referred to by an Internet user who was anxious to learn more about the definition and origin of the term 'Homeotherapy' mistakenly attributed to Hahnemann<sup>3</sup>, a clinical case mentioned next and coming apparently from a South African doctor now apparently set up in the United States<sup>4</sup> could only attract attention.

Like many others, but in a still more pronounced if not caricatured manner, he backed homoeopathic prescription with the contents of dreams.

The aim of this article is not to stigmatise in any way the person who made this - well-argued - observation<sup>5</sup> but instead to communicate the reflections it - like many others - generated, but it was propaedeutic: the number of dreams<sup>6</sup> recounted and the elements used to back repertorisation in order to lead to if not justify the chosen medicine could only attract attention...

This is not new since, somewhat contemporaneously with the diffusion of the Kentian theorisation<sup>7</sup>, accounts of dreams had already been given in certain 'pathogénésies', therefore replacing the conciseness of the themes or that of the evocation of the atmosphere of dreams generally used by Hahnemann and Kent.

Because of my triple training as a psychiatrist trained in psychoanalysis, a homoeopath but also as a doctor interested in certain types of scientific progress as regards research and pharmacology together with the conclusions that accompany them, I could not but be alive to this situation.

The different characteristics presented there were therefore bound to attract attention at various levels... As an 'old' homoeopath, who taught to the generation initiated into homoeopathy from the 1970s, very recently<sup>8</sup> said: 'I now recognise neither the homoeopathy I learned nor that I taught.'

In point of fact, the various elements coming from this clinical case pose a problem: first to the homoeopath then to the psychiatrist influenced by psychoanalysis but also to the simple researcher and observer whose manner of looking at things is as objective and 'scientific' as a doctor's can be - and whose training generally forbids them from claiming that they have their rigour and way of thinking...

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<sup>1</sup> Second part of a text entitled *Homeotherapy? Homoeopathy?* Homeopsy.com. April 2016.

<sup>2</sup> <http://www.editions-narayana.fr/spectrum-homeopathie/mordu-au-doigt-par-un-oiseau-en-or1>

<sup>3</sup> At least after some research in various books and checking with well-informed different sources.

<sup>4</sup> Which is of some importance given the Jungian connotations of his reasoning, confirmed by his training in this field.

<sup>5</sup> Which would be unproductive and useless...

<sup>6</sup> A theme which has been explored for over three years and the central point of the book to be published at June 2016: *Rêves et cauchemars au cœur de l'homéopathie. D'Hahnemann aux nouvelles pratiques*. Editions homeopsy.

<sup>7</sup> Absent from Kent's and Timothy Field Allen's *Materia medica*, they appear in Henry Clay Allen's - of whom John Henry Allen was the student - published at the very end of his life, when both Freudian and Jungian thinking was spreading... Cf. Henry Clay Allen, *Materia Medica of the Nosodes*, Jain Publishing Company, reprinted in 1982.

<sup>8</sup> - after many (unicist or pluralistic) others, for several years ;

Considering the plethora of dreams recounted, the homoeopath - also a psychiatrist - will remind one of this:

Hahnemann never used any accounts of dreams to back similitude. At the very most, he mentioned the theme - agitated dreams, dreams about robbers, chases, etc. Kent did the same. The fact that accounts of dreams began to be used did not come from them : it was apparently because there was very soon a desire to find in a better and quicker manner the 'pathogénésie' corresponding most to the subject's mental signs and then, later, to their way of being.

One should bear in mind that, according to Kent's theorisation, the disorders occurring in the psyche are responsible for **all** the illnesses of the subject. The latter follow from them and must therefore be fought at source. If original sin<sup>9</sup> was not referred to by name in the latter's theorisation, it was clearly mentioned in his annexed writings - and in those of many of his students - and impregnated all his practising in a precise way.

Whereas Hahnemann believed that the signs coming from the psyche served to distinguish various medicines whose physical modalities might seem analogous, Kent thought that they prevailed and were present from the start - which may have led him to say in some of his writings that physical modalities were sometimes only secondary to signs which, as they were present in the psyche, confirmed initial and fundamental perturbation.

Considering the way dreams are used, the psychiatrist trained in analysis will emphasise the importance of this fact:

Only the subject can analyse their dreams. Even Jung, whose approach was somewhat different from Freud's and whose theorisation is called depth psychology - and not psychoanalysis - confirmed this.

If the latter's prevalent influence across the Atlantic and in South American countries supported, through a form of active research and analogous thought process, the Kentian approach, yet it reminds one that in his as well as Freud's opinion, the subject's words must be free: even if the aim is to find<sup>10</sup> what reveals their anima or animus and personal problematics and shows the way they are in the world, the analysis of the contents of the dreams can be carried out only through them. Nobody but they can analyse their dreams and give them a meaning, even if the therapist can suggest connections in order to determine the points of difficulty of the functioning of their psyche<sup>11</sup>.

To draw conclusions if not biased analogical interpretations from the contents of dreams seems therefore most risky.

To try to make the information linked with them coincide with psychic signs emerging from a new 'pathogénésie' whose certain characteristics are produced is too. Even though this is not meant to be a negative point of view - unless one has lost one's critical faculties - one cannot but mention what belongs to subjectivity, the interferences between people's unconscious and the placebo effect and which plays a greater role.

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<sup>9</sup> - Or, later, just beneath the surface, depending on the country, culture, and deviance from the laws of nature or the cosmos.

<sup>10</sup> Which constitutes a tangible difference from the Freudian point of view but which, considering Jung's prevalent influence across the Atlantic, certainly - and somewhat analogically - contributed to the way the subject's dreams and psyche have been tackled by the supporters of the Kentian theorisation.

<sup>11</sup> These themes are extensively dealt with in *Rêves et cauchemars au cœur de l'homéopathie*.

As regards the analogical mode used at different levels, anyone with minimum training in this field will agree that on no account<sup>12</sup> can it correspond to the definition generally applied in the scientific world.

If this can be envisaged from the moment that one agrees to take a very different perspective<sup>13</sup>, one should clearly say so and, above all else, not claim<sup>14</sup> a dimension of that nature for what is advanced. The utterly understandable - and most praiseworthy in itself - petition<sup>15</sup> addressed to the British Academy of Medical Sciences by one of the leaders of one of those new theorisations to defend homoeopathy since it is a science<sup>16</sup> is enlightening in this respect. It reveals either a wrong use of the word 'science'<sup>17</sup> or a lack of knowledge about what the term encompasses for the Western scientific world, or the impact of a different culture. The unfortunate use of terms or the lack of knowledge about their meanings in different contexts is problematic in this respect. To take this into account before announcing the scientific aspect of a theory or to use words or use them back in their right meaning might often be a way of avoiding misunderstandings, confusion or even immediate and final rejection, which is detrimental to everybody.

As regards the repertorisation mentioned in the clinical case that served as a basis for these reflections, the elements that are taken into account can only engender this remark: they seem to serve to back the conclusion drawn, as if they showed the grid into which the symptoms had to go.

But why an interpretative conclusion and not another? Have we the right to do so and to draw analogical conclusions of that type with the aim of choosing the words usable in repertorisation? It should not be forgotten that the one advocated by Boenninghausen after Hahnemann - and then by Kent - illustrates a form of symptomatology and is based on simple signs. On no account is it founded on the interpretation of signs or any pre-established keys for understanding which would explain the meaning of the symptoms or words chosen. It is always accompanied by a good knowledge of *Materia medica* together with the signs and modalities which are included. Unless one tries to make one's views on the subject's problematics coincide with the behaviour attributed to the bird, with reference to which the 'pathogénésie' is taken, the way repertorisation is approached therefore seems somewhat biased if not unconfirmed.

Moreover, one cannot but note that, as a sign of the times and undoubtedly of the influences which have interwoven to engender medicine and all its branches, including homoeopathy, this way of approaching repertorisation undeniably reminds one of what, in

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<sup>12</sup> Unlike Hahnemann's.

<sup>13</sup> Which, left to everybody's free opinion, can be altogether envisaged on the condition that one defines oneself as 'other' and another denomination is used to overcome any confusion.

<sup>14</sup> As that is, unfortunately, very often the case.

<sup>15</sup> Petition to help homeopathy in the NHS. December 2015.

<sup>16</sup> It must be remembered that if homoeopathy can, on certain points, also be viewed from a scientific perspective, that will help to understand better what happens in living creatures, analyse the pharmacological impact of medicines and bring out certain ways which the treatment process follows. Unless the sense 'knowledge' is given to the word in question, homoeopathy cannot be considered a science but instead an art of treating.

<sup>17</sup> Considering the 'scientific' arguments which are often mentioned in many new theorisations, taking into account the advances in knowledge, most of them do not stand up to an even remotely enlightened analysis of their assertions.

the misuse of the DSM, very often led on to neglecting the subject to apply to them pre-established interpretations and turn them into a case<sup>18</sup>.

### **By way of a conclusion?**

Perhaps one might advise a better knowledge of the evolutionary movements which both medicine and society, and therefore homoeopathy, experience but also to keep a critical mind in the face of what is presented as similar or analogous.

It should not be forgotten that a modification which is as subtle as invisible except for its impact on what is presented for all to see has obviously gradually entered the theorisation and practice introduced by Hahnemann...

Those of Kent, which are more or less well known and above all characterised in their origin and essential influence, have visibly changed things: they transformed the singleness of the remedy into Unicism, favoured the appearance of new 'pathogénésies' - which are now used more or less appropriately, but in the same way<sup>19</sup> as the old ones - and increased the more frequent use of repertorisation made easier by the Internet revolution.

From a shift in words to another shift in words, the modification of certain fundamental concepts has led to a true transformation of what constituted the first essence of the Hahnemannian theorisation<sup>20</sup>... Different denominations should appear, as they would clarify the situation...

The consequences that confusions and the non-definition of concepts can have are serious enough to necessitate warning against the risk that personal interpretations might gradually be considered truths.

Freud's and even Jung's approaches were not spared this difficulty, even though it occurred on different points. And yet, like Hahnemann, their initiators always questioned their points of view and behaved as much as attentive observers as researchers.

One should therefore be judicious enough at least to define one's words on all occasions, not to assert them as absolute and to express one's difference of opinion. To be careful not to use concepts without bearing in mind the moment they appeared and their true foundations, to say clearly on what changes of paradigms one bases one's ideas and not to give scientific arguments which are not so for the specialists in the field in question can avoid many obstacles. This can also prevent one being 'pilloried' sometimes for perfectly justified reasons given the approximations or conclusions advanced: as a source of confusion, it might be most detrimental to all.

Perhaps to be trained as a psychiatrist trained in psychoanalysis and as a homoeopath moulded by the teachings of the great masters of homoeopathy, whether they were unicist or pluralistic, has helped differentiate what was initially from what is now...

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<sup>18</sup> See, on this subject, the articles published on homeopsy.com in April and May 2015 : *Classifications psychiatriques. 'Dépression' et homéopathie*.

<sup>19</sup> And without any discrimination, even though their sources are very variable...

<sup>20</sup> See, on this subject, the articles published on the site in October and December 2014 then in June and July 2015.

'Luèse'<sup>21</sup> and its facets of sclerosis, variableness, shifts in meanings, and confusions is always a bad master, even if the confrontation with difference is always a source of reflection and enrichment for all.<sup>22</sup>

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April 2016.

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<sup>21</sup> Miasmatic impregnation at the origin of distortion processes, destruction, physical and mental sclerosis.

<sup>22</sup> Translation : Pascale Tempka