

The minotaur's maze

by Mike Bridger MCH

There is much talk now about how homeopaths are not busy enough to make a living; the reason given is recent media hostility aided by powerful, organised lobbying from a rabble including pseudo-scientists, journalists and a not-so-good magician. Just as dinosaurs shivered and trembled but refused to accept that the weather was indeed getting colder, so these people are incapable of looking at the mounting evidence which supports the efficacy of homeopathy. I do not see such a lobby as a major problem. No publicity is bad publicity. Maybe we need to take some responsibility for a decline in patient numbers ourselves.

Homeopathy is, above all, simple and all-embracing. It is egalitarian. It is not a therapy that has to be placed in the hands of 'experts' or 'professionals'. The creed, 'The patient knows best', fits perfectly with the system of homeopathy. It holds dear the simple language and the simple expression of the patient. It is not spoken in Latin, intellectualised, mystified, 'egofied' and turned into something it isn't. If this ever happens, then people will turn away from us and rightly so. This seems to be happening though. I suspect that part of the reason is because we are becoming less and less accessible. Instead of a coherent and credible voice we are steadily turning into a veritable dawn chorus of approaches, systems, methods and madness that sit uncomfortably under the umbrella we call 'homeopathy'. It is a cacophony of noisy speculations, so singly indefinable that it is almost impossible to raise a critical objection to anyone, and if so, the questioner risks being taunted and accused of obstructing other

people's views by being critical, right-wing, right-brained and probably paid by Swiss drug companies to boot. We should be careful. Ironically, the veneer of that all embracing, 'lovey-dovey, kisses and cuddles', Californian approach, that so marks the alternative scene, actually masks a hidden and tyrannical agenda.

Nothing is quite so dictatorial and controlling as the rendering of meaning into meaninglessness. There are two types of dictatorship; one form controls and regulates a rigid inflexible system; the other is so fluid and undefined that it is impossible to oppose or criticise because it has absolutely no substance. It is like trying to catch the mist. The latter is so open that anything goes but nothing can change or progress. The unwritten rule is not to be critical or try to define. No one has to publicly burn the books; you simply deify the inane and render critical thought unfashionable. Politically, this is a sophisticated form of authoritarianism; medically and clinically, it is the seeds of psychosis.

It is becoming quite hard now to define the word 'homeopathy' with any kind of precision. More worrying, either no-one wants to or we're scared to. Some trends in homeopathy defy substantiation or any clear rational on the basis that logical thought is a little passé. Unless a prescription is 'intuitive' or whispered in the ear by a spirit guide then no one's interested. If the spirit guide dares suggest a polycrest rather than a small unproven remedy then he's likely to get the sack and be replaced by a brave from another tribe. (I am not suggesting that spirit guides are male, by the way.) This is not an indication of a spiritually evolved practitioner but evidence of a necrotic brain.

How do we as a profession deal with this? We deal with it rather as if we are at a pleasant little school reunion cocktail party, when suddenly a chariot pulls up outside, the class nerd walks in waving a sword and dressed as a gladiator, declares he is Julius Caesar and asks if there are any Christians who would like to be a bite to eat. No-one says much, and as he drags two of your best friends off to the Coliseum, you mutter vague excuses about them probably having met in a past life and that they had it coming, anyway. Suddenly you remember a previous engagement and leave. It is very difficult to treat madness and even more difficult to point it out but, as a profession, if we are to survive, we need to.

I read journals purporting to be from and for my own profession that astonish me in their alienness. I can hardly believe that the writers really do the same job as I. I have more in common with the humble

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hedgehog than these people and certainly understand them better (this venerable publication being an exception of course)! I can hardly teach my pet subject of case and remedy mapping now without being asked what 'method' I use. I've even heard people refer to case mapping as 'the Mike Bridger method'. The number of 'methods' now available to us is not far off the number of items on the average Chinese take-away. Most of them I do not understand.

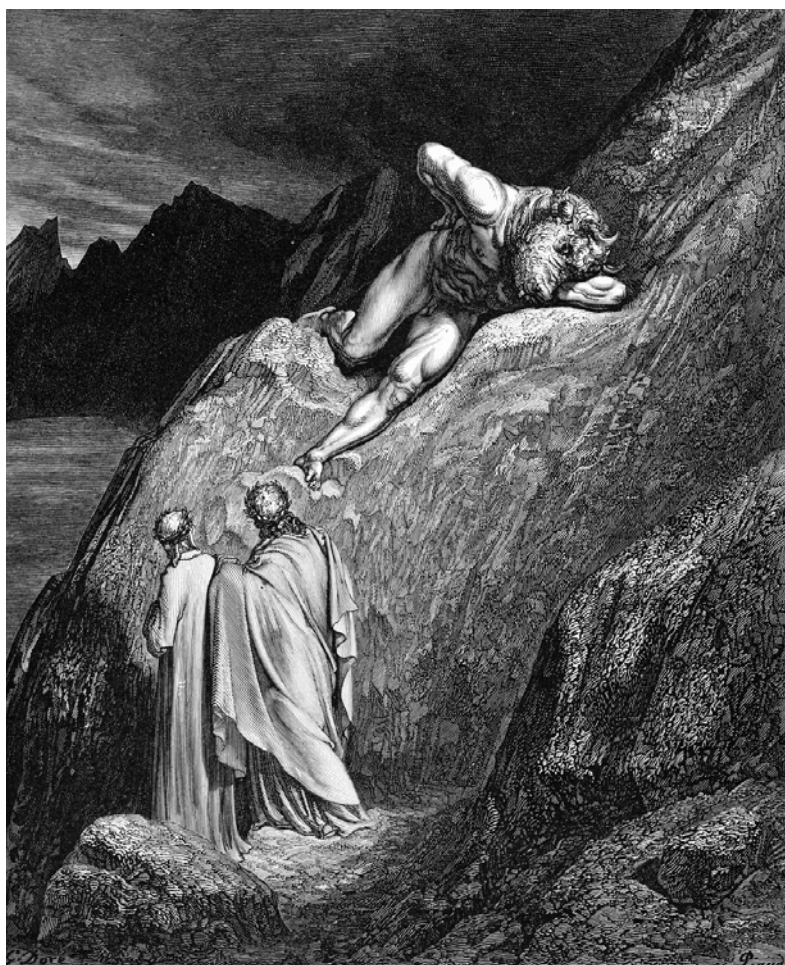
Methods have a place in trying to illustrate some complicated facets of homeopathy but they are a tool to be used for the purposes of clarification only and not to bemuse and confuse. Fundamentally, taking a method or methods and applying them literally is contrary to the principles of homeopathy. Homeopathy is the treatment of the totality of the characteristic symptoms of the individual expressed in their own unique way. That treatment is broad-based, unique and ought to be defined by the expression of the patient and not by any 'method'. There are many ways a patient expresses disorder and it is reductionist, if not allopathic, to limit the way by which we treat that expression.

When I talk about case and remedy mapping, it is not a 'method' and neither is it original. I am expanding the observations of those that went before me. Many students seem to me to be often overwhelmed by contradictions, categories, confusions, and 'isms' of all kinds to the point that they can lose their confidence and clarity. This is not their fault. The culture of homeopathy is increasingly riddled with woolly thinking. If we aren't clear or defined about what we do then how can we expect patients to have confidence in us or in homeopathy?

My advice on the best way to be a good homeopath is not to adhere to any particular methodology – in fact try to avoid them at all costs. Then forget that you are a practitioner and step into the shoes of a patient. Be honest – when your loved-one is ill and clutching their stomach in pain, your homeopathic cloak falls to the floor and you become extremely anxious. Some basic questions come into your head: 'What the hell is wrong? What is it? What will I do?' You would have to be a cold fish indeed to wonder what miasm was involved here or, as your beloved collapses on the floor, start questioning them about the sensation they are having or what it means to them to be collapsing.

So many of these methods tend to fall apart, as my friend Ali Glascott pointed out to me, when we are having to deal with someone in a coma. The only method in critical cases, as anyone who has worked frequently with such cases will know, is the method of desperation. (I will be formulating this method for my seminar next year!) Suddenly the idea that diagnosis is simply for plebeian allopaths takes a back seat. Homeopaths are notoriously bad at embracing diagnosis as a tool often because there is an undeserved lack of confidence about how to do it from a homeopathic perspective. There used to be a nutty theory that all you had to do was to give the name of the remedy as the diagnosis.

If I am bleeding badly from the bowels and my therapist says that I am 'nitric-aciding' I just don't feel it has the same reassuring ring about it as being the centre of attention in a dazzling white techno-factory surrounded by lovely nurses and ancient consultants muttering over me in Latin. I don't understand Latin, which is all the better because it means they are cleverer



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than me and will know what is wrong. Of course we can't and don't want to compete with ER but let us at least embrace some of the babies in the allopathic baths.

If I have an agonising toothache, I don't want to look at what it is I might want to bite or attack, or what it is I am afraid to get my teeth into or some such naff jargon. I would like to know what the problem is, what I can take to ease the pain and how long it will take to work. Before I get sacks of letters accusing me of ignoring possible causations or mental/emotional concomitants then let me swiftly say that homeopathy concurs with the old Egyptian law that 'what is above is below'. If the toothache is a manifestation of some mental disturbance then the indicated remedy for the toothache may well cover the mental causation. If it doesn't then we will know because it will palliate or will do nothing. The patient's reaction or lack of it will tell us to look further. It is a question of observing the remedy reaction rather than the speculations of a prescriber addicted to enforcing one method or another.

The notion that has been creeping into homeopathy, way out of proportion to the actual facts, is that the perceptible signs and symptoms of an illness are merely symbolic of an internal causation (usually mental or emotional). This encourages the idea that somehow we must prescribe on something 'deep' within the patient. Working in this way may make us feel unjustifiably clever but can leave the patients with a nasty taste in their mouth. This idea of case-taking leads to an approach best described as amateur psychotherapy

**The Minotaur,
a scene from
Dante's Inferno.
Engraving by
Gustave Dore
(1870).**



and is, at its worst, abusive. I can tell you horror stories.

To suggest to a class that the word ‘deep’, in homeopathic terms, means that it covers tissue change only and has nothing to do with a spiritual prescription is akin to telling the Chinese government about the importance of human rights. It is an alien and a shocking notion to the listeners. The fact that this definition comes from James Tyler Kent is particularly disturbing to those who insist on Kent being a ‘constitutional method prescriber’.

Overall, we need to define our homeopathy clearly again and in simple language. Of course we must experiment and expand the frontiers of homeopathy but not to the point of downright stupidity. There’s a great Greek story about a Minotaur. It lives in a maze which is virtually impossible to get out of once inside. Anyone stuck or lost inside will be eaten by the Minotaur. Nevertheless, a rash fellow named Theseus ends up there, for reasons of love. The maze is a metaphor for madness. Maybe Theseus was going mad with love and was dizzy with ideas and fantasies. His beloved knew he was lost in himself but had given him a ball of thread. He was to fasten one end to the entrance so that wherever he went and whatever happened he could always return from whence he came. It seems a metaphor for homeopathy, too. We are becoming so fragmented and uncertain of what the word homeopathy means that it is time we followed the thread

back to our roots. I don’t think I am pushing it too far by saying that the Minotaur, the very thing we are running away from, the monster that is about to consume us, is allopathy itself. The sooner we go home the better, for fear of becoming the thing we hate.

We, as practitioners, are the patients’ guides on a particular kind of pilgrimage. There are no relics, saints, holy waters or shrines at the end of their trip. There is nothing there but themselves. It is a unique pilgrimage and one which loses its magic if we reduce the process to categorisations, layers or methods. To be a good guide you need to know none of these things apart from who you are, where you are and in what direction you are heading. That way the patient will trust you for not trying to be too clever. They will stay with you even if you make a wrong turning.

We can have a good idea of the direction in which a patient is heading and what can be done to help them travel as painlessly as possible. We can be diagnostic by simply observing the remedies that surround the patient and the reaction of the patient to the remedies we give. We can determine prognosis quickly and simply. All these things we can do and more. If we know these things then we can feel confident about what we do. If we feel confident about what we do then the patient will put their confidence in us.

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