Homeopathy (2011) 100, 83–94

doi:10.1016/j.homp.2011.02.012, available online at http://www.sciencedirect.com

ORIGINAL PAPER

From the teaching centres
Single or multiple medicine prescribing—a debate☆

Motion: This house believes that the single remedy is the medicine of experience

Introduction

The 1990s are no more a time for complacency in the furtherance of homoeopathy than were the 1790s or the 1890s. Is not the function of the study of history to gain experience and enlightenment for one's survival in the present?

In 1790 Samuel Hahnemann demonstrated his genius and the similia principle in his *Cinchona* experiment. By the time he died in Paris in 1843 he had firmly established the roots of homoeopathy which we are still nurturing today. Could he have achieved more had he not been so antagonistic to his allopathic peers and the pharmacists of his day? Would George Guess have been banned from medical practice in September 1991 in his home state of North Carolina had not the infighting of his ancestors in the low potency/high potency split of the 1890s, and gradual absorption of low potency homoeopathic prescribing into allopathic medicine, brought about the decline of homoeopathy in the USA?

Surely there is no place for self congratulation on either our educational success in homoeopathy in this country, or our position in relation to non-medically qualified practitioners. George Vithoulkas, one of the greatest contributors to the philosophy, practice and teaching of homoeopathy since Kent died in 1916, believes implicitly in the single remedy prescribing of classical homoeopathy. He is not a medically qualified homoeopath.

There is an ever-increasing public interest in, and demand for homoeopathic treatment in the UK today. If we are to serve this public well in the development of homoeopathy into the twenty-first century we must

— Practise the most effective form of homoeopathy
— Produce positive scientific research incorporating the skills of our non-medically qualified colleagues, as in other branches of medicine
— Not repeat history's mistakes by rejecting in any way, a large and active group of dedicated homoeopaths, just because they happen not to have been trained in allopathic medicine.

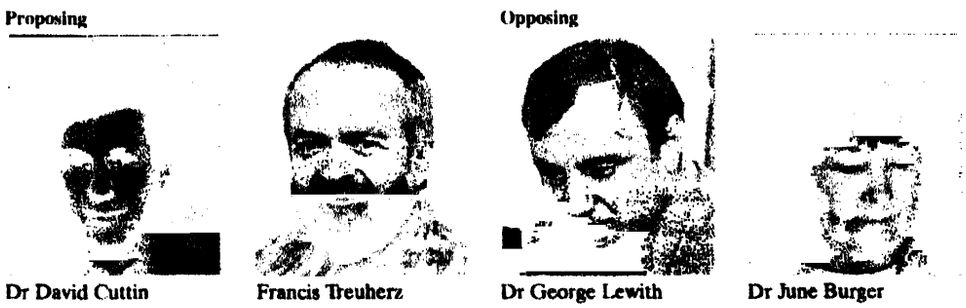
With these aims in mind the debate on multiple versus single remedy prescribing took place at the Royal London Homoeopathic Hospital on 7 July 1992.

The motion for debate was 'This house believes that the single remedy is the medicine of experience'. The debate was chaired by Dr Peter Fisher.

At the end of the debate the audience of 60 voted 2 to 1 in favour of the single remedy being the medicine of experience.

I hope this debate will herald the beginning of a new era of the practice of better and more effective homoeopathy, and a closer and more congenial alliance with the Society of Homoeopaths in the furtherance of homoeopathy in the UK into the next century.

DR VICTORIA BLACKSTONE



☆This article is a reprint of a previously published article. For citation purposes, please use the original publication details; *Br Hom J* 1993; 82: 137–152.
DOI of original item: 10.1016/S0007-0785(05)80952-4.

Dr David Curtin, MB BS, MFHOM

Became interested in homoeopathy while still a medical student and entered full-time homoeopathic practice in the private sector after gaining the MFHOM in 1978, starting practices in London and Oxford. In 1987 he moved to Devon and now practises in London and Exeter. He has a particular interest in education.

Francis Treuherz, MA, MCH, FSHOM

Practises at the Marylebone Health Centre. He is a graduate of the College of Homoeopathy and studied with George Vithoulkas and Dr Vassilis Ghegas in Greece and with Dr SP Dey in Calcutta. He is a Director of the Society of Homoeopaths and edits their journal, *The Homoeopath*. He is addicted to MacRepertory, the computer software, and collects old books on homoeopathy. He teaches regularly on professional training courses in Britain and Finland. He has published a number of articles, mainly on the history of homoeopathy. His previous career included 10 years teaching social sciences at the University of London, Goldsmiths' College.

Dr George Lewith, MA, MRCP, MRCGP

His first degree was in biochemistry, he subsequently qualified in medicine in 1974. After a number of general medical jobs in London he passed the MRCP examination in 1977. In 1979, he became a lecturer in general practice in the Department of General Practice in Southampton, gaining the MRCGP. In 1982 he set up, with Dr Julian Kenyon, the Centre for the Study of Complementary Medicine in Southampton. His interest in complementary medicine began in 1977, with a 3-month acupuncture course in China, and has subsequently grown to embrace a large number of clinical skills within the complementary medical field. He has written and researched extensively within the field of complementary medicine, his particular interest being the development of clinical trial methodology.

Dr June Burger, MRCS, LRCP, DCM, MFHOM

Was paediatrician at The Royal London Homoeopathic Hospital from 1971 to 1987 in charge of a busy out-patient department and Clinical Assistant to Dr Ralph Twentyman from 1972 to 1974? She was Secretary of The Faculty of Homoeopathy for 8 years and then Vice President for a further 3 years. She remains a trustee of The Homoeopathic Trust.

Since retiring from the NHS she has travelled to Germany, Brazil and South Africa to look at the homoeopathic scene in a private capacity. Her retirement is now occupied with private practice in North London where her primary interest is in the health of children and the associated family dynamics.

The debate

Dr Peter Fisher: Ladies and Gentlemen. It is a great pleasure for me to chair this debate, because there is no issue which has been as long-running or as divisive within homoeopathy as the one we are debating: the question of multiple versus single remedies, pluralism versus unicism, whatever you like to call it. It has been a long-standing and ferocious debate within homoeopathy. Or rather it hasn't been a debate but a ferocious dispute with no debate. It has been a dialogue of the deaf with both sides insulting each other. But I have never seen the issues properly discussed or brought out, so I think it is an excellent idea of Victoria's to hold this discussion tonight. We are going to have a formal debate. First of all David Curtin is going to propose the motion, then George Lewith will oppose it and then Francis Treuherz will second the motion and June Burger will second for the opposition.

Proposing the motion

Dr David Curtin. Ladies and Gentlemen: I would like to begin by just a very brief review of the basis of homoeopathy. On what do we base a homoeopathic prescription? We look at the totality of the symptoms of the patient, paying particular attention to symptoms which individualize the patient and then we look for a remedy to match the symptoms of the patient, one which has a similar symptom picture and we look for such a remedy in the materia medica. The information about each remedy in the materia medica is based on provings, in many cases verified by clinical experience and in a few cases based on clinical experience alone. We look for one that is the most similar to the symptoms of the patient and that is the similimum. This remedy is homoeopathic for that particular case and it is the similarity to the totality of the symptoms of the patient that makes the medicine homoeopathic. We also have the repertory, a tool which opens up the materia medica for us and guides us towards certain remedies. Computers now speed up this process considerably, so that the professional homoeopath has the possibility of prescribing quite quickly with a high degree of precision.

So what of the action of remedies? I would like to look first at the single remedy. What actually happens when a remedy is given? If we give the similimum, the whole patient may be cured and all the symptoms removed thereby. This is what I hope for in every prescription I give. Sometimes, however, the prescription I give is not the similimum. It may have no effect on the

patient, in which case I look for a different remedy. It may be a partial similar, in which case there may be a partial cure, i.e. some of the symptoms of the patient are removed, others may remain. There is an additional factor where the partial similar is given and that is the appearance of new symptoms which are symptoms of the remedy. This constitutes a proving. So in fact by giving a remedy that is not the similimum for the case we may produce a proving in the patient and produce some new symptoms.

So what then is the next step? To observe the effect of the remedy: if we have given a single remedy, the action of this remedy can be clearly observed and appropriate action taken when necessary; perhaps to repeat the remedy when the symptoms return, if they return; perhaps to give a higher potency if this is called for. But by giving a single remedy we can see quite clearly exactly what that remedy has done. The prescriber thereby learns about this remedy and gets precise feedback about the accuracy of his choice of remedy. This improves the quality of his work and the precision of his future prescribing.

But what happens if 2 remedies are given at the same time? We have a more complex situation. One of these remedies might act and the other not. If 1 of these remedies is the similimum it might cure. But which of the 2 is that has cured? When a repetition is called for, as might be if the symptoms return, it will be necessary to repeat that combination exactly as before and the prescriber will still not know which of the remedies has done the curative work. Both of these remedies may act. If one is the similimum it might act curatively, but the second might act antagonistically, thereby interfering with the curative action of the similimum, or the patient may prove the other remedy. So we have a much more complex and potentially confusing situation. The overall result is likely to be not as good as if the similimum was given alone.

There can be considerable confusion of the case, particularly if more than 2 remedies are given together. I have seen this kind of confusion many times. Both of these remedies may be partial similars but neither the similimum, in which case there may be an improvement of some symptoms but also the appearance of new symptoms of both remedies. Which is which? What remedy is doing what? How are you going to find out? Neither remedy may act. 2 or 3 remedies in combination can be just as wrong as one. The only way to truly know what combination of symptoms call for a combination of remedies is to prove those remedies in combination. Otherwise the prescriber can only be guessing as to what the indications are for such a combination.

Why should a prescriber want to prescribe more than one remedy at a time anyway? There may be many reasons, but as time is short I will look at just one or two. One may be that the prescriber is not sure which remedy to prescribe. Giving more than one may seem to double or triple the possibility of getting it right. It may work like this in some cases, but in others it will not. Even if this strategy does work, the prescriber will never know which of the remedies cured the patient and therefore misses an opportunity to learn how to differentiate similar remedies in practice. Some prescribers give more than two remedies at a time. I have seen prescriptions of 20 different remedies prescribed every day. Can this really produce good results? If so, why stop at 20 remedies, why not give 500. If you gave 500 you could be sure of including the similimum.

Certainly results of a sort are obtained by multiple prescriptions, but I have yet to see such prescriptions produce a result anywhere near as good as the similimum. I often wonder if these poly-prescribers have ever seen how good the result of a similimum given alone in a single dose can really be. Another practitioner faced with the dilemma of which of two or three different remedies to choose but who prescribes only one remedy at a time and only prescribes the second and so on if this does not act will discover which of the remedies was curative and by re-examining the case can discover why that was the curative remedy. This is the practitioner who will continually refine his skills and prescribe with greater precision and accuracy as he grows in experience. It may take more time in his early days of practice, but in my experience it is this single remedy prescriber who most rapidly cures his patients.

I have often tried to think of a place for combination prescribing. I've thought of the ABC or the *Aconite, Belladonna, Chamomilla* first aid and simple acute prescribing for people who are completely new to homoeopathy. But I actually think that even this is an insult to most people's intelligence. There cannot be many people who could not be easily taught how to distinguish between these three remedies. No, it is the single medicine prescriber carefully matching each prescription to the totality of his patients symptoms and conscientiously observing the results of each prescription who will learn the most and the fastest. It is he who will become the master of this great art and science of healing called homoeopathy. The single remedy is the remedy of experience. Thank you very much.

Opposing the motion

Dr George Lewith. Thank you for inviting me, Ladies and Gentlemen. I feel a bit like Daniel in the lion's den here. I knew it was going to be a bad day when it started. I put on this nice white suit and promptly spilled ink all over my trousers when I saw my first patient. You have days like that, they usually start off badly and get worse.

The medicine of experience, but whose experience? We've heard an interesting view of an individual practitioner's experience and opinion about why to prescribe singles. Fundamentally because they wish to learn more about the remedy. That's in summary what we have been told. I'd like to treat this as a classical debate and I will return you to the motion that this house believes the single remedy is the remedy of experience and, as I say, the argument that we have heard is that the single remedy is useful in terms of practitioner learning.

Now classical homoeopathy has got a big part to play. I use classical singles, I also use complexes. Horses for courses. I would like to give you a little idea about how I use complexes. I use complexes in a way that might be better termed functional

medicine. It is really a derivation of homoeopathy and it is how many people on the Continent, particularly if they are using Bioelectric Regulation (BER) techniques, medicine testing techniques, use complexes. They will attempt to define how the patient is functioning, what level of intoxification they have, whether they have a problem with an overdose of chemicals, or a problem with chronic low grade infection, be it with a virus or with a bacterium. They will attempt to define that. Very often they will then prescribe a nosode. Having used a nosode the principle, particularly the principles expounded by Dr Reckeweg, of a complex approach to a problem will then involve using drainage, drainage from a particular organ, perhaps support using a probiotic such as an acidophilus preparation, or one of the many probiotics that may be used for the gut along with liver, kidney, pancreas remedies. So there will be a range of remedies used.

The first confusion I think that exists between single and complex is that they are different approaches. They are different approaches based on different philosophies and are not mutually exclusive. One is looking at the patient with one particular language, one particular philosophy, and the other is looking at the patient with another particular philosophy and another particular language. The philosophy of the classical Hahnemannian approach was developed 200 years ago and I would argue strongly that things have changed a little in the last 200 years. I would also argue that there are different kinds of problems which confront us now; physiologically and biochemically our problems are different from those which confronted us 200 years ago.

Consequently we may need different tools to approach them. Again I emphasize that I don't see those tools as mutually exclusive. I see them as living side by side quite happily.

But I do not necessarily find that a classical Hahnemannian homoeopathy includes, for instance, the kind of approach that I find useful in chronic viral infections which I believe are a very new phenomenon. I don't believe that we have the kind of single provings that really help us enough in that area and it is here that complexes can work well, not used just on a symptomatic basis, but used on a structured basis, on a basis of trying to understand function, on a basis of trying to understand toxins, on a basis of trying to understand organ support.

In many ways functional medicine, and that is how I see complex homoeopathy being used, has a great deal in common with conventional medicine. It learns from conventional medicine. It learns from pathology and microbiology, it learns from organ function. For instance, let us take a case of rheumatoid arthritis in a person who has had a series of recurrent tonsillitis infections in their youth. You will look at this patient and you will say to yourself, 'Well, this patient has a malar flush and they've got chronically enlarged tonsils. Somebody forgot to take the tonsils out and they are getting hot spots in their joints, and I actually think they've probably got a streptococcal toxicity. That is probably what is wrong.' Now a conventional doctor may well be able to make that link, make that diagnosis, but complexes actually give you a treatment handle. They give you an approach. You may give nosodes and you will combine those with drainage remedies.

Hahnemann's experience is very interesting because here we are back to the debate between classical homoeopathy and Hahnemannian homoeopathy and the first thing for us to remember is that on a world-wide basis complexes are used much more widely than singles. That may not be the case in the United Kingdom, but it is certainly the case on the Continent. Secondly, I think we should remember that complexes have been used for at least as long as singles, so I don't think you can turn round and say: 'Oh well, single remedies were first, complexes are just some modern invention, some crazy idea.' That is not true. So complexes and singles have both been used for similar periods of time and if we wish to look at practitioner experience we can make the same arguments as David Curtin. Complexes have something to offer and it was quite clear, from very early on in Hahnemann's ideas, that he did not believe that the single remedy had all the answers. I am not a great scholar nor a great academic, but I would like to quote from the *Organon*. In the fifth edition of the *Organon of Practical Medicine* one can read an entire paragraph on multiple prescriptions. Here Hahnemann is reported as saying that for acute conditions 2 or 3 remedies are to be used in alternation. Whereas for chronic illnesses 2 remedies that may well have differing approaches and are both indicated are to be administered together. That is the great master.

Lutze takes a very interesting view on this because he had exactly the same debate, you can almost picture yourself back about 150 years here in this room, for this debate was going on in 1874 and I quote from a letter that Lutze subsequently wrote.

> *"In this manner we and indeed the entire world were deceived for 21 years. We were defrauded when this most important discovery by Hahnemann was concealed by homoeopaths."*

The author goes on to say that the writings in 1833 by Boeninghausen and the following year later by Jahr, homoeopathy's two heavyweights dealing with homoeopathic treatment using more than one remedy were vigorously criticized and then censored by the homoeopathic community of the time. That has since been passed over, a complete silence. So there are a whole pile of homoeopaths who are totally unaware of this debate. Are we going to go back 150 years, or are we going to see things progress a little more. We can use many different approaches to get a patient better.

And that does not just mean using singles and complexes. It might mean, for instance, heaven forbid, combining acupuncture and manipulation so you get a back better quicker or, goodness me, taking somebody with a homoeopathic indication for colitis and putting them on a food exclusion diet to maintain them. I mean that must be heresy to the unicist homoeopath yet it makes logical common sense. One combines therapies to get the best deal for the patient, the quickest deal, one combines approaches. As a doctor you don't stick to a single approach. You use your experience, and your experience nearly always involves using several different approaches to deal with an individual, ideally to give them an understanding of their illness, to give them an approach that they can use in the long term.

Lutze's tone in the subsequent part of his letter becomes vehement:

"*The scientific fraud relative to Hahnemann's supplementary enlargement of the ambit of homoeotherapeutics was suppressed and omitted from the Organon with intent to defraud in relation to using multiple remedies.*"

So here we have somebody in 1874 knowing full well that Hahnemann used multiple remedies as part of the strong Continental tradition of multiple remedy use, accusing Hahnemann of defrauding people when he knew perfectly well that in a number of instances there were indications for using multiple remedies simultaneously.

So I leave my case there. I don't think that single remedies are the remedy of experience, I don't think that they were even the remedy of Hahnemann's experience. Ladies and gentlemen, the decision is yours.

For the motion

Mr Francis Treuherz. I am delighted to be here today in this august establishment. In addition to making it a serious debate I was given permission to be a little light-hearted as well. So we will have a combination of both.

I looked at this book by a Dr Julian Kenyon, who I believe is Dr Lewith's partner, and this is where I first heard the term BER. I don't like abbreviations. I think it stands for Bio Electrical Regulatory medicine. I am not really sure what it is and I discovered a sentence, 'complex homoeopathy is a method of formulating medications which was initially developed by one of Hahnemann's pupils'. Which of Hahnemann's pupils? A little search did indeed reveal Dr Lutze, the same gentleman whom you mentioned. We'll come back to him.

But what of the single remedy of experience? Where does it come from? It comes from Hahnemann. It comes from an essay he wrote before the *Organon* called *The Medicine of Experience* where he says medicine is a science of experience, its object is to eradicate disease by means of remedies. What we are talking of here is the knowledge of the employment of these remedies.

A single remedy is always calculated to produce the most beneficial effects without any additional means provided it be the best selected, the most appropriate and in the proper dose. It is never requisite to mix the two of them together, said Hahnemann in 1806. But way back in 1797 he said pretty well the same thing:

Is it well to mingle many kinds of medicines together in one prescription, to order baths, clysters, venesections, blisters, fomentations, inunctions all at once or one after the other in rapid succession if we wish to bring the science of medicine to perfection, to make cures and to ascertain for certain in every case what effect the medicines employed produced in order to be able to use them with like or even greater success in similar cases.

So I think that in homoeopathy Hahnemann was the first to write of the idea of a single remedy.

You suggested that things have changed since Hahnemann wrote and I agree. Thanks to his example, homoeopaths have gone on proving and discovering more and more remedies to help the profession catch up with the changes in the nature of human disease. The remedies are indeed proved, but there are other ways of obtaining information as to what may be useful about a medicine, including toxicology and clinical experience. One of my heroes is James Compton Burnett and I want to quote from a well-known passage where he writes about the discovery by Garth Wilkinson of *Hecla lava*. Here a homoeopath is having a holiday in Iceland and he has a homoeopathic imagination. He notices that the sheep have bony growths on their jaws and ankles and he realizes that this must come from the ingestion of the grass which grows on the volcanic mountain. So he brings back some Hecla and has it run up as a potency.

Burnett writes: "Hecla lava has been shown to consist of silica, alumina, calcium, magnesia with some ferric oxide." But it is a single remedy because it is the effect of the very particular combination of these substances from toxicology and later from clinical work that indicates its use, not giving an artificially created remedy from silica, alumina, calcium, magnesia, ferric oxide.

Brother allopath, 'this is the science of therapeutics. What have you to take its place? Give absorbents and paint the part with iodine? What guarantee can you give me that your absorbents will not absorb a bit of the pancreas or some small glands in lieu of the exostosis? Or are you also true to your principle 'contraria contrariis curentur.' Then pray tell me, what is the contrary of an exostosis?

It appears to me that the use of a complex remedy artificially created is in fact the employment of the principle of contraries, not of similars, and that for me is the philosophical problem.

Back to the historical problem. According to Haehl's biography of Hahnemann Lutze's edition of the *Organon* was regarded at the time as spurious. In the year 1865 the publication of a sixth edition by the homoeopathic physician Dr Arthur Lutze of Kothen was announced. It was, however, soon evident that this sixth edition of Lutze contained arbitrary alterations. In particular there was interposed a paragraph 274B on the use of double remedies which stood in direct opposition to Hahnemann's accepted principle that only one single and simple medicine at one time should be given to the patient. Dr Lutze's supports his inclusion of this paragraph on double remedies by reference to Hahnemann himself, but since Hahnemann personally could not be called upon pass judgement, protestation followed protestation and what protestations there were!

There was a Dr Aegidi who thought that 2 suitable remedies might have good results if smelled together. Hahnemann had indeed at various times referred to olfaction, or inhaling a remedy, and indeed this has been shown to be effective in the famous case of the man who was found in a stable and who was so hypersensitive—Caspar Hauser. Boenninghausen, a close friend and colleague of Hahnemann, was one of the protestors:

'It is true that during the years 1832 and 1833 at the instance of Dr Aegidi I made some experiments with combined remedies, that the results were sometimes surprising and that I spoke of the circumstance to Hahnemann, who after some experiments made by himself had entertained for a while the idea of alluding to the matter in the fifth edition of the *Organon* which he was preparing in 1833. But this novelty appeared too dangerous for the new method of cure and it was I who induced Hahnemann to express his disapproval of it in the fifth edition of the *Organon* in a note to paragraph 272. Since this period neither Hahnemann nor myself have made further use of these combined remedies. Dr Aegidi was not long in abandoning this method which resembles too closely the procedures of allopathy, opening the way to a falling away from the precious law of similarity, a method which was becoming every day more entirely superfluous owing to the increasing wealth of our remedies. If consequently in our day a homceopathician takes it into his head to act according to experiments made 30 years ago when our science was still in its infancy and which was subsequently condemned by unanimous vote, he clearly walks backwards like a crab and shows that he has neither kept up with nor followed the progress of science.

So I say to you, sir, that we are in the presence of crabs!

What have the crabs come up with? Well, in the nineteenth century they came up with Munyon's catarrh tablets, price one shilling; Munyon's headache cure, price one shilling; and Munyon's cold cure. And it came with an instruction book, *Munyon's homoeopathic home remedies*. Now I open it at random...

...diseases of the kidneys. Are you drowsy? Do you have dropsy? Do you have back ache? Do your limbs feel heavy? Do you have scanty urine? Do you have unusual thirst? Do your limbs or feet swell? Is your water thick and milky? Do you have severe headaches?

I have only read about 7 but it goes on. These combination remedies appear to be good for so much and who knows what they contain. The British Medical Association (BMA) did a survey, although we all know that BMA surveys are not always reliable, when they looked at these patent medicines. The survey was published in 1909 and it was called *Secret remedies and what they contain*. Unfortunately all they could find was sugar. There have been more venerable and carefully thought out approaches to combination remedies.

Weleda produce Pertudoron 1 (*Belladonna* 3x, *China* 3x, *Coccus cacti* 3x, *Drosera* 1x, *Ipecacuanha* 3x, *Mephitis* 5x and *Veratrum album* 3x) as a whooping cough remedy. I imagine that for that we homoeopaths would have to find a patient who was red-faced, hot for the *Belladonna*, weak and losing fluids for the *China*, had a string or thread in his throat as a sensation, with stringy mucus pouring out for the *Coccus cacti*, whose cough began as soon as he has laid his head on a pillow for the *Drosera*, vomited and felt no tetter for it for the *Ipecacuanha*; no doubt for the *Mephitis* there is yet another strange and peculiar symptom of a thread in the throat or something like that, and for the *Veratrum album* he may even have chill, cholera and various forms of grief and madness as well! All in the one whooping cough remedy. Among their other combinations which I have seen referred to are metals and plants combined by growing the plant in the soil of the mineral so we have *Ferrum per Urticam*. A strange idea for a combination remedy.

More recently, in fact yesterday in the post from America came news of Invigorol: "*A natural, homoeopathic stimulating tonic: Avena sativa (oats) favourably influences the nutritive function of the body for nervous exhaustion and fatigue; Alfalfa; Echinacea; Hydrastis canadensis; Gentiana and Sterculia (Kola-nut)*", with various indications. There is also Protectol, "*which is a formula indicated for the initial phase of cleansing the body from many environmental hazards*," it contains: *Benzinum, Cuprum metallicum, Cadmium, Arsenicum album, Chlorum, Plumbum, Mercurius* and *Nux vomica*. The same company makes another combination to calm one down. I expect I shall need it after this debate. *Passiflora, Valeriana, Humulus, Chamomilla, Coffea, Ignatia* all together. You can peruse them at your leisure after the debate.

Dr Lewith did not say, but might have said, and may be Dr Burger will say that the single remedy is but a placebo. Who is the arch exponent of the single remedy? No one has referred to him yet. Dr James Tyler Kent.

I have often had physicians tell me that it was due to suggestion that my medicines acted so well. But my answer to this is that I suggest just as strongly with my wrong remedy as with the right one and my patients improve only when they have received the similar or correct remedy.

I think that disposes of the placebo issue, although possibly Dr David Taylor Reilly wouldn't like it expressed in that way.

To end, Dr Lewith suggested that the world has moved on and homoeopathy has moved on since Hahnemann. I want to finish by quoting a more modern homoeopath, one of my heroines, Dr Elizabeth Wright Hubbard. Rumour had it she was the first woman to ride a running board on the New York ambulance service and when she finally practised for herself she visited her patients in a white Rolls-Royce. She obviously had a successful practice!

The term single remedy does not imply that only one remedy should be used throughout a case, although that is the desideratum, but rather that only one remedy should be used at a time. It cannot be too often stated that one must not give a remedy lightly nor change it frequently. In acute diseases the concept of one single remedy at a time still holds good, although the remedy may have to be changed as the case develops. In this case some of our master prescribers state that the original remedy may be indicated again at the close of the cycle to complete the case.

When one reads about these master prescribers and even mistress prescribers (the homoeopathic medical schools in America were the first of any modern medical schools to admit women) they often talk of the one remedy which will last that patient throughout his or her life.

They were dealing with simple societies compared with the ones we have now. In his early days George Vithoulkas was dealing with people from simple peasant society in Greece. As things have changed in Athens, in America, in Britain we

indeed have a more complex society and we have to deal in more complex prescribing. The complexity lies in choosing the right single remedy to follow the right single remedy when it is time to change the remedy. The single remedy is the medicine of experience.

Opposing the motion

Dr June Burger. The motion is that the single remedy is the medicine of experience. Well, after practising for over 25 years I can say that it certainly has not been my experience. And it hasn't been mine because I have actually tried to keep an 'open' mind. When I first entered the practice of homoeopathy I did so with the greatest scepticism. I was a regular doctor and I had only practised regular medicine. But it happened that the experience of a patient made me look at this peculiar system of medicine and to start thinking about it and so it was that I came to this august establishment and sat through—and I shall remember it to my dying day—5 courses of a week each. With due respect to all the literature, an awful lot of it seemed to me, at the time, non-sense! I couldn't actually believe that this stuff worked and of course in my day it was not just single remedies being taught but that 3 doses of the 10 M if you got it right would be the cure-all.

Well, I suppose the only way to learn is to go out and to practise. I was plunged into the hot seat of the paediatric outpatients of this hospital, relatively newly qualified. As casualty officers in hospitals will know... that some of us actually did have to learn that way with Pye's *Surgical Handicraft* round the screen... while we coped with whatever was going on in the casualty department, particularly on a Saturday night. And therefore I sat quietly listening to all these profound statements by people whom I respected as people but I was very aware that I had never heard so much passion and religiosity. I won't even mention all the 'isms' that people belonged to, and the intellectuality was at times quite stunning. Fortunately for me the patients were very simple, they were children and they didn't exhibit so much of these 'fevers of passion' which my teachers were breathing down my neck, telling me that this was the only way to practise this particular form of medicine. They were little children whose mothers and fathers were quite desperate because they had the usual thing: 10 courses of antibiotics in 8 months, that sort of stuff. Not surprisingly they came here.

Now, there are other practices within medicine that I have a great respect for... I have a great respect for pathology, I have indeed a great respect for some of the modern technology that we now have at our disposal. I am very glad to say that I have access to a magnetic resonance imaging machine and it has proved extremely helpful. First and foremost before we enter the practice of homoeopathic medicine we should be good doctors, diagnostically, even though I will concede that only 50 percent of patients who are seen at hospital can be formally diagnosed. I do know a few facts but not many because I'm not desperately intellectual. But nevertheless if we have the ability to diagnose we should use it, but then comes the crunch. How to treat it? A very fundamental question indeed.

So, having trained conventionally and been plunged dramatically into the homoeopathic scene I had to use what was in the books and what I was being taught. I remember taking Margaret Tyler's book with me to bed every night for about a month and wondering whether I wasn't (with due respect to her because she was a lovely lady and she wore the most beautiful hats. She was a very caring person... I think her shadow is still in this hospital). But you know it was like reading Grimm's fairy stories. I like fairy stories and I think I got to the letter 'C' in Tyler's *Drug Pictures* (you know it's all A's, B's and C's) and I began to think, well, I just can't accept that it is all like this.

And so I realized that the only way to practice homoeopathic medicine was to take the kernel of it and to develop it a bit in your own way and to use it in a way that experience told you actually got the patient better. And isn't that what the practice of medicine is all about? To get the patient better? It may not be a total healing but if they have their migraines that are plaguing them every weekend reasonably controlled so that they can function far better, or their endometriosis so they are not doubled up in agony once a month for 4 days with the excruciating pain that it brings them. If you can help them to put them out of pain, and those are 2 instances where patently modern medicine is not succeeding. Not to mention many others that we all know about. I wrote a list, it included things like: severe generalized atopic eczema and asthma, and then in the child leukaemia, in the adult senile dementia and of course, the up-to-date, situations that we are now all being confronted with: post-viral fatigue, myalgic encephalomyelitis (I can never say it), cancer and so on. And is homoeopathic medicine helping us here, I wonder? Is it helping us as doctors to bring the patient some comfort and healing? Well actually I think it is and I wouldn't be practising if it wasn't, but I have never got anywhere using a single dose. Because what experience has taught me. You can argue, well, of course she's got plenty of friends in the psychotherapeutic area—yes indeed I have, some of my dearest friends are psychotherapists and to them it is 'all in the mind', the mental experience of a patient has brought on his illness. So that there is a whole area there that we have to look at.

There is also, of course, the area where the patient's personality and feeling life or whatever you like to call it, has been suppressed. They have had their head down in intellectual activity day after day, week in week out, when there has perhaps been an artist in there trying to get out, or even a singer or a musician, but they have never allowed it. And of course, therefore if we look at illnesses in their totality which is what we are *supposed to do* in this branch of holistic medicine, it would seem to me that we sometimes must apply remedies where there has been a grief experience or something in their childhood. If we give something for that suppression of a feeling and then an 'organ remedy' where the physical symptoms manifest themselves then we might be in with a chance to do something that can perhaps remotely be considered as healing.

After 3 months of practising 3 doses I realized that I was getting absolutely nowhere. I was just about to chuck it all in, but you see I did somehow know that there was something in it. It was a sort of gut reaction, if you like. I didn't do a lot of reading, I still haven't read a lot of books, but somewhere it seems to me in nature it's all out there. It's just us who haven't got the wit to know how to use it. I respect Sammy Hahnemann very much for what he resurrected and reincarnated, but I do believe that if he was alive today he would be writing different books. By the way Elizabeth Wright Hubbard did not write that book at the end of her career. I think she slightly changed her mind later, and I'm not sure that she did go out in a white Rolls-Royce, she was quite a modest lady.

This debate begs many questions and it is unique to have, as Peter Fisher said in his opening remarks, the chance to air some views other than what has been called classical homoeopathy. I don't believe it's classical at all, I never have done, I don't believe there is any such thing as classical homoeopathy. I only believe that there is the homoeopathy of one's own personal experience and that if you take it to its conclusion it seems to me patently absurd to just match a mental remedy and say that is going to do everything. So this debate does have undertones of great significance for this Faculty. I am reminded of one of my favourite speakers, Rabbi Lionel Blue on *Desert Island Discs*. When Sue Lawley asked him why his favourite record was "Why has the Cow Four Legs" sung by Cicely Courtneidge, he said that it begged the deepest philosophical questions. When asked what was his pet hate he said "I hate "'fanatics'". Fanaticism is a modern word and I hope that at the end of this debate we will agree to differ.

I believe there are almost as many remedies as there are doctors and that some doctors find one way to practise homoeopathic medicine, others find another and that no one school has the truth. I wrote this down: if this house believes that the single remedy is the remedy of experience it is deluding itself. Deluding itself not only in the educational sphere, by teaching it, and thereby finding that in quite a high proportion of situations it doesn't work, not only by losing a lot of well-meaning doctors who come to its courses, but in making relationships with our medical colleagues. I find this terribly important. I have never lost faith with my medical colleagues in conventional medicine. They will prescribe sometimes the most outrageous things for me on an FP10 if I ask them to, to help the patients, simply because if you try to convince them that one remedy is going to cover the whole spectrum of a disease process then they really give up on you and I can't blame them for that.

But finally, and George did mention this: It has been my good fortune to have used a bit of my leisure since I left this hospital to travel. I have been to many places, but principally to Europe and have visited quite a number of European clinics. If we think in this country that we have the edge in the EEC (European Economic Community) we are going to have another big think because we haven't. We are years behind them in lots of ways and I would commend you to go and visit some of the clinics in Europe to see what they are doing and how they are going about it. And of course the French with their imagination use polypharmacy, the Germans—a bit more down to ground, not really down to earth, but heavier—would try 2 or 3 remedies. They have a huge following in Germany. The Swiss also use polypharmacy. It is therefore my pleasure, Mr Chairman, to be cut off by you and to sit down now and to say once more that the single remedy has not been my experience at all. But you must all go out and try for yourselves and use what you find best for the patients.

Contributions from the floor

Dr Brian Kaplan. I am a doctor using homoeopathy predominantly in a unicist way. There is just one issue I want to bring up. I have no objection, although it's not my style, to use one or two remedies at the same time as long as the doctor or practitioner has studied materia medica. What I have found very disconcerting is that I attended a workshop held in London promoting combination remedies, many containing 10,15,20 remedies in combination. I saw in the seminar something that I had never seen in medicine before, something quite unprecedented, and that was doctors being encouraged to use medicines of whose action they knew nothing nor of the rationale behind prescribing that medicine.

Now in medical school a doctor when he uses penicillin, methotrexate, or whatever, has some idea of how that medicine works. Yet people were being encouraged to go out use these combinations of medicines knowing nothing of the materia medica of their components. If they did know the materia medica of the components and they were prepared to use them in that combination then that is their choice, that is their style. But it is my belief that someone who has taken the trouble to learn materia medica and learn it well would not choose to use these combinations in this way.

Ms Elizabeth Medallion. I am a so-called classical homoeopath and I must say I was very shocked that the last speaker, after 5 weeks of learning homoeopathy using homoeopathy in the way that she does, said that as long as you can relieve the patients of their symptoms that is enough. That to me is not a cure in any way. You're not looking at the miasms, you're not looking at eradication. I also feel that the cure should be felt on all levels. The patient in the end should forget their original symptoms. You also mentioned that you cannot understand how a remedy which only acts on the emotional or mental level can also relieve the physical symptoms. But surely in the *Organon* this is what we are taught. The seat of the disease is on that level, and the physical symptoms are on the periphery and the end result. So I really wonder why you are not reading books and why you're denying the classical approach, because I think you're missing out. It is a curative approach, there is a great growth of classical homoeopathy and I really am upset to hear you decry it in the way you do.

Dr June Burger. Well I am not surprised you are upset. You are quite entitled to be upset. But my patients are also upset when they don't get better because they do come usually in pain or agony of mind. You just heard what George Lewith told you about the fifth *Organon* that he has dug out. Did you take that on board? Have you any comment to make on that statement?

Ms Elizabeth Medallion. All I know is that I follow the classical approach and my colleagues and myself have good results; so we don't feel we need to resort to any other method.

Dr June Burger. What I would question is what you call the classical approach? Who has got the truth?

Member of audience. I think David Curtin outlined it very well.

Dr June Burger. But where does he get the truth from?

Mr Michael Clark. I feel that it will be unhelpful if we just got into the dogmatics of homoeopathy, which I can see us getting into rather fast. If we could get back to some of the issues which I think are connected with the way in which medical science works. In this case it is through the emphasis on experience, that is experience with a certain amount of evidence behind it. It's a long tedious business to produce it and so I would be pleased to hear from anyone else from the floor who has detail of their own experience supporting the motion either way rather than assertion.

Dr Andrew Lockie. Homoeopathic physician. I'll chip in my two pence-worth now because I suspect in the end we will agree to disagree, but I think it is unfortunate if we allow this split to continue. My own practical experience is, and I don't know a lot about complex homoeopathy, but it sounds to me as if a lot of it is on the same level as nutritional lifestyle of changes, detoxification and other measures which in my understanding would be that Hahnemann put under the heading of 'obstacles to cure'. The vital force is unable to act because there is such a heavy burden of something, whether it be physical, psychological, social, religious or whatever, there is some burden that is blocking the action even of the indicated remedy and therefore there is a place for any measure which can remove these obstacles to cure.

Secondly, one criterion that I always apply in questions like these, because I get a bit of flak about my book, but my position is that I'd rather have a patient walking through my door who was on complex homoeopathy than walking through my door on allopathic drugs. It is much easier to deal with a patient who is on complex homoeopathy than it is to deal with a patient who is not just on an acute drug but on long-term drugs.

Thirdly, I personally use tissue salts in combination and I also use the Wala injections, such as Disci comp. cum Pulsatilla, particularly in back problems and have got fantastic results from that when the indicated remedy apparently hasn't worked. This is a local injection just over the spot of sensitivity and I have had some really dramatic results from it. I haven't a clue how they work because I don't understand Rudolf Steiner and anthroposophical medicine and I can't really be bothered attempting at this stage of the game to find out. But they do *work*.

The combination tissue salts are complex remedies. They are very low potency and they are working on a more nutritional level than the dynamic plane that the single high potency remedy works on, therefore I can see a place for both types of homoeopathy. I don't know that they are mutually exclusive. As a personal statement I could see myself using complex homoeopathy in the same way as using nutrition and detoxification techniques, removing obstacles to cure, but for me it would be to prepare the ground for a more classical approach.

So I come back to the point that I don't like to see the patients coming through the door taking anything, not even vitamins and minerals, because they can be a problem as well. I'd rather a patient came to me on nothing at all, just a clean picture. But I would rather they were on complex homoeopathic remedies than drugs and I back up Brian Kaplan's point: I don't think it's intellectually honest to train doctors for 3 days in the use of complex remedies without also giving them an understanding of the materia medica of the individual components. I don't think that is intellectually honest in any type of medicine.

Ms Shirley Gay. I am a pharmacist working in a homoeopathic pharmacy, and I also have another hat as a practitioner registered with the Society of Homoeopaths. As a pharmacist quite often, in the front of the shop, we are called upon to give, off the top of our head, remedies which sometimes may be complex remedies. Someone will come in and say "*what do you think about me using ABC (Aconite, Belladonna, Chamomilla) or AGE (Aconite, Gelsemium, Eupatorium)* for my 'flu?'" And quite frankly when we've got 5 min to choose a remedy that is what we quite often resort to. But as a homoeopath who has studied homoeopathy for 3 years at a full-time course I would like to think that I know a bit more about remedies when I sit down with my patients than to be able to say: "Well I don't know which remedy you are, so let me give you four and hope that one of them actually hits the mark."

The other thing about complex homoeopathy which I find a little bothersome is that recently when I went to New Zealand I discovered that there was a pharmacy there that was promoting complex homoeopathy to the public and producing 10 different 'simplexities'. They were putting out a little booklet saying that you can come along to our courses which are 5 weekend courses and at the end of that you will get a qualification which says that you are a homoeopath and you are fit to use these remedies. I think that this totally degrades the name of homoeopathy and I would hate to see that kind of thing happen here.

I think perhaps where we are getting confused is in the word homoeopathy itself. If we actually use a potentized substance to treat a person in combination then that is what we are doing. But if we are using homoeopathy we are using homoeopathic remedies as described by Hahnemann. If one wishes to use complex remedies in organ and drainage levels then you should say that you are using potentized remedies but not homoeopathically, you are using pontentized remedies to drain and to cleanse the body in a certain way. But homoeopathy is the homoeopathy of Hahnemann.

I quote the *Organon*, it is a footnote to aphorism 25:

> *"I do not mean that sort of experience of which the ordinary practitioners of the old school boast after they had for years worked away with a list of complex prescriptions on a number of diseases. They got results from the complex forces acting on an unknown object but no human being, only God could have unravelled results from which nothing can be learnt, no*

experience gained. Fifty years of experience of this sort is like 50 years of looking into a kaleidoscope filled with an unknown coloured object and perpetually turning round and round thousands of ever-changing figures and no accounting for them."

So I think it is fine to use potentized remedies, but please could we just call them potentized remedies and use them as such, but let us not say that it is homoeopathy. Homoeopathy is what Hahnemann gave us in all editions of the *Organon*.

Ms Sarah Richardson. Professional homoeopath of 14 years experience. Following Dr Lewith's comment on Hahnemann and his quotation from the fifth edition of the *Organon* I think Francis Treuherz dealt with that in the Lutze controversy. I believe I am Hahnemannian in my approach that the single remedy is always the ideal. Rima Handley has translated a large quantity of Hahnemann's case notes from the end of his practice when he was writing the sixth edition of the *Organon* which was at the time he was developing the LM potencies. The truth is that Hahnemann didn't always use the single remedy but he tended to use what he considered the similimum and a miasmatic remedy. There are a lot of people who wish that he hadn't done that at the end of his life. But the truth, from his case records, is that he did. But he stated quite clearly that he was using one on what he considered a sort of blanket miasmatic level and that the other was the similimum. And there is no evidence from those notes that he was using a whole lot of remedies all at once. Very clearly, he would either give a miasmatic remedy once a week and then the indicated remedy perhaps daily. This was in the run-up to his producing the LM potency.

My experience has been that when I started prescribing I would often use more than one remedy but as I have improved my understanding and work with materia medica and understanding of the law of cure I more and more use only one remedy. However, there are times when, from my fear of not getting the right remedy or because there is an obstacle to cure, I might, as Hahnemann did, use an alternating remedy. There are cases when that is what is indicated and works. So there is the experience of using clearly indicated alternating remedies in certain situations. My experience through case notes, of which I have a couple of thousand, is that the clearer I am of my prescription the better the single remedy acts and that is my experience. When it doesn't there is either some major obstacle to cure or it's my own inadequacy.

Dr Michael Jenkins. Royal London Homoeopathic Hospital. I must admit to doing lots of different kinds of homoeopathy and it often depends on what mood I am in and what kind of patients I happen to be seeing and the amount of pressure I am under, the time of day. By 4 or 5'o clock on Friday afternoon I am often getting much more to the mixtures! On a bright Tuesday morning I am more likely to be using single remedies. Now this is just an observation of my own practice and how I am feeling and how I am performing. But I must say we work here under quite a lot of pressure and we don't have the time that we would like to have. So I tend to use single high potency prescribing when I can see it fairly clearly and fairly quickly. If I can see that it is going to take hours to search for a similimum which might not actually exist I tend to use a combination.

There are several groups of patients, in fact many groups of patients, where I am not at all convinced that there is constitutional prescription or a similimum. If you take for example patients with rheumatoid arthritis, there is often very little remarkable to find about them. They are remarkable by the fact that they are so unremarkable! If you go round chasing after a magic similimum in the 10 M you are going to fail frequently. As June Burger knows well, I came a little after her, we had Blackie on one hand and Twentyman on the other. I was brought up between the two of them and their various disputes. I oscillated from one camp to another, so I have no conflict in my own mind between using single remedies in high potencies sometimes and using mixtures of low potencies at others, depending on both my own foibles, my own weaknesses and strengths and also the clinical situation with which I am faced. There are many situations where I find it much more practical to go low for mixtures and for others, if I can really see the similimum, to go high. I don't actually see a conflict in my own practice.

Ms Ann Larkin. London College of Classical Homoeopathy. I would like to support one of the previous speakers. I think that one of the answers to the understanding of homoeopathy could well be in the length and quality of training. I think another of the problems in finding the remedy is the time allowed for the interview. If you are trying to find the correct remedy, the correct single remedy in a 5 or 10-min interview it is extremely difficult. With reference to what Andrew Lockie was saying about preferring to have somebody come who is having complex homoeopathy rather than allopathic medicine, I don't know whether I would necessarily agree, because I think one of the great dangers of complex homoeopathy is the danger of suppression. I believe that a homoeopathic suppression is far more serious because it is acting on a deeper level than an allopathic suppression which is quite bad enough in itself.

Ms Tricia Austin. I am not a practitioner, nor indeed am I a student. I humbly represent the public. There were some fairly guarded comments, but I would like to enlarge on one particularly guarded comment. And that is that the practitioners who prescribe complex remedies very rarely know exactly what those remedies are going to do because they are not yet proven. One of the things that we have seen in the twentieth century in allopathic medicine is that doctors are under pressure from the numbers of patients who pass through their surgeries and the numbers of representatives from drug companies to learn about the drugs not from the use of them but more from what they are told by the drug companies. It is not that many years ago that doctors were recommended to provide for pregnant mothers a particular drug that was wonderful for them and their children. You may have heard of thalidomide.

I, as Jill Public, do not want to be in the position of having someone prescribe for me a remedy of which the prescriber does not know the probable outcome. I also do not want to be in the position of having the only people who understand the possible outcome being the drug companies. If you go this particular route of complexes, if it is not handled with meticulous care, it will

finish up in the same way as allopathic medicine, with only the drug companies knowing precisely how these things could perform. It is a very dangerous path.

Summing up: proposing

David Curtin. I would first like to say a little about myself and my practice. I have made it my business to investigate ways of getting homoeopathy to work better and I have practised in many different ways, I have worked in many different situations. I have worked as a locum in many different homoeopathic practices and I have observed the ways in which different practitioners have worked, the kind of results that they have, and I have tried many of these different methods myself. I have used complex remedies, I have used pendulums, I have done all sorts of dowsing, I have tried many different things and the way that I practice now is not fixed. I continue to investigate and I continue to look for ways to improve the results which I get in my practice. But one thing that is clear is that I have now found that finding a remedy for the totality of the symptoms of the patient, the whole patient it is that which gives me the best results by far.

I would like to pick up something that June Burger said about the French homoeopaths. She said the French with their imagination use polypharmacy. I would change that a little bit to say that they use polypharmacy without imagination. They practise in this way without imagination, they prescribe combinations of remedies on local symptoms and call it homoeopathy. Perhaps the local symptoms get better or perhaps they don't, but what about the rest of the patient? I think this gives homoeopathy a bad name.

I get many patients coming to me and saying I've been having homoeopathic treatment for years and it has done this and it has done that or it hasn't done anything at all, but it is often clear to me that it has actually done very little. Sometimes the patients are satisfied. They say: "I went to the doctor for this. He gave me this medicine and it got better". I say, "So what? What about the rest of the patient". I look at the patient as a whole and I like to see my patients get better as a whole and when they do they really appreciate it. I want to get the message over to the low, combination prescribers that they are missing out on something much better. If one does treat the whole patient, and I prescribe a single remedy for the greatest totality that I can see, then I find that the whole patient gets better, not just the bladder, not just the chest, but everything.

Picking up something that George Lewith said about the throat problem and then later on arthritis developing, toxins of streptococcus being found and then giving something for that. Okay, so perhaps the rheumatoid arthritis improves, perhaps the throats get better. What about the other symptoms, what about the fear of the dark, what about the anxiety? So the single remedy is my approach.

There was talk of support on a number of occasions, support remedies, support for organs, support for this, support for that. I would like to say again that when I prescribe, I prescribe for a totality and I prescribe a single remedy. When such a remedy is given and the choice has been good, the patient starts to improve. This improvement generally follows a particular path. It follows a pattern and I refer in particular to Hering's observations to cure that the process of the disease is reversed and that the symptoms disappear in the order in which they appeared. This is something that can be observed. Often the patient needs support in many different ways. I give my remedy and the process of cure is initiated. Things start to change in the patient's life. Sometimes if a grief has been suppressed this grief then erupts. Sometimes if anger has been suppressed this anger then erupts. Sometimes people who have been stuck in a particular lifestyle which does not suit them or is compressing them in some way, start to react against it. Things need to change in their life. Such people need counselling; they need support; they need to talk to someone in order to determine how they are going to cope with the changes that are happening in their lives, and what choices they are going to make in order to improve the qualities of their lives.

This is one kind of support. Andy Lockie talked about support at other levels, the patient may need to see the osteopath. The patient may need to have a broken leg set. The patient may need to be given advice concerning diet. There may be certain habits they have or things that they ingest or whatever that actually are interfering with the process of cure. We can give many different kinds of support to patients. Sometimes orthodox medicine may need to be given as a support of one kind or another. I have already mentioned the example of fixing a broken leg. Sometimes surgery is necessary. Sometimes it is necessary to give thyroxine or insulin to maintain the patient's life. We cannot depend on homoeopathy to do everything. But homoeopathy can do the most remarkable things and in my experience the most effective way of achieving this has been by prescribing single doses. So I maintain that the single dose is the medicine of experience. It is the medicine which allows the practitioner to learn, to grow, to discover, not just to learn about the medicines but to learn about the patients, to learn how to discover what it is in patients that needs to be cured.

The problem that the patient really has is not necessarily the problem that they present with. A good homoeopath, I maintain, will discover what that problem is and endeavour to put it right by prescribing an appropriate medicine. And if a homoeopath practices in this way by constantly monitoring the results of the remedy, feeding back to the patient if the remedy is not working well, asking "What is it that has caused me to prescribe a wrong remedy or a remedy that was not so good in any particular case?" By looking again at the patient, looking again at the case what is not quite right, and asking "Is there some more information I need, is there something in this patient that I have misunderstood?" and by following the progress of the changes within the patient after each single prescription, the practitioner learns by experience more about medicines, more about patients, more about himself or herself in discovering what makes people tick, what makes people sick and thereby learns more about how to make them better more quickly and more effectively.

Ann Larkin made the point that it is difficult in 15 min to examine the totality of a case. It can be indeed and I sympathize fully with those such as Michael Jenkins, perhaps, who see tens or hundreds of patients a day. It can be difficult. But I maintain that the experience of prescribing a single remedy and carefully observing the response will enable the practitioner to work more precisely and more quickly. By doing so he will be able to practise very accurately in quite short periods. And so I rest my case.

Summing up: opposing

Dr George Lewith. I am not the opposition, I am the proposition.

Mao Tse-Tung said: Let a thousand flowers bloom, that is probably quite a reasonable thing to do. The approach that you use works terribly well for you. The approach that the Chinese acupuncturist uses works terribly well for him. He has a model of an illness which allows him to work and understand, develop a treatment regime and approach a patient. The model that I am using in complex homoeopathy is a different model to classical, based on a functional understanding, and works well for me. There is no problem with that. I am quite happy to swop over to an acupuncture model. I find it very useful sometimes. Sometimes I find, like Michael Jenkins, that not only do some patients not fit a particular remedy, they don't fit a particular illness model. So I find it useful to be at least bilingual in medicine because it really helps, it gives you a better understanding. If you understand 3 cultures, if you are trilingual, it is even better. I am trying for my 4th medical language at the moment. I think this is genuinely useful because it gives you better insight.

Francis Treuherz, ever the historian, gives me quote for quote. You take Hahnemann, you quote him, you find a counter-quote, you could do it for almost anybody. Hahnemann didn't invent homoeopathy, it was known to the ancient Greeks, so I understand. So you can pick and choose and you can use it to support or defeat your beliefs. The concept that complex homoeopathy is somehow evil, insidious, untested, drug company based, nasty, horrible, and will do us a lot of harm is an interesting one. In fact the quality control and the legislation controls for many of the continental complexes are far better than for many of the singles produced here in this country.

The complexes have been used for very long periods of time. They are not new medicines. They are very safe and they are very widely used in Europe and their adverse reactions are very widely reported if they indeed occur because they come under the same legislation in Germany and in France as conventional medicines. So I think that that is an unreasonable worry.

I went into this with a great deal of humour because when I was asked to take part in this debate I said, Well, it's going to be a very predictable outcome, whatever I say, so I might as well bring on the Chippendales or something; we could have a much jollier evening. We all know what the outcome is going to be, particularly sitting in the Royal London Homoeopathic Hospital. The proposers could have almost said anything because the medicine of *your* experience, of most *otyou* sitting here, is the single remedy and that is why you will probably agree with the motion because you have no other experience. Now that is a major problem for me because I can't give you that experience in 5 min. But at least you can open you minds a little and see that there are other approaches. And that is really what I am asking you to do. I have a rather large hill to climb and I don't seriously expect to be able to climb it. I think, however, I can dispel some of the distrust, difficulty and obvious emotionally charged atmosphere which has been directed on some occasions, not particularly this evening, at those of us who use complexes.

I certainly don't feel that about those of you who use singles. That is all I can say. I am quite happy to let you get on with what you know. You are doing a good job. If it works for you, that's fine. But let me do my job, let me have my experiences, let me be trilingual in medicine and if you would like to learn another couple of languages please do, because it is great fun. It gives you different perspectives on the patient and the aim of all of us is very simple. We, most of us in this area, are here to have fun and, I hope, to get some professional satisfaction out of trying to help patients, ideally to learn from our experiences with patients to become better doctors. And most of us will choose slightly different paths. And that attracts the patients who come to us and to a certain extent is an expression of the way in which we work and our understanding of medicine. Thank God it is slightly individual and slightly separate. I hope we don't get ruled by fanatics. I don't want to be told that there is only one way to do homoeopathy because I don't think that is constructive for anybody.

Motion carried

Dr Peter Fisher. Well I dare not say anything after all that, except to say that before we move to a vote please bear in mind one thing. What we are asking you to vote on is not your prejudices, we are not interested in what your views were when you came into this room or indeed what your views still are. What you are voting on is the quality of the argument. If the 'wrong' side wins, then it is up to the 'right but losing' side to polish up their arguments next time.

The motion is carried. Before we adjourn for drinks I think we should ask Victoria Blackstone to do her Duchess act, like the Duchess of Kent at Wimbledon, and present a bottle of champagne each to the victors.