

The homeopathic conversation

Very little has been written about the discussions homeopaths have with their patients.

This is surprising, says *Brian Kaplan*, because the consultation is by far the most important part of homeopathy



A homeopath can study homeopathic theory and materia medica for decades but it will be to no avail unless s/he is able to communicate effectively with his or her patients. On the other hand, a homeopath who is able to establish rapport and elicit useful information has a better chance of prescribing accurately – even if s/he has studied very little materia medica. This is because it is possible for such a homeopath to go to the repertory and look up the patient's symptoms. The repertory should yield a short list of remedies which can then be looked up in a materia medica and compared to the total picture of the patient. This homeopath can even take a short cut and present the information from the consultation to a more experienced colleague who might be able to suggest a remedy. All this is impossible for the homeopath who has not conversed effectively with his/her patient.

During my original six years at medical school, I received no training on how to communicate with patients. Medicine was taught as a science and we were taught to treat bodies and diseases rather than people with symptoms. Lip service was paid to the doctor/patient relationship but it was not deemed worthy of study or practice at medical school. This was a great pity. Presumably we were expected to teach ourselves these skills.

Homeopathy - science, art or both?

I know that I became a doctor more to help people than because of a fascination with biology and science. Although I was trained well in these subjects, this also made medical school a bit disheartening. I much preferred the arts and had mistakenly thought that medicine would be an art.

However it was probably the mechanistic

approach of orthodox medicine that prepared me for falling in love with homeopathy. I had picked up a work called *Homoeopathy, an introductory guide* by a Dr Gordon-Ross and my enthusiasm for the human side of medicine was suddenly rekindled. It seemed that Hahnemann and homeopathy embraced and emphasised the qualities of a doctor that had attracted me to the profession in the first place. Hahnemann had written the classic text on homeopathy, *The Organon*, in 1810. While Hahnemann describes homeopathy as an art, he is rigorously scientific in his general approach to all aspects of the subject, for example, the provings of remedies. I now see that the materia medica and the study of homeopathic theory comprise the science, while case taking is the art of homeopathy.

The value of unsolicited symptoms

I studied homeopathy intensively in 1982 and 1983 and received some excellent tuition at the Royal London Homoeopathic Hospital. Unfortunately very little was said about how to converse with patients. Again this was something you presumably taught yourself. I do, however, remember one lesson given to me on the importance of unsolicited symptoms. This means that classical homeopaths should value symptoms spontaneously offered by the patient far more than those given in response to direct questions.

Here is an extract from my book where I describe a wonderful lesson from my days as a homeopathic student:

“I remember a case of a colleague, Dr Denis Somper, that illustrates this well. Dr Somper is a classical homeopathic physician and a gentleman of the ‘old school’. He is a retiring and private man and can seldom be persuaded to teach, much to the disadvantage of many doctors studying homeopathy. However I will always associate the word ‘unsolicited’ with him. Over and over he stressed the value of ‘unsolicited’ information from the patient over anything obtained by a direct question. A woman in acute pain had consulted him. He had asked her to describe the pain, which she began to do. Eventually she remained silent. As is his custom, he remained comfortable in that silence and waited for the next ‘unsolicited’ symptom. The silence continued... Eventually the patient could take no more of it and, thumping her fist on the desk, she yelled at Dr Somper: ‘Don’t just sit there,

do something!’ Dr Somper’s description of what he did will remain forever etched in my memory. ‘I gave her Chamomilla and it did something!’ This was unsolicited information of the highest order. The patient did not tell him that she had the symptom: angry when in pain, she demonstrated it right in front of him. And this would not have happened if he had spoken instead of remaining silent – even though he must have been aware that his patient was not exactly as comfortable with the silence as he was.”

Non-verbal clues

Homeopaths need to be very observant. Non-verbal clues are vital as they can often clinch the diagnosis. Professional and amateur homeopaths alike will get better results if they watch their patients carefully. The homeopathic conversation can start well before the moment the patient starts to speak to the homeopath about his/her complaint.

The way a patient dresses is often useful in understanding the person as a whole. The way a patient

Brian Kaplan talks with a patient



Photos: Thérèse Beaumont

moves and sits should always be carefully noted by the homeopath. This applies to both the waiting room and the consulting room. An exhibition of restlessness is a better indication for remedies such as *Rhus tox* and *Arsenicum album* than whatever the patient may say.

In my consulting room, the patient has a choice of two chairs. One is a lower-seated and comfortable armchair while the other is higher-seated, more upright and with a wooden back support. The great majority of patients choose the less comfortable chair, perhaps because it puts them at the same level as me and therefore less “vulnerable”. However some patients enjoy sinking into the armchair and I have yet to see a Sulphur patient choose the less comfortable chair!

Patients often bring books to read in the waiting room. If I see them reading or carrying a book, I always ask about it there and then. This may lead to a short conversation about the book and related subjects, which can offer clues about the patient and possible remedies even before hearing why they have come to see me.

In recent years I have found humour and laughter to be both enjoyable and useful during homeopathic consultations. When homeopath and patient laugh together, it's a good sign that rapport has been established. Samuel Hahnemann was not exactly a barrel of laughs, but then the German academic and medical world he inhabited was very serious and philosophical. On the other hand Frederick Foster

Hervey Quin, the man who brought homeopathy to England, became the first royal homeopathic physician and founded the London Homoeopathic Hospital, was known as a great raconteur and a choice dinner party guest. When Quin was proposed as a member of the Athenaeum club, the president of the Royal College of Surgeons insulted him by calling him a “quack and adventurer”. The next day this gentleman was offered a choice of sending Quin a written retraction or opposing him in a duel (pistols at 50 paces)! The insults were immediately retracted. That took guts and a sense of humour. Perhaps we need more of both in the homeopathy of the 21st century.

Drawings, images and art therapy

My wife is an art therapist and occasionally asks me for my opinion of the drawings and paintings of her clients. On occasion a homeopathic remedy jumps into my mind. My book contains illustrations that show a few drawings by a severely psychologically disturbed young man. In four paintings there is graphic evidence of violence, cruelty, confused religious views and cursing. A repertorisation of these points strongly to the remedy *Anacardium*. In another case, I was treating a disturbed, hyperactive child and was unsure whether to prescribe *Belladonna*, *Stramonium*, *Hyoscyamus*, *Tarentula*, *Tuberculinum*, *Lachesis* or perhaps another remedy. I sent the child for an art therapy assessment and she produced several drawings

of naked people. This helped me make a successful prescription of *Hyoscyamus*.

Conversations with orthodox doctors

Many conventional doctors and other sceptics will ridicule the potencies we use and say that our patients get better because of the quality and length of time of our consultations. I used to argue the point with them but it got boring after a few such conversations. I now use a different strategy. If an orthodox medical colleague tells me I am getting my patients better by the quality of my consultations, I thank him for the compliment. I then ask him why he doesn't cure his patients by talking to them, as that is surely preferable to the prescription of a drug. The answer is invariably the same. “I don't have the time” to which I remark in a sympathetic, slightly ironic voice: “What a pity that you don't have the time to heal your patients just by listening and talking to them”. That tends to end the conversation and it is much more enjoyable than repetitive arguments about placebos, potencies, succussion and dilutions!

Saying goodbye

I always advise people who pronounce themselves “cured” to come back on an annual basis even if they are feeling fine, to allow me to “stay in touch” with the case. This fine piece of advice is heeded by approximately one per cent of my patients. I suppose it's natural to forget the doctor and homeopathy once you are feeling okay. In the final analysis it is a privilege and a joy to watch homeopathy making people better.



The Homeopathic Conversation by Brian Kaplan is available from BHA Enterprises Ltd (see page 32) or find out more about the book at www.homeopathicconversation.com

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