

# Luc De Schepper

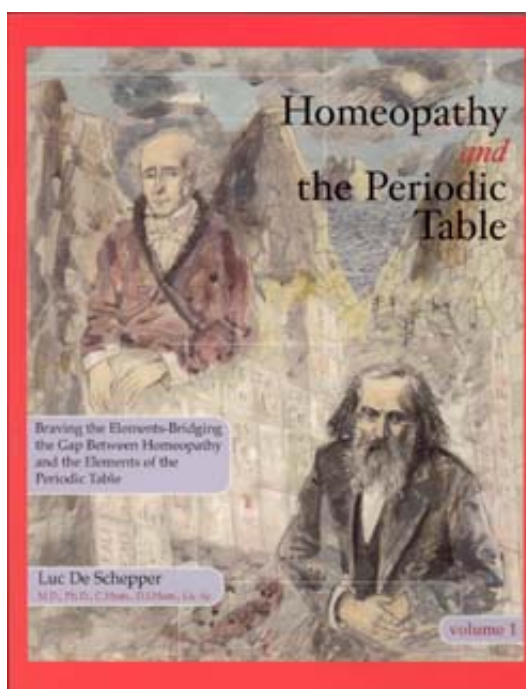
## Homeopathy and the Periodic Table

Extrait du livre

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de [Luc De Schepper](#)

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## CHAPTER ONE

# *New Concepts and Proving?— Do They Connect?*

### **Are New Ideas and Concepts Leading to More Division Among Homeopaths?**

Dr. Michael Rich, a specialist in adolescent medicine at Children's Hospital in Boston, responded to the question, "If you would make one change in medicine, what would it be?"

From the first day, I would teach medical students, nursing students, and social workers the primacy of patients. I would focus on what the body and mind and spirit need rather than teaching the technical aspects. The technical aspects will come. They are not about healing, (1)

Without knowing it, Dr. Rich has touched on one of the cornerstones of homeopathy: the individualization of the patient. Homeopathy has always considered the patient first, and the disease second—"the patient with a disease," not the other way around, "the disease in a patient." Without realizing it, he is pointing out one of the great advantages of the wonderful science of homeopathy.

While most allopathic doctors have yet to discover the infinite power of homeopathy, there seem to be many divisions among homeopaths all over the world. This, unfortunately, is nothing new. Even some of his most ardent followers turned away from Hahnemann when he advocated his brilliant theory of miasms in 1828. Few today know that the majority of homeopaths practice according the 4th edition of the *Organon*, not the 6th; see my book, *Hahnemann Revisited* (2). "Low potencies versus high potencies" still fuels many heated discussions. And who is considered a classical homeopath and who is not?

Worse yet, of course, are the so-called "homeopaths" who advocate the use of mixed preparations or daily cyclic alternation of remedies. My article on the subject (reproduced as Appendix 2 to this book) was met, as expected, with many protesting letters from pseudo-homeopaths. (3) Of course, they are free to criticize me as being "dogmatic" (I am in good company, since Hahnemann was viewed the same way), but that is just an excuse for them to step outside the guidelines that Hahnemann provided. The eminent

homeopath Carroll Dunham commented 130 years ago on physicians who call themselves homeopaths, despite practicing in a manner that deviates greatly from our Laws:

That such men, professing to be of our school, should be regarded by the community as belonging to it is certainly a misfortune. Yet, that there are so many of them, is, in one sense, a testimony in favor of homeopathy! In some sort, the number of imposters maybe taken as a measure of the value and vitality of that on which they cling! (4)

And honoring Hahnemann for his contributions despite great personal sacrifice, he says,

Let us draw one lesson from the story of Hahnemann's persecutions. All his sufferings might have been avoided, and he might have lived in peace and affluence, enjoying consideration among his colleagues and making plenty of money, had he been willing to 'yield a little'... The temptation to do this might be supposed to have been great, for Hahnemann's family was large, he suffered during his wanderings from the pinchings of cruel poverty, and this took from him the leisure so necessary for his studies. (5)

"Imitate me, but imitate me well," are words from Hahnemann that are fundamental to my approach to homeopathy. Hering, one of his greatest disciples, warned us more than a hundred years ago, "If our school ever gives up the strict inductive method of Hahnemann we are lost, and deserve to be mentioned only as a caricature in the history of medicine." Hahnemann did experiment throughout his life, but let's not forget that he was the originator of the system. I don't think there has ever been anyone with as deep an understanding of homeopathy as his.

It is not that I am rigid in my stance concerning homeopathy, or unsympathetic toward "modern homeopathy." I would not have turned away from my allopathic training to study homeopathy and acupuncture extensively if I were a dogmatic person. I simply say that those who experiment or advocate new ideas should only do so with the homeopathic foundation firmly in place.

If we take the Law of Similars as our starting point for defining homeopathy, then we cannot associate it with such practices as "unconventional homeopathy" using electrodermal machines, or giving "homeopathic" complexes of medicines. A method is homeopathy or it is something else. Goethe, a Hahnemannian disciple, said, "Theory is usually the product of the impatient intellect, of the desire to get rid of the phenomena."

Perhaps some of the current trends were developed to make homeopathy simpler. But when we give up, knowingly or unknowingly, on following

## CHAPTERFOUR

# ***The Four Pillars of Our Analysis of the Elements***

In order to find the essence of each element, four groups of symptoms will be emphasized. They are, in this order:

- \* Delusions
- \* NWS ("Never Well Since" a certain event): causations or etiologies
- \* Peculiar and rare mental/emotional symptoms (Aphorism 153 rubrics)
- \* The patient's dreams

These four groups are the most highly valued symptoms in my pyramid (see *Hahnemann Revisited*) and play an important role in understanding the wide scope of a remedy. Since I have not previously written about the value of dreams in homeopathy, I will take the opportunity to do so extensively in this chapter. Regarding the NWS symptoms, I refer the reader to the chapter on prescribing in *Hahnemann Revisited*, p. 181.

I chose to emphasize these four areas because a wider focus would have produced one more full-scale materia medica, too cumbersome to help the practitioner efficiently. I want to provide prescribers with a "minimum" of information, yet the "maximum" of useful interpretation to assist their search for the simillimum.

### **Mental / Emotional Symptoms**

Why do we put such an accent on the mental/emotional symptoms, and not the physical? Humans are not automatons like an engine of a car, where a disturbance in function maybe isolated to a single part. We are organisms in whom a disorder in any part is not confined to that part alone, but reflects a deranged state of the entire system. An example of this is cancer, a condition that (contrary to the common belief) is generalized first and immediately, while the local expression or tumor is only an outlet for the disorder, following the path of least resistance. Therefore the disordered patient cannot be cured by only addressing the disordered part.

What is it in people that distinguishes us from automatons? It is our minds. And it is the mind that represents the human, as Kent said. The body is only a reflection of the mind, and disease begins in the mind and is then reflected in the body, although it is the physical reflection that is commonly recognized as disease. Cure, therefore, must also begin in the mind! If the physical expression disappears first, without a corresponding disappearance of the mental disorder, we can assume that a true cure that has not been effected. If it does not start in the mind, a true cure will not follow, no matter how much more relief and ease the patient may feel.

In paragraph 211 of the *Organon*, Samuel Hahnemann emphasizes the importance of the mental and emotional state as chief ingredient of all diseases:

This preeminent importance of the emotional state holds good to such an extent that the patient's emotional state often tips the scales in the selection of the homeopathic remedy. This is a decidedly peculiar sign, which, among all the signs of disease, can least remain hidden from the exactly observing physician.

From this we see that an altered emotional state will always draw the attention of the observant physician.

Hahnemann is even more explicit in Aphorism 210, in which he claims that the mental and emotional state is altered in every disease:

The mental emotional diseases do not constitute however a class of diseases that is sharply separated from the rest of the diseases because, in all the so-called somatic diseases as well, the mental and emotional frame of mind is ALWAYS altered.

In the footnote to this passage he describes examples of patients who were restored to their original frame of mind after a cure with a homeopathic remedy. Depending on the qualities possessed by the patient in his previous healthy or uncompensated state, this may even include hard-heartedness and malice:

...one often encounters patients with the most painful, protracted diseases who have a mild, gentle, emotional mind such that the practitioner feels impelled to bestow attention and sympathy upon them.

Such a state of mind is not considered a disease, but may reflect a general alteration if the patient was a rather cruel individual before the disease. It is not uncommon for suffering and pain to change a person's mood—unfortunately, in certain cases, only temporarily—since one now needs the help and sympathy of others. But once their painful physical ailments are cured, which is the only goal of many patients, often they do not look for further help to address the familiar old nasty behavior that they might consider normal. (Obviously, their family members might have liked the yielding, mild-man-

## CHAPTER FIVE

# *The Groups*

### A Proposal for the Skeleton of the Periodic Table

In this book, I am analyzing only the groups that have known, proven elements in them.

In the Table of Elements there are 18 groups (vertical columns) and 6 levels or periods (horizontal). I omit Level 7, containing the lanthanides or rare-earth elements and actinides (all radioactive), since they do not contain a single element that has been proved properly. The International Union of Pure and Applied Chemistry adopted the subgroup numbers 1-18 in 1984.

In our newly arranged Table, two changes take place: Boron and Aluminum are included in Group 3, and Carbon and Silicon in Group 10. Why? We will show, through the provings, the similarities between these elements and the other ones in the same group. Also we can put Aluminum in Group 3 since, like the other members of that group, it is a trivalent electropositive element, meaning that it has three electrons in its outer ring.

The electropositive (+) S-block (Groups 1 and 2) is called the *cations*. The electronegative (-) P-block (Groups 13-17) is called the *anions*. The F-block contains the more neutral, transitional elements, Groups 3 through 12. Although Hydrogen is at the head of the alkali metals, this element has its own very characteristic traits, which need to be assessed separately from the Alkali Metals.

The electropositive cations lose electrons to build bonds and relationships (the "donation" of the outer electrons). The electronegative anions "want" electrons for stimulating metabolism and breaking down materials. The neutral transition elements tend to combine with the anions more than the cations. Kalium combined with Chromium (Kali bich) and Aurum combined with Natrum in Aur-m-n are a few of the rare combinations of alkali metals and transition elements in our materia medica.

A word of warning! The study of elements in the book proceeds in a progressive three-step process. First, common characteristics of the groups are examined. This is followed by a survey of the similar traits of the levels. The third and ultimate step is the study of the elements themselves. Only then

