

A World Map of
HOMEOPATHIC FAMILIES

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1

UNCERTAINTIES AND CONTRADICTIONS

In the early stages of exploring a particular field of interest, and after reading a book on a subject, the principles seem to be clear. However, after reading another book on the same subject some new, and sometimes conflicting, statements are introduced. As one examines deeper, uncertainties and contradictions begin to surface. This is also the case in homeopathy: the more one listens to different speakers at homeopathic seminars and the more books one reads, the more disagreements there appear to be. In the field of nutrition, it is even worse – everyone appears to contradict each other. It is very unsettling!

The policy in the Centre of Klassieke Homeopathie (CKH)ⁱ was to present several ‘schools of thought’ and let the students decide to which one they felt attracted. The purpose was not for them to become followers of one school of thought but to train people in making up their own minds after in-depth study of the material.

This approach confused some of the students, who would have preferred a clear set of instructions by their teachers; it is easier for them to follow an authoritative figure than to be independent thinkers who take personal responsibility for their own conclusions and actions. Since attendees at CKH formed a heterogeneous group, we could not always make our point clear to everybody. Homeopathy can be applied on different levels, and they all have their worth. I do not object to clinical prescriptions or to emotional healing and do not look down on homeopathic protocols.

My opinion was, *‘You can do whatever you want, as long as you know what you are doing. There is not just ‘one homeopathy’, there are many forms and there is a time and a place for all of them’.*

In acute settings, Homeopathic prescribing may be in a circumstantial way as it is influenced by the patient’s situation (job, emotional trauma,

¹ CKH is the training centre for homeopathy that I established in Leuven in 1990.

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etc.) that is the main cause for the symptoms, and in a *constitutional* way as an ideal. My point of view gradually evolved over the years.

The more one gets to know about homeopathy, the more amazing its potential becomes!

The George Vithoukas method

In the mid nineteen-eighties during my last year of training, I discovered the works of George Vithoukas. His 'modern' and revolutionary way of interpreting the classic material made it much more attractive and more recognisable with everyday patients, complaints, and behaviours. My fellow students and I were given remedy pictures taken from a draft manuscript of a book by Vithoukas, entitled *Stolen Essences; uit de Materia Medica*.¹ The pictures were secretly copied, and soon owned by virtually



Figure 1.1 George Vithoukas
(Image credit: Tight Livelihood)

every homeopath; to the despair of the author, who claimed that it was unfinished and contained mistakes. Those remedy pictures came to life in our minds: we recognised our mothers-in-law, our bosses, our neighbours,

and partners in them. They were much easier to remember than long lists of unrelated rubrics. The influence of Vithoulkas cannot be overestimated: it stimulated a true global renaissance in homeopathy.

Although we had to familiarise ourselves with 300 remedies to pass the Dutch exams, in fact only a handful of the so-called *polychrests* were used in daily practice. Furthermore, the choice of the remedy seemed to depend on the sets of symptoms in a patient, while he or she could easily have chosen other symptoms, leading to another remedy being justified by the reperatorisation as if it was only a matter of choosing symptom clusters and eloquence. I could talk any *Lycopodium* patient into a *Lachesis*, if requested, but if determining the remedy depended on the explanation of the speaker rather than the state of the patient, then the whole body of homeopathic theory was crumbling. On top of that, every remedy seemed to 'do something', but rarely a real breakthrough or cure happened. While our goal, or at least mine, was to '*restore the sick to health*' as Hahnemann stated in his first aphorism in the *Organon*.² He did not just say: '*do something 'that helps*'. We know that many things help: attention, a good conversation, a cup of coffee, a walk-in nature, a sauna, herbal tinctures, laughter, a healthy diet, empathy, and a thousand things more.

In short: I had slipped into a homeopathic crisis.

The Rajan Sankaran method

The way of Rajan Sankaran appeared 'just in time' for me. He was one of the seminar speakers whom I heard in the early nineties. I found what he did with the classical material fascinating. He went beyond the superficial meaning, saw the feeling *behind* the feeling, brought it down to a core delusion that he used as the essence of the case. Most homeopaths aimed at prescribing on the essence, but the definition of this term, varies widely.

In the CKH curriculum, Dr Sankaran's insights were eagerly introduced. As he gained recognition for his fast-evolving insights and for his books that inspired homeopaths everywhere, an unwanted and unforeseen schism occurred, for many homeopaths found his vision too speculative. They preferred to stay on the solid ground of the classical rules and traditions. It severely divided the homeopathic community. Everybody had to seriously question themselves about what held true for them and what they would reject. Sankaran's teachings came at the right time for me. I may have stopped practising homeopathy otherwise. The result of seven years of study was an inconsistency with which I could not live.

Students were encouraged to put time and effort into studying the classical works and *Materia Medica* thoroughly and given repetition exercises. There is no way to master anything without total dedication and relentless practice. A sportsman, an artist, a performer all practice most of every day. On the blackboard in the classroom was written: *10,000 hours is the minimum.*

The 'basic delusion' theory expanded into the 'sensation idea', something that was in the air. Homeopaths were talking about this 'confluent point' where mind symptoms converge with physical symptoms, but nobody had described it in a systematic way before Rajan Sankaran. For me, it was the illumination I needed: I was trying to achieve this confluence point, the things that connect all the pieces of the puzzle, without having the precise words or concept for it. He pointed out what I recognised as exactly what I was seeking. Great progress!

My method

The time had come to go my own way, without a need for masters or ideas to follow. It is when you feel your adult life has begun that you can start learning on your own. That is when I stopped attending seminars and started giving them instead.

The purpose of giving seminars is, or should be, to bring original material that cannot be found anywhere else. What new material did I think I had to offer?

It was what I called my reading of the *Organon*² combined with the sensation theory. In doing so, classical homeopathy combined with modernism resulted in what I deemed the best of two worlds. This was not a clever trick to satisfy both parties, it just occurred to me that there is no fundamental contradiction in treating the distorted Dynamis and treating the 'sensation'. Hahnemann argues in the *Organon*² that the deranged Dynamis expresses itself with signs and symptoms in mind and body; the logical consequence is that the Dynamis, whatever that may be, is located beyond mind and body. And what do we find there? Exactly: the sensation.

When the **Sensation Theory** was still in its infancy, and made the traditional blunders of that stage, it was time to continue my journey alone. I could make blunders myself, without trips to Mumbai or any costly assistance. I arrived at a point where I could formulate a way of operating that, according to my understanding, promised better results and less error. This meant that I had to call it by a different name, as new Sensation theorists

led to the conviction that Minerals work deeper or longer than Plants, for instance. That is not the case of course.

Do some remedies work deeper than others?

How could that be the case? When a remedy is the patient's *similimum*, it is a perfect match to his state, regardless of the kingdom, or at least the best possible match we can find. Whether the remedy is from Plant, Organ, Gemstone, Carbon, Spider, Worm or Mushroom origin does not make any difference. The idea that some remedies work longer and deeper than others may be the result of clinical prescriptions and evaluating them as if they were constitutional. Many Plant remedies have a reputation of being acute: they are selected for some physical keynotes and used in an almost allopathic way. It is not surprising that they do not work 'deeply', if they even work at all.

Polychrests, as our archetypal remedies, gained such an inflated morphogenetic field that they almost certainly 'do something' for everybody. Their actions can be long and deep indeed as their rubrics cover about every symptom and feeling one can have. They are generalised but they fit, like the twelve signs of the Zodiac. The zodiac signs represent twelve archetypes, and we can recognise general attributes in ourselves according to our own sign. Another example is the nine types of the Enneagram: they also represent typical personalities, and each person can recognise his suitable number. But again, they are not very specific. One has to start combining numbers in the same way that an astrological chart is much more complicated than the birth sign suggests. A Polychrest prescription is a safe prescription: it should help the patient. However, it does not work as deeply and as permanently as a *similimum*.

I belong to the second group of homeopaths mentioned above. There does not seem to be any consistency in the miasm theory to me. If 99% of all people have Psora (and in Hahnemann's writing it is even ambiguous whether it is inherited or acquired), it can hardly be one syndrome. That the omnipresence of diseases such as syphilis and gonorrhoea led him to the understanding that beneath acute diseases, there might be an underlying reason explaining the chronic course, I can understand. Psora is a different story, however. First, it is not a disease. Secondly, it is unclear in Hahnemann's writings whether its origin is scabies (which is a parasite) or

HOMEOPATHIC TRAINING

It became increasingly clear to me that homeopathic education is unique and complex. The student groups include people from all ages and backgrounds. There are no special requirements to start homeopathic training. Nobody knows what to expect anyway, or rather, everybody starts with a set of ideas about homeopathy that soon turn out to be erroneous. In my book, *Zonder Verhaal*¹ I dedicated a chapter to the somewhat curious phenomenon that everyone seems to have an idea or opinion about homeopathy, most of them not hindered by not having any knowledge on the matter, and that all of them are incorrect. It is quite amusing, nevertheless, and once again proof that homeopathy is unique in all aspects. During the first year, the novice is confronted with what homeopathy is about and either becomes fascinated or drops out. I always warn the new students that homeopathy is contagious, chronic, and incurable. The ones who stay and who are able to grasp the scope of the fundamental principles go for a ride that is more adventurous and challenging than they could have dreamt in their wildest dreams. Having completed an art training and educational degree myself and comparing other training programs, discussing homeopathic training with directors of homeopathic schools in many countries, it appeared to me that it should resemble art training in order to be effective.

Homeopathy is both an art and a science

We all agree on the traditional idea that homeopathy is an art and a science. Most trainings then offer a large bulk of knowledge, which is to be considered the scientific aspect. Regarding the artistic aspect, however ... well, hopefully a person is born with it or if a person is lucky, they will develop it as they go along. But that is not what art training is about. The technical aspect needs to be mastered and therefore practiced and repeated insistently, while every good art teacher will simultaneously emphasise the artistic aspects. Ideally, the same template would be introduced in homeopathic training have argued that an apprenticeship would be ideal, especially in

the homeopath's clinical training.^{2,3} Live consultations, run by the beginner, should be analysed, and discussed together with a mentor. The more tailor-made the coaching, the more the beginner will benefit and gain confidence. What could be better than demonstrating the theory in practice?

The following paragraphs are excerpts from a presentation by my colleague Christel Lombaerts and I give at an ECCH-ICH Educational Symposium held in Leuven, Belgium on April 24th, 2009, entitled, *The art of Clinical training*.

Our lecture will tackle in more detail the ways in which especially clinical training shows similarity to teaching the arts. Although there are specific challenges belonging to specific arts, in general, one can say that art is conveyed in comparatively little theoretical and technical education and most of the actual practicing. A minimum of talent and maturity, combined with a teacher who is capable of coaching heterogeneous groups, largely determines the final result. The theoretical education familiarises the student with the definitions of art, aesthetics, art history, different styles and movements. The technical bit covers the use of the 'instruments', be it pencil or paint, the violin or the voice the artist will use as a means of expression. The actual practicing consists of a daily training until one master the instrument enough to make a decent performance. It will take a master or at least an experienced practitioner to help, guide and coach the novice along.

(...) We want to argue that, although learning theories may be helpful, teaching homeopathy really differs from teaching anything else. It takes place simultaneously at several levels. Context and content in teaching homeopathy are inseparable.

An ideal educational model should offer an apprenticeship, where the student is in close contact with an experienced practitioner, assisting him or her, working together with him or her and being supervised along the way. Teaching homeopathy calls for several specific competencies and qualities of which the teacher's personal development is a crucial one. Moreover, depending on the goals set by a specific homeopathic training, one can apply homeopathy on different levels, which can be compared to the levels of experience, and which are used by contemporary homeopaths. The different levels of application of the homeopathic philosophy and theory are the following: Mathematical (Level 1): after gathering information in a rather systematised way, rubrics are repertorised in a computer and present a one-dimensional result without depth; Technical (Level 2): a more clinical approach, whereby pathology – be it physical or mental/emotional – is individualised. The prescription is then based on finding which level is disturbed or on knowledge of the *Materia Medica*; Psychological (Levels 3 and 4): the focus is either on the personality, regardless of the physical symptoms and more or less type-casted, or on the repertory rubrics reflecting the motivations and beliefs behind feelings; Vital (Level 5): the homeopath prescribes on the matching pattern of a remedy and the totality of the expressions in mind and body of one disturbance of the *Dynamis*.

(...) It seems self-evident but nevertheless important to mention that to be a good teacher, one must be well-versed in didactics, has the capacity for self-evaluation, teamwork, and group management skills. Theory can be repeated a hundred times and still not be recognised nor applied in practice. The only way to ascertain that students have grasped the theory is to engage them in practice.

It involves a kind of artistry, and it emerges primarily from practitioners reflecting on and enquiring into their own work. Since it is embodied in people rather than in abstract prescriptions, it can perhaps be coached and facilitated, but it cannot be formally taught.

The theory of cognitive apprenticeship brings a solution to this obstacle. Cognitive apprenticeship finds its roots in the old master-apprentice model. In this model, the novice will first observe how the master performs. Consequently, he will try to fulfill the task under guidance of the master. He will start with simple and partial tasks and will gradually be given more difficult ones. In this process, the master will also gradually withdraw. Observation, support, and fading are the core principles of this model.

Our conclusion was that good homeopathic practice comes down to more than applying certain techniques. A form of art is involved, which is difficult to teach. One solution is to teach the totality of subjects in increasing depth. Regarding clinical training, the master-apprentice approach can be useful, provided that a few critical factors are considered: the differences in talents between students, and a safe climate that encourages both teacher and students to reveal thought processes and bring up difficulties. There should be a balance between showing students that there is no absolute and final fixed "truth" in homeopathy, in analogy to the arts again, and acknowledging the fact that there surely is a distinction in levels and quality.

One major difference between the arts and homeopathy is that in the former, the artist is expressing his most personal inner world, while in the latter, the homeopath is – as much as possible – an unprejudiced witness, an undisturbed receiver of the expression of the inner world of the person in front of him. He tries not to let his own inner state interfere to fully 'observe' the state of the patient. In doing so, he judges continuously between the common and the peculiar, but 'he thinks nothing of it'. Maybe the most significant and discriminating skill or talent of the homeopath is the faculty of discernment.

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Masterclasses

This approach was the reason why the masterclasses came into being. The format was simple:

1. I would carry out a consultation in my office while the homeopaths followed on a screen in the classroom. At a convenient point, the dialogue was interrupted, and the patient asked to leave the room for

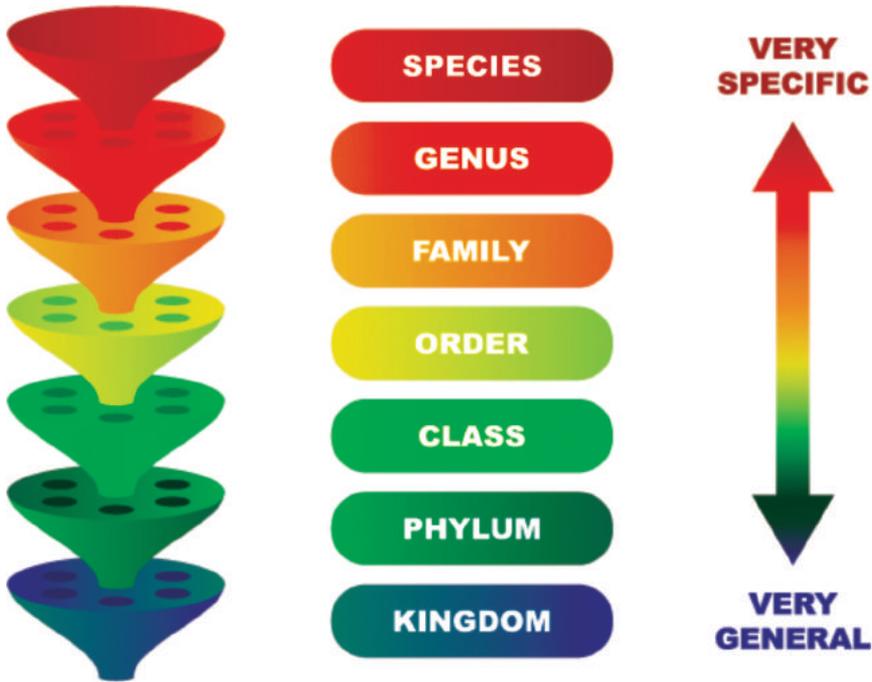


Figure 9.1 A simple representation of taxonomic levels

we do not have on all these different levels. It would be undoable and therefore unnecessary. This applies not only to Mosses but to virtually all our homeopathic substances.

Figure 9.1 shows that when we look at the taxonomic rank under kingdom, we find phylum, class, order, family, genus, and species. There are no substances in homeopathy for which we have clues on each level; we would need to be specialists in everything to make that possible. The same also applies to Mosses. When we group them as Bryophyta, we are at the level of the phylum, but newer classifications make subdivisions in different phyla. The larger group then is the Embryophyta, containing the Mosses, Ferns, and Seed Plants (Gymnosperms and Angiosperms).

For the time being, until we have more detailed information, we will discuss Mosses as one group: the Bryophyta. They are flowerless, seedless land plants and older than Lycophyta (of which Lycopodium is the famous member) and Monolophyta (Ferns).

Little is known about those groups and families that reproduce without seeds. Many are extinct and either only fossils still exist or the few family members who were left managed to survive and have adapted to current circumstances. The following information was collected intuitively, with the warning that not everything is backed up with evidence from cases.

The Moss sensation is like having fallen from grace, which results in a feeling of being in free fall and wanting to firmly hold on to whatever or whoever is near and available. That will most likely be their family: they are the first and foremost candidate. For Mosses, it is as if there is nothing else besides their family, or at least nothing more important. They always seem to be on the lookout for a partner; somebody to hold on to. Material things do not interest them much and they are not attached to them. In provings, the idea of 'nomads' came up repeatedly.

Mosses are generally open, honest, and sweet people, although a certain shallowness combined with an undeveloped, childish aspect in their emotional life can throw a spanner in the works. On the one hand, they can have bursts of enthusiasm and are able to feel empathy to a certain degree. Their need for company, hugs, friends, and people around them makes them reach out. On the other hand, they are easily overburdened and can fall into passivity.

A few of the Moss patients I have treated were rambling away without interruption, talking about all kinds of unrelated subjects, with unnecessary details. In a few cases, I had to ask what the problem was, even after letting them talk for almost an hour. Their answers gave me the impression that they had just randomly picked a few of the problems that they had originally come to me for.

When they have not figured out what is pulling them down yet, the difficulty is usually somatised. They develop physical symptoms that cause them to get the attention and clarification they need. When their need is met, the symptoms disappear.

There is another aspect in Mosses that is hard to put your finger on, although it is lurking under the surface, and you will notice it in your anamnesis.

The patient appears to have a particular naivety but is dreamy, romantic and passionate at the same time. Their sexual preferences and desires may reflect that amorphous, underdeveloped (as if damaged in this area at an early age) stage but they will most likely not tell you about that, as they do not think that it is a problem. The homeopath will notice a kind of loose attitude, sometimes bordering on frivolousness.

It is always a matter of life or death in Mosses but not in the same way as it is for Row 6 of the periodic table. While sixth-row patients feel the need to build up or prove their capacity to do superhuman things, Mosses feel as if there is only a very thin line between life and death. It does not cause fear or the need to make great efforts, however, but rather an awareness of a reality that is accepted as such.

Ferns

Ferns or Pteridophyta, which is the phylum, include the real Ferns or Pteropsida (class), the Equisetopsida (of which only the Equisetum Family still exists) and the Lycopsidea, which have two subdivisions: the Selaginellales and the Isoetales.

They belong in Column 14 up to Column 17.

The Pteropsida or Fern sensation is one of feeling ugly and isolated. In your consultation room, they may have a powerless attitude, complain about being defenceless or, on the other side of the spectrum, react in a defensive way.

The homeopath will realise during the interview or sometimes only afterwards that it is unclear what the patient's complaints are. It is as if the patient is talking about everyday subjects to an acquaintance instead of asking for help. As a homeopath, you want to help, not fill your time with small talk, but it is as if they want to be nice and not bother you with their complaints.

There are often many difficult relationships that come up in their stories, as they are unable to hold their ground and tend to give in quickly. That can result in confusion, as it is not clear to them what went wrong. In more extreme states, they lose the ability to connect with others and they resign. More common, however, is the overwhelming feeling that daily life is too much. They can have a hard time coping and are prone to experiencing 'crisis' periods. They feel as if they have been violently cut off. Those patients most likely end up with Lycopodium because that is the closest 'family member' we know.

I have treated Lycopodium patients that felt uprooted, denied, as if living through deprivation and hardship, and deeply shocked and disturbed by what they had had to endure. They tend to feel homesick and alone. The 'cowardice' (the powerlessness) makes them furious and bitter. They are saddened by the idea that they will never succeed, that everything will fail and that they will never reach their destination. On the one hand, they feel as if they have been torn loose, but on the other hand, they had not even rooted yet; there is nothing to hold on to and they will never be able to find that lifeline (that is the destination).

As Lycopodium now has over 13,000 rubrics in RADAR/OPUS and over 23,000 in Complete Dynamics, it has become another panacea (like Sulphur with 29,000): you can justify giving all your patients a Lycopodium prescription. It is merely a matter of picking the suitable set of symptoms. In this profusion of details, the essence gets lost. A Selaginella patient, a close family member of Lycopodium, was always lovesick and easily overwhelmed.

A *Huperzia Selago* (also called *Lycopodium Selago*) patient's main complaint was a painful feeling during coitus that made intercourse impossible. The young woman had regularly been having sex since she had turned sixteen and because of her boyfriends' compliments, she found her capacities in bed the most important thing she had to offer. Of all possible ailments, that one was the most difficult for her. Understandably, it affected the relationship she was in at the time. With such a problem, it is unavoidable to talk about intercourse but still, I had the feeling that I had received more information than necessary.

It makes one think of Mosses, where we see innocence combined with indulgence in the sexual sphere. Could they belong to **Row 1**, where the combination of 3D Plant characteristics and first-row issues lead to an intimacy with one's own body, its functions, and desires? Is that what we pick up on during the consultation, as if the patient has not disconnected from 'the other' yet and therefore shares his feelings openly?

It is not difficult to connect that idea with the first column on Michal Yakir's Plant Table in which she considers them as 'not separated yet'.⁶ There are only Angiosperms, or flowering plants, in her Plant Table. I consider Michal Yakir's Plant Table to be a helpful tool to have an overview of all the Angiosperms of which we have representatives in our *Materia Medica* and how they relate to each other.

To my surprise, I discovered that the groups and families on the Vital Approach Map of Homeopathic Families, which is based on the structure of the periodic table, overlap beautifully with the orders and rows on Michal's Plant Table. A few examples: fifth-row characteristics – like the need for being unique or special and for receiving applause – which are also present in the Lamiales, can be seen in Fish and Birds, as well as in Carnivorous Plants. The Dilleniidae overlap with the Plant column on the Vital Approach Map and the Hamamelididae correspond in large part with the Bacteria, Rocks, Gemstones, Celestial Bodies and Artificial Human Artefacts. Molluscs, Spiders and Insects have many characteristics in common with the upper three rows of the Rosidae and the Asteridae. All of that confirms the fractal nature of homeopathic systems and allows us to be one step closer to a simpler, more solid, and manageable homeopathy again.

I put all the Dicots of the Angiosperms on **Row 6**. The Monocots, the other group of Angiosperms, can be found on **Row 2**, **Row 3** and **Row 4** on the Map. Although flowering, the ego is weak and they are dependent on the existence and nourishment of the other, from whom the Monocot feels that he originates (symbolised by Mama). There is more on Monocots on page 207.