

Brian Kaplan

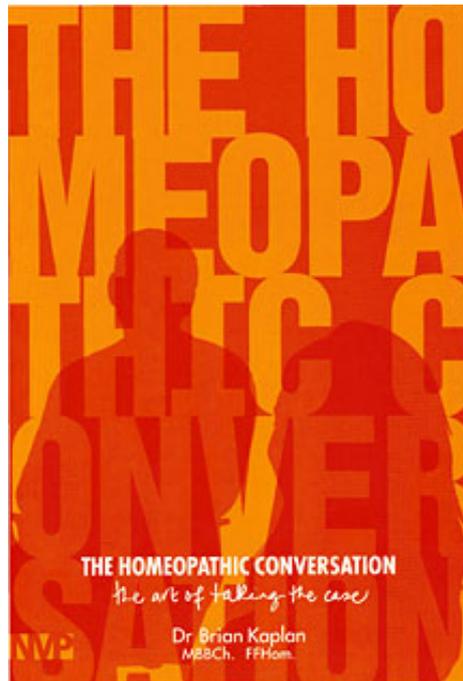
The Homeopathic Conversation

Reading excerpt

[The Homeopathic Conversation](#)

of [Brian Kaplan](#)

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Becoming a Doctor

Do you want to help sick people? Be a doctor, healer or carer? Do you want to be a good homeopath? You do? Why?

Why of all the jobs on earth would you choose one that invites into your living space people who are in discomfort, pain, mental anguish or may even be dying?

It certainly isn't the easiest way to make a living and specialising in homeopathy doesn't make it any easier. As a homeopath, you allow people to come into your life and unload in great detail the most painful parts of their lives right on to you and into the space you have provided for them. This book is about you, your patients and what happens between you. As you have been yourself for longer than you have been interested in homeopathy it would seem logical to start with yourself. So why do you want to be a good homeopath?

Okay then, I will answer the question myself and try to show you why this process of understanding is necessary.

At the age of 15 I decided that I wanted to be a doctor. I was more or less at the top of my class at school and confident or arrogant enough to think I could choose any profession that I fancied. I remember very well the thought processes that accompanied this momentous decision. 'If I become a doctor, I will be able to help people. So wherever I am in the world I can be useful. I will be needed. Even if I change as a person, surely those simple facts will remain. So I will study hard at school in order to get into medical school.' And that is exactly what happened. But of course I had omitted to ask the most important question of all. Why did I want to be needed? Especially at that age. Looking back now I can understand a lot more. For one thing I was lonely. My school, an awful, boys-only affair that all but derided academic achievement in favour of what really counted (rugby and cricket) was not a happy place for me. No girlfriend, no girls

in the school. Yes, of course I had a need to be needed. But was this a good basis to make one of the most important decisions of my life? At the time it didn't even occur to me. I had decided to become a doctor and that was that. It would be at least two decades before I took a good look at the child that made the decision that sent my life spiralling into medical school and later on into homeopathy.

The programme at my medical school was six years long. First year was on a beautiful campus with all the other students, the ones studying subjects like drama, psychology⁷, languages, politics and so on. The first year in our course was devoted to the basic sciences: physics, chemistry, biology, as well as a bit of maths and sociology. It was fun to be there and the subjects we were reading, especially physics, had that simple purity and beauty that are peculiar to the first year of the study of a basic science. My grades were good and I thoroughly enjoyed campus life. I looked forward to the next stage of the long adventure. A horrible shock was waiting for me.

Second-year medicine meant removal from that beautiful green-lawned campus to an ugly building near the teaching hospital. First year had been a simple platform (dispensed with at most European medical schools) for the real business of becoming a doctor. Don't be misled by the fact that this place was near the hospital. It would be another two years before I would even see a patient. But I was on my way to becoming a doctor. What I did not know was that the process my medical school used to achieve this was not that different from breaking in a horse. My desire to become a helper or carer or doctor was about to receive its sternest challenge. On the first day of second-year medical school I was introduced to the only teacher I would see six days a week for a whole year, a dead man lying supine on a dissecting table. At medical school we called such people cadavers.

One of my most enduring memories of medical school was the ceremony held to mark the start of our work in the dissecting halls. Desmond Tutu, then an Anglican bishop, was invited to make a short address to us. He expressed himself simply and asked us humbly to offer thanks to the 50 or so dead people covered in sheets that lay on tables in front of us. Some may have donated their bodies to science but I fear that in the South Africa of the 1970s most would have been unclaimed bodies. We had been allocated one cadaver per four students and would spend the greater part of six days a week dissecting it.

The purpose of dissecting a cadaver is to study anatomy. There is no doubt whatsoever that this is the best way to become an anatomist. Whether several hours a day of immersing oneself in a dead body is the best way to start training a doctor is a moot point. Perhaps it is also important to talk to some live patients and ask them about how they experienced being ill. It would have been no problem to find volunteers for this. It would have been therapeutic for the patients themselves to talk to a sympathetic ear even if it wasn't attached to the head of a person with a degree in medicine. To be fair, some medical schools are starting to realise this now and encouraging medical students at an early stage of their education to talk to patients in wards.

There are those that think that a boy or girl who cuts up a frog or bird is a prospective physician. In first-year biology, I had thrown away the only dead rat ever given to me. I simply failed to see its role in teaching me to become a doctor. And the smell! But now there was no escape. I would have to participate in cutting up every part, and I mean every part, of this dead man that would stare up at me each day. Or at least while he was still recognisable as a man. I think of him every now and then and with some gratitude. He taught me a lot. It was not his fault that my medical school had an anatomy programme that brutalised its students both in its demands and in the testing of our knowledge of absurd detail. For surgeons this is necessary but for almost every other area of medicine it was both unnecessary and cruel. And if you couldn't take the pressure, well there were always other things to do with your life. Not every horse can become a racehorse.

I saw a few lovely people who could have become good family doctors or psychiatrists or homeopaths drop out, or be thrown out after failing too badly or, even worse, repeat this terrible year. I passed but not without personal cost. The very ideal that had led me to medical school, the desire to help, had receded and been surpassed by the simple desire to survive. Self-preservation - at any cost. And at the end of this challenging year, in which we also studied physiology in the same generally useless but very punishing detail, there would be two more similar years studying subjects like pathology, microbiology and pharmacology to go before I would meet a patient. Six years is a long time when you are 18 years old.

Before I leave second-year medical school there is someone I must mention as he was the only person in all six years at medical school who - besides

Influences

'Sitting in' with experienced homeopaths is a time-honoured method of learning classical homeopathy. When I first started sitting in with colleagues and teachers, I was mainly interested in how they analysed the case, what remedies they chose, why they chose them and in what potency they prescribed them. It soon became clear that homeopaths had quite different styles of taking the case and this aspect of homeopathy began to be of great interest to me. I watched some colleagues use more or less the same method of interviewing in every case whereas others seemed to change their style from patient to patient. Some homeopaths seemed to chat in a friendly way with patients while others seemed to remain silent most of the time. Some had fairly serious conversations and others had a more light-hearted approach and shared the occasional joke with the patient.

Homeopathic interviews also differed from homeopath to homeopath with regard to the actual questions asked, how they were asked and the order in which they were asked. I became fascinated by the different types of conversations I was observing. Different types of conversations between people represent different types of relationships. I realise now that this was the start of my interest in the relationship between homeopath and patient. If I sat in on a single interview I was able to observe only a snapshot of this relationship. Even such a glimpse was of great interest to me but I realised that for a deeper understanding it would be necessary to sit in on a series of consultations between the same homeopath and patient. This is far from easy to do. Unless I sat in with the same homeopath every day for a few months, I was not going to be able to see many homeopath-patient relationships in progress. I wanted to see the 'movie' of the relationship rather than just the occasional 'photograph'.

In 1982 I sat in with the same homeopathic doctor, Dr. Eric Ledermann, every Thursday afternoon for the whole year. Inevitably I began to see some of the patients return for follow-up visits and to observe continuity in their management. Dr. Ledermann is a homeopath but he is also a practising

psychiatrist and psychotherapist. Obviously I was only allowed to attend his homeopathic clinic. After a patient had left the consulting room, we not only discussed the homeopathic management, but often spoke about what had transpired in the room and our general feelings about the patient. We analysed the conversation that had just taken place between the patient and Dr. Ledermann and even how that conversation had left us feeling. Initially I was only interested in the homeopathic interpretation and management but I was not to be let off the hook so lightly.

I remember a case of a young boy with a skin problem who came in with his mother. When he told us he was seven years old, Dr Ledermann smiled benignly and joked about him getting old. We all laughed and the rest of the interview went smoothly. As soon as he and his mother left, I was asked what I thought about the consultation. I said that I thought that it had gone fairly well and started to talk about possible remedies. However my teacher was not interested in talking about homeopathy this time. 'No', he said, 'I should not have made that joke about him getting old. I realised after making it that he was too young to hear something like that and it might have left him feeling confused.' This was a remarkable moment for me. An experienced homeopath and doctor over the age of 70 had chosen to be critical about himself in regard to a particular moment in a consultation. In fact it had left him feeling uncomfortable, even a little guilty, and as far as I had been concerned the consultation had been uneventful. He had obviously paid a lot more attention to the doctor-patient relationship at the time than I had.

We began to talk about the various types of relationships that occurred in different forms of medicine. These included relationships between doctor and patient, homeopath and patient and psychotherapist and patient. In his case these were all happening simultaneously in many cases. He did not feel obliged to prescribe a remedy or even 'think homeopathically' every time. What was always stressed was what had happened between doctor and patient. This was quite a new way of analysing the case! And a very valid one.

In my basic homeopathic training I had been taught by Dr Charles Kennedy (a former president of the Liga Homeopathica Medicorum Internationalis) that the feelings of the homeopath in the consultation could occasionally be useful. The example given was that of a child in pain. If you felt sorry for the child and wanted to pat its head, I was taught, the most likely remedy was Pulsatilla. However if you felt that you wanted to slap the child in irritation the remedy was much more likely to be Chamomilla. In other words the feelings

of the homeopath were occasionally useful diagnostically. However, this was the only example I remember being taught of how to use my own feelings as diagnostic tool. Now I had seen an experienced homeopath, doctor and psychiatrist be openly critical of his taking of a case. Each case would teach him more but he would never totally master the art of talking to patients. None of us ever will, but that is irrelevant. What is important is that we realise that there is always room for improvement in this, the most important part of the homeopathic process.

Sitting in on that consultation was a milestone in my career as a doctor and homeopath. From then on my thoughts and emotions during every consultation, as well as my actions, would be under surveillance whether I liked it or not. It would be many years later that I realised that the quality of my relationships with my patients was by far the most important factor in how successful I was as a homeopath and doctor.

This is not the case in every type of medicine. If you need a surgeon to perform a circumcision or an ophthalmologist to fix your detached retina with a laser beam, a steady hand is of the essence rather than the rapport between patient and doctor. But in general practice, and particularly in homeopathy, the doctor-patient relationship is crucial. I could study the materia medica until remedies were coming out of my ears but if I was unable to create rapport with my patients, I might as well give up homeopathy and general practice and start studying surgery. So how was I to improve the quality of my relationships with my patients?

I was fortunate enough to have a mentor in this journey and that was Dr Ledermann. He had already written several books on holistic medicine, the philosophy of medicine and his own, unique brand of existential psychotherapy^{34 35:!(>}. He had tirelessly trawled through the works of the classical philosophers such as Kant, the existential philosophers Kierkegaard and Sartre and the medical philosophers, in particular Jaspers. And now I made my way through his own books with the wonderful advantage of being able to quiz him about them every Thursday afternoon. I heard new words such as teleology, epistemology and phenomenology. I started to have a small understanding of the thoughts of Kant, Husserl, Heidegger, Buber, Emerson, Jaspers, William James and Krishnamurti. And those were just the philosophers.

There was also the whole world of psychology and psychotherapy, starting of course with Freud, but including Jung, Adler, Klein, and many others.

Of course my study of the works of these 'Great Thinkers' was amateurish to say the least. But I was not studying for a degree in philosophy. In some ways I wished I was. This, I thought, is what they should have taught me in medical school. It would have been wonderful to have studied these great thinkers in depth at a university but that was not going to happen. I was also reading these authors with a particular purpose in mind. I was not studying them to improve my intellect. I wanted them to help me become a better doctor and homeopath. My reading always scanned for what was applicable and useful in this regard. In short I was highly selective in what I read. I did not have unlimited time for a *very* exhaustive enquiry. After all I had a day job as a homeopathic doctor.

I was on a search to answer the sort of questions that I posed in the introduction. What was I doing with my life as a doctor and homeopath? And why? I started to think about the dictum 'Physician heal thyself. (My patients had often reminded me of it whenever I had the misfortune of missing work through illness!) I read about the concept of the 'wounded healer' and found myself staring into a mirror.

I started with the classical philosophers and psychologists who had influenced Dr Ledermann before he went on to develop his own brand of existential psychotherapy; and I began to find my own influences as well. J. Krishnamurti was a big influence. So was the work of William Reich, the neo-Freudian, who had realised the importance of the body and its behaviour and language in the world of psychotherapy. This led me to his pupil, Alexander Lowen, and bioenergetics. Thinkers who wrote about the mind-body connection always drew my interest. Surely that was what classical homeopathy was all about?

The journey of exploration continued. Laing, Perls, Grofjanov, Golas, Joy, le Shan, Milton Erickson and the neurolinguistic programming people all came into the picture. Nevertheless I remained loyal to the existential and profoundly loving approach of my mentor. His view was that human beings have a conscience (axiomatic) unless they are psychopaths. In neurotic patients it is the task of the psychotherapist to make the unconscious conscience of the patient, conscious. All the methodology and thoughts of people like Jung, Freud and Adler could be useful in understanding the challenges people had to face in learning to get in touch with their conscience and live according to it. Libido, archetypes and society could all represent such challenges but all these could be put to the sword if you were persistent in trying to live according to conscience. This is exactly what I had seen him do when he criticised

his own comments to that seven-year-old. His conscience told him he'd made a mistake, he noted it and he would be unlikely to make the same mistake again. It was important to learn from the various medical philosophers and psychologists but the conscience of the patient himself was central.

Many years later I read a passage in the introduction to John Rowan's *The Transpersonal* that summarised perfectly what I had been seeking.

From this well-established base psychotherapy arches out into space, and the other end of the bridge seems to be hidden in mist. What we are aiming at in therapy has been variously described: the healthy person; the whole person; the fully functioning person; self actualisation; individuation; making the unconscious conscious, and so on. The concepts are vague and very open-ended, and a long journey seems quite often to be involved; it is hard to know whether one has arrived at the end of it. As one reaches the end of one span of the bridge, more spans become visible, further along the bridge. People who have ventured out further along this bridge include the Jungians, the psychosynthesis people, the transpersonal people, the Osho people; some of the biofeedback people such as Maxwell Cade; some of the primal integration people; some of the holistic health people and so on. Nearly all of these are very cagey about talking of the other end of the bridge: come a little further, they say, and we shall find what we shall find.¹⁷

We classical homeopaths are nothing if we are not 'holistic health people'. A good doctor always is — whether he knows it or not.

Through all this I remained a homeopath. No other approach or therapy attracted me more than classical homeopathy. I preferred it to everything else as I loved the way it valued the patient's subjective experience of his illness above everything else. This, to me, represented a profound respect for the individual. The fact that a prescription of a medicine could be based purely on this subjective experience of disease (or dis-ease) was deeply moving to me and has remained so.

I read and re-read the *Organon* and then I read Kent's classic text on the practice of homeopathy, *Lectures on Homoeopathic Philosophy*.TM Published in 1900, it has been an inspiration to many classical homeopaths for the duration of the 20th century and looks like remaining so for some time to come.

I have made it clear why I regard Kent's *Lectures on Materia Medica*TM and his *Repertory*[^] as homeopathic masterpieces, but *Lectures on Homoeopathic Philosophy*[^] is different. In some ways it is a commentary on the *Organon* itself but it also contains much of Kent himself and in particular the influence on Kent of Emmanuel Swedenborg.

Swedenborg (1688-1772) was a scientist interested in mathematics, minerals, anatomy and physiology, but it is for his theological writings that he will be remembered. He annotated the Bible, attempting to show the deeper and more mystical significance of every verse. This is not the place for a discussion on his contribution to theology and I am not the author to do it. What is absolutely clear, however, is that Swedenborg had an enormous influence on the way many important American homeopaths thought and consequently how they practised homeopathy. Homeopaths influenced by Swedenborg include Boericke, Tafel, Hempel, Gram, Guernsey, Farrington and many others, but his influence on Kent was profound.

As one reads *Lectures on Homoeopathic Philosophy* one comes across terms which are not part of the general homeopathic lingo. A good example of such a term is 'simple substance', a phrase nowhere to be found in the *Organon*, but certainly known to Swedenborgians. Julian Winston, in his excellent book on the history of homeopathy, *The Faces of Homoeopathy*, writes:

It is with the work of Kent that we see the ultimate linking of the works of Swedenborg and Hahnemann, for both men thought of disease as a matter of the spirit — the *dynamis*.⁴²

Although it is unknown when Kent became interested in the works of Swedenborg, we do know that in 1893 he was attending 'doctrinal' classes, and by 1896 he was infusing his lectures with Swedenborgian ideas. As Swedenborg's work was a commentary on the deeper meanings in the Bible, Kent's *Lectures on Homoeopathic Philosophy* was a commentary on the *Organon*, dissecting each paragraph and telling us how to understand the deeper meaning within - but seen through a Swedenborgian filter.

In the work of Hahnemann, Kent saw a complete set of correspondences with the work of Swedenborg. We can see this clearly, time and again, in his lectures as he discussed 'simple substance', 'will and understanding' and 'series and degrees' within homeopathic practice.

I found *Lectures on Homoeopathic Philosophy* useful in parts; the section on assessing the results of a homeopathic prescription is logical, practical and comprehensive. Kent's sheer zeal and enthusiasm for homeopathy is infectious but the book is also very hard to digest in places. In some ways it seems to be written for homeopaths who are familiar with the works of Swedenborg. As I have mentioned, many of the great American homeopaths were Swedenborgians. For them the book would be a smooth read as they were familiar with the works of both Hahnemann and Swedenborg. After reading the book a second time, I realised that to understand it any better I would have to study the works of Swedenborg. This was a problem for me because by doing so I would be entering the realm of a particular religion, which in this case would have been a mystical version of Christianity. The homeopathy of Hahnemann is for all creeds and religions and although Hahnemann was a Freemason for most of his life, he seems extremely careful not to associate the *Organon* with any particular religion.

There is in the interior of man, nothing morbid that is curable and no invisible morbid alteration that is curable which does not make itself known to the accurately observing physician by means of morbid signs and symptoms - an arrangement in perfect conformity with the infinite goodness of the all-wise Preserver of human life.

(*Organon* §14)

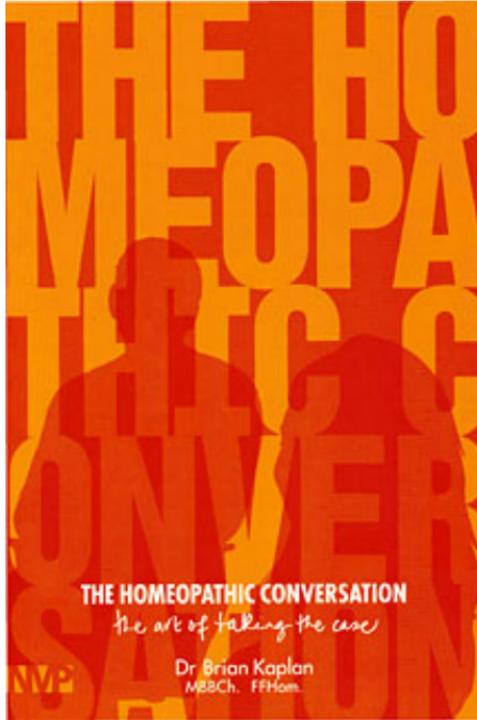
Thus it is clear that Hahnemann believed in a divinity; but by describing this divinity as 'the all-wise Preserver of human life', he ensures that no religion can claim this divinity as their own. Thus the *Organon*, although deistic, cannot be allied to any particular religion, making it acceptable to people of all faiths.

I was studying homeopathy, psychology and the philosophy of medicine all at the same time and practising homeopathy as well. It was a joyous time. At last I was getting the education I had always hankered after. It was unstructured but in no ways diminished by that. It is a privilege to be a picker and a chooser. After all, I had been through so many years of studying medicine only from the mechanistic perspective. I saw this period of my life as a completion of my basic training in medicine. No lists to be memorised and no examinations; and no teachers or lecturers except for one mentor and supervisor. It was a gloriously liberating exploration and I began to ponder some of the questions with which I started this book. For the first time I felt I had made the right choice in studying medicine and this in itself was very reassuring.

I was reading a lot of 'heavy' literature, but there was a mischievous part of me always on the lookout for the absurd and the ridiculous and I found plenty of this in my studies. I have always loved to laugh and took an interest in the alternative comedy scene in London. I realised that the best comedians were modern court jesters whose job it was not merely to make people laugh but also to hold up a mirror to their audiences. As my friend, the comedian Arnold Brown¹ suggests, we need to 'try to find answers to all these questions. Questions like... Why are we here? Where are we going? Who is going with us? Are we coming back? And above all: Shall we be taking sandwiches?'

Years later, I would learn that humour could be very effective in the consulting room. When homeopath and patient laughed together, rapport between them had probably been attained.

I saw that homeopaths had much to learn from those who had spent their lives studying the relationship between the patient and the doctor or therapist. A lot of what I studied was interesting in its own right but had no direct application in homeopathy. However, along the way I acquired insights, skills and techniques that have been invaluable to me in the homeopathic consultation over the past two decades. If there is a *raison d'être* for this book, it is to share these with you.



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The Art of Taking the Case

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