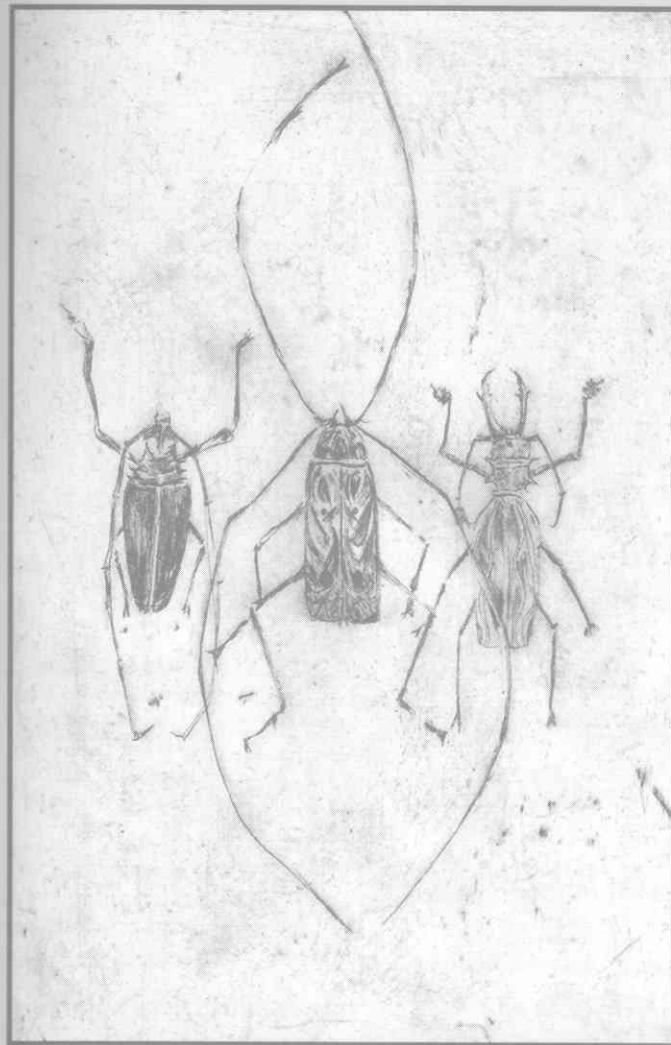


The Homeopathic Times

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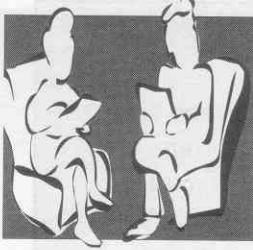


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**SPRING ISSUE
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Interview:

Nailing the blokes

Alistair Grey's lecture at the 2004 conference in Galway would have passed muster in the Comedy Store. But aside from providing huge entertainment, he had some valuable information to impart.

As an Australian homeopath with a busy practice, Alistair Grey has a healthy proportion of male patients on his books – and plenty of Irishmen amongst them. However, men require different handling to women when it comes to case taking, he says. Despite the highly entertaining presentation on this subject at the conference, his underlying message was clear.

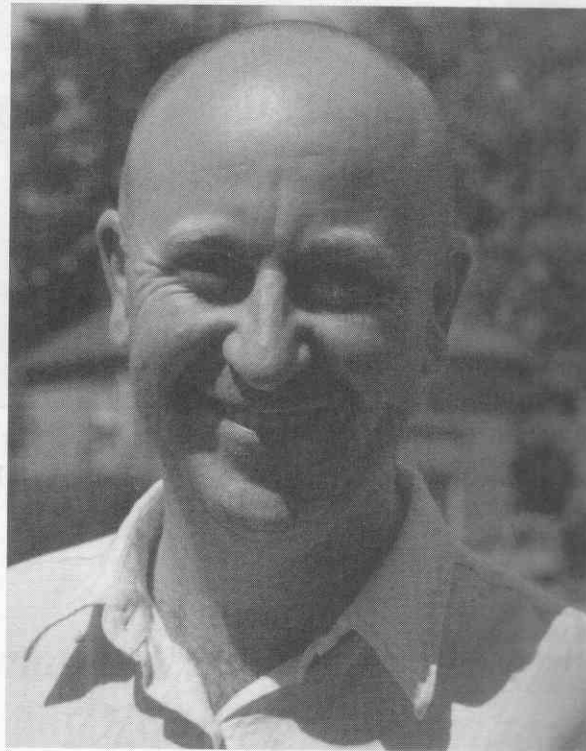
“Stop preaching to the converted and adapt your methods of marketing and practice to draw and encourage men into homeopathy”.

It's certainly true that the majority of men we see in our practice have come, many of them quite reluctantly, at the behest of a partner, wife, sister, mother – more than likely a female who has already been ‘converted’.

Remember he's not yet a ‘convert’ and treat accordingly. Leave off referring to the ‘vital force’ or ‘inner wessen’ to a later date. This sort of talk is more likely to encourage a hasty retreat than an honest chat eliciting valuable symptoms.

According to Alistair, men only present themselves for treatment when they are in absolute crisis. Even then, either they don't show up for the appointment or, if they do, they don't see the relevance of the questions, so they don't give us what we need in order to prescribe.

Men tend to focus on the physical, says Alistair.



Alistair Grey

All in all, the male of the special makes for reluctant patients – but they want immediate results.

By way of illustrating the difficulties of taking a man's case, Alistair recounted a somewhat brief consultation he once had with a young Irishman.

Patient: “It's me skin”
Alistair: “Tell me about it.”
Patient: “It's f***ed”
Alistair: Modalities?
Patient: None
Alistair: Sensation?
Patient: “Are you a f***ing puffer”?”

Clearly, for the average reluctant male patient, a slightly different approach is needed if a case is to arrive at the optimum prescription. An easier and simpler way of getting the case, says the Australian homeopath, is to use the therapeutic approach. Try using Boenninghausen's therapeutic pocket book.

So what else can we do? The first suggestion from Alistair was to massage the information out of the patient as if you were fishing.

A brief lesson in fishing followed to explain that once you have a bite you don't just suddenly yank the line in. Oh no. You let the fish run a little, tire himself out, then reel him in gently, making sure he stays on the line as he is pulled in. Then you land the sucker and light the fire. And remember to treat **your** male patient like china – they are very emotionally

sensitive. Another analogy Alistair drew was with the card game poker. He suggests drawing the male patient into the game gradually, no massive bets that might frighten him into folding before you've got what you need to make a prescription.

There are simple things that can make the whole experience less terrifying to the male mind. Change the seating to ease that face-to-face, head-on trauma. By just shifting the angle of the chair slightly, you change what the average male would see as a confrontational position into one he can handle.

Be straightforward with him. Explain why you're asking these 'weird' questions. Try, for example, explaining what is blindingly obvious to you, but what is probably a complete mystery to him.

Try explaining, for instance, that the reason you have to ask all these questions is that there are thousands of remedies available and the questions help to find the right one. He'll appreciate knowing that. Once he sees the logic of what is being required to do, he's much more likely to oblige.

Use easy words. Power words, words the male mind knows and respects. *Effective. Rapid. Bio-therapeutic. Solution. Charts. Strategy. Pre-emptive strike. Collateral damage.* (war imagery is particularly effective). *Body is a machine. Plumbing. Chassis. Fix.* Verb it up, advises Alistair. Say it's 'fantastic effective medicine'.

A male patient is more likely to ask the question 'How does it work?' than a female one. We should practice how to answer this perfectly reasonable question in a suitable fashion.

For starters a void terms like vital force, gentle, miasm, and bowel nosode. These guaranteed early departure. Try to describe homeopathy in a way which makes sense to the uninitiated i.e. this remedy is for this symptom. You'll also have to address the issue of a lack of substance in our medicine. How you get around this? You add substance, suggests Alistair.

Use, charts, visuals, diagrams, before and after photos of patients. Quote research, studies, and newspaper articles. "A study in America has shown....." invariably produces positive results.

There are many ways to prescribe too. As Alistair puts it: "You come along, you talk for an hour and a

half about all of these stupid questions which don't mean anything or aren't related in any sort of meaningful way, and then ... you get one tablet! Or you're told to take it for three days - why? It's just so alien, I think we've got a duty to try and demystify what we do and make it less weird."

This is not selling out on any of our principles at all, insists Alistair, but just makes it more real. That's the critical thing. Especially but not exclusively, when treating men whatever they present with, using the 5th edition Organon, Alistair gives a daily dose of liquid remedy in centesimal potency (30 / 200), according to the 5th edition of the Organon.

"I certainly have cases where I prescribed 200C daily for weeks or months, when appropriate. The reason for it is simply because that's what men are educated to receive and it doesn't make sense to give one dose and wait," says Alistair.

Another hint: don't ask questions your male patient doesn't know the answer to. It makes them feel inadequate. And that's a no-no for the average male. Instead, ask questions with optional answers; sensation, location, modality, etc. Treat organ affinity and specifics with the first prescription.

Taking another principal of marketing; Alistair reckons it is really important to 'over deliver'. Deliver beyond their expectations, for example, and it allows people to feel good about parting with their money and feel good about the service they are getting.

For instance, you say: 'I'm going to analyse this case before I prescribe a medicine. I'll put the medicine in the mail and I'll have it with you in a week'. Get the remedy to the patient within three days and you've scored. They love that. Everyone loves that. Everyone loves when someone goes the extra mile when delivering a service. So I do spend time on that, reveals Alistair.

Alistair also employs an assistant for one day a week. Her job is to ring his patients, even old patients, and check in and say 'Hi. Just wondering how you're doing.'

Another hint for dealing with men - anybody really - is to get a measurable result with a marker at the start. On the first return visit, ask how much better the patient feels? Ask them for numbers, on a scale of 1 to 10 for instance, to qualify their improvement, reduction of pain, etc. Draw a timeline - give it to