

Alastair C. Gray

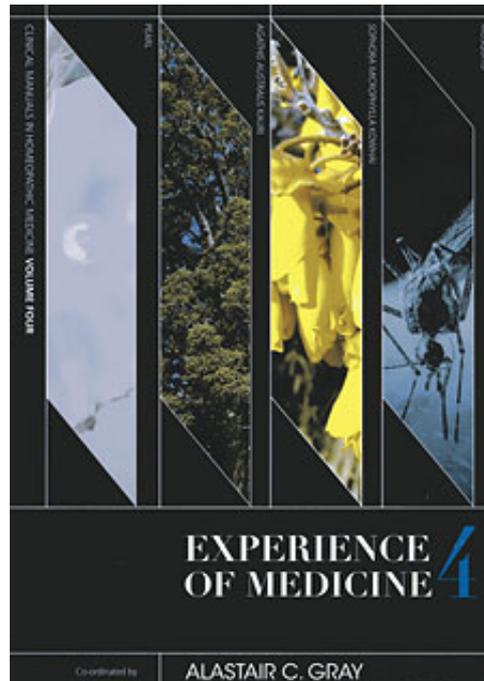
Experience of Medicine 4

Leseprobe

[Experience of Medicine 4](#)

von [Alastair C. Gray](#)

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Narayana Verlag GmbH, Blumenplatz 2, D-79400 Kandern
Tel. +49 7626 9749 700
Email info@narayana-verlag.de
<http://www.narayana-verlag.de>



INTRODUCTION TO VOLUME IV

This is my fourth volume of proving information. It was originally conceived as having a uniquely *New Zealand* flavour. It's a country of exquisite possibilities when it comes to homeopathic medicines and has for the most part been uncharted.

A totally legitimate question is often raised by students and homeopaths alike about the reliability of our repertories, given that in each new addition there are thousands of new symptoms and thousands of new remedy entries into our existing rubrics. 'Will it ever end? How big can they get?' they ask.

I asked the writer of the Synthesis repertory Dr. Frederik Schroyens what he felt. His answer was clear and the strategy is simple. It is up to the homeopath to discriminate. It is up to the homeopath to filter information out that could be perceived as questionable. It is up to the homeopath to make it their business to determine how the remedy came to be placed in that rubric.

Alastair: So what your opinion therefore in a proving on when the proving is over? How long to you leave it in terms of collating information, until you say to yourself "Balance has been established"?

Frederik: I'm only interested in the symptoms that show someone is out of balance. So the proving is just like a mirror of disease. In a disease what is the homeopaths interest?.. That he has been deviating from normal health! He has stitches in the heart, or a desire for pickles whatever. If it is out of normal it is the symptom. If you have a proving and the person gets a desire for pickles with stitches in the heart, this is a symptom of the proving. I don't know that you have to go any further.

Alastair: So for example it the Hydrogen proving of Jeremy Sherr there are symptoms included that happen 100 days after the dose was taken. Are you comfortable including those symptoms in Synthesis?

Frederik: If they express something that is strong and striking, yes. Because the only criteria to define whether some information is a symptom, either in disease or in a proving, is to ask if it is strong and striking. According to me the strongest symptom is all we know. So if someway says they have a cold spot behind heir ear, I think "hmm stange". But then I ask the next day and he has forgotten, or is not sure anymore. So it may be striking, hut it must be strong as well. He must come back the next day and say he feels is again, then it is a symptom. Where it happens in time, is less relevant I think.

Alastair: One of the courses I run in Sydney is a module for students to do some background reading into Hahnemann's provings and modern provings. They are looking at them to critique their quality. Do you have any opinion about the old provings of Hahnemann and their quality?

Frederik: Well for most of these provings we have no means to know how they were made. Only very vague things. Like Nenning used the shop girls. We don't know about the way they were conducted.

We have an indirect reply to those questions. Many of those symptoms that Hahnemann used with his team, we seem to be able to verify them by the cures. So even if they are not up to modern thinking or recent scientific scrutiny, it seems to work. Even thought the method used may be questionable.

Alastair: One of the questions which students are always asking me is, how do you feel about including information in your repertory that may have come from a proving with a methodology involving meditation, or a seminar provings?

Frederik: Well it is a fact some people use methods of provings that are questionable or rejected by others. The normal scientific reaction is not to create an opinion based on prejudices but on facts. So if someone tells me "I am doing a proving in this weird strange way, as because of that proving I believe that this remedy has as a symptom of sneezing in the sunlight as the chief characteristic." Then I would know if this is true by testing it. So the next time I see patient with sneezing in the

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sunlight, if it doesn't fit Mercurius-Sulphuricus for example, or any other remedy with that symptom we know, I can prescribe this new remedy with information found in a weird way. Then I can confirm it or not confirm it. This to me is the scientific approach.

Alastair: So there is no outright rejection of provings with that material?

Frederik: No, but it should be precisely labeled. So someone who wants to work with information which is derived from provings done in the classical way, whatever that may mean, they should be able to find what information to use.

So 10 -15 years ago when more diversification came into homeopathy, people were asking for this new information in the repertory. But of course the other groups were saying "no, never use it, just give us Hahnemann, and some tried to limit the information even further with the idea of primary symptoms as we discussed. So there was quite a split in the community. People wanted both extremes. So the only correct solution was not to judge which way to follow, but to create a repertory tool where the practitioner can choose to be on the conservative side or progressive side. This is so critical I believe. ... So in RADAR we made it so there are different repertory views, the user can change this with the click of a button. So we have the Full Synthesis which has everything, ranging down to Kent with only the Kentian information, and in between these two are a number of possibilities. So the more speculative information is not included in the Quantum View of Synthesis which is modern but conservative. Or if you want speculative information but not meditation or dream provings, then use the Millenium View. It's all just a click to change. If you look at one rubric it could have 200, 150, 100 remedies etc. depending on what view you use, and what provings you filter away. The homeopath can decide to make it however they want.

Alastair: So for example there is a homeopath is Sydney who has produced a beautiful book on gems using methodology that is multi-dimension. Using Hahnemannian methods, as well as meditations and other things. Do you feel this matters at all?

Frederik: Yes, the Diamond Immersion and others. I like it when the information is traced down to its precise source. We are quite fanatical in Synthesis in labeling all our sources down to the specific book or article as well as the author that the information comes from. So I prefer the source to be mentioned clearly.

Alastair: To what degree do you trust the rubric suggestions made by the coordinator of a proving?

Frederik: Well for me it's not a matter of trust. I'm not risking my life. I don't need to say this person I trust and this one I don't. I can still walk down the streets of Australia tomorrow? haha

Alastair: Frederik, the homeopathic police are out in force in Australia! haha

Frederik: It is not an escape of responsibility but it is really believing the scientific way is to submit anything to investigation. I'm perfectly happy putting in a dream proving, or people who have been remotely connect while being in a space shuttle, whatever people can imagine. As long as I can say that these 100 symptoms came from this source. This means that everyone is free to use or disregard the information.

Alastair: I wonder about the accuracy of some rubric information sometimes. For example today I've seen a gentleman with hair-loss, another who is depressed. In the morning I treated a woman who is taking chemotherapy and a child with asthma, but every time I repertorize up comes Bamboo, Positronium, up comes the same remedies.

Frederik: Yes this is problem I have to admit. If you read the early provings of Hahnemann you will see that many of them have a few hundred symptoms, maybe 400, 600, 800 symptoms in the bigger remedies. But again but 10-15 years ago there was a change and people started produced more and more symptoms. The proving coordinators were afraid to leave out anything important. So we have ended up with a few remedies that from the beginning have had 1000 -2000 or more symptoms. This

brings up those remedies too frequently. I know I have to address this problem. It's just an evolution that people are afraid to weed out any piece of information that has come up in any of the provers.

Alastair: Yes, I recognize this in myself. This year I am starting my 19th proving and I have been looking back at the very first one I wrote up. I'm redoing the rubric list as I'm very unhappy with it. I think there are far too many rubrics.

Frederik: It's a difficult thing to assess, what to leave out and what to put it. We know from the Hahnemannian provings there is some information that may have come from just one prover. But it turns out to be very relevant.

(Taken from a conversation on Skype transcribed by Greg Cope and published in *Similar*, journal of the Australian Homeopathic Association 2006).

This conversation was very illuminating for me. The emphasis and the responsibility is squarely with the homeopath to discriminate what is ok and not ok. It helps if you have a computer.

THE REMEDIES INCLUDED IN THIS MANUAL.

KAURI

While available on Misha Norland's website, this remedy profile, in my opinion needed another addition. You learn a lot in 13 years. This is the third edition and there are some changes. It is such a stunning tree and an icon of *New Zealand*. Somber, dark and majestic. Teaching the remedy for the first time in 1998 in the Wellington ICCH conference was an experience. Some slept, some wept. It seemed to polarize people. 'Who's that wanker said one?' But certainly the emails letters and requests for the medicine followed, as did the reports of great results and cures.

KOWHAI

This is the national flower of New Zealand. Stunningly yellow. It has a rich history and use by Maori in traditional medicine. Its colour and its pharmacology lend to the hypothesis that it has an affinity for the liver and possible use in the treatment of hepatitis.

CULEX

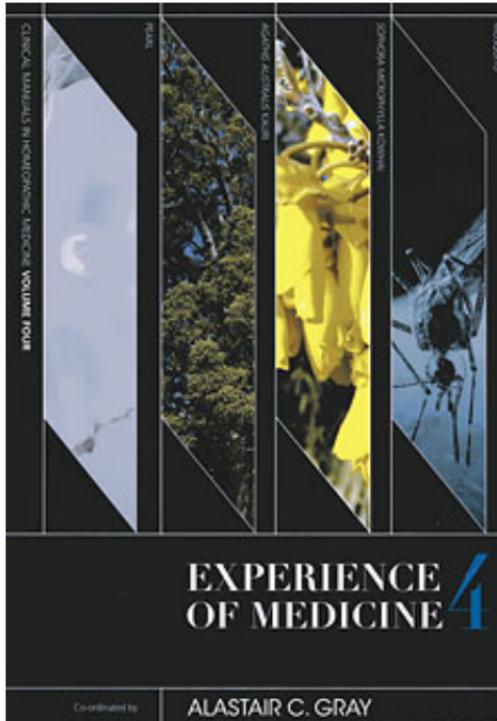
Easily my favourite proving and the remedy of all those that I have been a part of proving that I have prescribed more than any other. While proved in Australia at the Sydney College of Homeopathic Medicine the mosquito itself is a New Zealand one *Culex pervigilens*.

PEARL

This was completed in 1999. Years ago. It stayed in the bowels of my computer for ages before I again looked at it. The reason for its revival here is twofold. Peter Tumminello in 2005 published a great book *12 Jewels* including the information about Pearl. It then encouraged me to think about the original proving and the quality of the work the provers that year put into the work and the process. While slightly sparser, the proving here is published for them. It has no connection with New Zealand at all. It is included here because I had to put it somewhere.

To the generosity of these students who acted as either provers or supervisors or researchers, my thanks for your perseverance and courage and time and generosity. I am sincerely grateful.

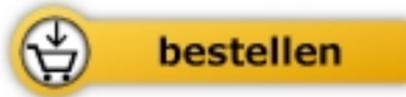
Alastair Gray
Sydney 2006



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