

## II - The 'mental state'<sup>1</sup> at the centre of 'Kentism'<sup>2</sup>

If the manner in which it is presented takes on variable aspects as time passes and according to the approaches and cultures which have influenced it, Kent's point of view remains very active.

It shows in a constant way the conceptions on which he based his teachings<sup>3</sup>.

Whether it comes from a break with divine law or with natural laws, the perturbation of the 'mental state' is at the centre of the problem : being the cause of all the disorders detected in the organism, the latter represents its essential core.

***It has different names but unites all the followers of the Kentian conception.***

Mental signs... mentality : beyond the reason advanced to explain its true meaning, the 'way of being in the world' is perturbed.

***A theoretical basis in three points emerges :***

- Spiritual cause of the disease.

- To try to find, in the first place and by all possible means, the mental signs<sup>4</sup> attesting to the dysregulation observed and to the perturbation of vital energy.

That is the theoretical aspect of the point of view introduced by Kent.

It has consequences on various points : apart from the fact that it is the fundamental divergence between Kent's theorisations and Hahnemann's, it constitutes the Gordian knot at the centre of which a difference enriched as time passed is concentrated and shows the changes revealing the times when they appear.

And that is neither simple nor devoid of consequences in many respects.

***Practical and theoretical consequences***

The latter include several points :

- Use of all the substances likely to give an idea of the disorder.

- Putting in place of 'pathogénésies' carried out with many substances of all types and according to new criteria<sup>5</sup>.

- Use of the elements taken from the latter<sup>6</sup> to authenticate the mental signs.

- Various classifications permitting to bring to light the point of deviance.

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<sup>1</sup> Second section of a two-part article taken from the book, *Rêves et cauchemars...Un long périple au coeur de l'homéopathie*, published on homeopsy.com under the title « Signes psychiques, signes mentaux, sensation », December 2017.

<sup>2</sup> With reference to all the trends espousing its premise and putting mental signs at the centre of all the pathology.

<sup>3</sup> « Hahnemann était franc-maçon, Kent était swedenborgianiste. Une étude de la pensée et de la doctrine de Swedenborg pourrait éclairer d'un jour nouveau, toute l'oeuvre de Kent... » ('Hahnemann was a freemason, Kent was a follower of Swedenborg. A study of the thought and doctrine of Swedenborg might shed a new light on all the work of Kent...'), Jacques Baur, *Homéopathie, médecine de l'individu*, p. 132.

<sup>4</sup> The modality of the dream contributes to their determination with, gradually, the use of the accounts of the latter...

<sup>5</sup> Families of plants or groups of metals.

<sup>6</sup> Accounts of dreams, 'sensation'...

Those are the marks of Kent's theorisation with evolutionary variants bearing these marks from the past claiming to be modern and giving, each of them in its way, the manner in which the mentality of the subject must be determined :

***Rajan Sankaran's<sup>7</sup> 'Sensation', which can be integrated with the concept of mental sign...***

The content of the symptoms presented would give the essential features of the 'real' disease.

*The notion of 'mentality' takes on a specific connotation.*

Linked to a type of perturbation present at an elevated level of the 'mental state' in the sense in which the word is used in the pieces of writing coming from the Far Eastern countries, it engenders the surfacing of a way of thinking probably marked by Indian culture and by the approach traditionally linked to it.

*It carries a disorder.*

One can only think about this notion of 'sensation' born a few years ago and about its potential to distort the view of the world.

*It also generates a question : 'What does it cover exactly ?'*

If one may conceive that it may, in essence, emerge from the 'mental' signs mentioned earlier, part of what underlies it makes one ask oneself questions.

The fact that the way of determining it is mainly linked to the therapist, the focusing of one's attention on this aim alone, the way the symptoms are therefore highlighted make one wonder.

This problem did not exist either in Hahnemann's or in Kent's time.

The importance of the link with 'the treating person supposed to know', of transference, the ways - revealed by data on psychoanalysis<sup>8</sup> - which the therapeutic power takes force one to ask oneself questions about its essence :

- Are not their unconscious - and conscious, in some respects - 'injunctive' effect, the impact of the relationship and its implications for the functioning of the soma likely to impede the assessment of the effect of the medicine ?

- Does not the psychosomatic element play a role<sup>9</sup> ?

***The concept carried by this 'sensation' should be clarified.***

As the present state of our knowledge and the impalpable aspect of the phenomena concerning the psyche diminish all chance of a scientific approach given that what it implies is given the same denomination as the Hahnemannian approach, it might be justified to compare it to what is usually put into the category of 'mental signs'.

Perhaps this would permit to determine its fundamental components and to consider this 'sensation' to be part and parcel of the process generating them.

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<sup>7</sup> Indian doctor whose theorisation, which appeared about the 90s, advocates the active research of the 'pathogénésie' whose mental signs are the most similar to the 'sensation' distorting their view of the world and engendering their disorders.

<sup>8</sup> Revealed by data on psychoanalysis and totally ruled out if not rejected by the way of thinking from which the theorisation comes.

<sup>9</sup> This problem, already quite rightly raised by J. Jouanny, J-B Crapanne, H. Dancer, and J-L Masson (*Thérapeutique homéopathique*, tome II, pages 29 and 30) in 1988 went, and this is very surprising - they, too, emphasise this - unnoticed.

If we do not dispute the reality of what is told about it, it would be necessary to look at the results in a neutral way. If only to try to determine what plays a role and to widen the scope of reflection and research, a diagnosis in due form of the pathology, the symptoms to which one referred to make it, the maintaining of the positive impact of the prescription as time passes would be helpful.

***This would permit to be in phase with the questions inherent in the current thought***

And also, perhaps, to pave the way for research based on other paradigms of thought :

- Strict placebo effect ?
- Pharmacologically active medicine, but at levels being beyond the present state of our knowledge ?
- Influence of the manner in which the interview is conducted, in which the subject, driven into a corner, is more or less led to reconsider their attitude and to modify certain of its unpleasant aspects ?
- 'Support' medicine, as Freud said about telepathic phenomena present in clairvoyance experiments<sup>10</sup> ?
- Other ways, to which, through its impact in different ways on the psyche, the notion of master in the Far Eastern sense of the word is likely to give substance ?

The question still remains unresolved and needs to be posed...<sup>11</sup>

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<sup>10</sup> The 'support' would be used only for diverting attention and having access to the unconscious, which does not know the laws of time and sends its messages in a crossed manner to the two protagonists of this particular relationship. The words and the unconscious of the clairvoyant would reveal in it that which is possible in the future which, as soon as it is put into words, already becomes part of the real and can take place as it is afterwards or be cancelled if there are signs of a change.

<sup>11</sup> Translated by Pascale Tempka