

Provings, Phenomena and Practice: The Evolution of Homeopathic Knowledge

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Abstract: Knowledge of Medicines is an essential part of our homeopathic process. Homeopathic provings have been the cornerstone of our methodology to ascertain a knowledge of medicines. Verification through clinical experience has been the other significant form of our development of knowledge. Experience confirms the validity of provings and takes the knowledge into living three dimensional reality. It is a testament to Hahnemann's genius that homeopathic provings and clinical verification, in attaining a "knowledge of medicinal powers" is as valid today as in his own time.

However, it can be argued that there are other ways to develop our knowledge of medicines and that both homeopathic provings and clinical experience have certain inherent problems, especially if relied on exclusively. Other, more phenomenological methods of attaining medicinal knowledge have been discussed in recent years, creating much debate in the profession. This article seeks to explore the issues around this debate and to find a reasonable balance in our ongoing endeavor to explore the knowledge of medicinal powers. It argues that a combination of different forms of "knowledge" gives the most confidence in developing our understanding.

Keywords: Provings, Clinical experience, phenomenology, Systemic thinking, Synthetic analysis, Botanical classifications, Science, Truth, Doctrine of Signatures, Miasmatic theory.

Knowledge of medicines - as taken from Hahnemann's third aphorism - is a key in our development as homeopaths. The evolution of our materia medica is perhaps the clearest example of how our knowledge has developed in the last one hundred years. From 80 remedies in Hahnemann's and Boeninghausen's time, to 200 remedies by the time Hering practiced, to today's total hovering around the 2,000 number, this is a key area in which homeopathic knowledge has grown. However, the quantity of information does not always relate to quality. One of the main tasks we face as practitioners is navigating our way through this sea of information and hopefully finding some solid ground to help us in our analysis and interpretation of the human condition. As classical homeopaths, we mostly agree with the fundamentals of homeopathic philosophy laid down by Hahnemann - one remedy, minimum dose, the whole person, integrating mind and body - this we know and we hold true, yet when concerning the knowledge of medicines, we have seen a wide

divergence in thinking and practice. Exploring the reasons for this development can reveal interesting things about homeopathy and all of us involved in its expression.

The Significance of Provings and Clinical Verification

Provings have been the cornerstone of homeopathic science. This is how homeopathy began and has continued to define its methodology. While so much of conventional medicine has shifted ground over the last 200 years, homeopathy has stayed true to these principles and methods laid down by Hahnemann. As homeopaths, we recognize the genius of Hahnemann, even if we don't know exactly what led him to initiate provings or led him to cultivate the process of succussion in the making of homeopathic remedies. Provings remain the basis of our investigation into the healing power of nature, a key into understanding human experience through the language of homeopathic materia medica.

However, the quality of provings in Hahnemann's time needs to be seen in the same light we look at today's provings. How clear were they really? How objective were the results gleaned? How can we extract from provings clear information to use in our practices? Homeopaths practicing today are fortunate in that the knowledge from the early provings has been cultivated, culled, refined, dissected and integrated into a shape and form that we can have confidence in. In spite of the inevitable subjectivity in the evolution of a substance from its inception in a proving to its flowering in clinical practice, we now have great confidence in our knowledge of many remedies, especially the so-called polychrests. They provide a great example of the integration of proving knowledge with clinical knowledge. Yet it can fairly be stated that some of the original proving data that Hahnemann and other early provers established has been questionable in its accuracy. This subject was discussed in detail in an article by Frans Vermeulen in the journal, *The California Homeopath*, Volume 11, Series 2 (New Series), published by the California Homeopathic Medical Society.

It is important to recognize that knowledge from provings does not easily evolve into clinical knowledge and many remedies lie uncovered by the truth of clinical use. The inconsistencies in our knowledge of medicines remains large and perhaps will always be so given the huge number of remedies and vast amount of information involved. However, for all of us in practice, we are continually seeking to expand the breadth and depth of our knowledge of medicines. This is key to our ability to find the simillimum.

The full understanding of a remedy only takes place with clinical experience, which is necessary to flesh out the dry, one dimensional information that a proving gives. It is possible to expand the information from a proving through a nuanced interpretation of its symptoms, thus fertilizing the full flowering of a remedy from a seedling. However, only after its use by many homeopaths does the knowledge become more complete.

Some homeopaths feel that greater emphasis needs to be placed on knowledge gleaned from clinical practice, from careful observation of cases well taken and where the action of the remedy has been clearly perceived. There is great truth in this assertion; however, as with proving data, it can also be fraught with subjectivity and possible projection from both the practitioner as well as the patient. Focusing on the clinical effect of medicines, not just the provings, has always been an essential part of a homeopath's study, which is reflected in the differences between Allen's Encyclopedia of Pure Materia Medica and Hering's Guiding Symptoms, the latter

emphasizing clinically verified data. Many modern homeopaths are stressing the need to focus on good clinical experience to develop our knowledge of materia medica, with or without provings to back this knowledge up.

Phenomenologically-Derived Knowledge

Another area of knowledge of medicines comes from the phenomenological perspective; that is, what can we ascertain about the nature of a substance from its shape, color, form, function/behavior and interaction with humans. This includes such controversial subjects such as the Doctrine of Signatures and tendencies to extrapolate anthropomorphic comparisons when studying remedies. This area has perhaps caused more contention and dispute than any other in the development of knowledge of medicines. Hahnemann himself spoke about this, challenging the use of the Doctrine of Signatures as a means of developing a knowledge of medicines.

Broadly speaking, there can be said to be three levels of phenomenologically derived knowledge:

1. Form: The shape, color and identity of a substance.
2. Function: The behavior of a substance, whether plant, mineral or animal. This includes chemical analysis and toxicity of substances, already included in our materia medica.
3. Relationship: The connection between the substance and the patient (or human beings in general) and also the relationship between other substances.

The original contention of the implausibility of the Doctrine of Signatures arose from interpretations taken from the first two levels. More recently, the introduction of systems of relationship has led to a revival of this debate.

In recent years, some homeopaths have focused on more inclusive ways to understand our materia medica and have also sought a deeper understanding of the information gleaned from case-taking. This has involved developing certain theoretical models as a means to attempt to explore a more complete understanding of new and old remedies, attempting to fill in some of the huge gaps in materia medica knowledge. Jan Scholten and Rajan Sankaran are two thinkers who have developed theories of knowledge and systems of relationship that have opened up the traditional vistas of homeopathic knowledge. Jan Scholten has postulated a clinical relationship of minerals and metals used in homeopathy through the prism of the chemical Periodic Table. Most homeopaths are familiar with his ideas. If one simply uses the model he created, using the

vertical and horizontal levels of the periodic table to directly interpret a case and justify a remedy, then traditional knowledge of remedies from provings and also clinical experience will be subordinated to this model. Scholten has attempted to merge existing knowledge into his new system, but also has shown how the system itself is a potentially complete method of analysis. He has attempted to back this method up with clinical cases, but the question remains whether the clinical knowledge has yet been consistent enough to validate the model he has established.

His model of using the Periodic Table as a template that can directly lead to the choice of a remedy, removed from proving data or verified clinical knowledge has been challenged by some homeopaths. It opens itself up to criticism because it seems so abstract, a theoretical model of remedy relationships based on an organizational structure of minerals and metals that is two dimensional at best. In the *American Journal of Homeopathic Medicine*, Volume 99, Number 2, Summer 06, Dr Joel Shepperd, MD, makes a serious and well documented critique of Scholten's model, stating that, "The use of the periodic table of chemistry has serious limitations. The periodic table does not adequately predict the medicinal qualities of homeopathic remedies. The shortcomings of grafting a paradigm of chemistry onto homeopathy are evaluated using the writings of Hahnemann and other observers of the scientific method. The manifold provings law continues to be the correct scientific method for testing homeopathic medicines." Shepperd has provided a good critique of Scholten's theory; it is worth reading in full. However, it is incumbent upon the critical student or practitioner to attempt to discern for oneself the validity of such theories. Can confirmatory evidence be found?

Levels of Knowledge and Verification

One could argue that within the three levels of knowledge - provings, phenomena, and practice - one needs to have very clear and transparent effects on at least two of these levels. If the proving data is flimsy or totally missing, then the other two levels of knowledge need to be very synchronous and well developed. Otherwise, using predominantly one level leaves a question as to its accuracy and truth. This is especially the case with the second two levels - phenomena and practice. Justifying a remedy only on the shape, color, or function of a substance is risky, according to most homeopathic thinking. Similarly, choosing a remedy only on the basis of Scholten's theory of chemical relationships is also risky. However, if a remedy works according to normal homeopathic criteria, no matter how that

remedy is found, is that not still homeopathy? Some people would say it is not. However, if the remedy works, surely that is the bottom line, even if the choice of remedy was made by the most arcane and esoteric analysis. The fact remains that information that leads us to the correct remedy can come from many sources. This is the art of homeopathic prescribing. Why should we be limited by the confines of existing knowledge? If the case is well documented and shows clear action, it can help validate the theory behind the choice of remedy. The clinical verification becomes the key here. It is in consistent clinical application that any theoretical model is validated.

Justifying a remedy choice based solely on the phenomenological approach is open to criticism. The goal is to find reproducible knowledge that can add to the quality of our materia medica. The problem often stems from extrapolating big general conclusions from a small amount of information. If the small amount of information happens to be the core of the case, then the remedy will work; if not, it won't. As with any case analysis, the choice of the information is key.

It has to be noted though that when dealing with certain animal remedies, the study of the behavior of animals of similar species can be very useful in distinguishing which remedy might be indicated. This is very much the case in looking at snake, spider and insect remedies. It can be very difficult to differentiate between remedies of the same species based on existing proving and even clinical data, and it therefore makes sense to look at the behavior of these animals. Surely the consciousness of these animals is reflected through their behavior and therefore will be recognized in human experience. Provings rarely give us this distinction, and clinical data and behavioral study can help us. This is more difficult to do in studying plants, minerals and metals. However, when looking at minerals and metals, studying the toxicological and chemical action of these substances can be very useful. A significant part of proving information comes from toxicological data. There is an interesting confluence between proving data and more functional knowledge of many substances. This is often forgotten when criticizing the so-called Doctrine of Signatures. Our materia medica is full of information taken from toxicological sources, herbal and folklore, obtained by observational and empirical methods. William Boericke's materia medica is full of such information.

Systems and Models of Relationship

Rajan Sankaran has also devised a model for remedy relationship and choice by identifying family similarities, then differentiating individual remedies using his miasmatic theory and classification system.

He often focuses on one remedy that is well-known within a botanical family and looks for confirmation and repetition of symptoms in remedies of the same family. He then seeks to find unique data for each remedy to fit his miasmatic classifications. While he has admitted that his is a work in progress, some homeopaths have chosen to accept it at face value. Like Scholten's model, it falls into the phenomenological area of information in that certain information is taken and then postulated in a way to justify prescriptions primarily using this model. Of course, some proving and clinical data is used as a foundation to build this theoretical model, but the model still becomes the dominant paradigm. The question again is whether clinical data can be significantly gleaned to confirm this, or not, and it is perhaps too early to state. There have however, been some interesting critiques of this model, questioning the accuracy of using botanical classifications in relation to the clinical relationship of our remedies. Some families seem clinically quite related, while others are much more questionable. In an interesting article in *Homeopathic Links*, Volume 18, Winter 2005, Julia Schiller questions the accuracy of using existing botanical classifications as a method of analysis and comparison of remedies. She draws attention to the Conifer, Violales, Hammamelidae, Magnolianae and Lilliflorae groupings. She states that because they are composed of plants sharing higher taxa in common than the botanical family, it is dangerous to make premature generalizations. Also, there is a new botanical classification based on studying the DNA of plants which may lead to a restructuring of many plant classifications.

Sankaran's attempt to explore this area has challenged many homeopaths to look beyond the usual remedies that we use. Like Scholten, he has focused our attention on the gaps in our knowledge of remedies and has helped to make less known remedies more accessible. One further and important aspect of Sankaran's schema is that he has introduced not one but two interweaving structures. The second of these, an extended miasmatic schema, adds to the level of abstraction of using any model or structure as a means of remedy justification and, as such, requires clinical verification from other homeopaths over a period of time.

Other authors, like Frans Vermeulen, are seeking to explore the relationship of remedies based on the chemical action of substances and seeing whether the botanical classifications can be verified by plants having a similar chemical analysis. This is one other area of phenomenological knowledge that has not been studied enough, having been mostly reduced to herbal knowledge and toxicological data found in early provings and accidental poison-

ings. In studying the elements in the periodic table there is already ample information to justify making certain assumptions about the similarities of some remedies; for example, those of Ferrum, Manganum and Cobaltum. This type of analysis conforms more closely to established methods of materia medica development and should thus be considered less speculative than entire new theoretical constructs.

The Quest for Scientific Truth

The concept of establishing a more generalized and schematic theory of knowledge, in this case our materia medica, was discussed by Jan Scholten in *Homeopathic Links*, Volume 17, Autumn 2004. He begins by questioning the definition of Science. He says: "Science is theory based on facts," and "Science is a structure based on facts." He says Science is the search for general, universal principles in different situations – "The strength of scientific knowledge lies in its very ability to theorize," and "This is how scientific knowledge strives for universality: the concrete example itself is not of paramount importance, but the intellect proceeds from the specific case to the general principle." He argues that the quest for a generalized, universal theory of knowledge is the essence of science, and it is a quest for simplicity and elegance in understanding the way of things. He then defines levels of scientific development, from simple facts to the description of these facts, which he defines as the phenomenological perspective – somewhat narrower than the broader phenomenological description this article is applying. He proceeds to describe further levels, from the observation and categorization of facts into a broader theory of potential connection, which can then be tested – through clinical practice. The movement of this development is to create a more comprehensive, universal theory. This process toward a universal theory is a natural evolution of the development from facts to phenomena to understanding and truth. As Scholten develops this argument, he states that science needs just two paradigms or axioms. The first, the Order paradigm, asserts that "the world has an innate order," and it makes generalizations possible. The second is the Truth paradigm: "There is such a thing as truth." Without them, science is not possible.

He then describes the evolution of homeopathic knowledge, from the knowledge gleaned from provings and clinical verification. He states: "Provings are methods of induction. Clinical information is a form of confirmation." However, he also states that the process of development from fact to generalization in homeopathy has led to confusion in the process of making certain generalizations. He critiques Hahnemann as confusing fact and gener-

alization when Hahnemann states in aphorism 138 that, "Each symptom or occurrence during a proving belongs to a remedy. In this way he gives each symptom general value and avoids the difficult problem of induction." Another way of stating this is that it can be critiqued that quite a lot of the symptoms produced in Hahnemann's provings were intrinsic to the person (secondary effect) and not primarily that of the remedy (primary effect).

This leads Scholten to make the claim that of the classification methods that have been part of homeopathic development in the last decade or so, the most accurate is the chemical and biological classification. Here, "the best classification on one level will have a high chance of being the best classification at other levels." He then makes the case that using methods of classification to ascertain "knowledge of medicines" has distinct advantages over provings and clinical knowledge, both of which take much time and energy. He states that it enables the prediction of remedy pictures, and can add new remedies more quickly to our knowledge base. It further reduces the number of essential symptoms needed to prescribe a remedy, making differential diagnosis clearer and simpler and therefore allowing a greater number of remedies to be used and remembered.

Scholten feels that using a classification such as the periodic table and the generalized theory of its interconnectedness has greatly enhanced our knowledge of new medicines, simplifying our ability to choose appropriate remedies based on the Law of Similars. However, when reading Joel Shepperd's article, one gets a very different view of the value of the periodic table as a model or theory of relationship, both to the elements themselves and the jump to the homeopathic materia medica. Scholten would say that the proof of any theory is in its truth, in other words, how is it applied and whether it works. The major question that may remain about Scholten's thinking here is whether it is possible to make such generalized, universal theories when dealing with the complexity and subtlety of human consciousness and its application into a model of healing such as homeopathy, one that has such an intrinsic, subjective and artistic expression.

The Significance of Clinical Verification in Validating An Idea

This brings us right back to clinical information. Scholten, in his conclusions, implies that clinical verification is needed to validate the probability of the theory, but once that has been established, the model, theory, abstraction and generalization have been validated. However, it may be argued that substantial clinical verification has not taken place yet,

not enough to confirm the "probable truth" of the clinical homeopathic relationship of remedies to that of the chemical periodic table.

Although one may feel that there is a real risk that Scholten is taking by making such an abstraction away from traditional knowledge, one can also say that Sheppard's complete dismissal of this idea is also risky. What if Scholten and Sankaran's models have some validity? What then? Is taking a fixed position regarding the methods of ascertaining "knowledge of medicines" really scientific? Does the exclusive focus on proving knowledge blind us to the possibilities of other forms of knowledge?

Like many theories, Scholten's and Sankaran's being good examples, there is no doubt some truth to the basic concepts. Chemical relationships and botanical classifications have some truth to them. If they are intrinsically true, then they can help homeopathy in its attempts to create classifications and models of relationship of our remedies. It can be argued though that the theories have been accepted prior to the level of clinical confirmation needed. It is interesting to look at how Scholten developed his thinking, outlined first in his book "Homeopathy and Minerals" and then in "Homeopathy and Elements". One aspect in the first book is his work on understanding the relationship between the component parts of remedies, both the anion and cation. By understanding the unique "identity," "theme," and "image" of each of these elements, one can see more clearly the exact remedy needed, using both components of the remedy. This way of prescribing has been used by many homeopaths, from Kent to Nash to Grimmer. Although Kent was criticized for taking this too far, one can see that it has often been part of homeopathic thinking. What Scholten (and Sankaran and others) did was to elucidate it further and allow a clearer image of each theme to be seen. However, even this has been criticized by Shepperd, who says that "the popular synthetic remedy pictures are artificially built, based mostly on his perception of his case rather than a study of the provings." "This is a serious breach of homeopathic method." "There is no excuse to teach this totally repudiated shortcut." "Clinical observations can only be validated after they are compared to the known and verified manifold provings." There is no doubt some truth in his argument that the unique combination of two elements is more than the sum of its parts. However, it can also be said that proving and clinical data actually confirms that a synthesis of two elements together actually does reveal a correspondence of the two elements put together. If one studies the Kali family, one clearly identifies aspects of phosphorous and iodine in the remedies *Kali phosphoricum* and *Kali iodatum*. *Ferrum phosphoricum* is an interesting

remedy, with no real proving data, and traditionally reduced to acute prescribing and information produced as one of Schussler's salts. Yet it consists of two elements that are major chronic remedies with complex homeopathic pictures. Surely, identifying the unique dimensions of each can help us identify when this remedy is needed. If clinical confirmation can help validate this concept, is that not enough? Does the repudiation of a theory based on a lack of proving and/or clinical information invalidate it? Is that not just a reductionistic analysis, putting far too much credence on homeopathic provings as the source of all our knowledge?

Using the periodic table as a means of homeopathic analysis and remedy evaluation, or using the combination of elements that make up a remedy as a measure of analysis are both examples of a phenomenological approach to homeopathy. They are attempts to identify and understand characteristics of remedies that build on existing knowledge from provings and clinical knowledge. However, there are distinct differences between the two approaches. The former, similar to Sankaran's miasmatic and botanical classifications, represents a level of abstraction or generalization much beyond the mere synthesis of different elements in a particular remedy. Therefore, they require much more clinical corroboration before they can be accepted as any kind of general, "universal" theory, as stated by Scholten. Whereas, the synthetic methodology is much more connected to existing knowledge of remedies, the knowledge of which has been substantiated clinically for a long time. While it is true that Scholten and a few others have taken "synthetic" prescribing to much more abstract levels, many homeopaths use this form of analysis to refine their choice of remedies.

The Tension between Doctrine, Practice and Truth

Shepperd's absolute dismissal of this approach begs the following question: Is he interested in the preservation of a specific homeopathic doctrine which, as he stated, requires the sole determination of the knowledge of a remedy to be based on a study of provings? If that is the case, then he will not be able to prescribe confidently on much more than 100 remedies. Even Hering's Guiding Symptoms are a mixture of proving and clinical data, this clinical data often building on scanty proving data. The fact is that the evolution of the knowledge of a remedy has been influenced as much by clinical knowledge and empirical and toxicological data as it has from provings. The attempt to always put provings on a pedestal at the expense of any other kind of "knowledge of medicines" seems more of an

attempt to protect a particular doctrine of thinking than in seeking to expand our knowledge.

In this argument, Scholten makes a good point by comparing homeopathy to other scientific systems in which the creation of more "comprehensive theories" can be a key in the evolution of knowledge and truth. However, as Scholten stated himself: "The second aspect of science is that it has to be true. Its statements and theories have to tally with reality, agree, and be right and true." However, to strike a middle position in the polarities posited by Shepperd and Scholten, any generalized system, structure or theory is only useful as a map to unravel an understanding of the human condition and, in our case, the homeopathic remedies that may be the most similar to the patient's condition. As with any system when applied to the dynamic unpredictability of the human condition, its application is conditional. It won't work all the time. It is one more tool that will aid in our analysis, that opens up the possibilities of new remedies – proven or not – as they belong to a wider systemic totality. The weakness of such systems is the attempt to apply them all the time, to rigidify the analysis of a case by some kind of grid system. This is where both Scholten's and Sankaran's models lack depth, falling into the two dimensional approach that Shepperd mentions. It is not to say they are wrong, but, as with anything, they can be wrongly applied and are not universally applicable. They are still relative concepts, with questionable assumptions of connection, and are removed one further step from the primary knowledge that comes from provings and from established clinical confirmation.

The whole purpose of this discussion is to explore the way we work, to define what information we can use to help us find the right remedy. The focus has been on the methods of establishing "accurate" information - "truthful data." Not addressed in this article is the dynamic of how this information is obtained, the "gestalt" of the case-taking process that reveals what is needed to be cured. That is the other part of this discussion.

The foregoing debate forces us to make some kind of distinction about how we define homeopathy. Is homeopathy a system of medicine based on the Law of Similars or is it a system of medicine that applies the Law of Similars and the knowledge of medicines using only homeopathic provings. These definitions are not necessarily exclusive, but the first one does subsume the second. It is based on a larger perspective in that it assumes that homeopathic provings are not the sole means to define "knowledge of medicines." It assumes that other forms of knowledge, even theoretical ones, can help us classify of our knowledge and can add upon existing

knowledge derived from homeopathic provings.

The argument needs to be made that one can become stuck in any place along the road of knowledge. Sticking to a doctrinal view that only provings are valid criteria for a remedy to be given, as stated by Shepperd, is restrictive and narrow, however valid the attempt may be to curtail dubious information and theoretical speculation. Similarly, the imposition of speculative groupings and analysis based on a variety of theories and abstract generalizations can also be a trap, imposing yet another rigid system on the fluid dynamics of human consciousness. There is always a tendency when suggesting new theories to codify them in absolute terms, to make them seem watertight. Even though Sankaran and Scholten have stated their models of classifications and miams are works in progress, many people take them at face value and, thus, when the number of believers becomes large enough, the models are assumed to be homeopathic fact. In this way relative truths become absolute very quickly, an issue that

has afflicted homeopathy since Hahnemann first put his thoughts to paper. Over time, though, the truth of all these ideas will most likely be either validated or dismissed in the light of our experience. What I would suggest is that we be willing to lean forward and seek new ways of perceiving rather than just leaning back on the past and dismissing all such "divergent" approaches as "unhomeopathic."

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