

## HOMEOPATHIC PORTRAITS

Dr. Gheorghe Jurj

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I am persuaded that all who have learned or learn homeopathy appreciate the portrait descriptions of remedies, where they appear as persons with well defined psychological and behavioral traits, desires and aversions, a story of personal trauma and pathology. Due to such descriptions, our remedies have become images of „persons”, and it is not small the number of those who believe that the only duty of the homeopath is to identify each patient in a bookish description. The patient must be... a remedy, when it is finally established, „he is *Lycopodium*”, “she is *Ignatia*”, everything is clear. Somehow, the homeopath is satisfied when he/she has identified “the patient’s remedy”, prescribes it and expects that all will be solved, as if magically, if the patient is “the remedy”, how anything may turn wrong?

Most homeopaths learn typologies grounded on this model, as it is didactically irresistible, especially when compared to the harshness of the materia medica. But the homeopathic portraits are a fiction novel, easy to read, easy to remember, impressive, clear, with powerful traits – physical, psychological, pathological. They look like the characters in a novel or descriptions in the Reader’s Digest. Indeed, a world marvelously clear. With no further questions, they seem to answer a single question: “what remedy the patient is?”

Nothing on the pathological reality of the patient, nothing on the dose, nothing on the prognostic, nothing on how the patient cares for him/herself. The so much proclaimed homeopathic principle of individualization is transformed, the patient is encased in a kind of box, where he/she is absolutely determined, encaged and enchained.

The question itself is viciated, because instead of asking what remedy agrees with the patient in this moment, it asks, on the opposite, what remedy the patient is, tacitly assuming that he/she will be it forever.

There are many books where such style is adopted, and many courses which perpetuate it, raising practitioners who seem to believe that the only task of the homeopath is to elucidate the dreams of the patient and brand him/her with the seal of the remedy. After reading one of such books, a patient of mine (with bipolar disturb, 30 kg overweight, shy and highly inhibited) declared: “I know what I am! I am *Phosphorus!*” Another one, a physician, which she would proclaim in any occasion in order to become the center of attention, jealous and repressed, extremely loquacious – often just for the pleasure of hearing her own voice -, stated very softly, “It took me so many years to find out I’m *Pulsatilla!*” Or still this other patient, intellectual, very well read, who was extremely disappointed at the end of the consultation, when I told her that I found her healthy, but very tired, and just prescribed rest and an antiasthenic phytotherapy complex. Highly possible that her readings awoke in her the idea that homeopathy is a kind of remedy-cult, and was disenchanted by my prosaic statement.

What I find worrisome in this kind of stereotypic and literary mode of presentation, is the loss of the medical “spirit”, the loss of the real dimension of the pathology and the loss of homeopathy as an eminently clinical discipline. Transformed into a kind of sui generis appendix of psychology, indulging itself in an easy typologism, homeopathy is nothing but lost. It loses its own history, as an honorable medical discipline which treats the diseases of the patients and not only “the patient

him/herself”.

Even the famous adage, “to treat the patient, not the disease”, does not sound right to me, or better, incomplete. The patient is a patient due to his/her disease, his/her pain, his/her insufficiencies. He/she is a person defined by his/her own individuality, which requires unconditional respect. The homeopath is not a “personalities fortune-teller”, his/her duty is not to apply labels, but to relieve the suffering of the patients, and these sufferings are actual diseases, not isolated disturbs or potpourris of symptoms. The disease is like a partiture, the same for all, but interpreted in different ways by different personalities, which make it “sound” always different. To listen exclusively to the patient particular “interpretation” of the disease, without paying any attention to the partiture itself, is very close to nonsense.

When, for example, an abdominal pain becomes an acute abdomen, how is it possible to prescribe a homeopathic remedy and to believe that this is a medical behavior? The homeopathic classic books and articles, published at the time when homeopathy was the treatment for diphtheria, typhoid fever, dysentery, show us perfectly clear that the great clinicians knew how to homeopathically distinguish between remedies, not according to uncontrollable affirmations about dreams, but according to the aspect of the local lesions and the general state of the patient. In other words, to distinguish the clinical forms of the disease, in a true homeopathic differential diagnosis.

I believe that two are the causes that explain why homeopathy – indeed, a part of it, the haughtiest one, proclaiming itself to be the only “true” one - risks of becoming a portraitism (I allude here to extreme typologism, as every “ism”, a fad and the deformation of an actual fact). First, because many practitioners (and preachers...) are not physicians. As they do not know the diseases, they do not know the physio-pathological mechanism, ignore nosology, have some vague notions regarding how a diagnosis is established and what a differential diagnosis means, and especially, they ignore the notion of the responsibility inherent to the medical act. They do not know how to examine a patient, they do not know what the physical signs mean, thus, it is only natural for them to turn to the domain they can have access to: general and mental symptoms which, in this way, become overvalued, as the rest of the body is forbidden land to them. This is a homeopathy that seems to deal only from the neck upwards. That a varicose leg gives a world of data, that lab exams may be decisive... these are strange things. Things that are left to the physician, as the homeopath is engaged in much more subtle ones: “What do you like to eat?” “A lot of salt or just a little?” “How do you feel when you eat salty food?” It becomes tragicomic to imagine someone asking this from a patient with an acute thrombophlebitis or an acute abdomen. Any doctor, when considering such diagnoses, enters in a state of alarm, as he/she does when facing a cardio-pulmonary arrest, and in this case, would not doubt in applying resuscitation maneuvers.

It is remarkable that in this kind of homeopathy, there are many theoreticians (many among them highly skilled and full of ardor) that affirm that mental symptoms have much more value than the physical, and a general one much more than a disease. The logic behind this is often sound, but it is viciated by incompleteness... precisely among those who claim to be the most “holistic” homeopaths! Why? Because of a simple statistical problem: in the pure materia medica, the mental and general symptoms do not represent more than 10-20% of the symptoms of a remedy. In the instances of psychological disturbs, it is natural that such symptoms acquire a higher value, as they correspond to the pathological domain. However, in the case of , e.g. abdominal diseases, it is equally natural to attribute more importance to the abdominal symptoms. To make a prescription ignoring 80-90% of the materia medica is a denial of the homeopathic principles. An example may be illustrative.

A child consults due to acute amygdalitis, presenting an evident clinical form of *Mercurius*. However, a typologist kind of anamnesis may yield a significant number of symptoms of *Sulphur* and a fundamentalist homeopath will prescribe it if the “mental” and “general” picture corresponds

to the patient's. The interpreter (the patient) is *Sulphur*, the partiture (the disease) is *Mercurius*. Unfortunately, an aggravation appears: high fever, pain, an abscess begins to form in the tonsills. Our mental homeopath will declare: "It is normal, just a homeopathic aggravation, and it is a positive sign of healing", while a responsible physician will remain skeptic. When the abscess finally attains its full development, the homeopath will consider it a success, although the patient will be subjected to the scalpel, and will state that "Without *Sulphur* would have fared a lot worse, would have had a crisis of asthma, or else". This is **false**. A skilled and responsible physician would have examined the patient, would have paid attention to the nature of the acute process, would have prescribed a suitable remedy for the acute state, and even risking to induce a suppression, would have solved the sickness and, thus, the sick individual.

An exercise in real-time homeopathy which I recommend to my students is to forget all they know on antibiotics, cortison, antidepressant and other drugs and try to solve the current disease of the patient exclusively with homeopathic means. It might be an excessive standard of professionalism, but I seriously doubt whether a homeopathic doctor who cannot solve a case of acute amygdalitis or a crisis of asthma is skilled to treat a patient suffering from severe depression.

To transform homeopathy into an irresponsible business by medically untrained practitioners, which later assert themselves as a medical sect, is plainly wrong, and it seems to me as completely against ethics. The homeopathic physician, even if ignored, despised and derided, is still a member of the medical profession. Usually more scrupulous than his/her conventional colleagues, he/she is responsible regards his/her patients, because the medical approach he/she chose depends in equal measure on consciousness and knowledge.

Second, a retraction of homeopathy into the field of personality disturbs is undisputably caused by the attitude adopted by conventional medicine. It is incomparably much easier to treat an acute duodenal ulcer with an anti-histaminic drug and antibiotics against *Helicobacter* than with a homeopathic remedy, which demands a difficult differential diagnosis. On the other hand, a conventional treatment has no tools to prophylactically approach that subtle condition that establish that this patient will present a duodenal ulcer, the other an ischemic cardiopathy or a mild colopathy under stressful conditions. This is the reason why it is quite normal for the homeopath to look for the subtlest data in the patient, which are those related to his/her full personal profile.

However, this is also how a new risk of portraitism appears. An individual may present at a certain moment the psycho-pathologic picture of a given remedy, albeit, only for a limited time, and depending on certain conditions. It may cease spontaneously by itself or after the prescription of a suitable remedy. The outcome may be a state of relative health or of deeper diathetical impregnation, which does not necessarily mean a disease. What the honest practitioner observes, day by day, are not pure portraits of remedies, but individuals who usually present the symptoms of many remedies all at once, some more evident, others more blurred. The famous homeopathic motto, "one single remedy, one single dose" may apply, but its value is not absolute. And, indeed, in most cases it is insufficient, which is predictable, as the diseases that any one individual will suffer in the course of his/her life are diverse, as diverse as also his/her state of spirit and his/her reactivity are.

To encase a patient in the Procust's bed of a remedy portrait is not homeopathy. Every time you are tempted to state "This patient is... (*Sulphur*, *Platina*, *Lycopodium*, etc.) remember that you will damage not only homeopathy and the patient but you yourself as a therapist. The true therapy begins **after** the remedy (or remedies) was identified: dose, repetition, associations, prognostic, meaning of the remaining symptoms, appearance of new symptoms, shortly, all which constitutes the daily chores of the homeopath which respects him/herself as a doctor.