

II - NOT TO BE MORE RIGOROUS IN HOMOEOPATHY IS RISKY¹...

Even if it means stating obvious viewpoints to homoeopaths mindful of the elementary rules of their practice, this represents such a great danger to the understanding and credibility of this discipline that it cannot - or must not - be put aside or dealt with thoughtlessly.

The approximative or inappropriate arguments that abound at the present time are numerous enough to engender worry, especially as the rapid diffusion of knowledge - and non-knowledge, misknowledge, or confusions - eventually makes assertions which are very often disputable in many respects appear true.

Synthesised into a few rules in a precedent article, several most edifying points will be developed, as they might avoid many misunderstandings and entirely justified criticisms. To bear them in mind will facilitate the understanding of the Hahnemannian discipline and prevent its teachings from being 'thrown away'² and labelled as charlatanism or trickery.

Several concepts should therefore be clarified :

I - 'Identical' does not mean 'similar'...

This is the first confusion that should be cleared up, if one wants to keep any intellectual rigour at all and stick to what has always been taught.

To anticipate the negative effects of a molecule whose impact on the organism might get - or already have got - beyond its aim and leave toxic traces which might hinder the action of subsequent prescriptions should therefore be encouraged... But this can only be done on condition that it is specified to anyone who does not know the difference or is a newcomer and does not know it yet that this is about identicalness and not similarity, which is proper to the Hahnemannian approach.

This should be defined and stated as such, especially as it is done every day following vaccination, heavy anticancer, neuroleptic or dermatological therapies without any problem...

To give a dilution of Roaccutane® or Ritaline® to a subject who was prescribed this molecule to alleviate the potentially toxic effects which can have accompanied too long - or too strong given the subject's capacity for elimination - a prescription is a most obvious example of this, but it is necessary to add that only the diluted and dynamised form of the medicine given can be called homoeopathic. In the same way, to prescribe Salbumol 7C to a fidgety child whose mother took this molecule while she was pregnant to avoid premature birth or because it has had asthmatic symptoms can only be positive but, from the moment that it is announced and addressed to an audience who is not composed exclusively of homoeopaths, it is important to add that it does not obey the principle of similitude but a prescription made according to the principle of identicalness to 'remove an obstacle'³ and make it possible for the organism to regain its capacity for reaction.

¹ Second part of an article entitled *Rigour is necessary in homoeopathy*. Homeopsy site, May 2016.

² As has just been done in Spain and Australia, where the teachings have been suspended in universities.

³ That is, make it possible for the medicine to act.

II - To explain the therapeutic strategy used...

Even though this is not meant to be criticism but instead reflections recommending greater clarity, the way of presenting the choice of the prescription and of backing it is fundamental :

To be careful not to 'muddle' people by announcing, as has been done in various manners, that a prescription which was highly diluted from the outset corresponded to the psychic signs of a medicine prescribed according to the principle of identicalness whereas the aim is obviously to reach the tissue level responsible for the development of the behavioural and psychiatric signs would therefore be most useful.

Unless one gives the reason why one made this choice, which can actually be based on the - debatable - idea that the dilution is not important if the medicine is well chosen⁴, it will only make the therapeutic strategy more difficult to understand, especially if the theorisation that underlies its choice is not stated.

Moreover, save for the situations in which the modalities of the disorders presented at the time are in similitude to those corresponding to the subject's main medicine - provided that the subject tolerates its effects - it is not always effective - or, perhaps, even accurate : it seems logical to provide a response at tissue level to an impact at tissue level...

Manifestations in the psyche do not always entail high dilution, especially if the medicine is given according to the principle of identicalness and not of similitude...

By analogy, it is not always advisable to give Arsenicum album 15C to a subject suffering from an acute rush of anguish accompanied by a fear of death as a result of their tissue anoxia : a 4C, 5C or at most 7C dilution will have a better and quicker impact by acting at the very source of the disorder... Otherwise one runs the risk of the symptoms possibly getting worse, which is not what is intended.

III - Certain 'shortcuts' are problematic...

It is therefore neither appropriate nor judicious to try to make the signs that reveal the subject's psyche tally with a marked psychiatric pathology : this might 'muddle' a newcomer to homoeopathy but, above all else, this shows a lack of intellectual rigour... Moreover, this will be completely incomprehensible to anyone attentive or with minimal scientific education studying the suggestion.

Homoeopathy cannot make do with vague approximations... Hahnemann did not set such an example and always defined the contexts used, was particular about what he stated and constantly made his observational data evolve... Even though every innovative idea should be encouraged, at least it should be qualified, obey the minimum of definition of one's point of view and show carefulness as regards what is suggested...

'Knowledge' travels... It is transmitted and goes out of the places where, since it is stated in its natural context, it is often implicitly understood, which avoids having to redefine its background⁵.

This is one of the difficulties inherent in the present time : everything looks equivalent and the fact that the pieces of information are numerous does not make it possible to do a

⁴ - which also remains to be proved in many cases -

⁵ Which should be qualified, as newcomers are not always aware of the true differences between the various movements that mix with one another - and mix their methodologies without necessarily stating the points of view on which they are based.

minimum triage, which often results in different meanings being given to words taken out of context⁶.

IV - Every statement based on new data should be qualified...

If every scientific publication aiming at explaining a pathology is worth considering, it is also important to bear in mind that some of them are still hypotheses : as they come from observational data, they are often presented as such...

They can be right at a certain point and completely wrong the following day. They should therefore be carefully considered.

From the moment that they are used as a basis for any therapeutic innovation, they should be advanced only carefully : as they are offered to reflection and research, they should be backed, checked and proved accurate⁷ so as to become sound and reliable bases. Their long-range validity will be at this cost⁸.

Even if they are taken as bases for a form of therapeutic suggestion, which can only be positive inasmuch as what follows from them, if based on coherent and non-dangerous logic, is worth 'trying out' and checking, they should be clearly presented as hypotheses. They should not be seen as bringing a form of revolutionary discovery.

Nothing that may widen the scope of knowledge should be neglected but hopes are very often disappointed and the most sensational statements often have very sad and disappointing repercussions...

By casting new light on certain problems, homoeopathy also has a role to play : it can represent a significant 'plus'⁹ in many fields. None of its contributions should be put aside... But, for this same reason, it should be even more careful about what it advances. To make sure to continue to use words which are as qualified as coherent regarding what must be transmitted from one's approach is absolutely essential... Anything can be said, provided it is backed and the contexts of the suggestions are defined and, conversely, any mixing of conceptual points of view is a source of errors and confusions regrettable for everybody.

To rely on the supposed neurotoxic effects of a substance which is hypothetically suspected of being the origin of the appearance of a mental illness in order to announce the potential use of its prescription according to the principle of identicalness - but in a diluted and dynamised state - is therefore quite acceptable.

But perhaps it would be wise to confine oneself to this and, above all else, not to conclude hastily that only it has an impact¹⁰, notably when it concerns the psyche...

⁶ To select the words used, to define them, to give the context of their use and to back one's choice is thus essential.

⁷ And this happens every day with many molecules whose positive or negative effects are regularly contested, supplemented or invalidated.

⁸ For instance, Professors Madeleine Bastide and Agnès Lagache advanced their theorisations only as hypotheses - which have not been invalidated so far.

⁹ A piece of work on Roaccutane® presented at the Congress of the International Encounters of Monaco in 2010 cast a completely different light on the dangers linked with this molecule, permitting the adjustment of its indication and taking and the limitation of its risks, which was done spontaneously by the laboratory that markets it : it now advocates an adjustment of the doses and therapeutic windows and more precise indication.

¹⁰ A little-known study on Ritaline® used to treat 2,000 children suffering from ADD showed that the disorder reappeared unchanged as soon as the families and children were no longer supported... even though the molecule was still taken... Cf. *De l'hyperactivité aux nouvelles pathologies*.

One should confine oneself to say that one has tried to apply the action of this form and in this mode to the problem to try to confirm the appropriateness of it...

It might be useful to add that the results observed seem to be worth considering, but only if two necessary conditions are met :

- The diagnosis of the supposed disorders to be treated is unquestionable, that is to say based on a precise and codified type of symptomatology,

- The elements of this type of symptomatology will be used as a basis for the comparison of the symptoms which will be studied one after another, before and after the treatment.

One is faced with two stumbling blocks, which one should bear in mind, as soon as the field of psychiatry is approached :

If the relevance of the DSM classification of mental disorders is to provide a list of signs - that is, precise points of reference permitting common language - it has also shown its limits... It does not always reflect the reality of the illness it aims to define. The art of being a doctor is therefore indispensable, making it possible sometimes to go beyond the appearance of the symptoms¹¹.

Consequently, no diagnosis can ever be established in an absolute and categorical way. It can only be suggested that the patient shows the signs of...

Even so, they should be undoubtedly symptomatologically characteristic of the illness in question... One cannot really venture to say : such treatment for such illness. Save after a rigorous examination of the diagnostic criteria used as a basis and the noticing of the disappearance of the symptoms after the treatment¹², it is not possible to conclude in an absolute manner that a given medicine has an effect on a given illness. At most, it is possible to say which symptoms seem to have disappeared - and even so, they should be characteristic of the illness mentioned.

V - To associate a medicine with a mental illness poses a problem in allopathy and homoeopathy...

This is an important element which is also valid in allopathy but even more so in homoeopathy, especially when it is said in an abrupt way or to create an announcement effect¹³.

To use in allopathy the impact of a molecule on the nervous system not to check the effects of a prescription on a given subject but to conclude that it can act on a marked mental illness¹⁴ can in itself hardly be said¹⁵ from the outset¹⁶ and without any tangible evidence to back this up...

¹¹ See, on this subject, the example given in the article of April 2016 on homeopsy.com

¹² Bearing in mind that, in the particular field of psychiatry, diagnoses cannot be established once and for all and, if only in psychosis, the subject with the symptoms of it cannot be put aside.

¹³ See, on this subject, the still marked and ever-present effects of the association 'Mémoire de l'eau-homéopathie'.

¹⁴ Whereas it still poses a problem as regards its meaning, origins and even, sometimes, given its numerous faces, description.

¹⁵ The studies conducted, which are sometimes contradictory, on the most classic substances - antidepressants included - are evidences of this. They show the relativity of the conclusions drawn and how the art of being a doctor must prevail over protocols or pre-established data, whose validity they have the task of checking every day.

¹⁶ The use of diuretics in cases of autism can therefore be an interesting approach but, as with any hypothesis, it should be confirmed. As in the case of Ritaline® - in spite of the drifts observed in the inappropriate generalisation of the prescription of this molecule - this approach should be envisaged with reserve : except if

This is even truer in homoeopathy... One can even say this is not defensible : at most, one can say that certain homoeopathic medicines are more easily prescribed for such-and-such a mental pathology...

This runs counter not only to what Hahnemann taught but also to what Kent did, whose theorisation centres research even more on the subject's mental specificity¹⁷.

As chronic illnesses, no mental illnesses of any kind can be 'cured'¹⁸ by a specific homoeopathic medicine¹⁹.

It is even less possible to say categorically that a diluted and dynamised dilution given according to the principle of identicalness has had an impact on the supposed biological disorder - and on the illness which would result from it - without first :

- specifying the symptoms presented or the criteria used as a basis for the comparison,
- comparing their evolution before and after the treatment,
- making sure that they correspond in a precise manner to the characteristics of the illness that is linked with them.

Nevertheless, this is not absolutely impossible... : a study on ADD carried out in Switzerland²⁰ a few years ago is an obvious example of this. It showed that a homoeopathic treatment adapted to each of the children taken as examples - with a modification of the medicine according to their evolution - had had a significant impact on nine of the characteristics present in the pathology : impulsiveness, fidgetiness, concentration, etc. This was not less than that observed with Ritaline® taken in comparison...

This can - and absolutely must - therefore be done to make it possible to get acceptable results and not to remain subjective.

VI - To associate the characteristic signs of a mental illness with a 'pathogénésie' poses a problem as well.

Even so, this would first have to be possible and the mental signs of it would have to leave no doubt about their analogy to those which characterise the mental illness in question as it is symptomatologically described in psychiatry handbooks...

one considers autism to be a monofactor entity, it evidently cannot be relevant in all cases. Moreover, by showing how each individual reacts in a particular manner to a given pathogenesis according to their medical specificities, diathetic legacy and environment, the Hahnemannian approach confirms that the same treatment - or even the same pathophysiological explanation - cannot be given to all. Moreover, experience shows that autism has different faces which homoeopathy can successfully distinguish, with various prognosis possibilities... It is obvious that a *Baryta carbonica* individual or a *Bufo rana* one will not have the same weaknesses or evolutionary ability as a *Phosphorus* one. And yet, they are put under the same diagnostic heading. When one will be hindered by their cognitive difficulties, the other will perhaps be able to emerge apparently unscathed from their pathology and turn their sensitivity into a quality serving their creativity.

¹⁷ Inasmuch as mental signs prevail and justify the organisation of still more and newer 'pathogénésies'.

¹⁸ As has sometimes been said without qualification.

¹⁹ It is this problem which, at some point during his career, led Hahnemann to revise the concept of the single remedy and advance the suggestion that it was possible, in the case of a chronic disorder, not to confine oneself to prescribe one remedy but to alternate it with others if necessary - which differentiates his position from Kent's for whom, as a symbol of the original illness inherent in original sin responsible for all illnesses, the prescription of the single remedy has a totally different meaning.

²⁰ Cf. the book *De l'hyperactivité aux nouvelles pathologies*.

This is not possible : even if it has variants corresponding to its various clinical forms, each mental illness always has its own type of symptomatology.

Schizophrenia, autism, phobia or obsessional neurosis has precise and pathognomonic signs of its presence... They are precise and, except if they are associated - as they can sometimes be - with particular modalities which supplement some of their specific aspects, they cannot be found in any other illnesses.

The 'fear of going mad', memory problems or the fear of damnation present in many 'pathogénésies' are not specific to any type of mental disorder. They can be found in many of them - obsessional pathologies or deterioration among other things.

Similarly, apparent delirium is not necessarily a sign of psychosis, or the decrease in appetite, a sign of anorexia.

Withdrawal, communication difficulties, a way of avoiding looking people in the eye and isolation more or less accompanied by fidgetiness are signs of autism or autistic behaviour²¹, but memory problems and the fear of going mad²² are not characteristics of it²³.

Similarly, even if they can sometimes be attributed to the toxic effects of Cortisone® on the psyche, the pathogenetic signs of Cortisone® cannot mirror the various psychiatric pictures which result from an excess of cortisone in the organism: apparently manic intense excitement or agitation, irrational anxiety attacks, loss of self-sensation, memory problems and emotional disorder are independent entities. They can be found in many psychiatric pathologies and are not characteristic of this only aetiology.

Only the signs presented by a given subject can be brought to a similitude to a 'pathogénésie' whose physic and psychic signs are most analogous.

Even so, the descriptions of all experiments should use the same wide vocabulary : certain significant signs of a way of behaving present in some of them are expressed less explicitly in others. They diminish all the more the chances of making the pathogenetic signs coincide with the overall clinical picture of the patient²⁴.

VII - The examination of the results presented must be rigorous and based on precise criteria :

Even if it is done through the symptomatological protocols used in classic experiments, it should remain outside subjectivity.

²¹ With, if one mainly refers to the classic diagnosis criteria, qualitative and quantitative alteration of social interaction and communication, speech difficulties, stereotyped and ritualised behaviours and interests, symbolic function and imagination disorders.

²² As mentioned in the 'pathogénésie' of Chloral used according to the principle of identicalness, in response to a study announcing that there was too much of this substance in the bodies of children suffering from this pathology.

²³ If this obliterates in no way the value of the use of this substance whose psychic signs appear at the same time as the spreading of Kentian thinking, this is worth stressing, if only out of intellectual rigour and to avoid any confusion. It was all the more worth trying its use as identical - and not as similar - since it is commonly done in homoeopathy (and with interesting results) to overcome the side or toxic effects of certain products... Cortisone, vaccines, etc.

²⁴ For instance, as regards the 'pathogénésie' of Chloral Hydrate, certain experiments mention a picture consisting 'of indifference with somnolence or mental excitement' with a tendency to 'hear voices' ; others only mention night terrors and enuresis with deep sleep ; others, 'emotional excitability and insomnia' with 'auditory and visual hallucinations', soliloquy or a 'tendency to talk to imaginary beings'. Some mention 'despair of being cured'. Moreover, it should be noted that the 'pathogénésie' of this substance which can also be representative of certain autistic behaviours reminds one only partially of that of Chlorum, who is 'afraid of madness or losing one's sensitivity'.

Either in allopathy or homoeopathy, one cannot confine oneself to say the patient's family circle say they are better and the results are spectacular. Not only should one examine all the elements present, one should also estimate them appropriately and observe the subject as time passes and in various contexts...

The placebo effect also plays a role and can only act markedly from the moment that the medication or therapeutic strategy is backed by all and the transference to the therapist is important²⁵.

VIII - A good response to the treatment does not mean in an absolute manner that only the medicine has an impact.

Various factors, which can be of different kinds, will be taken into account...

From the moment that it is a diluted and dynamised substance, it will be all the less possible to attribute them to it unreservedly if, given in similitude, it is based on potentially peculiar or sometimes even questionable criteria... : as it engenders the transmission of data bringing problematic hope and therefore justified criticisms, every univocal conclusion about the result announced is destabilising inasmuch as it clearly runs counter to what the most basic scientific thinking requires...

Rigour must be faultless to arrive at minimally acceptable conclusions as regards the criteria required by clinical research...

IX - It is necessary to qualify the term 'cure',

If not to use it judiciously and sparingly...

This term does not exist in psychiatry, except to refer to the end of a psychopathological episode.

In order to succeed in finding the useful medicinal solution and favour the treating quality of the relationship, the subtlety of the observation should often override the sometimes imprisoning aspect of the terminology used.

If the latter keeps all its usefulness, if only to lead to the most appropriate therapeutic mode, the diagnosis established should also keep its relative aspect in the face of the subject's reality and experiences.

The rigour inherent in every therapeutic process is at the cost of all these precautions. But it is important to bear in mind that, throughout their lives, Hahnemann and many of those who scrupulously applied his precepts always gave examples of this...

And they obviously deserve to be fully followed...

Doctor Geneviève Ziegel,
May 2016.

Translated by Pascale Tempka.

²⁵ All the more so since the 'aura' of charisma about them is important.