

André Saine's Comparative Materia Medica Course

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From June 18th to 22nd of 2006, on the classically beautiful campus of McGill University in the center of Montreal, André Saine, N.D., presented the first of a series of courses in comparative materia medica entitled "Illustrated Comparative *Materia Medica Pura*." The series is to be made up of eight yearly sessions addressing around 500 medicines total. It was recorded on video and DVD. Our initial hard copy materials consisted of two large binders of written information. The first contained lecture notes on the first 62 medicines to be considered, and the second contained hundreds of graphs—in Mac Repertory tabular format—of symptoms of the medicine under study compared with medicines most similar to it.

The design of the course is based around 24 key medicines, all polychrests, four of which were considered in this first session. From those four main branches of the materia medica came 62 smaller branches: the less well-known medicines which have symptoms in common with the more well-proven medicines and which can easily be ignored in repertorizations having a preponderance of symptoms of the polychrests. The idea, of course, is that one of these less well-known medicines can be the *simillimum* when many of the polychrest's symptoms are present but accompanied by symptoms that are contradictory to keynotes of that polychrest under consideration.

This is obviously nothing new, and is indeed the basis of more sophisticated homeopathic prescribing. Therein lies the beauty of the process in general and the value of this course, for it is a systematic and ambitious excursion through as much detail as possible regarding 24 polychrests and a massive number of lesser known medicines which can turn out to be the most curative for our patients.

[My wife Tess and I rented a small apartment for a week and prepared many of our meals there. Each morning I felt like a schoolboy as I shouldered my

backpack with syllabus and laptop and walked up the hill to the university. We found Montreal to be a beautiful and cosmopolitan city, providing rich visuals as well as many treats for all the other senses.]

Dr. Saine introduced the written material with a treatise by Lippe entitled "How to Study Materia Medica," reprinted from the *United States Medical Investigator*, in 1877. In it Lippe emphasizes the crucial importance of the inductive method, the use of reliable information and the avoidance of fads. He especially emphasized the strict attention to the *characteristic symptoms* of remedies, using *Aconite* as an example. He described each remedy as having symptoms belonging to that remedy and to no others. It has also symptoms similar to other remedies, which have *their own* individual characteristic symptoms as well. The individualizing symptoms of each remedy, besides the symptoms shared by the remedies, will determine which of the medicines is most similar to the state of the patient.

Lippe wrote, "How were these characteristic symptoms belonging to each remedy found? First, the provings developed them; secondly, the symptoms were so found to be characteristic by clinical experiments, and we find the great observer Hahnemann points out to us in his *Materia Medica* and in his preface to *Aconite* these very characteristic symptoms. Hahnemann says in that preface, 'It is essential to consider the mental symptoms, to see to it that they especially are very similar if *Aconite* is chosen as a Homœopathic remedy.' And above he had said, '*Aconite* is especially indicated when, besides thirst and an accelerated pulse, there is present an anxious impatience, a not-to-be-soleed anxiety, and an agonizing tossing about.'"

Lippe goes on to talk about the medicines which may have one or more of these characteristic symptoms but which have a slightly different type of anxiety or a slightly different nature of the pulse or the thirst, or other symptoms which are not char-

acteristic of *Aconite* but of those other medicines instead—the familiar and arduous process of differential diagnosis; then he goes on to say, “When we know these few symptoms we find ourselves well prepared to further study of the pathogenesis of *Aconite*, always remembering from first to last that the presence of these first four mentioned mental symptoms is positively necessary if we expect any good and curative results from the administration of *Aconite*.” (*In fully developed acute conditions.*)

This treatise set the tone for the seminar: the huge task at hand and the principles with which to negotiate it.

Those characteristic symptoms of the medicine were also referred to by André as the “fingerprint” of the medicine: the core group of symptoms defining it and no other as the correct medicine for the patient. When the fingerprint is not present and clear, that’s when we should study related medicines. Again this is nothing new, but it’s where it gets tricky for me, for the following reasons:

We’re looking for the most similar medicine, hoping it will be the *simillimum*. In day-to-day practice for me, the *total* “fingerprint” is only present sometimes and I often prescribe the polychrest that fits best if there are no glaring contradictions, sometimes with great success and sometimes having to look for another medicine after an unsatisfactory response.

How do we know how to define the exact fingerprint, among the core keynote symptoms of the medicine? For example, André defined the fingerprint of *Sepia* as chilliness, amelioration in the sun, 3-5/4-6 P.M. aggravation, amelioration in the evening, better by exertion—especially dancing—clenching teeth at night, earache in cold wind, cold sores on the lips, cracked skin on the heels and desire for chocolate. Dr. Saine maintains that the “fingerprint” symptoms are not just those in the original provings, but the symptoms that have been demonstrated to be the most reliable and frequently present through repeated provings and clinical experience.

Notwithstanding the foregoing, the seminar was loaded with information, the presentation of which reflected an enormous degree of preparation of written materials including graphs to portray the comparisons between medicines, and monographs of varying lengths on the larger remedies and the individual lesser-known medicines studied. The monographs consisted of information from provings as well as cured symptoms from reliable classical prescribers including Dr. Saine himself and many of our homeopathic forbears. There were also commentaries on the history of derivation of many of the

medicines, and a great deal of narrative about practical comparison of the medicines. An example of the former was an extensive essay regarding *Murex*, a cash crop worth more than its weight in gold, and the subject of wars being fought for its possession because of its properties as a purple dye for royal garments.

Examples of the latter were *materia medica* commentaries comparing *Sepia* with *Murex*, with *Helonias*, with *Viburnum opulus*, and with *Venus mercenaria*, outlining the similarity and distinction of their various symptoms. Again, these comparisons and contrasts were also portrayed in graphical form, using the repertorization format in MacRepertory.

Another small example of the “secondary branches” of the homeopathic *materia medica* that we visited was of *Torula cerevisiae*, or baker’s yeast. It was included in comparison with *Sepia*, partially for its use in vaginitis. It is characterized by burning acrid leucorrhoea with a yeasty, moldy odor, worse before menses. Other symptoms include a brown coating on the posterior part of the tongue, flatulence and bloating after eating, with belching and indigestion, chilliness, eczema, recurrent boils, irritability and restlessness, avoidance of friends, not caring to talk to anyone, sleep problems secondary to nervous tension and fungal skin infections.

Another, in comparison with *Lycopodium*, was *Juglans regia*, described as the most flatulent remedy of all, with peevishness, mental indolence, abdominal bloating with violent and loud eructations; so that he could eat but little before bloating uncomfortably. Aggravation from fat and pain and distension ameliorated by belching and passage of flatus, were just a few of the other symptoms in common with *Lycopodium*.

It was most helpful to me to have my RADAR program open, along with my word processing program (to make notes as I went along) and *Encyclopedia Homeopathica* to look up the medicines in their various source books. (Of course, there were *MacRepertory* and *ExLibris* owners using similar strategies). We encountered a great number of symptoms in the provings, for example in *Allen’s Encyclopedia*, which are not yet in the repertory and which were able to be added as we went along. It provided an additional dimension to the experience to be able to see many of the symptoms in context of their original provings, as it does when analyzing a case.

This brings up one of the many points which arose during the seminar: when additions to the repertory are submitted to *Synthesis* or to *The Complete Repertory* by various homeopaths, in order that they may be included in the updating of the database, it is crucial that those which are added from already existing proving sources or *Materia medica* be attributed

to those sources rather than to the homeopath who is submitting them. The obvious reason is that when the symptom comes up in a case, there is no opportunity to refer back to the *materia medica* source if it is not indicated in the footnote with the remedy. It's appropriate to also include the reference to the homeopath if they have verified cure of the symptom in practice, but the original source must be indicated so as not be lost.

One facet of the program that was of tremendous value was hearing innumerable vignettes and "pearls" from André, products of his own experience as well as his extensive reading of the experiences of many of our predecessors. One such dramatic case was that of a patient of Gross who—because of guilt about the death of her only child—took to her room, praying and running about in a psychotic state for twelve years. She responded gradually, steadily and completely to a daily dose of *Platina 6c* over a year's time.

André also spoke at length about documentation in the literature of the effectiveness of homeopathy in epidemics, and the challenge to public health authorities to be aware of these facts and to acknowledge their significance. He is involved in finishing a mammoth volume in which he has compiled this information. Hopefully this book will aid in the dissemination of important data and the process of recognition of the documented success of homeopathy.

Besides individual treks to a great variety of quality restaurants and entertainment venues, extracurricular activities included a trip to the Sir William Osler Library on the campus of McGill University. Osler was a brilliant physician and is commonly regarded as the father of modern medicine. The library was stunningly beautiful, with rich wood paneling and a huge collection of ancient medical volumes dating back many centuries. The curator—well familiar with André as a result of his frequent research trips—was quite entertaining and informative. One of the evenings was devoted to a wonderful party hosted by Dr. Saine and his wife, Dr. Lisa Samet. (Dr. Samet was also instrumental in the production and coordination of the seminar ; she also taught an introductory course in repertory analysis prior to the course.) We were able to follow a path through the woods from the university, as a group, in order to

reach their house, where we experienced a warm welcome, a tour of their garden containing many of the plants used in homeopathy and a delightful opportunity to become more acquainted with our classmates.

The seminar was intensive: five full days with very little "fluff" or digressions, very dense with information beyond that which one could assimilate at the time, full of practical information about prescribing strategy, posology, attention to details, historical perspective and anecdotes which helped to "anchor" the data in our minds. Dr. Saine was very generous in his desire for us to understand the information and to have a generally good experience inside and outside the classroom. He was patient and clear in responding to questions. It all left me with somewhat of an overwhelmed feeling because of the huge amount of data which I can't absorb in a lifetime of practice, but the flip side for me was the opportunity for endless exploration and refinement of a practice which can never become boring or routine. André's recommendation was that we study one or two of the remedies each week over the coming year, in preparation for the introduction of a new set in session two.

There was nothing new or fancy or portrayed as being "sexy" or revolutionary, but just straight ahead homeopathy the way Hahnemann taught it to us, with an invitation to discipline ourselves to look carefully at the information from our cases, to make careful comparison of the pathogenesis of the patient with the pathogenesis of the medicine and to look deeper and study the basic *materia medica* if the data doesn't seem to fit correctly. All this, of course, is a crucial part of our efforts as members of the homeopathic community to find the unique treasure of relief of suffering in each of the patients whom we treat.

The first course is available on video or DVD, with accompanying course notebooks. cah@videotron.ca is the e-mail address at which to obtain further information.

About the Author: Nick Nossaman, MD, DHT has been practicing homeopathy for 30 years in Denver, Colorado. He is past-President of the National Center for Homeopathy and the American Institute of Homeopathy and a member of the Rhus-tox group of Homeopatia Internationalis. 