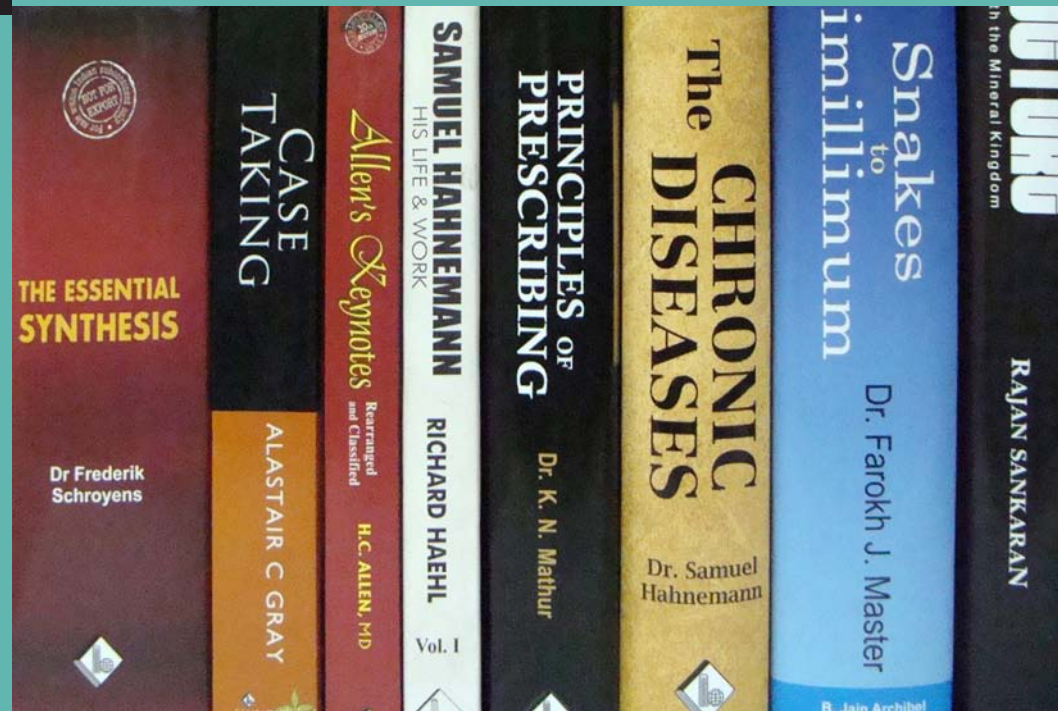


METHOD

EXPLORING THE BREADTH, CONTEXT
AND APPLICATION OF DIFFERENT
CLINICAL APPROACHES IN THE
PRACTICE OF HOMEOPATHY

THE LANDSCAPE *of*
HOMEOPATHIC MEDICINE
ALASTAIR C GRAY



The Landscape of Homeopathic Medicine **METHOD**

*Exploring the breadth, context and application of
different clinical approaches in the practice of
homeopathy*

Volume 2

Alastair C. Gray



B. Jain Archibel s.p.r.l.

Rue Fontaine St. Pierre 1E, Zoning Industriel de la Fagne,
5330 Assesse, Belgium, Europe

Foreword

When I first met Alastair Gray, not even a year ago, I was simultaneously impressed with his fine understanding of homeopathy and with his humble demeanor. Having read the first book of this series (*Case Taking 2010*), I had invited him to speak at the Joint American Homeopathic Conference in Alexandria, Virginia. With self-effacing candor, Alastair had the audience laughing about his practice and his encounters with patients in a well-used neighborhood of Sydney, where he treated predominantly addicts and other non-traditional homeopathic clients. It was quickly apparent to me that Alastair combined clarity of thought and depth of knowledge with the objectivity required to aim a critical lens at himself and his modality. Time has only strengthened my impression of a mind deeply rooted in the principles of the *Organon*, yet spread wide to new ideas in homeopathy.

It gives me great pleasure to introduce the second book in a series that, simply for its breadth and objectivity, is certain to become a classic. *Method* surveys with a scientific eye the prescribing techniques of the best-known teachers and practitioners of homeopathy. From Hahnemann to Sankaran, sixteen different methods of settling on a remedy based on different understandings of the phrase, “totality of symptoms.” Included in this volume are critical looks at Hahnemannian and Kentian prescribing (not the same thing!),

so-called “constitutional” prescribing, as well as isopathic and tautopathic prescribing, miasmatic and other types of intercurrent prescribing, group and family analyses and vital sensation prescribing, among others.

Alastair begins with the theory behind each method and compares the different approaches. The *Organon of Medicine*, for example, dictates that we should prescribe for the totality of the disease picture since the patient was last well. This differs substantially from Kent’s idea that we should prescribe for the totality of the person. It differs even more from a constitutional prescription that incorporates the totality of a patient’s strengths and weaknesses, their typology and their temperament, as well as from a prescription in which the totality is encompassed by a vital sensation. What are the implications of these various approaches? How would we expect the practitioners of these methods to prescribe? Did their actual prescribing line up with their writings?

Alastair examines these questions as they apply to a dozen different methods of homeopathic prescribing. And he examines the casebooks of these homeopaths to see how their prescribing matched their own writings or differed from their fellows. Where his own understanding of particular methods is not well developed, Alastair brings in three experts in their methods to lead the discussion. Shilpa Bouraskar, a Sydney homeopath and the developer of the HomeoQuest software, writes on the vital sensation method, when it is best applied, and includes one of her own cases. Jennifer Osborne, who practices and teaches in Brisbane, gives an overview of miasmatic prescribing. And Greg Cope, a Brisbane homeopath and lecturer at Endeavor College of Natural Health, explains the group analysis approach of Jan Scholten.

The upshot, of course, is that we now have a broad

prescribing tradition on which to draw, one that allows the homeopath to individualize method in the same way we individualize the remedy. Any homeopath who has been in practice knows that not everyone with a rash is willing to sit for a two-hour probe into the subconscious. Some patients will need a remedy for the lesion. Later, perhaps they will accept an organopathic remedy, and maybe after months or years will consider a more in-depth prescription.

On the other end of the spectrum, what are your options when, having taken the case, you have no physical or even functional pathology on which to prescribe? One might approach the case from several different angles, so what are the strengths and weaknesses of, say, Kentian, constitutional and vital sensation approaches? Each might be a good choice, but each grows from a different understanding of the totality of symptoms. Therefore, each method will incorporate different information in its analysis and require a different use of the research tools at hand, whether those be repertory, materia medica or online tools. If we are to use these different methods, we must know what each requires.

This is valuable information for the modern clinician wishing to hone her prescribing skills. For the student venturing into clinical work for the first time, *Method* will help to reconcile what has been taught with what he sees in the exam room. The great theorists have much to teach us about how homeopathy works ideally, but it often looks different in practice. A good practitioner will be able to navigate the different methods of prescribing, to know which is best for the individual patient and to apply these effectively.

Alastair Gray makes a rare figure in homeopathy today, a practitioner and teacher with the objectivity to analyze the disparate methods of homeopathy without favoring one

approach. Alastair has mapped here the entire terrain of homeopathic prescribing, from Kentian to polypharmacy. He surveys this landscape with an honest and critical eye, giving both the new and the seasoned practitioner an opportunity to reflect on what it is we do. I expect this book and its mates will become required reading for all students of homeopathy.

Kim Elia

Toronto, November 2011

Acknowledgements

In the completion of this second part of the *Landscape Project*, some significant thanks are warranted. To offset my lack of an eye for detail, a massive thanks to Helen Vuletin for her extraordinary editorial support. She had the firmness, the clarity and the style guide to keep the author on message when he was often well off. She also has perseverance and patience in abundance. Much gratitude.

It's a little difficult to remember every conversation, because there have been many over the years in relation to method in homeopathic medicine, but nevertheless there are some specific ones related to the contents of this book that stick in the mind. To Val Probert, Julie Andrews, Rachel Roberts, Judy Coldicott, Barbara Seideneck, Kate Chatfield, Frederik Schroyens, Richard Pitt, Simon Taffler, Greg Cope, David Levy, Carmen Nicotra, Misha Norland, Peter Tumminello, Ben Gadd, and Jen Osborne, many thanks for your insights, openness and robustness in expressing your opinions.

With averaging over three hundred lectures a year for the last decade or more I have been fortunate to have had a lot of opportunity to formulate and test my ideas. Thank you to the multitude of students who have listened to, and engaged in my lectures and conversations, and were ultimately responsible for the formation of many of the ideas expressed here. Thanks also for the challenges.

To the B. Jain team, especially Nishant and Geeta, and the Archibel team, Dale Emerson in particular, many thanks.

Contents

<i>Foreword</i>	<i>iii</i>
<i>Acknowledgements</i>	<i>vii</i>
<i>Contributors</i>	<i>ix</i>
<i>Publisher's Note</i>	<i>xiii</i>

Chapters

1. Introduction	3
• Why This Book	6
• Literature Review	9
• Watson's Methodologies	10
• Nomenclature, Method and Methodology	15
• The Different Methods and Their Classification	16
• Method at the Coalface of Homeopathy - A Personal Story	17
• Flexibility with Principle	21
• Culture, Football and Buddhism	22
• What Authors Say, What They Do, and Change over Time	24
2. Hahnemann, Bönninghausen and the Totality of Characteristic Symptoms of the Disease	29
• Totality of the Characteristic Symptoms of the Disease	31
• Samuel Hahnemann 1755-1843	33

• Hahnemann in Paris	42
• His Cases / How He Practiced	44
• Cases Illustrative of Homeopathic Practice	45
• Some other cases	53
• Underpinnings of Hahnemannian Homeopathy	57
• Peculiarity	57
• Totality	58
• Causation	59
• Health	59
• Disease	61
• Cure	61
• von Bönninghausen 1785-1864	62
• Complete Symptom	63
• The Therapeutic Pocketbook	65
• Cases	66
• Disadvantages of the Method	69
• Advantages of the Method	71
• Method in Epidemic Diseases	73
• Further Reading	76
3. Kent and the Totality of the Characteristics	
of the Person	77
• The Person not the Disease	79
• Totality of the Characteristics of the Person	80
• James Tyler Kent, 1849-1916	82
• Kent's Legacy	84
• Swedenborg	86
• What Is Disease?	90
• Kentianism	92
• Kent's Other Influences on Homeopathy	95
• Repertory	95
• Types	96
• Books	96

• Potency and Remedies	96
• Waiting and Waiting	97
• Kent's Hierarchy	97
• The Mind	98
• Kent's Case Work	100
• Subtle Changes	106
• Case Examples	107
• Strategy	109
• Further Reading	110
4. Constitution and Constitutional Prescribing	111
• Introduction	113
• The Confusion	114
• The Prescribing Style in a Nutshell	116
• The Disadvantages of Constitutional Prescribing	118
• Kent, Watson and Constitution	119
• Massive Totality	121
• Limitations	121
• Definitions of Constitution	125
• Etymology of the Word 'Constitution' in the Context of Homeopathy	127
• Advocates of Constitutional Prescribing	129
• Hydrogenoid Constitution	135
• From von Grauvogl's practice	135
• Oxygenoid	144
• Carbo-nitrogenoid Constitution	145
• From von Grauvogl's Practice	146
• Lesser and Nebel	149
• Carbonic	151
• Phosphoric	152
• Flouric	152
• Vannier's Constitution and Types	152
• Constitutional Prescribing in Light of a True Understanding of Constitution	155

• Ingredients Needed for a Constitutional Prescription	160
• Mappa Mundi and Temperaments	163
• Little on the Phlegmatic Temperament	167
• The Temperament of the Phlegmatic	168
• Phlegmatic Bodily Constitution (Generals)	170
• Phlegmatic Predispositions (Diathesis and Miasms)	172
• Phlegmatic Remedies	174
• Conclusions	175
• Of Practical Use	177
• Further Reading	179
5. Vital Sensation Shilpa Bhouraskar	181
• Introduction	185
• The Evolution of Homeopathy in Stages	188
• Comparison of Stages, Disease and Medicine Understanding	193
• Application of the Stages in Practice	193
- Confirm Your Prescription Through All the Four Stages	193
• A Case Example Incorporating All Stages	194
• Which Approach to Use and When	212
• The Sensation Method Compared With the Earlier Methods	215
• Conclusion	218
• Further Reading	218
6. Miasmatic Prescribing Jennifer Osborne	219
• The Use of Nosodes	219
• The use of anti-miasmatic remedies	220
• Faithfulness in Tracing the Picture of the Disease	225
• What Is Miasmatic Prescribing?	230
• Nosodes as the Simillimum and Intercurrents	230

• Other Application of Intercurrents	234
• Other Benefits of a Knowledge and Understanding of Miasms	236
• References	240
• Further Reading	242
7. Jan Scholten's Group Analysis Greg Cope	243
• Jan Scholten	247
• Group Analysis	249
• Reverse Law of Similars	251
• Homeopathy and the Minerals	251
• Homeopathy and the Elements	255
• The Plant Kingdom	260
• Prescribing Techniques	261
• Case example	263
• References	269
• Further Reading	270
8. Eizayaga Ben Gadd	271
• Introduction	275
• About Eizayaga	278
• Treating the Patient versus Treating the Disease	279
• Different Types of Similitude	280
• Totality of Symptoms	282
• Classification of Symptoms	284
• Classification of Diseases	285
• Layers	287
• Lesion Layer	287
• Fundamental Layer	289
• Constitutional Layer	290
• Miasmatic Layer	293
• Prescribing	294
• Posology	295
• Repertory	296

• Criticisms of Eizayaga's Approach	297
• Case Example	298
• Conclusion	303
• References and Further Reading	304
9. Keynote Prescribing	307
• Definitions	309
• Keynote Materia Medica's	310
• Why Keynote Prescribing at All?	311
• Misapplication	313
• History and Development of Keynote Prescribing	314
• The Components of the Method	316
- Totality Again	316
• Red-line Symptoms	317
• Will Taylor and Meg Ryan - Practical Keynote Prescribing	318
• What are the Characteristic Features of a Keynote?	320
• The 'Three-legged Stool' Approach to Keynotes	321
• Storming the Fortress / Achieving Break-through at the Weak Spots	322
• 'Minimum Syndrome of Maximum Value'	323
• Experts at Work - a Few More Examples	324
• Analogous Parts	328
• Ruling Features of the Case Reflect the 'Genius' of the Remedy	328
• Other Leading Proponents	332
• Advantages of Keynote Prescribing	339
• Disadvantages of Keynote Prescribing	342
• Further Reading	344
10. Isopathy	345
• Definitions	348
• Introduction	348
• Practicalities	350

• Context	351
• Isopathy and Pre-Homeopathic History	352
• Advocates	357
• The Response to Isopathy	361
• Collet and Others	364
• The Controversy	365
• Refining the Method	379
• Advantages and Some Extraordinary Examples	380
• Conclusion	385
• Further Reading	385
• Appendix	387
11. Tautopathy	397
• Definition	400
• What Exactly Is the Method?	400
• Why Do We Need It?	402
• Review of the Literature	404
• Application of Tautopathy	417
• The Pill, Naprosyn and Cortisone and Vaccinations	418
• Intercurrent Prescribing	419
• Case Examples - Patel	420
• Who Uses It Today and Research	422
• Limitations	423
• Provings and Tautopathy	423
• Further Reading	424
• Appendix	425
12. Organ Prescribing, Organopathy and Burnett	429
• Introduction	432
• Background	432
• Affinity, Organ Prescribing, Organopathy, Supporting the Organs	434
• Specificity of Seat	435

• Locality	439
• The Limitations of the 'Totality of Symptoms'	443
• Drilling Deeper: Burnett's Influences	446
• Rademacher and the Organ Remedies	447
• Burnett's Cases	449
• Burnett's Use of Potency	454
• The Organ Remedies	455
• Random Gems from Burnett, Rademacher and Others	456
• Nosodes	459
• For and Against	460
• Computers and Burnett	462
• Burnett's Works	462
• Conclusion	463
• Further Reading	466
13. Polypharmacy, Complexes and Combinations	467
• Definitions	469
• Literature and Opinion	469
• Controversy, Mongrelism, Multilation and Perversion	470
• The Double Remedy Experiments of 1833	472
• The Technique Itself	487
• Why NO! Opinions Past and Present	489
• Contemporary Opposition	501
• Why Yes! Opinions - Past and Present	509
• Some Commonly Used Combinations	510
• When Is it Best to Use Polypharmacy?	514
• Further Reading	516
14. Conclusion	519
• Method and Totality	519
• If You Meet Hahnemann on the Road, Kill Him	526
• The Influence of Hahnemann	527

• The Implications of Individualism in Homeopathy	532
• Teachers in Contemporary Homeopathy	537
• Method or No Method	539
• Implications for Practice	543
<i>References</i>	545
<i>Index</i>	559

of disharmony. Rather than being distracted by the outside with symptoms that represent the disease, these practitioners perceive that it is far better to attempt to create meaningful and lasting change with a prescription that gets to the very centre of the problem. This seductive idea is often borne out in practice. When done well, the results can be fantastic.

Some of the consequences of these ideas however are that we see bewildered, confused, and unconfident homeopathic students who are desperately interpreting their cases and getting average results and sometimes no results when they step out into practice. When this method is performed poorly, students and practitioners identify aspects of personality that have nothing to do with the disease. A disappointing consequence of this poor application is that many homeopaths feel the unnecessary dual dramas of anxiety and guilt that they are not curing their patients in the unrealistic and dramatic way in which they have idealised. And patients are none too happy either. This is not to say that some cases do not require deep questioning and evaluation that takes into account all the very mental and emotional components of the case.

Totality of the Characteristics of the Person

I have often wondered how it transpired that homeopathy started in the pursuit of curing the symptoms of the patient, but ended up in the 20th and 21st century (especially in the US, UK, Australia and New Zealand) as being articulated as a healing modality that cures the person. Recently I was in the US lecturing and I finally worked it out. It comes down to legalities. After the Flexner Report in the early years of the 20th century, homeopathy was legally under threat and smart

and flexible homeopaths realised that if they pitched their work as 'constitutional' or 'whole person' orientated, this was a way to ensure they would not be sued as practicing medicine without a license. It was a pragmatic solution. After a while, they started to believe their own media message, and with the influx of more psychologically presenting patients as the century progresses, the reorientation became concretised.

In a biomedical world, homeopaths have to wrestle with this conundrum. Hahnemann says, and virtually all homeopaths agree, symptoms are the outward signs of the internal and invisible disease. But then what? Hahnemann then seems to say that these symptoms are to be identified because they represent the disease. The job of a homeopath is to find these symptoms through good case taking, then remove them using the technical tools of the repertory, materia medica, the proving record and the selection of a homeopathic remedy that also has these signs and symptoms, and that this will relieve the suffering of the patient. A more metaphysical interpretation is that because those symptoms are merely the outward manifestation of the internal imbalance, one's prescription of the infinitesimal dose should be pitched to that one specific internal disturbance. And in the Kentian tradition of course, this translates to a higher potency and perhaps just one dose.

To complicate matters, some homeopaths are biased toward this style of prescribing, and advocate getting to the centre to be more profound. These homeopaths perceive any other style of case taking as suppression on the vital force of the patient, driving the disease inward, and worse, making the patient sicker. Removing the symptoms deprives the organism

the opportunity to reveal to the homeopath the totality of symptoms, and therefore the medicine they need.

So on the one hand, we have the school of homeopaths that saw then and see now Kent's work as advanced, even classical, see it as getting better results, deeper cures and anything else is seen as pathological and suppressive. On the other side, we see those who argue the method involves too much speculation. Homeopaths make the mistake of knowing they should be prescribing for the totality but then choose all the symptoms they can see, rather than those which are characteristic, or strange, rare and peculiar. It is argued on this side that going for large totalities messes up our cases and makes our practices less busy. It is hard, we do not always get it right, it is less mathematical, and not as certain.

James Tyler Kent (1849-1916)

With the two schools identified, it must be acknowledged that homeopathy took a turn in the 1880s under the influence of Kent. He completed his medical degree at the Eclectic Medical Institute in Cincinnati, Ohio in 1871. According to Pierre Schmidt, his entire medical study apparently lasted 4 months. He began a medical practice in St Louis, Missouri in 1874 and taught anatomy at the American Medical College. This was the 1870s, the civil war was just finished, and north and south were putting back the pieces of their country. In Europe, Monet was painting, Garibaldi was walking, and Bismarck was unifying Germany. Disraeli and Gladstone were yelling at each other in the House of Commons.

Kent's first wife, Ellen, died in 1872, at the age of 19 years.

He moved to Missouri as he had some family there and married his second wife Lucy. He became a professor (of anatomy at first), though there was no pay for the title and it did not hold the prestige it would today. His first publication, *Sexual Neuroses* came out in 1879. In 1880 (some argue 1878), Lucy became ill and was cured by a Dr Phelan, who had studied homeopathy with Hering. Intrigued, Kent left the Eclectic School to take up the study of homeopathy officially, though he had done some earlier reading on the subject. He became professor of materia medica at the Homoeopathic Medical College in Missouri, one of the oldest in the US. In those early days, Kent used Bönninghausen's *Therapeutic Pocketbook* as his repertory. Later he accepted a position of professor of anatomy at the Homoeopathic Medical College of St Louis in 1881, becoming professor of materia medica in 1883.

In 1890, he founded the Post-Graduate School of Homoeopathics in Philadelphia, and by this time the influence of the Swedenborg Church was diffusing into his lecturing work and writings. The school and its free clinic flourished. By the time it closed in 1900, it had seen over 40,000 patients, and trained many physicians, all of whom became the leaders in the homeopathic movement and kept homeopathy alive in the United States and the United Kingdom through the first half of the 20th century.

Lucy died in October 1895 and Kent married Clara Louise in 1896. She was already a physician herself. It is said that she had consulted many famous homeopathic physicians and each of them had prescribed her *Lachesis*. Kent studied her case carefully and concluded that she was presenting with a proving of *Lachesis* that had become iatrogenic, lasting many

years. Kent predicted she would have *Lachesis* symptoms all her life. Together with others they established the Bryn Athyn Chapter of the New Church of Emmanuel Swedenborg, whose theology influenced the work of Kent and his *Lectures on Homoeopathic Philosophy* particularly.

Kent believed that both Hahnemann's and Swedenborg's teachings corresponded perfectly. Swedenborg's influence was immense, for instance, Kent's adoption of the psyche in three levels: the loves and hates (Swedenborg's Soul), the rational mind (Swedenborg's Reason and Intellect) and the memory (also Swedenborg's Memory). Kent's lectures on the Organon are deeply infused with the religious philosophy he practised and believed. Through his students' insistence, these lectures were later published as the *Lectures on Homoeopathic Philosophy* (1900), a fascinating fusion of Hahnemann and Swedenborg's ideas. In 1900, Kent and Clara moved to Evanston Chicago where they lived near the Farringtons (Harvey and Ernest) and other followers of Swedenborg. Kent practised in a busy street just off Michigan Ave. He lectured at the Dunham Medical College. Carol Dunham himself lived in New York and had been a student of Bönninghausen in Germany. Kent then lectured at the Hahnemann Medical College in Chicago, and also the Hering College. In November 1910, Kent founded the Society of Homoeopaths, and also edited the new *Homoeopathic Journal*. Kent died on June 5th 1916 of chronic glomerulo nephritis aged 67. He was buried in Stevensville, Montana.

Kent's Legacy

The legacy of Kent is incalculable. Generations of homeopaths

have been taught by his students, in the same tradition and with his attitudes and values. But his star is not shining as brightly in the last decade or so as academics have explored the influence of Swedenborg on homeopathy. Whilst Kent went on to become a homeopathic household name after his death, and his influence extinguished Hughes interpretations of homeopathic philosophy in the trans-Atlantic battle for supremacy in the mid 1800s, a revision of his role is being re-emphasised in homeopathic history. Klaus-Hening Gypser in particular has maintained his life and work have been mythologised unnecessarily. Acknowledging his influence as a popular teacher and a brilliant practitioner, the value and consequences of his influence have been questioned. To my mind, it is entirely appropriate to review and argue the role of significant historical figures. It is all part of academic rigor and robust enquiry. Swedenborg's huge influence on modern homeopathy deserves exploration. However, and bizarrely, the debate has rather settled on the role of Kent in homeopathy due to questions about his parentage. The 'evidence' is that Kent was born the son of Stephen and Caroline Kent. However, on his death certificate different names are given, which has given rise to speculation about his parentage. This, plus the fact that he was married three times but had no children, has implied for some that he was either infertile, or knew of his uncertain parentage and so avoided having children who might have been genetically unfit. In addition, some commentators have argued that because he was schooled out of Woodhull, apparently this suggests the Puritans in his county knew of his incestuous birth and sent him away. Nevertheless, after Hahnemann, Kent has had the largest influence as a theoretician, a practitioner, a writer and as a teacher on homeopathy. His influence has been

especially strong on American, Indian and British homeopathy while the western European homeopaths seem to have been largely untouched by his influence, except in Switzerland and the influence of Pierre Schmidt.

Swedenborg

In 1840, there were 850 Swedenborgians in America. By 1870, there were 18,700. The New Church had a high proportion of doctors in its total membership. 'Nearly all rejected allopathy for some other medical system, and most of those who rebelled chose homeopathy, and many ministers not only endorsed it but were physicians themselves (Treuerherz 1984).

Francis Treuerherz has explored the influence of Kent in depth.

As a follower of the Christian mystical sect of Immanuel Swedenborg, Kent delivered a blend of Hahnemann's Organon and miasm theory, spiritual forces and an early pre-Freudian psychology. The human being was comprised of will, understanding and intellect. Kent approached his philosophy with typical vigour. He viewed all Hahnemann's works and especially The Organon with a fundamentalist zeal, seeking to amplify and reinterpret every word of the Master, much like a theology scholar or biblical commentator. His Lectures On Philosophy, for example, is almost a Swedenborgian commentary to the Organon. This has alienated some. To him these were precious and immutable homoeopathic truths that it is sacrilege even to question, let alone dilute, negotiate or compromise. He even goes as far as saying:

'Can man meditate and become an Atheist? A man who

cannot believe in God cannot become a Homoeopath.' [Kent, 1926, Aphorisms]

It is especially in Kent's rather arrogant use of language, which hits us when reading his works, which really illustrates this fundamentalism and the precious certainty of his approach to homoeopathy. The following quote from many possible ones, clearly demonstrates this:

'...beware of the opinions of men of science. Hahnemann has given us principles...it is law that governs the world and not matters of opinion or hypotheses. We must begin by having a respect for law, for we have no starting point unless we base our propositions on law.' [Kent, 1900, Lectures, p.18]

Kent infers that homoeopaths must base their whole approach upon the hard dogmatism of these ideas, which he elevates to the status of certitudes, and not upon the ever-shifting ideas of 'mere men'. He is claiming a great authority and power behind such 'immutable principles', a power which like some divine form, stands 'above and behind us' and which we dare not abrogate or dilute for fear of our Soul's damnation.

As an attitude, this is so indistinguishable from that of fundamentalist religion, that it is clearly apparent how this form of homoeopathy possessed, and generated for itself, so many problems with creative and imaginative people who much prefer to experiment and find truths out for themselves, e.g. Samuel Hahnemann. This whole approach denies anyone the privilege or luxury of that kind of freedom. Total and unquestioning devotion to a given creed seems to be the basis of Kentianism, not reason or real-world experiment. As to whether Kent was truly a Hahnemannian homoeopath, see Hehr, 1995 and Cassam, 1999.