TRUST BUT VERIFY

“Trust, but verify,” were the great American president Ronald Reagan’s watchwords in dealing with the Soviets about an arms control treaty.

Trustworthy Opponents

‘Trust, but verify’ is an old Russian proverb that has its equivalent in discussing the state of affairs in homeopathy, becoming something like: Trust that materia medica makers and symptom providers are being trustworthy, but verify their sources.

While it may be as foolish to be too skeptical as too credulous, verifying the old masters and traditional authorities of the materia medica generally meets with some reluctance or resistance.

We wouldn’t want to be tarred with the same brush, i.e. acting in the same way as the skeptics who dismiss homeopathy out of hand as an “enemy of reason”. Skeptics who bolster themselves and science as the pinnacle of rational objectivity and belief in homeopathy as irrationally subjective. Such is their sloppy generalisation. Any ass can kick down a churchdoor, but only a carpenter can make one. On the other hand, we don’t want to be accused of having blind faith, believing unquestioningly in apocryphal proving protocols and data gathering, in which only the gullible trust.

Blind Faith, Blind Spots

On taking inventory, it must be said that while “blind faith” is perhaps too harsh or flippant, we certainly have some blind spots in homeopathy for all to see. For one, there is the bias of indiscriminate devotedness to “provings” as definite or absolute proof, instead of as probabilities that need to be tested, substantiated and verified.

Finding both fact and fiction blended in homeopathic anthology, we must institute an examination into the merits of subjects and substances. And in doing so we should be neither awed by authority nor allured by the fascinations of novelty. Lack of intellectual rigour, an acceptance of pragmatic just-so answers, and that old enemy, assumption, have combined to create the fog in which we find ourselves wondering and wandering around in materia medica land.

Credulous or Incredulous

The homeopathic materia medica has been shrouded in controversy from its inception. J.P. Dake published in 1873 a review with the telling title Credulity or Incredulity. The dictionary defines credulity as the willingness to believe or trust too readily, esp. on slight or uncertain evidence.

Dake found that the materia medica of his day embraced “without discrimination, [1] drug effects, obtained from cases of accidental or suicidal poisoning, where no strict records were kept at the time and no allowance made for antidotes administered; [2] symptoms occurring in the sick, attributed to the drug influence and not the disease; [3] symptoms occurring in but one prover, in no way distinguished from those occurring in several; [4] symptoms developed by massive doses, and by doses of the 3d and 6th and 30th potencies all indiscriminately mixed; [5] symptoms reported by physicians, daily and hourly exposed to the influences of the sick room, and of medicines dispensed to the sick; [6] and symptoms reported by provers of doubtful veracity, and of vivid imagination, and even by persons who undertook provings confessedly to demonstrate the absurdity of homeopathy.” (1)

Dake was and still is not alone in such an assessment. Scholten opines: “There’s a mistake in homeopathy that all the symptoms in a proving belong to the remedy. Hahnemann made a mistake
here. … [a] lot of the symptoms are not from the remedy but from the prover or from the background or time of the proving. It all filters in.” (2)

How exactly the percentual division lies between proving symptoms and prover symptoms is hard to say. In self-experimentations, i.e. symptoms obtained by or in a single prover, that question is even harder to answer. There are hundreds of self-experimentations and single-person intoxications included in the materia medica, making up an estimated 40-60% of the total.

Idiosyncrasies unavoidably filter in. We might recall an interesting Ruta case where the prescribers say “Drosera was the remedy that came quite close to Ruta in the rubric Delusion being deceived.” (3) Drosera and Ruta are far from being even remotely related, so the symptom must have its apparent common ground in something else. And that is the single person who produced this symptom under both Drosera and Ruta, a man named Langhammer. Sensitivity to deceit was one of Langhammer’s idiosyncrasies. (4)

**Earning Trust**

So, yes, trust, belief, faith are required, but they need to be earned! Not an easy thing! It couldn’t be said better than how Max DePree expressed it: “Earning trust is not easy, nor is it cheap, nor does it happen quickly. Earning trust is hard and demanding work. Trust comes only with genuine effort, never with a lick and a promise.”

Hard and demanding work, it demands hard work, including use of common sense, commitment, experience, open-minded observation, and willingness to put in a good deal of time and effort. Validity must come from data primarily instead of from authority alone.

Edmund Spenser, the 16th-century English poet, supposedly said, “There is a principle which is a bar against all information, which is proof against all argument, and which cannot fail to keep man in everlasting ignorance. That principle is condemnation before investigation.”

If we replace the last part with “assumption or presupposition before investigation,” there are plenty of examples to be found in homeopathic literature.

**Assumption before Investigation**

Let me illustrate this with an example from Boericke’s Materia Medica, in the Relationship section of Lycopus virginicus, where it says “Compare: Ephedra - Teamster’s Tea [in exophthalmic goitre; eyes feel pushed out with tumultuous action of heart].” (5)

Boericke’s statement is based on the wrong assumption that all Ephedra species act alike. While Boericke gives no species name for the Ephedra used, these symptoms indisputably indicate a species containing the alkaloid ephedrine. The most likely species is Ephedra vulgaris [= E. distachya], which in the proving by the Russian homeopathic physician B.H. Mouravow elicited a feeling of “heavy eyes, starting from their orbits as if pushed out” after a dose of 20 drops of the strong extract. Boericke was mistaken in using ‘teamster’s tea’ as the common name since this applies to alkaloid-free North American species of Ephedra.

**Top Down Analysis**

Deduction is a legitimate, accepted approach of the materia medica. It starts at the top with a broad spectrum of information, resulting in the formation of a grouping [family, category, assemblage, classification]. The risk of this method is that the initial premise is wrong, outdated or in need of revision. If we want to work our way down to a specific conclusion, we must be certain that the members of our grouping indeed belong there, so that an acetate isn’t taken for a carbonate, or a sulphate for a sulphide. It depends on what level we want to differentiate. Genus level? A rose is a
rose is a rose? Family? Order? Class? Phylum? A snake is a snake is a snake? One earth alkaline metal or another?

It is here where prescriptions tend to go wrong. It is also here where the materia medica often goes wrong. For instance, have a look at Arsenicum album, called so by its specific name ‘album’ by Allen, Clarke, Hering and all others. Allen’s Encyclopedia incorporates 226 sources, including 9 from Hahnemann’s proving, 80 from non-homeopathic sources gathered by Hahnemann, 128 from additional sources and 9 cases of poisoning by arsenical wallpaper. Dr. Vandenburg checked all 226 sources and concluded in 1894: “It may be said there are not far from 9 distinct drugs, each a well-defined chemical substance, and about an equal number of nameless mixtures, compounds, and inferential drugs, included in the present pathogenesis of Arsenicum album, in every homeopathic materia medica in existence.” (6) No other remedy will contain within a specific substance so many symptoms that were not produced or associated with the given substance.

We discover such things by verifying the sources.

Checking the Sources
Despite the belief that homeopathic differential diagnosis goes down to species level, checking the facts tells otherwise. For example: Check out sources 9, 18, 19 and 20 of Euphorbium in Allen. Check out sources 28, 29, 30 and 36 of Naja in Allen.

Valid checkpoints are the natural sciences - botany, biology, zoology, chemistry, bacteriology, mycology, etc. We can use Google or libraries for searching, keeping in mind to avoid commercial sites as much as possible. Google for instance “Staphysagria” or “Anantherum” and you’ll get a bevy of commercial sites all copying the misspellings of Staphysagria or Anantherum. Or type in Boericke’s remedy name “Zea italic” and you’ll be told that it is either “corn silk” or “a species of medicinal true grass, native to Tropical America.”

What it really is, can only be found out by realising why Boericke placed it in the Relationship section of Ustilago maydis, a parasitic dimorph mould called corn-smut. He thought it to be a fungus spoiling maize [Zea] in Italy, the consumption of which caused the symptoms he described. Boericke got this idea from the Italian physician Cesare Lombroso, who thought that Italian corn-smut [Zea italic] was the cause of pellagra. In reality the symptoms were due to the deficiency of niacin [vitamin B3] in the North Italian diet consisting solely or mainly of maize.

In the lovely guide to the homeopathic use of butterflies by the late Patricia Le Roux, ‘Bombyx processionaria’ is described as a processionario caterpillar feeding on pine trees in the Mediterranean and ‘le Midi’ [southern France]. This is wrongly assumed to be the species Thaumetopoea processionea, which prefers oaks, instead of the pine processionary Thaumetopoea pityocampa. The latter was also the species used in the Bombyx proving by Grandgeorge in 1991. (7)

Errors may be simple misspellings or misreadings, e.g. confusing Collinsonia [fam. Lamiaceae] with Collinsia [fam. Plantaginaceae] and consequently misplacing the former in the family of the latter.

Errors may equally be due to crafting one’s narrative in order to conform to a held assumption. For instance, to fit a preconceived concept, Brachyglottis repanda [called Brachyglottis repens in homeopathy] is claimed to have been “reclassified in the tribe Eupatorieae,” which allegedly is “also supported by its homeopathic profile.” No botanical backup of that claim is provided, nor could any be found. Brachyglottis still firmly sits in Senecioneae, a tribe closely related to Eupatorieae on the basis of a shared pharmacological affinity for the liver. (8)
Dancing with Spiders

Spiders are a source of great confusion in homeopathy. With the study of spiders and the identification of the different kinds being still in its infancy in much of the 19th century, it should not come as a surprise that homeopathy is fraught with taxonomical bafflement, mix-ups and inaccuracies concerning spiders.

Tarentula yields an illustrious illustration. Firstly, both Allen and Hering’s Guiding Symptoms mention no species name. The latter lumps the ‘Cuban Tarantula’ and the Spanish one together under the generic remedy name Tarentula. The epithet ‘hispanica’ got added owing to a proving by the Spanish physician Nunez in 1846 [not 1864]. Secondly, whereas Allen gives Lycosa tarentula as the species name, Allen’s authorities include at least five different species under Tarentula. The confusion is caused by confounding Tarentula as the scientific designation of a spider genus or species with the common use of the word to loosely signify anything spiderish - large, hairy, fearsome-looking and assumably dangerous scurrying around on 8 legs. In Prisma I have made exactly that mistake.

There are 16 authorities for the Tarentula materia medica in Allen’s Encyclopedia. Let’s check them out one by one.

References 1-6

The first 6 references are taken from the Dissertatio de anatome, morsu et effectibus tarantulae [Roma, 1695] by the Italian physician Giorgio Baglivi [1668-1707], who is invariably quoted as the principal authority on the link between tarantulas and tarantism.

Reference 1 comprises Baglivi’s general statement in regard to tarantism. He writes, “A few hours after the bite the patients have great anguish of the heart, great dejection, but greater difficulty in breathing; they complain in a mournful voice, roll their eyes, and when asked by bystanders where they suffer, they either do not reply or point out the affected region by placing the hand upon the chest, as if the heart were affected more than all else.”

References 2 and 3 involve two women bitten by a spider. Number 3 has one symptom: “Each year there was the most intense pain in the toes from the reopened wound” etc. In the other woman the bite resulted in severe symptoms, amongst others including aphonia with dyspnoea; violent cardiac anguish; intense pain in the bitten right leg followed by numbness; sleeplessness. Interestingly, “on being urged to dance, she replied with tears that she could not, on account of the violence of the pain in the joints of the feet and total loss of strength.”

Both the type and the severity of the manifestations unquestionably suggest a bite by a truly venomous spider, in contrast to the toxicologically rather harmless wolf spiders. Baglivi distinguished several ‘varieties’ of tarantula, among them “Uvea tarantula,” the bite of which caused “swelling, great pain in the bitten part, spasm, chill, cold perspiration over the whole body, aphonia, inclination to vomit, tension of the trunk and chest, distension of the abdomen, etc.”

Generally declared to be the most dangerous, this black spider spotted with 13 red dots was locally called “the widow” or malmignatta, as the Apulian physician Francesco Cancellieri observed in 1817. Malmignatta, or malmignatte in France, is the common name of Latrodectus tredecimguttatus. Like other Latrodectus spp., the malmignatta brings about symptoms that are a carbon copy of those attributed by Baglivi to “Uvea.” The name comes from uva, grape, in allusion to the shape and size of the spider. All key symptoms of Latrodectus are present: intense pain that may extend up the whole limb; severe muscle pain, esp. of the abdominal and chest muscles; cardiac disturbances; profuse sweating; nausea and vomiting. Widow spiders are abundant in the
fields where the harvesters worked and much more likely to induce bites in hands gathering corn than the strictly ground-dwelling wolf spiders.

References 4 and 5 from Baglivi concern scorpion stings, both reportedly ending fatally. Reference 6 concerns a man “bitten on the left hand by a tarantula in July” when gathering ears of corn. On the way home, he suddenly falls to the ground, “as if struck by apoplexy, followed by shortness of breath, blackness of the face, hands, and other extremities.” Try to imagine a ground-dwelling nocturnal spider like Lycosa sitting in an ear of corn!

References 7-12
Reference 7 involves a ‘tarantula’ bite in the left hypochondrium reported by Epifanio Ferdinando [1569-1638], a physician from Apulia [Puglia in Italian], who had laid the foundations for the clinical interpretation of tarantism in a book published in 1621. Allen’s Encyclopedia leaves out an important detail, namely that the spider involved “probably was an Uvea”; an accurate finding in light of the symptoms described.

Reference 8 is the uncomplicated account of the effect of “tarantulae brought from Apulia.” Systemic manifestations were absent, illustrating the purely local extent of effects wolf spiders are capable of producing.

Reference 9 is the extremely abbreviated version of a first-hand description of a case of tarantism in 1753 by the Italian music student Stefano Storace [1725-1781], who later moved to London.

Reference 10, reported by the Neapolitan physician Mazzolani in the early 1820s, concerns a 15-year-old boy bitten in the second toe of the left foot by what undoubtedly must have been a malmignatta, given the appearance of some characteristic Latrodectus symptoms, i.e. “excessive rigidity of the abdominal muscles, cold sweat over the whole body, affrighted countenance, total prostration of strength.”

Reference 11 concerns a memoir on the subject of tarantism read before the Académie de Medicine in the early 1830s by M. Rinzi, a Neapolitan physician.

Reference 12 entails the curious and barely credible report narrating the “effects of swallowing a tarantula with grapes.” Once again, a widow spider would obviously be a more likely candidate to be found in a bunch of grapes than a wolf spider; firstly because of its much smaller size, and secondly because wolf spiders are ground dwellers. At any rate, the dire consequences of ingesting a spider are presented.

Reference 13
This entails the proving by Dr. José Nunez [1805-1879], who had this to say about the source of the remedy: “The male and female Tarantulae that have been used in the provings were collected by Dr. Mariano de la Paz Graells, at the royal residence of Pardo, Spain, in the month of July, during which time, according to all observers, their poison is stronger.” A professor of zoology and an esteemed specialist, Dr. Mariano had published some authoritative observations on the “Theridion malmignatte” [obsolete synonym of Latrodectus tredecimguttatus] in 1842, just a few year before the proving was instituted. Also included in the ‘proving’ were the curative properties of dance and music as advocated by the Spanish physician F.X. Cid in 1787.

References 14-16
Reference 14 concerns an Italian professor by the name of Gossi, misspelled as Gross in Allen, who let himself being bitten by “some large and furious specimens” and experiences as the only effect “some pain and swelling.”

Reference 15 concerns an observation by Hardenstein on the effects of a ‘tarantula’ bite in an 18-year-old young man [not a girl, as Allen has it] while picking cotton. The incidence occurred in Jackson, Mississippi, USA!

Reference 16 also plays in the USA, this time in Boston, where a Dr. Sherman purportedly developed symptoms after the accidental introduction into a scratch on his finger of a drop of liquid from a leg of a dead ‘tarantula’. The poisoning was later dismissed as “entirely worthless,” the symptoms being “those of septic poisoning from decaying animal matter.”

What to Expect?
One may wonder how Lycosa tarentula could ever work for symptoms it hasn’t produced. As said above, it all depends upon what level we differentiate. If a spider is a spider, it’ll make no difference which one we use.

In Jonathan Hardy’s brand new book on spiders and scorpions this level is displayed as widely generic rather than narrowly species-specific: “Most of the themes [of T. hispanica] … are common Spider themes, but they are ones which Tarentula hispanica manifests very strongly. … Of all the Spider remedies Tarentula hispanica expresses the Spider state in its most complete and extreme form.” [emphasis added] (9)

Three pictures of Lycosa tarentula accompany the 4 Tarentula cases in the book.

Hard Work
Hard work pays off. Tracking down, checking and investigating sources and substances leads to a better understanding and more accurate application of the materia medica. It earns trust.

(1) J.P. Dake, Credulity and Incredulity; United States Medical and Surgical Journal, Vol. VIII, Jan., 1873.
(2) Ian Hamilton, Plants, a Conversation with Jan Scholten; The Homeopath, Summer 2014.
(3) Shachindra Joshi and Bhawisha Joshi, Is Everyone Telling Me the Truth? A Case of Ruta graveolens; Homeopathic Links, 1/01.
(4) Dr. P. Souk-Aloun, Is the Materia Medica Pura … Pure? http://homeoint.org/books/soukrexp/mmpp.htm
(6) M.W. Vandenbure, Sources of Arsenicum album Symptoms; The Hahnemannian Monthly, March 1894.
(9) Jonathan Hardy, Spider and Scorpion Remedies in Homeopathy; 2014.