

Alastair: One of the things that homeopaths never do is read the introduction to the repertory. Many of the questions I have may be answered in the introduction or the forward to Synthesis. But one of the thing that has been happening with me, I've been making repertory suggestions for the provings that I've been writing in Australia, and it's always a concern for me and my students here, about the lack of clarity about what is primary and what is secondary in the repertory.

Frederik: First I like to make sure that we speak about the same thing when mentioning the words primary and secondary reaction.

Alastair: Well what I teach my students, is that the primary symptom is that which happens after an impression is made upon the vital force by a substance. Then a secondary action, is the vital force, then later pushing back against that substance in order to reestablish balance.

Now Hahnemann, Boenninghausen and some very opinionated homeopaths in Australia have some concerns about all of the additions in the repertory, because they're fearful that they may secondary.

Frederik: So what I would like to say, first of all, is that as you are aware Hahnemann was the one who was bringing up the idea of primary and secondary symptoms. He was doing this when he was discussing systems of medicine in his time, specifically the antipathy and the homeopathic system. And so when he speaks about primary and secondary reaction, it is as you say Alastair, a substance impressing upon a diseased person. But it is a substance of a strong medicinal type, like opium is the example he gives, or coffee or laxatives. So you take a laxative, you excite the bowels and you get evacuation, and when you go on you get into constipation. This is primary and secondary.

To transfer this idea to homeopathy is a little bit different. In fact Hahnemann says this in his Organon, in paragraphs 66 and 112.

§66

In the healthy body, with the impinging action of quite small homeopathic doses of tunement-altering potences, a conspicuous opposed after-action will not be perceived. This is understandable. To be sure, all of these potences, in small doses, bring forth an initial action that is perceptible with due attention, but the living organism produces, in return, only as much counter-action (after-action) as is required for the restoration of the normal state.

Footnote: A minute homeopathic dose produces a perceptible initial action, but the life force's counter-action is inconspicuous.

§112

In those older descriptions of the often life-endangering actions of medicines ingested in excessive doses, one also perceives states which showed themselves not at the beginning but at the end of such sad events and which were of an entirely opposite nature to those at the beginning. These symptoms that oppose the initial action (which is actually the

impinging-action upon the life force, §63) are the counter-action of the organism's life principle. Therefore, they are its after-action (§62-§67). In provings with moderate doses upon healthy bodies, this after-action is seldom or almost never in the least to be sensed; with small doses, nothing at all is to be sensed. In the homeopathic curative pursuit, the living organism produces only as much counter-action against these small doses as is necessary to again raise the condition up to the natural healthy state [§68].

Footnote: While the counter-action of the life principle is perceptible in poisonings, it is rarely perceptible in provings or in the treatment of diseases.

Frederik: So this kind of reaction, with primary and secondary reactions, is an antagonistic reaction. First one way, and then the other. It happens in antipathic medicine. Hahnemann says that this kind of antagonistic reaction is not noticed when the person is taking homeopathic doses. Which means that the whole issue of primary and secondary reaction is mostly to do with allopathic medicine, and much less to do with homeopathy. At least this is my understanding of what Hahnemann is saying. Maybe what Hahnemann is saying is not always the ultimate truth, but I tend to agree essentially.

If we look at a patient, the patient comes in and says “I feel heat in my right hand”. So we say “oh this is interesting, he has the heat in the right hand and not the left hand. It is in the hand and not the forearm” etc. So we understand this is a particular symptom, and we take it as a symptom. We don’t reflect if this is primary or secondary. If we go one step further and say this patient was just outside putting his right hand in cold water for a long time. He became cold and he withdrew it from the water, this is the primary action. The water is like the strong medicinal agent that Hahnemann tells us about. Then he withdraws it and the hand heats up and becomes warmer than normal. This is the secondary action. But, this is not the homeopathic situation. This is the effect of a strong medicinal influence.

Alastair: So why do you think Hahnemann was talking about crude substances then? Why did he describe primary and secondary reaction if he only meant it in the context of allopathic medicine and crude substances?

Frederik: He was explaining how much better homeopathy was than the allopathic system. Let’s look at the reverse. If your hands are too cold, you put them in warm water. This is the antipathic way of acting. You feel better; your hand is warm and glowing now. Then you withdraw it and you get the secondary reaction. Your hand becomes colder than it was before. So Hahnemann says you have this primary and secondary reaction to no avail. It doesn’t resolve the problem.

Then he contrasts this with homeopathy, where you look for a substance that causes the same problem, in our example the cold hand. You give this remedy and get the homeopathic reaction etc. So in my opinion the issue of primary and secondary reaction is not very important in homeopathy.

Alastair: That’s very interesting, and I agree with you. If you read Carol Dunham, Kent, or more recently reading Jeremy Sherr, they say the same thing. It’s not an important

issue as maybe it's too hard to determine what is primary and what is secondary. But some of my colleagues in Sydney, and I suppose non-European trained homeopaths are very opinionated about how crucial this issue is.

Frederik: Well I suggest they reply to my interpretation of primary and secondary reaction in the realm of antipathic medicine, and not so much in the realm of homeopathic medicine. Hahnemann tells us it doesn't matter for homeopathy.

Alastair: Is there a reference for Hahnemann or Boenninghausen or someone I think, who said in the literature that a prescription made on secondary symptom will never truly be curative?

Frederik: Yes but this is again related to the secondary symptoms of allopathic medicine. It's nothing to do with homeopathic assessment of patients, or the homeopathic assessment of proving symptoms.

Alastair: So what your opinion therefore in a proving on when the proving is over? How long to you leave it in terms of collating information, until you say to yourself "Balance has been established"?

Frederik: I'm only interested in the symptoms that show someone is out of balance. So the proving is just like a mirror of disease. In a disease what is the homeopaths interest?.. That he has been deviating from normal health!
He has stitches in the heart, or a desire for pickles whatever. If it is out of normal it is the symptom. If you have a proving and the person gets a desire for pickles with stitches in the heart, this is a symptom of the proving. I don't know that you have to go any further.

Alastair: So for example in the Hydrogen proving of Jeremy Sherr there are symptoms included that happen 100 days after the dose was taken. Are you comfortable including those symptoms in Synthesis?

Frederik: If they express something that is strong and striking, yes. Because the only criteria to define whether some information is a symptom, either in disease or in a proving, is to ask if it is strong and striking. According to me the strongest symptom is all we know. So if someone says they have a cold spot behind their ear, I think "hmm strange". But then I ask the next day and he has forgotten, or is not sure anymore. So it may be striking, but it must be strong as well. He must come back the next day and say he feels it is again, then it is a symptom. Where it happens in time, is less relevant I think.

Alastair: One of the courses I run in Sydney is a module for students to do some background reading into Hahnemann's proving and modern provings. They are looking at them to critique their quality. Do you have any opinion about the old provings of Hahnemann and their quality?

Frederik: Well for most of these provings we have no means to know how they were made. Only very vague things. Like Nenning used the shop girls. We don't know about the way they were conducted.

We have an indirect reply to those questions. Many of those symptoms that Hahmenan used with his team, we seem to be able to verify them by the cures. So even if they are not up to modern thinking or recent scientific scrutiny, it seems to work. Even though the method used may be questionable.

Alastair: One of the questions which students are always asking me is, how do you feel about including information in your repertory that may have come from a proving with a methodology involving meditation, or a seminar provings?

Frederik: Well it is a fact some people use methods of provings that are questionable or rejected by others. The normal scientific reaction is not to create an opinion based on prejudices but on facts. So if someone tells me "I am doing a proving in this weird strange way, as because of that proving I believe that this remedy has as a symptom of sneezing in the sunlight as the chief characteristic." Then I would know if this is true by testing it. So the next time I see patient with sneezing in the sunlight, if it doesn't fit Mercurius-Sulphuricus for example, or any other remedy with that symptom we know, I can prescribe this new remedy with information found in a weird way. Then I can confirm it or not confirm it. This to me is the scientific approach.

Alastair: So there is no outright rejection of provings with that material?

Frederik: No, but it should be precisely labeled. So someone who wants to work with information which is derived from provings done in the classical way, whatever that may mean, they should be able to find what information to use.

So 10 -15 years ago when more diversification came into homeopathy, people were asking for this new information in the repertory. But of course the other groups were saying "no, never use it, just give us Hahnemann, and some tried to limit the information even further with the idea of primary symptoms as we discussed. So there was quite a split in the community. People wanted both extremes. So the only correct solution, was not to judge which way to follow, but to create a repertory tool where the practitioner can choose to be on the conservative side or progressive side. This is so critical I believe.

Alastair: You're referring to 1999 when there was a lot of problems with Vithoulkas and later Julian Winston and a whole heaps of articles and letters and such.

Frederik: So in RADAR we made it so there are different repertory views, the user can change this with the click of a button. So we have the Full Synthesis which has everything, ranging down to Kent with only the Kentian information, and in between these two are a number of possibilities. So the more speculative information is not included in the Quantum View of Synthesis which is modern but conservative. Or if you want speculative information but not meditation or dream provings, then use the

Millenium View. It's all just a click to change. If you look at one rubric it could have 200, 150, 100 remedies etc. depending on what view you use, and what provings you filter away. The homeopath can decide to make it however they want.

Alastair: So for example there is a homeopath in Sydney who has produced a beautiful book on gems using methodology that is multi-dimension. Using Hahnemannian methods, as well as meditations and other things. Do you feel this matters at all?

Frederik: Yes, the Diamond Immersion and others. I like it when the information is traced down to its precise source. We are quite fanatical in Synthesis in labeling all our sources down to the specific book or article as well as the author that the information comes from. So I prefer the source to be mentioned clearly.

Alastair: To what degree do you trust the coordinator of a proving rubric suggestions?

Frederik: Well for me it's not a matter of trust. I'm not risking my life. I don't need to say this person I trust and this one I don't. I can still walk down the streets of Australia tomorrow? haha

Alastair: Frederik, the homeopathic police are out in force in Australia! haha

Frederik: It is not an escape of responsibility but it is really believing the scientific is to submit anything to investigation. I'm perfectly happy putting in a dream proving, or people who have been remotely connect while being in a space shuttle, whatever people can imagine. As long as I can say that these 100 symptoms came from this source. This means that everyone is free to use or disregard the information.

Alastair: I wonder about the accuracy of some rubric information sometimes. For example today I've seen a gentleman with hair-loss, another who is depressed. In the morning I treated a woman who is taking chemotherapy and a child with asthma, but every time I repertorize up comes Bamboo, Positronium, up comes the same remedies.

Frederik: Yes this is problem I have to admit. If you read the early provings of Hahnemann you will see that many of them have a few hundred symptoms, maybe 400, 600, 800 symptoms in the bigger remedies. But again but 10 -15 years ago there was a change and people started produced more and more symptoms. The proving coordinators were afraid to leave out anything important. So we have ended up with a few remedies that from the beginning have had 1000 -2000 or more symptoms. This brings up those remedies too frequently. I know I have to address this problem. It's just an evolution that people are afraid to weed out any piece of information that has come up in any of the provers.

Alastair: Yes, I recognize this in myself. This year I am starting my 19th proving and I have been looking back at the very first one I wrote up. I'm redoing the rubric list as I'm very unhappy with it. I think there are far too many rubrics.

Frederik: It's a difficult thing to assess, what to leave out and what to put in. We know from the Hahnemannian provings there is some information that may have come from just one prover. But it turns out to be very relevant.

Alastair: Well the most obvious question now is do you travel? When are you coming to Australia to talk about this stuff?

Frederik: Well I have been speaking about coming to Australia and whenever there are two weekends sometime in 2007 that you would like me, I would be ready to come. I know that down under there are a lot of interesting things happening, including your own provings Alastair.

Alastair: I'm coming up to my 10th anniversary of living in Australia and what strikes me is the wealth of good flora and fauna that is just begging for good homeopathic provings to be done. Snakes, spiders, jelly fish, everything.

Frederik: Well you have done the jelly fish.

Alastair: Well I have done one Jelly fish, but there are so many others. I was reading an old copy of the British Homeopathic Journal today and there is an article on the toxicology of blue ringed octopus. I think this is one of the most toxic animals.

Frederik: In which year was this?

Alastair: October, 1999.

Frederik: So this must be from Bonnet?

Alastair: Yes, Bonnet. It just seems with a really well written article on the toxicology of this creature then a proving would be valuable also.

Frederik: Yes, he has been suggesting some very interesting substances, on the basis of his knowledge of biology.

Alastair: So what are you working on at the moment?

Frederik: Tomorrow I go to Vienna for the meeting of the committee on provings for the European Committee on Homeopathy. This is an association, a group of 27 associations of homeopaths throughout Europe. It is based here in Brussels and is an advisory to the European government. One subcommittee is about provings, where I am working. We have created a website, www.provings.com where we have a data base in collaboration with Jeremy Sherr to collect all information about recent and ongoing provings and make them available for the homeopathic community. So it would be good for people to become aware of this work. I'm working a lot on provings right now.

Alastair: What was the reaction to Paul Herscu's book on provings and some of the suggestions he made? He was clearly attempting to develop a tighter methodology. I wonder what the reaction has been in the homeopathic community.

Frederik: Well I can only say what I know, and the reply is the same as so many things in our homeopathic world. It's a medicine of individualization, so it is inevitably being exercised by people who are very individualistic. Straight away everybody has an opinion. If you write a book you have people who like it and some who don't agree with this and don't agree with that. I don't think Paul's book has received any different approach.

Alastair: I know my own experience of provings is that the more I attempt to make a rigid methodology the less useful the information is.

Frederik: Ah yes. This can be. I understand.

BIOGRAPHIES:

Frederik Schroyens:

Dr. Frederik Schroyens, MD, is a 1977 medical graduate of the State University of Gent (Belgium) and a 1978 graduate of the Homeopathic Training Course at the Faculty for Homeopathy in London (MFHom). Since 1986 he has been the Homeopathic Coordinator of the Radar project, and led the development of the Synthesis Repertory along with many other projects.

www.archibel.com

Alastair Gray:

Alastair Gray trained in the UK at the School of Homeopathy (Misha Norland) and completed his postgraduate diploma at Jeremy Sherr's School in London. Alastair has conducted and published a number of provings in Australia, New Zealand and the UK. Moreover, he runs and teaches residential Fusion Sessions, and a Post Graduate programme in Homeopathy, offered in New Zealand, Australia, and Canada as well as lecturing at numerous homeopathic colleges both in Australia, New Zealand and the United States.

www.grayhomeopathy.com

