

INTRODUCTION

When I started studying and practicing homeopathy in the 1970s, the path of the homeopathic student and practitioner was fraught with many pitfalls. Homeopathy had been in a long slumber under the opiate of modern medicine and homeopathy's own reticence. Now, in the new millennium, it is just waking up. Yet, for various reasons, there are those who would like to keep homeopathy in its slumberous state. The pressure to do this is coming from both within and without the homeopathic profession. But like a waking giant, homeopathy is managing to lift and shake off the haze. The pace by which homeopathy is growing and evolving is quickening. This natural evolutionary opening will bring clarity about homeopathy's future direction. The right direction will not evolve in the minds of those who are closed to new carefully proven developments and landmarks. These individuals would like to keep homeopathy in a form of backward looking dogmatic religiosity.

It can be a challenge to use many of our homeopathic Materia Medica. Even many modern ones are simply reorganizations of the traditional material without the clinical experience of using the remedy in modern times.

At the same time, we have the good fortune of some phenomenal computer programs that effectively give us a bounty of both traditional and new information at our fingertips. As well, communication is becoming fast and effective in our profession through the advent of computers. What an incredible tool for the development of a profession that relies so heavily on information!

Yet, even with this profusion of information there is confusion as to how to sift through it all and determine what is important. Then there remains the task of applying it in a modern context. These activities are all part of the art of homeopathy but they also rely upon the creation of a body of clear information that is easy to grasp.

So it was with these challenges in mind that I decided to start a Materia Medica that would focus on important clinical information yet embrace the whole of the remedy. I wanted to articulate my clinical results in a way that would be helpful for the student and experienced practitioner alike by creating a Materia Medica that would clarify rather than obscure.

I spent many hours going over cured cases and ruminating about the remedies and the clinical indications. I would then write the commentary for each remedy and work on the Focus Guide section. Initially when I stepped back and looked at the product of all those hours of work, especially the Focus Guide, I felt disappointed. The small size and pithiness of this guide didn't seem to reflect the amount of time I had put into it. Yet, I knew that the information was accurate.

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When I relayed it to other experienced homeopaths they were enthusiastic about its form and usability. The feedback was very positive after they used it successfully. I worry, though, that it will be used in a reductionistic way like keynotes instead of the way I intended - as a means of focusing attention in the context of the totality of the remedy information.

The other problem of this *Materia Medica* is that, in spite of attempting to be very thorough, it does not embrace every possibility for each remedy's use. There will always be new aspects of a homeopathic remedy that will be further revealed through its use. It is my sincere hope that you will put my work into this context, add your own experiences and see that homeopathic understanding is an ongoing process. As always, I would appreciate any additions to the information that you may have or come upon in your practice of homeopathy.

I have also presented the bulk of the information from the perspective of the *clinical indications*. It is important to note that this is different than what I see cured in the follow-up. I believe that one of the most important distinctions we need to make as homeopaths for the purposes of prescribing is to combine the disposition of the patient as well as the pathology for the purpose of homeopathic prescribing but then to separate them for the purposes of evaluation. In the end, when evaluating and knowing if there is a curative response, we must use the *pathology only* as a guide.

Hahnemann describes the importance of the disposition in Paragraph Two Eleven of the *Organon*:

'This holds good to such an extent, that the state of the disposition (mental and emotional state) of the patient often chiefly determines the selection of the homeopathic remedy, as being a decidedly characteristic symptom, which can least of all remain concealed from the accurately observing physician.'

He goes on to elaborate in a footnote that this disposition includes both positive and negative qualities of what individualizes the patient, thus giving a characteristic picture of what needs to be cured in a patient and what is curative in homeopathic remedies. Note that he says that the disposition "often chiefly determines the selection of the homeopathic remedy", but he states that the action of the remedy should "annihilate" the disease or the pathology. I agree wholeheartedly with this distinction.

So since this book is a clinical guide, I have combined pathological indications together with the disposition of the patient. Yet, I can't emphasize enough, that for the purposes of evaluating a curative response, I want to see the pathology improve. I don't necessarily see it as a curative response if

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initially only some non-pathological minor emotional feeling seems to disappear even though that feeling may have been critical in first prescribing the remedy.

I believe in the judicious use of theoretical constructs like Jan Scholten's view of homeopathic remedies and the periodic table. I only used it after careful consideration and after seeing some remarkable cures based on his work. I wholeheartedly believe that new provings are important and advance the profession. Both of these sources of new information have produced remarkable cures of serious pathology in my practice. These cures have now lasted for over 5 years.

The focus of this book is primarily from my own practical clinical experience. In spite of some lengthy commentaries that even trace the etiology of pathology and dispositions, I would consider myself more of an instinctual and practical clinician. I experience the patient directly in order to prescribe from a central and present place. In that way, I find that the clues I get from the immediate presenting state of the patient to be of utmost importance - as important as the patient's information and history.

The art of effective case taking, which includes the perceiving of very subtle expressions and clues, is essential to achieving excellence in homeopathy. The trusting of these types of subtle and often intuitive perceptions is particularly useful when selecting a suitable remedy where there is very little homeopathic information on that remedy. All of these important activities are something that need to be demonstrated. I attempt to enhance these abilities in the student by teaching a 2-3 year post-graduate clinical course on homeopathy.

I've been using single remedy prescribing with careful follow up for all of my career in homeopathy. To establish and verify results I have been so careful about observing when a remedy really works and when it doesn't. In that way, I have focused my attention (and intention) on deeply curing those that come to see me. The only feedback is for the patient to be getting profoundly better, first with pathology and then on all levels.

So in this way, I owe a debt of gratitude to those that that have enhanced my grasp of homeopathy - practitioner, patient, student, formal and casual teacher alike. Thank you.

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