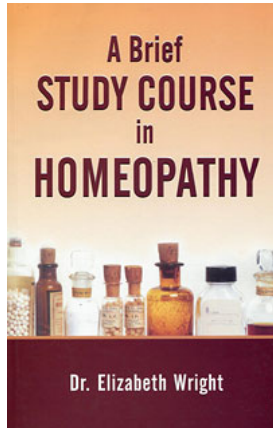


Elizabeth Wright-Hubbard A Brief Study Course in Homeopathy

Reading excerpt

[A Brief Study Course in Homeopathy](#)
of [Elizabeth Wright-Hubbard](#)

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A BRIEF STUDY COURSE IN HOMOEOPATHY

I

THE MEANING OF HOMOEOPATHY

What is homoeopathy? The orderly mind has a notion one should begin with definition, and resorts first to various dictionaries. In this instance the result is unsatisfactory as the definitions are, for the most part, partial and even the positive statements often inaccurate, as in the case of Dorland's *Medical Dictionary*. As far as derivation goes the word in the Greek, means "similarity of feeling".

The four fundamentals of homoeopathy, as stated by Hahnemann, in his *Organon*, may be briefly put as follows:

I. The proving of substances to be used as medicines, on the healthy.

II. The selection and administration of so-proved medicines according to the Law of Similars.

III. The single remedy.

IV. The minimum dose.

Granting that these are the four fundamental tenets of homoeopathy, as set forth by its official sponsor and founder, Hahnemann, the question of the status of homoeopathy arises. Is it a system of medicine? Is it a purely sectarian term? Is it a therapeutic specialty? In order to be able to answer this question of status we must get down to simple facts and see, not only how homoeopathy differs from regular medicine but what they have in common. We always like to begin with a common basis. What is the object of all conscientious physicians? We would answer, categorically: To cure the sick, to prevent others from becoming ill, to raise the standard of health in all people. How does modern medicine try to accomplish this? *First*, by finding out what normality is, through

the study of anatomy, physiology, physiological chemistry, etc. *Second*, by finding out what the varieties of ill health are. Modern medicine emphasizes the fact that many disturbances of health are due to psychic or sociological causative factors. Aside from these it searches for anatomical or physiological changes in the sick person and classifies these changes, when, found, under some disease nomenclature. This search is called diagnosis, and it feels that the possibility of cure depends, in large measure, on the certainty of diagnosis. The organic structural changes due to ill health which it finds before or after death, it terms pathology. It finds that many "diseases" are accompanied by some variety of bacteria which it considers to be one of the causative factors. In short, modern medicine feels that it must find out all the "facts" which fit in with its concept of disease.

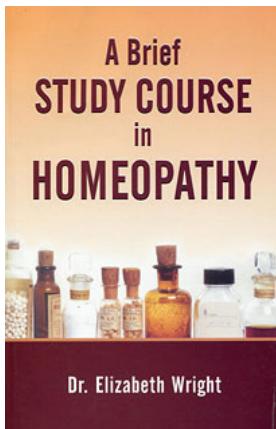
To all of this the homoeopath subscribes, but he feels that this is but the beginning of what he must learn about his patient. The spontaneous, characteristic things that each patient longs to tell, be they very general or minutely particular, are of special interest to the homoeopath for they individualize the case, bringing out the particular patient's reaction to the "disease" he suffers from. These salient points the busy modern doctor feels that he does not need to know, as to him they are not sign posts but clutter.

- At this point modern medicine is ready to try to cure the disease it has diagnosed. What laws of cure does it follow? First, the common sense principle of rectifying anything mechanically wrong and instituting appropriate hygiene, diet, etc. When it comes to the giving of actual drugs, each year fewer and fewer are taught in the medical schools and—with the exception of new proprietary substances—are found in the pharmacopoeia or in common usage. Those that are given are not uniformly governed by any one law. The intent is to give them on a physiological basis, which means that they are experimented within the la-bora-

VII

PRESCRIBING: POTENCY SELECTION

After thoroughly digesting the first six lectures of this brief course and doing wide collateral reading and studying one should be able to select the most similar remedy. The most similar remedy, however, does not become the *Simillimum* until the potency is adjusted to the plane of the individual during his or her illness at the time of prescribing. Our philosophy teaches us that pathology, and even bacteria, are ultimates of disease and that the true cause is far deeper and less material than these. In order to truly wipe out the cause of a so called disease one must administer the remedy on or near the plan of the cause. It follows that for mental distresses and disease of manifestly psychic origin the high potencies (10 M and upward) would be employed, other things being equal: and that for grossly material conditions, such as marked organic and pathologic changes, the lower or medium potencies would be selected. In general, then, functional diseases, where the symptoms are subjective or physiological, where the vital force is tactile, respond well to high potencies; and the organic conditions to lower ones. It makes some difference whether the conditions be acute or chronic. For instance, diphtheria has marked pathology, as has pneumonia, yet the pathology is recent and swift in pace and the high potencies are suitable. In general, acute diseases respond well to high potencies, especially of acute remedies (high potencies of deep acting chronic remedies, when these are indicated in an acute condition, may be dangerous). Certain acute crises, based on chronic trouble, such as cardiac asthma, would have to be treated with medium or low potencies because the high potency would stir up more than the vital force could cope with in the face of the advanced chronic



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