



Education in Homeopathy – Part 1

A Curriculum Based on Levels in Case-taking

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Introduction

Homeopathy is as much an art as a science, utterly fascinating to study but among the most intricate of disciplines to master.

When considering it from a purely scientific point of view, we find it differs substantially from other disciplines: a divergence which can be ascribed to various factors.

To begin with, there is the *Organon*, the 200-year-old manifesto on which the whole of homeopathy is founded, which is to be read with the author's historical and local context in mind. The entire volume of the *materia medica* is based on empirically collected data. It is only in the latest decennia that this mass of information was systematically sorted and understood. It could be said that homeopathy developed a system from its data, whereas classical sciences generally develop a system to produce data.

Furthermore homeopathy has almost continually been met with a certain degree of opposition throughout its history, forcing it to go underground from time to time, rendering its success often rather precarious and hindering its spreading and research. Being more often than not only partially acknowledged in a few countries and even actually persecuted in others, homeopathy survived purely through the efforts, enthusiasm and idealism of its practitioners. Its progress varies greatly from region to region: from merely following known practices from tradition to creating and using advanced insights.

Recently, modern communication technologies have made homeopathy accessible worldwide, which has had the positive effect of bringing about a lively and captivating discussion. On the negative side it has become crystal clear that on a global scale neither general official recognition nor schooling exists and that we are miles away from a standardised education.

Associations, such as the ECCH, representing over 30 countries, which strive for political and administrative legitimacy, have felt the need to institute a committee in order to reflect on methodology and pedagogy. It goes without saying that the people "in the field", lecturing on homeopathy, are best placed to deal with these topics. Although basic guidelines have been established (European Guidelines for Education, revised in 2000) and a few Bachelor courses are given (the UK including Scotland), we are far from a uniform curricu-

lum to train professional homeopaths. The covenant reached on minimal theoretical contents and clinical training remains a set of *quantitatively-oriented* rules. To define minimum *quality* standards for the curriculum is much more complicated, mostly because of homeopathy's characteristics as mentioned earlier.

Seven Levels in Education

In the past fifteen years in which I myself have been working in the field, principally focusing on optimizing education in classical homeopathy, I have experienced the idea of the seven levels, as explained first by Rajan Sankaran in *Les Herbiers* in the spring of 2002, as very useful in elucidating homeopathic education.

From the beginning, our approach has been that in the first two years students must acquire profound knowledge of the basics. Everyone agrees that the *Organon* is required material but very often this is limited to one cursory reading of the volume after which it is supposedly mastered. The education of the CKH (homeopathic training in Leuven) is especially noted for the large amount of time spent in the first year on commenting on the *Organon's* aphorisms. More than merely reading it, we feel that situating it in its historical context so that its essence is understood is part of the fundamental education of the classical homeopath. Therefore the students' knowledge of and insight into this basic opus are tested at the end of the first two years. We also find studying the original *materia medica* and remedies essential in learning

SUMMARY

Rajan Sankaran presented his theory on 'The Levels' in *Les Herbiers 2002*. As he demonstrated with three *Argentum nitricum* cases, different patients can experience the same remedy at different levels. He illustrated that there is something 'deeper' than the level of delusion, which in turn is beyond the emotional and factual level. These levels of understanding and experience can be applied in homeopathic education. In this way the future homeopath gradually gets familiar with the level of the data, gets to master the anamnesis techniques to delve into these levels and to aim at prescribing at the vital level, where all diseases are located. Often one can dive into the vital or sensation level by probing the main complaint. This links Hahnemann's words to today's most advanced homeopathy. In this series of articles, examples of prescriptions based on different levels of experience are given.

KEYWORDS Education in homeopathy, Levels of education, Levels of case-taking, Vital sensation, Phosphorus

to evaluate provings, to use a repertory, to assimilate the terminology, to value the origin and estimate the significance of the sources, to evaluate the use of software and to think independently.

As far as the medical part is concerned, homeopathy is a holistic healing art specifically not prescribing on the medical definition of pathology and thus requires a full understanding of that definition. The same goes for psychology: any professional homeopath must be familiar with the human psychological functioning in order to refrain later on in their practice from psychotherapeutic interventions. Counselling is not homeopathy's domain but practitioners should be acquainted with the phenomenon.

So the student is offered a condensed basic package containing anatomy, physiology and pathology in the first two years and psychology, psychopathology and currents in psychology in the last three years.

Names and facts

It could be said that the first two years of training correspond to the **first two levels: names and facts**. Students are taught philosophical and theoretical courses and confronted with loads of data. They go through the history of homeopathy's roots.

From the third year on, exercises in clinical practice are taken up, which are continued and emphasised in the last two years. Theory is now gradually exercised by means of repertorisation exercises and first cases. Anamneses are guided and evaluated, first analyses made as well as an attempt at understanding a case at the level of its deepest motifs. Students are taught to spot the rare and peculiar, repertorisation is practised, remedies differentiated, materia medica and provings reread, prognoses made from the miasm and so on.

Through the contact with a paradigm other than academic science and exercising objective instead of judgmental observation during anamnesis, students are unavoidably forced to question their own evidence. A confrontation with their own psychological patterns and mechanisms in studying the different philosophic currents, natural healing arts, and esotery expands their horizon.

On going through the recommended literature list, students often complain about the diversity of the courses: medicine, psy-

chology, philosophy, biology, botany, taxonomy, chemistry, anthropology etc. This would indeed be the ideal and that is why homeopathy is a lifelong study. In a 5-year part-time training, only the bare minimum can be covered. Most students combine their training with a job and understandably find the program rather heavy.

A 4-year full-time curriculum would better suit the profession but this can only be realised with external funding: for a private school this is too expensive. Such a curriculum would in an ideal world lead to a uniform training for professional homeopaths.

Emotions

In the third year students will mainly explore the **third level: emotions**. They have mastered the language, system, theory and facts of the first two levels and have successfully passed their tests. They have absorbed theoretical knowledge about the functioning of the human psyche. Through anamnesis and analysis of a case, students are now taught to differentiate between the state, the basic sensation of the patient and its expressions at the emotional level. They are trained to differentiate between the state and the story, they listen to the irrational language emerging from the totality of human experiences through the individual patient, colouring and deforming his or her reality.

Delusions

In this way students evolve from the emotions of level three to **level four: delusions**. They understand that, since the rare and peculiar prove less characteristic the more the situation legitimates an emotion, the patient's most individual part does not consist of general human emotions but of a specific way of viewing reality and oneself. As delusion equals disease, results can be observed to improve when prescriptions are based on these deeper levels.

In the last two years of the curriculum students are offered larger systems and schedules to structure loose data. This had already been started in the second year when they got acquainted with the Indian miasm theory which they should actively adapt in their cases from the third year on. At the same time they will be studying some remedies in groups and families, associated with their original substance, classified by kingdom or subkingdom. This teaching system is exclusively used in the last two years, when remedies are present-

ed that barely, if at all, are presented in the repertory. Students are taught methods of research to enable them to prescribe remedies they are unfamiliar with. This prevents them later, in practice, from attempting to fit their patients into well-known remedies.

Sensations and gestures

In the last year and in the subsequent year of traineeship, students are ready to familiarise themselves with the more abstract **levels five and six**: the language of the source that is expressed in **sensations and gestures**.

If a homeopath is able to make a prescription on these two levels, there is a far greater chance of successful treatment. The homeopath is then acting truly in line with Hahnemann's writings in the Organon: the disturbance is situated at the vital level and cure can only be attained by means that have the potency to act at this level.

Eventually it could be possible to make a short cut from level two to level five, [Fact to Sensation]. A trained homeopath may strive to do so with every patient, as much in order to gain time as to avoid getting tangled in the patient's story, but for a trainee homeopath it is safer to pay attention to all levels. If he finds himself unable to penetrate to the abstract levels, there are still other criteria to base a reliable prescription on. Moreover a prescription can only be truly accurate when expressions of the sensations are found in the delusions and emotions as well as in the main complaint.

Wonderful cures happen with prescriptions at any level, but we want to keep striving and looking for the method that gives the greatest guarantee of the maximum effect. Every homeopath with a few years of experience must ask himself why the miracle that happens in about 5% of his patients doesn't occur more often. This percentage (plus of course the 60 to 80% of the patients feeling "better") may motivate him to continue practising but at the same time it undermines his confidence, keeps him from realizing his potential, he is discouraged, tempted to "do something extra along with the treatment", doubts his own foundations. (Is there really such a thing as the simillimum? Perhaps the cure is due to the alchemistic contact with the homeopath? Do we have to stick to the single dose? Do new times not require a new ho-



meopathy? Is a remedy needed at all?) We are all too familiar with these uncertainties.

Would it not be a quantum leap if we could bring our scores to 50% or more of total cures at all levels? Would the profession of homeopath not be the most fascinating and rewarding we could think of?

Consciousness

Sankaran describes **level seven** as the level of **consciousness** and the potential of man. In case-taking this is not a level at which we (can) analyse a case and prescribe a remedy (yet).

Seven Levels in Case-Taking

I am convinced that the model with the seven levels offers this prospect. I will try to illustrate with some examples.

Prescribing on level one, the **name**, for instance otitis media, is done by allopathic treatment and psychotherapy. Homeopathically speaking an unailing prescription could not normally be made in this way, though some may resort from time to time to specifics ... with a magnificent result every now and then.

At level two, the level of **facts**, we are dealing with a clinical prescription: pathology with a number of individual characteristics or modalities. Sometimes patients are cured as if by magic, sometimes nothing happens at all. Because of his thorough knowledge of the remedies, an experienced homeopath is more likely to succeed than an amateur browsing a vademecum. We all know numerous examples of cases resolved sometimes with "small remedies", down to a few local symptoms, often to the homeopath's own surprise. These cases are often presented at seminars because by following a few local symptoms, often characteristic of a small number of remedies, the patient is cured as a whole. An accidental hit straight on the mark. Pleasant for the patient but uncomfortable for the homeopath, who must confess that in the end he couldn't have known why this small remedy he once tried on a patient would have such an unexpected result while with other patients the same procedure had no effect at all. He may be tempted to blame the patient and

claim that the patient did not want to be cured, was blocked, or the like.

At level three the complete personality is involved in the anamnesis because we prescribe on the totality of the symptoms according to Hahnemannian tradition. The patient's **emotional** world is mapped. An experienced homeopath trained to hear the peculiar will in this way can perhaps obtain sufficient mental and general rubrics to prescribe a simillimum but the odds are substantial that state and story get confused and the prescription is based on general human emotions. These probably say more about the person prescribing than about the patient and the chance of success is small. Before long, the homeopath finds himself counselling and will defend this method as an important if not essential part of homeopathic treatment. Moreover, a case analysed at level three in a room with 100 homeopaths will result in just as many suggested remedies. This conclusion led me into searching for a method that would show more consistency.

It was Rajan Sankaran who pointed out some fifteen years ago that disease is to be

defined as a disturbed observation of reality, a delusion, expressing itself in signs and symptoms. This disturbed observation was to be found in repertory rubrics of delusions, dreams and fears and sometimes in single symptoms. We learned techniques to distinguish this level from the emotional by focusing on the irrational, the inexplicable, the associative, the dreamed, the compensated, and the uncompensated. We understood that the patient expresses his state in every word, every action, every expression, and every slip of the tongue. Our prescriptions became more distinct and accurate and our results are far better. Someone can be in only one state at a time, being the cause of all of his thinking, feeling and acting, so only one remedy can be possible, in contrast to the emotional expressions that overlap in many remedies, and which are by definition unlimited and capable of many interpretations.

And yes, babies and children also have a state, a vital disturbance that gives rise to their symptoms. Because they are not capable of expressing themselves verbally, professional homeopaths must take their non-verbal signs into account. This is how-

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ever no real problem as observation and subsequently assembling the data is part of the basic training.

Although satisfaction was increased with prescriptions at the fourth level, the level of **delusions**, the question of why this particular patient is suffering from a particular pathology remained unanswered. Stating that a delusion is the most individual part in man does not appear to be completely waterproof for a true holistic healing art. Furthermore, although success rates rose substantially, lots of cases remained "unsolved".

If, however, according to the latest directions of Sankaran, the main complaint is explored further, as it is to his firm conviction to be regarded as the crystallization point between body and mind, we can go even one level deeper.

At level five the patient is expressing himself in more abstract words that are related both to his bodily and to his spiritual experiences: the **sensations**. We can tell that this level is reached when **energy** comes into the case, mostly expressed by significant hand **gestures**. When this is the case, the patient speaks from level six: the level of energy or the source of the substance. This is a pre-verbal and non-human-specific sensation, which shows itself through language and gestures. The latter two levels are practised upon for three years, as they require a different anamnesis technique. Results are more than convincing. The practitioner who can guide the patient through the anamnesis until he speaks from the source can make the infallible prescription we have all this time been looking for.

Allow me to illustrate the levels of case-taking with a few cases.

Cases

Case 1 – Che DW, 18–6–1999

A couple brings this five-year-old girl because in the last three months she'd had three cases of pneumonia which required hospitalisation. Her mother reveals her history in every detail. It all started when, as a baby of three months, her first cold immediately came on and she was diagnosed with allergic bronchitis for which she took medication and aerosol for over a year. In the end she was declared free of allergies

but was continually prescribed aerosol for her continuing cough and colds.

"We took her to a homeopath at 18 months but the contact wasn't too good. So she kept suffering from one bronchitis attack after another. There is always green mucus from the nose and she smells so sickly," her mother says.

"She complains a lot about stomach aches and she vomits mucus. Last winter it seemed a bit better when she was on puffers and only twice aerosol, she didn't develop sinusitis this time, but in January again she got this terrible cough that made her out of breath when we played with her or tickled her. I knew something abnormal was going on, because at school she wanted to lie down to rest, she lacked grit, she refused to eat, didn't play along, and then the paediatrician diagnosed sinusitis and pneumonia in the left lower lobe. She was absolutely miserable, even too tired to cough. After having had antibiotics infused for a week, she was dismissed from the hospital but after three days her fever was rising again.

The third time she was in hospital, it took ten days for the antibiotics to take effect. After another nine days she began to show some improvement when they started percussion treatment. But she still remains very tired, listless, is discharging the green mucus again and I don't know what to do anymore."

When asked about the pregnancy, the mother reports that she had at that time a lesbian relationship which went wrong because of the pregnancy. She had been depressed and was on anti-depressive medication and in a clinic for fourteen days after delivery. Her child was very quiet and without problems and the mother calls her a "delightful baby."

She has a good bonding with the child, which made it difficult when she started a relationship with the man who is also present at the consultation. She now is very fond of him.

The little patient has been very lively and has been on and off her mother's lap, keeps herself busy in the play corner but is constantly singing and or talking during her play, steps towards me from time to time to ask something and when I ask her what she's doing, she clearly enjoys being allowed to speak up for herself. She also is

very aware of the camera and she has already demonstrated some ballet steps and gym exercises.

What she likes most is going to the park to pick some flowers; to have a picnic or to tinker; she can invite her friends in her class to come to her party and starts summing them up, she can name ten of them. She asks her mother something; they continually touch each other, the mother caresses the child on her head and her back, caresses her as you would a cat, and they hug each other incessantly; you would say mother and child are in love with each other.

She is afraid of ghosts, witches, invisible monsters in her closet that stick to her fingers but:

"I have made friends with them," she says, "and they will do me no harm."

She is completely involved in her story and the mother conveys that the child has a great capacity for fantasy. She talks about magic stones and tells her dolls long stories she made up herself. She is sensitive to pain and the sight of blood, falls easily and often and is easily bruised. She is fond of shrimps and French fries with mayonnaise and has an aversion to cheese. But she is not picky and her mum can't say how she is when something is forbidden her because they never had to be angry with her, she knows not to push things too far.

Analysis

Whether you analyse this case purely on its *physical and general aspects*:

- Descending nose colds, insidious onset, gradually increasing debility ending in severe or rapid disease, pneumonia of left lower lung (*Phatak*)

or on *repertory rubrics*:

- Chest inflammation, lung, left (K 936)
- Extremities, awkwardness, stumbling when walking (K 953)

or on the most significant *mind symptoms*:

- Affectionate (K 4)
- Lovesick with one of her own sex (K 63)
- Fear, creeping out of every corner, of something (K 43)
- Fear, at night (K 45)
- Delusion, faces, ugly faces wherever he turns his eyes, or looking out from corners (K 25)



- Sensitive children, to all external impressions (K 899)
- Cheerful, gay, happy (K 10)
- Excitement over trifles (K 41)
- Magnetised, desires to be (K 63)
- Fancies, exaltation of, night (K 42)
- Fancies, exaltation of, going to bed after (K 42)
- Fancies, vivid (K 42)

or take the mother's story into account, the *miasm*, etc., the remedy always comes to *Phosphorus*.

A correct **prescription on second (facts) or third (emotions) level** will also lead to a complete cure.

Follow-up

Nose infection cleared up and she didn't relapse. The parents let me know that she's doing well; as they live far away they didn't see any reason to come back until now.

This case is typical: whatever approach is taken, whether on physical and general aspects alone (Level 2) or on mind symptoms (Level 3), the correct remedy is arrived at and the cure is prompt and complete.

The second part of this article with more examples will be published in a forthcoming issue of 'Links'.

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Vita

Anne Vervarcke (15/10/52) first studied Arts and later became a Graduate in Eastern Philology and Master in Social and Cultural Anthropology. She founded the CKH

(Centre of Classical Homeopathy) in Leuven in 1991 and developed there a five-year training that is unique in its approach in that it combines the basics with the latest developments in the field. For the last fifteen years she has been teaching, latterly also abroad. This year she started a Postgraduate course and finished her second book on homeopathy. This she has been combining with a full-time practice for about eighteen years now. The CKH also organises lectures and international seminars. Last year Anne Vervarcke started an investigation that is still running on CFS with Peter Chappell who designed the remedy for it. All information: www.ckh.be.

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