

FEATURE

'Uh oh, Toto. I don't think we're in Kansas any more'

Julian Winston takes a somewhat biased look at the science and art of homeopathy today. He asks, 'What is homeopathy?' and his conclusion is that it's fast heading over the rainbow into the Land of Oz. The author describes himself as 'rabidly anti-PC'. If you're sensitive, read this with your eyes closed and hands over your ears



Julian Winston, BID, was born in New York City and graduated as a Bachelor of Industrial Design in 1963. He is Director Emeritus at the National Center for Homeopathy and editor of its journal, *Homeopathy Today*. He is author of *The Faces of Homeopathy* and the *Heritage of Homeopathic Literature*. In 1995 he moved to New Zealand where he is Co-director of the Wellington College of Homeopathy with his wife, Gwyneth Evans, and editor and owner of *Homeopathy NewZ*. He has 'another life' as a musician, notably as a banjo player and author of two instruction books for the pedal steel guitar! He is known for his outspoken comments on current trends in homeopathic education and theory.

For me it has been an interesting personal journey that started when I walked into the office of Ray Seidel, MD, HMD, in Philadelphia in 1971. I was ailing, and he cured me. Rapidly. Said Ray, 'You'll like this stuff. It has lots of little bottles.' How right he was.

It was Ray who pushed me into contacting the National Center for Homeopathy and who was instrumental in getting me enrolled in the three-week professional course at Millersville, PA in 1980. It was an interesting three weeks. Richard Moskowitz, MD, just back from George Vithoulkas in Greece, drilled us in philosophy during the morning of the first week, and Maisimund Panos totally confused us with the repertory in the afternoon.

The second and third week saw the morning session with Catherine Coulter giving us her 'Volume 1'. Her book was still a gleam in her eye and she was lecturing from pages and pages of scraps of paper.

Maisie and David Wember, MD, did cases in the afternoon, and in the evening we had assorted presentations.

Two Indian doctors showed us how they dowsed the remedy using a measured rule as a guide, and another practitioner introduced his use of applied kinesiology. It was all new and exciting. And because it was 'homeopathy school' I took it all on as 'homeopathy'.

The next year I took a

sabbatical from my university teaching position to figure out if I wanted to go to medical school. I spent six months driving around the USA, meeting homeopaths of all stripes. I learned a lot about the edges of practice. I kept my mouth shut. I saw Rae machines for both diagnosis and remedy making. I saw early EAV machines and was lectured by a sincere German who waved a *Kent's Repertory*, told me it was 'useless' and assured me machines were the way of the future.

I met an old practitioner who figured out that it all came down to nine remedies, administered in groupings of three. I noticed three books next to each other on his bookshelf: *The Organon*, the *Bible* and Hitler's *Mein Kampf*. (I didn't ask.) I saw people using 'essences' in a misplaced manner, and I spoke to people who were dyed-in-the-wool Hahnemannians – some 80 years old, some 30.

I came away realising that although I deeply loved homeopathy I had no desire to be a practitioner. I couldn't see making a living by listening to others kvetch about their problems.

Shortly after returning from my sojourn, I was elected to the National Center Board of Directors, and soon after that I took over the editorship of the NCH newsletter *Homeopathy Today*.

Meanwhile, I began to amass my homeopathic library (now 2.062 volumes), and read the old literature. Along the way I studied with Robin Murphy,

Jacques Imberechts, Francisco Eizayaga, and most recently with Jeremy Sherr and Paul Herscu.

Through all of this I have kept an open mind, and kept asking myself, 'Is this homeopathy?' I decided that the definition of homeopathy is very simple: the giving of a substance to someone ill that has been shown to cause similar symptoms when given to somebody who is well. It has to do with the application of the millimum, not to do with giving 'homeopathic' dilutions for non-homeopathic indications.

The 'un-simple' part is that many people who have been trained in the method have always pushed at the edges of the envelope — even the man himself who set out the principles. Even during Hahnemann's life people were beginning to advocate the uses of specifics and combinations. After he died the fertile market for 'combinations' bloomed in Europe and the USA.

The education in homeopathy fell apart (2), and by 1865 few of the schools teaching the subject were teaching the pure method. By 1880 most schools in the USA claiming to be homeopathic institutions were teaching a bastardised therapeutic method. By 1920, when most of the schools closed, the people who understood the pure method of Hahnemann were few and far between. In 1914, when there were supposedly well over 10,000 homeopaths in the USA, only 314 of them were listed in the International Hahnemannian Association's listing of Hahnemannian practitioners.

But even within the ranks of the IHA, there were sharp edges: ● Samuel Swan was certainly at the edge when he introduced our three great nosodes:

Tuberculinum, *Medorrhinum*, and *Syphilinum*. And then he potentised 'blue ray of the sun' and other strange things (3).

● Berhardt Fincke was at an edge in 1898 when he did an 'inductive proving' of *Adamas* (4).

● Guy Beckley Stearns was way over the edge when he suggested that the IHA explore the Abrams Machine and did regular reports on the tests he conducted to understand the connection between the Electronic Reaction

of Abrams (ERA) and the question of potency. (And when he became ill he consulted the psychic, Edgar Cayce) (5).

● Arthur Grimmer, Kent's star pupil who took over Kent's practice when he died, regularly used a radionic machine to determine remedies and potencies ('Over a sample of blood I determined the remedy was *Symphytum* 50M') (6)), as did William Gutman, Edward Whitmont and Fred Morgan.

Nevertheless, these 'old guys' had a full background in 'conventional' homeopathy and were real masters of materia medica.

Some say it all started to fall apart back in 1900 when Kent, with his Swedenborgian dial turned full on, began to teach *his*

Blessings be to Samuel Hahnemann who led us into the maze from which escape is nigh impossible

way of seeing Hahnemann's thinking. His work is still with us (7) and has influenced many contemporary homeopaths.

Kent began teaching the concept of giving the 'constitutional' remedy based on the generals and the mental state. It didn't go down too well when, on 8 January 1903, Kentian constitutional prescribing was formally introduced to England at a meeting of the British Homeopathic Society by Octavia M.S. Lewin, MD. The only voice raised in agreement was that of John Henry Clarke who conceded there might be something in it. (8)

Over the next 50 years all the grand homeopaths died. Most of those who were left were trained by Kent or by Kent's pupils. The problem is that those who got it from Kent directly understood it in the way one can only when accessing the fount. But those pupils could not pass on what they understood and, within a generation or two, we had built edifices to worship and rituals to attend to, but the original practice had long been eroded.

Then, in the 1970s, came

George Vithoulkas who studied the books and learned homeopathy in India. He charmed Maisie Panos at a LIGA meeting in Greece, and she brought him to the USA. There he charmed a bunch of young American fledgling homeopaths who realised he had 'something' they were missing. Bill Gray went to Greece to study with him and brought it all back home — but because Bill didn't speak Greek, he didn't get the full picture and only brought back the 'cream'. Armed with a little knowledge and a touch of Kent's Swedenborgianism, he began converting the 'heathen'.

In 1978 *The Science of Homeopathy* by Vithoulkas (and Gray) converted a whole new generation into a model of thinking that was, in many ways, far from Hahnemann. (9) The 'vital force' got a full-blown show and became the mechanism that heals us when stimulated by the remedy — completely at odds with Hahnemann's explanation in the 6th edition of *The Organon*.

Suddenly we have a generation who think the remedy stimulates the intelligent vital force to heal and, because they misunderstood the 5th edition-based teachings of Kent (and the subsequent teachings of Vithoulkas's pupils), started to talk about treating 'the patient and not the disease'.

Hahnemann was very clear:

In Para. 153 he wrote about treating the disease based on its characteristic symptoms (as seen in the patient). As for mechanism, it is clearly outlined in Para. 29 and 34 of the 6th edition: *The remedy is an artificial disease and stronger than the natural disease. When introduced into the body, the stronger disease displaces the weaker (natural) one. Then, because it is artificial it gradually fades, leaving the body ready to be, once again, governed by the vital force, i.e., the 'instinctive life principle, which in itself is incapable of any reflection or act of memory'. It is the vital force that is deranged by the illness and which produces the symptoms, but it is the remedy alone that heals, without the vital force, which is waiting for health to return so it can resume its normal functioning.* ▷

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Back to George...

So where Vithoukaskas saw the 'essences' as a way of describing patients, that concept was above and beyond the materia medica that few understood – especially those who were getting the information second hand, or simply reading the *Stolen Essences*. (10) Some took it as 'the way' rather than 'the possible confirmation' and soon people were prescribing on 'essences' right and left. And finding it didn't always work...

The rebound to this 'essence' prescribing came to the USA in the form of Francisco Eizayaga, MD, from Argentina. Eizayaga started teaching seminars that showed *why* many 'essence' prescriptions failed: the remedy for the 'essence' was not the remedy for the 'lesion' i.e., the disease. The *Pulsatilla* woman with a *Pulsatilla* discharge will be cured by *Pulsatilla*, but the *Pulsatilla* woman with a *Kali bichromicum* discharge will *not* be helped by *Pulsatilla* — only by *Kali-bi*.

I am certain Kent understood this, since a similar situation was reported by Frank Kraft in a case he discussed in the 1892 *Hahnemannian Monthly* (11). Kraft, Kent's student, looking at the 'totality' of a case, prescribed *Calcareo carbonica*. Kent, correcting him, said the remedy was *Thuja* because of the peculiar nature of the patient's discharge.

But, as I said above, Kent was *not* his pupils...

Suddenly there appeared to be a heretic in the house. But careful analysis of what the two protagonists (Vithoukaskas and Eizayaga) were talking about reveals it was all a question of semantics. Vithoukaskas talked about 'layers of the onion', Eizayaga about understanding the 'lesion' before the 'fundamental'. They both used the word 'constitutional' but it meant different things.

It was amusing to watch them nearly come to blows in Washington DC with Vithoukaskas being dismissive and Eizayaga calling him a 'Kentian illuminist' (12). I couldn't understand it: they were never able to hear they were talking about the same thing.

Sigh...

There were those who hadn't given up on the 'essence' idea

(13) and, as they taught others (and their pupils taught others), the entire concept became corrupted. The slightest mental symptom over-ruled anything else. As the grand homeopathic pharmacist John A. Borneman III sarcastically summed it up, 'I know you have a pain in your side, but was your grandmother afraid of cantaloupes?' (14)

The fact that learning homeopathy is a hard slog has been forgotten

Maybe it was the 'better living through chemistry' culture that thrived in the late 1970s and through the 1980s. God knows what they were smoking.

Somewhere homeopathy became entangled with a New Age consciousness. As I point out in my book, *The Faces of Homeopathy* (15), a good number of the younger docs in the USA found homeopathy through their Indian 'gurus'. Many were on a meditative spiritual path and this made the boundaries of homeopathy less clear.

Then there were those in the UK who were followers of Druidic thought, and that thinking began to permeate homeopathy. Of course there were already those who associated the 'sun signs' of astrology with the 12 cell salts. All the boundaries began to blur and we began to lose sight of what homeopathy was.

In looking for easy ways through 'essence prescribing' or whatever the latest seminar was offering, the fact that learning homeopathy is a hard slog has been forgotten. Vithoukaskas was once asked, 'Were Hering and Kent geniuses?' And he replied, 'Their genius was in their capacity for hard work.' (16)

T.G. Sloan remembers the grand homeopath Erastus Case, MD, as 'not brilliant, but a tremendously hard worker'. (17)

The 1902 *IHA Transactions* (18) report on the death of John Ross Haynes, MD. The author of the obituary, Dr J.H. Allen, told

of being cured by Dr Haynes and says that his visits were brief and to the point. 'When I would invite him to remain, he would answer, "No, I must go and study or some hard case will come in, and go away and tell what a fool Haynes is."' And *that* after 50 years of practice!

Today we forget about the hard work these grand homeopaths put in to learning and studying the materia medica. It was not unusual for them to spend evenings reading and re-reading the primary texts.

One glance through an old *IHA Transaction* will quickly show us the level we should all aspire to, and how much has been lost to us. It will take years to retrieve the knowledge these old guys and gals carried around in their heads. Happily much of it is still in print. Unhappily just the tip of the iceberg of the literature is readily available.

I cannot conceive that any practitioner could read a whole *IHA Transaction* and not come away a better practitioner. Over 60 of them were published from 1880 to 1946. And there are others: the 19 volumes of the magnificent *Homeopathic Physician* published in Philadelphia between 1881 and 1899; all the *Homeopathic World* journals edited by J.H. Clarke and C.E. Wheeler from 1886 to 1931; the early *Hahnemannian Monthlies*; the *Medical Advance*; the *Homeopathic Recorder* (1886-1959).

However, there are few with access to the old literature, few with the inclination to dig deeply and understand the real depth of the method. The lure of the weekend seminar is hard to resist. (19)

All during my tenure as editor of *Homeopathy Today* I have held a fairly hard line about definitions. *Homeopathy Today* is a broad-based magazine and *not* a 'professional' journal. The aim has always been to present homeopathy as the simple methodology: take the case, match the symptoms, differentiate the remedy, cure the case. The people reading it want to know that homeopathy works, and that is what I want to deliver.

When EAV and 'machine' homeopaths wanted to put in articles, I said, 'Sorry, not home-

opathy.' When people asked about pendulums and radionic machines, I said the same. When a group of anthroposophical and 'alternative' physicians resurrected the New York State Homeopathic Society and tried saying that anthroposophy and chelation therapy were homeopathy, I loudly raised objections.

Understand, please, that this is a 'public' stance. I will admit to owning a Rae potentiser and have used it on occasion. It works. I even did a proving of a Rae-prepared remedy. I've been told I'm a pretty clear dowser. I've used 'paper remedies' in three emergency situations, and felt just fine about doing it. But that's *my* personal edge.

Starting in the early 1990s I went to several seminars (both in NZ and in the USA) and began to hear some amazing leaps of imagination. Proving were being done that, to me, didn't adequately separate imagination from reality. Proving were being done loosely at seminars. People were taking the Fincke lead and doing inductive (meditation) provings. Cases were being shown as 'cured' that didn't, at least to me, seem to be cured. Moreover, cases were being submitted to the newsletter that showed no homeopathic logic or reasoning. I turned them down.

In December 2000 I wrote an editorial entitled 'But is it homeopathy?' in which I suggested that we look at what we are calling homeopathy these days and see if it fits the basic criteria. I questioned some of the work being done. I likened the run for 'the core delusion' to that of the 'essences' 20 years earlier. I bemoaned the speculative nature of some of the kingdom analysis, periodic table work and doctrine of signatures. Though these are being promoted by 'homeopaths' I asked if it were homeopathy. It was only a question.

Instead of a rational reply to the question, 21 homeopaths (some of whom never saw the editorial) signed a letter of complaint suggesting that I resign my editorship because of my 'fundamentalist' tendencies. If it weren't so serious, it could be amusing – a group of the 'leading edge' saying, in essence, that *they*

are the new direction and speak for homeopathy. In speaking 'against intolerance and divisiveness' they asked for tolerance to new ideas and said: 'No one... asks us to throw out our repertories. Rather they say, "When you find yourself with a patient for whom repertorisation does not lead to a clear remedy try looking at the case from this perspective to see if it may shed some light." If some misuse the work, should we throw out the concept? Do some people carry these ideas too far? Yes, but let's not throw out the baby with the bathwater.' (20)

A good sentiment.

But it does not answer the question: 'Is it homeopathy?' There had never been any shame in the past when, in a stubborn case, something new was tried. The old journals are full of hits and misses. Some, like the nosodes and the milks, finally made it into the homeopathic armamentarium. Scholten says that in an unknown case you might need an unknown remedy. It is an interesting concept. But the question comes up: 'Is the remedy unknown because of a lack of skill on the part of the prescriber?'

I know you have a pain in your side, but was your gran afraid of cantaloupes?

I am afraid that some are giving 'pigeon wing' when the case really needs *Pulsatilla*, but because of a lack of thorough knowledge of the materia medica (possibly because *Pulsatilla* was only learned as an 'essence' or from 'keynotes') the right remedy is not seen.

I know a number of homeopaths who have, once again, become aware of Bönninghausen's method and are learning to use the newer editions of the *Therapeutic Pocket Book* with great success. Cases that had not responded to all sorts of kingdom analyses and newer remedies are responding to old standbys like *Bryonia* and *Thuja*.

I'm not saying you can cure the

world with only 125 polychrests, but what *is* being done with them in the hands of skilled prescribers should certainly be looked at as one direction where improvement in our craft is possible.

How have we gotten to this place?

There are several suggestions:

Hahnemann suggested that the state of the mind was important in some cases, so Kent, with his Swedenborgian ideas, elevated the state of the mind to the most important. Not quite what Hahnemann was suggesting in Para. 211 when he said that (in cases of mental disease) the emotional state often decides the choice of remedy.

Contemporary with Kent was Freud and then Jung, and then followed the whole public acceptance of the mind and its unplumbed depths, and the tendency to over-psychologise. It overlapped into homeopathy. But most homeopaths are not trained psychologists, although they often act as if they are. The mental symptoms have assumed predominance, having been pushed there by the last century of homeopaths and by a populace willing to accept that view.

Because of the over-psychologising of our life, we might have forgotten how to feel our bodies. We do not know how it hurts, only that it does hurt. With a concurrent inability to use the language accurately, patients often can no longer describe their physical sensations. The inability of the client to communicate coherently ('Yeah, man. Like... well, you know... I'm, like, bummed out...') leads to the homeopaths' inability to use the very tools they are given – the materia medica and the repertory – all of which use descriptive and exact wording.

Of course, we have also grown to expect immediate results. Cases in the literature that took months to resolve would not be found to be an acceptable outcome today. 'I want to be able to get back to work tomorrow.'

We have forgotten how to take time. The one-day's journey described by Hahnemann is now a 10-minute drive by car. We are forgetting how to take time to

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prepare food. We buy it ready made and pop it in the microwave. We want the result, and we want it now.

One of the ways this instant gratification segues into homeopathic practice has come about through the computer. We no longer have to slog through the repertory, writing out each rubric and making columnar lists. All we have to do is put the rubrics in and look at the analysis.

When MacRepertory first came out Roger Morrison lauded it, saying that in the time saved doing the repertorisation he can now read more materia medica.

But what happens when the materia medica itself becomes part of a search program? Very simply, you risk losing the context. You search for a specific symptom and find that doctor so-and-so described this very thing in the 1895 journal of so-and-so – and one leaps upon that as an answer, without any context. Who was the doctor? Was he reliable? What else did he write? What were his other cases like? What was the rest of *this* case like?

We get to know the names of Dunham and Farrington as 'historical markers' (21) whose works we can use to look up details. But we never take the time to *read* the *whole* work to understand their entire presentation, the part that made them great in the eyes of others. In our hurry to 'find the remedy' we miss the larger picture.

So... 'Is it homeopathy?'

There are some edges that most certainly have nothing to do with homeopathy at all – basing the remedy selection on things like astrological signs, tarot cards, pendulum swinging, or any other number of esoteric practices.

The problem arises when the teachers of some of the 'newer ideas' are known as 'homeopaths' and, therefore, what they do *must* be homeopathy. This is a false assumption, not to mention poor logic.

What we forget (and the teachers also forget) is that the material they are teaching has come from a long and studied practice as a homeopath. Rajan Sankaran has probably forgotten

more homeopathy than we will ever know. Vithoukas and Rajan (and his Bombay school) and Scholten are putting together their material after years of dedicated practice in homeopathy. And many of the most vocal proponents of their work have also been practising for quite a while. It is a subset of information that the most seasoned practitioner finds useful. It is post-graduate education.

There are four stages in knowledge:

1. unconscious incompetence; you have no idea what you don't know.
2. conscious incompetence; you've a glimmer that you don't know.
3. conscious competence; you know it and you work at it.
4. unconscious competence; you don't know what you know.

People who don't know which end is up (i.e. have not had a good grounding in materia med-

danger of exposing 'unformed' homeopaths to these ideas: they see a shortcut, as so many saw with George's 'essences'.

It all has to do with a solid, grounded education where students are taught the whole slog and taught the literature and taught the careful case taking, and then have good supervision to prevent poor practices from taking hold. Only *then* should they be exposed to the 'edges'.

Many of the 'new ideas' (essences, kingdom analysis, periodic table analysis) are not new. Kent was developing 'essences' at the turn of the century, E.A. Farrington was analysing remedies by 'kingdoms' in 1880, and Otto Leeser was working with periodic table information in 1935. (22)

But it remains that all these are simply mental constructs to help homeopaths understand what they are doing in their practices. And, as such, they all place a level of abstraction between the prescriber and the case at hand. Although this might not be a problem there is always a risk involved.

Before the question is asked, 'To which kingdom does this patient belong?' the question should be asked, 'What are the characteristics signs and symptoms in this case of disease before me.' If the case is well taken, those should be evident. And if they are evident, they should be able to be matched to similar symptoms in the materia medica. *That* is what homeopathy is about.

The question is still: 'Is this homeopathy?' If it is, great. If it isn't, fine. It doesn't mean it isn't useful or doesn't work.

It just means that at this point when you use an unknown remedy based on periodic table analysis you are experimenting and *not* doing homeopathy – even if the shingle on the door says 'homeopath'.

All the old guys did it too, and there is no shame involved. Just let's be honest in our definitions. Because if we don't define the ground rules to what we are teaching and practising, then there is no way of assessing the result, and everything becomes everything else.

'Cases in the literature that took months to resolve would not be an acceptable outcome today'

ica, case taking and case analysis) should not be listening to these teachers. Because when they do *they* try doing it without having any of the basic knowledge that is unstated by these folks – who are teaching from a place of unconscious competence.

The four stages outlined above are *not* linear, because stage 4 leads directly to stage 1 – you have no idea what you don't know. Stage 4 is a difficult place to teach from. A teacher I know says that at the clinic a student asked, 'How do you know that?' And she replied, 'I don't know. I just do.' And then realised that she must find an answer to how she knows it, otherwise what she knows is not teachable.

Students and practitioners who don't have an education in the basics, and could not recognise a *Pulsatilla* case if it were delivered on a silver platter, get discouraged by poor results and look around for shortcuts. And *there* are all these seminars! And that is the

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2. The schools stopped teaching homeopathic philosophy, and started teaching simplified therapeutics. See the summation of the article by Daniel Cook, MD, and Alain Naude in *Faces of Homeopathy*, pages 226-229, or read the full article *The Ascendence and Decline of Homeopathy in America: How Great was its Fall?* Journal of the American Institute of Homeopathy, Vol. 89, No. 3 (autumn 1996) or in *The Homeopath*, No. 64, -winter 1997.
3. For a full biography of Samuel Swan (1814-1893) and a list of all the remedies he prepared, see: <http://julianwinston.com/archives/swan/index.php>.
4. Fincke, B. (1898) 'Adamas - an inductive proving', *Transactions of the International Hahnemannian Association*, 19th Annual Meeting, pages 65-68.
For a full biography of Bernhardt Fincke (1821-1906) and a list of all the remedies he prepared, see <http://julianwinston.com/archives/fincke/index.php>
An 'inductive proving' is done by holding the remedy or substance, without ingesting it. Fincke did four provings of *Adamas* in 1879, and reports them in this article. The first was done by holding a large diamond. The other three were done with holding a 5M potency.
5. Edgar Cayce Reading 3017-1 M72, May 21, 1943. The subject is identified only as 3017. However, a look at the correspondence will show that it can be only one person: Guy Beckley Stearns, MD.
6. I saw this years ago in an *IHA Transactions* or in a *Homeopathic Recorder*. I did not write the exact reference down at the time, but I certainly remembered it!
7. Kent, J.T. (1900) *Lectures on Homeopathic Philosophy*, Examiner Printing House, Lancaster, PA. This book has been republished many times by many publishers.
8. Lewin, O. (1903), 'Cases Illustrating Constitutional Treatment', *British Journal of Homeopathy*, Volume XI, pages. 130-139. A summary appears in *Faces of Homeopathy*, pages 200-203.
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Because of Vithoulkas's lack of fluency in English the book was, essentially, George's ideas and was written by Bill Gray. It quotes Kent's view of the 'vital force' as having 'formative intelligence'. It speaks of how the VF 'intelligently operates' (pg. 72, Grove ed.), and of the 'intelligent vital force' (pg. 75, Grove ed.). It says that the VF '... provides thoughts and creativity and it conducts spiritual inspiration' (pg. 59 Grove ed.).
This is in direct contrast to Hahnemann's thinking, expressed in the footnote to Aphorism 22, where he refers to the operation of the VF as '... highly imperfect mostly inexpedient strivings of the merely instinctual, intellect lacking life-force, which was only instilled in our organism to continue our life on its harmonious course as long as the organism is healthy, but not to cure itself in diseases. If it had an ability so worthy of imitation, then it would not allow the organism to get sick at all.'
10. In 1978 Vithoulkas came to the USA to do a seminar in California at Esalen. After the seminar his notes about remedies were typed up. They were given out to the participants and then given to the folks who took the next class. The notes from the second session were typed up and distributed to the people in the third class.
Vithoulkas made it clear that these notes were fragmentary, incomplete, and were for the reference of the class only, and not to be shared. One of those attending the third class then, without permission from Vithoulkas, copied the notes and distributed them to friends. These were the *Stolen Essences*.
11. Kraft, F. (1892) 'The use of Repertories - a criticism'. *Hahnemannian Monthly*, Volume 27, pages 336-7. It was quoted in an article by the late Georg Von Keller, MD (1981), 'Lilium and the relative value of symptoms', *The British Homeopathic Journal*, Vol. 70, number 1, pages 11-23.
12. This was at an AIH meeting in Washington, DC in the mid-1980s. I don't recall the year.
13. A number of the students of Vithoulkas (and his pupils) stuck to the essence idea like glue. In some study groups 'essences' were all that was taught. The 'mentals' took top priority in the case, and any other way of looking at it was considered heresy.
14. In a personal conversation with John A. Borneman III some time during the late 1980s.
15. Winston, J. (1999), *The Faces of Homeopathy: An Illustrated History of the First 200 Years*, Great Auk Publishing, Tawa, New Zealand, pages 395-397.
16. Said in a reply to a question in a seminar at Burlingame, CA, around 1988.
17. Sloan, T.G. 'Reminiscences of Dr. Erastus Case', pages 99-100 in the revised edition of *Some Clinical Experiences* by Erastus E. Case, edited by Jay Yasgur, 1991, Van Hoy Press, Greenville, PA.
18. Allen, J.H. 'Obituary Notice', 1902 *Transactions of the International Hahnemannian Association* 23rd Annual Meeting, pages 9-13.
19. Collection of old journals and books are few and far between. The best that come to mind are the libraries at Glasgow; the Bosch Collection in Stuttgart; the Schmidt library in Switzerland; the National Center library in Alexandria, VA; the Medical Library at Ann Arbor, MI; the special collections at the University of California in San Francisco; and the National College of Naturopathic Medicine in Portland, OR. A number of private individuals hold some fine collections: Francis Treuherz (UK), Chris Ellithorp (NY, USA), William Kirtsos (NY, USA), Dana Ullman (CA, USA), KH Gypser (Germany), and of course, my collection in Tawa, New Zealand.
20. Morrison, R. et al. (2001) 'Against Divisiveness', *Homeopathy Today*, vol. 21, no. 5 (May), page 20-21.
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26. Winston, J. (2001) *The Heritage of Homeopathic Literature*. Wellington: Great Auk Publishing.