Homeopathy and its paradigms:
semiotic, vitalist and fragmentary

G-d is in the particulars
Aby Warburg

Each physician approaches his/her homeopathic practice from definite assumptions and personal expectations. These may be used to establish a kind of “practitioners profiling”. There are those who are satisfied with almost nothing and those who seek utter perfection and still, those who are so much lacking in curiosity that are blind to many central issues. Unluckily, medical education trains practitioners to focus on the control of anatomical damage. And we may not forget a group that may be called “hyperpragmatic”: they are so convinced of a priori limitations to Homeopathy, that they claim for themselves the right to establish definite boundaries concerning what Homeopathy may expect to treat. As a result, Homeopathy is reduced to a structural positivity so schematic that its true role becomes blurred. What all of them have in common is the “practice of an agnostic Homeopathy”.

We’re tempted to ask: from all these interpreters, which are trustworthy and which are merely reediting favorite authors and ideas? We ask this even while we know that the answer is actually irrelevant, as all of them have a right to invoke Hahnemann’s authority. It’s a well known fact that Hahnemann’s thought changed along time, so that different phases may be described. We’ll focus on a different inquiry: will the above mentioned impasse ever be overcome? It demands multicentric collaboration, as autophagic censorship and the false polarity between an excess of tradition and the tentacles of acritical modernization have prevailed until our own time.

We’re afraid we haven’t yet grown up so much.
We live in a world surrounded by myths, so strengthened by oral tradition, that it became almost impossible to set a common ground for a single Homeopathy. What we have, in fact, are several different “homeopathies”.

What we need to establish is the epistemic foundations of our perspective. This is the reason why we decided to prioritize a definite practical approach: Homeopathy as the Medicine of the Subject. We must warn that this means much more than a mere revival of long forgotten trends. To most practitioners, medical anthropology may seem anachronistic, especially when confronted to the amazing development of basic homeopathic research. To address issues such as suffering as existential anxiety, to employ uncommon symptoms as the basis of semiology, to understand the subject in his/her permanent tension between immanence and transcendence. Even worse when we suggest that these are precisely the elements that ground any therapeutic procedure. In short, to think of health as a notion in permanent resignification.

Many believe that Homeopathy should be guided by simple evidence, i.e. results. This isn’t wrong. What we seek belongs to a completely different order of inquiry: to make us understand as a different clinical logic.

It may prove useful to shortly summarize the epistemic rings that led Homeopathy to its present situation. We’ll pick up the threads that were used to knit Homeopathy as a Medicine of the Subject.

1. Expression suggested by Prof. Dr. José Ricardo Ayres. Personal communication.
Symptoms in Homeopathy: Indexical

Historians tell that Medicine as a science began with Hippocrates. One of the reasons is that he grounded his semiotics on observation. It’s known that Hippocrates profited from Empedocles’ suggestion to establish contrasts between the healthy and the unhealthy, prioritizing symptoms and signals as indexes that would modulate the first clinical histories.

Symptoms let us speak of things we have never seen nor heard before. We cherish the learning of the diagnostic and prognostic arts, initially as mere “hunters” of mute hints that will allow us to dominate our preys, and lately, by employing our cognitive, sensitive and intuitive skills in order to build a clinical knowledge from spoken hints. The nature of our conjectural intellect has precisely the same roots.

In the clinical, as well in other kinds of inquiry, the use of marginal data to interpret the phenomonic network – that is to say, accessory hints and adventitious symptoms – doesn’t mean that we may establish a phenomenon without having actually experienced it. We may not know beforehand how something will be, if we haven’t seen it before. Hahnemann was adamant concerning this and sought to establish a medicine of experimental basis precisely to escape from systematic apriorism, from a medicine grounded on theories that took the subject out of sight.

But medicine, precisely, was looking for a knower built from accumulated experiences, that is to say, to probe reality in order to find in it hints of non directly experienced phenomena. The celebrated aphorism that enunciated Morgagni’s goal, “knowing before seeing” couldn’t be more explicit. The nature of Homeopathy doesn’t oppose this search for the causes in order to predict their effects. The application of the Law of Similars depends upon this same causality. Yet, there is a significant difference: Hahnemann wanted to actualize his empiricism through a daily and individual agenda, where the unexpected was decisive. Each single case may only be known through its unpredictable contents, that are only revealed here and now. There is certainly a method, but it takes imprecision into account, it’s an inherent part of it. One more ingredient in the eternal war between Racionalists and Empiricists.

While Morgagni was amassing autopsies that would allow him to propose an universal law – symptoms are the slaves of anatomical injury – Hahnemann was ready to relativize the value of that law, concerning the subject, nothing may be perfectly predicted, much less a priori prognosticated.

Italian semiotician Carlo Ginzburg2 explains that both historians and physicians equally depend upon analogy to make inferences, and they usually grasp and understand reality from indirect – indexical, conjectural – data, which become actualized through immediate experience and observation.

Ginzburg states that this is the reason why neither history nor medicine were able to become Galilean sciences. The experimental method that required the mathematization of phenomena and their linear reproducibility, couldn’t have its applicability guaranteed in specific disciplines, specially those that focus on units rather than prevalences.

Shortly, as the positivity of science invokes generalization in order to define universals, medicine hopes – indeed, it’s forced – to accept the challenge of knowing particulars. If the individuum is ineffable, we may very well infer that it’s impossible to say something about the individual. And if the historic event of a human life is in fact an unicum, including pathology, its record may only become “scientific” through a straining process of abstraction – notwithstanding the fact that it will still have to deal with the constitutive positivist features of the still prevalent notion concerning science.

On the other hand, Ginzburg tells us that Freud only tangentially addressed this issue. The father of Psychoanalysis was very interested in Giovanni Morelli, an Italian art critic. The latter – also a physician – developed an original and successful method to establish the authorship of paintings. Ginzburg explains that Morelli had no other tool but his “clinical intuition”: Instead of paying attention to the overall “style” of the picture, he would pay close attention to details, peripheral elements, traces and vestiges that are usually concealed by generalizations. This illustrates the semiotic or indexical epistemologic model.

In the case of Morelli, it meant to value details, as abstracted from the almost absent minded observation of the untrained eye: the shape of ears, anatomical particularities of nails, microscopic reflexes of the light on the eyes, the density of hair, facial gestures and shadows.

Freud made some notes on Morelli, suggesting that there was offered an element of uncommon importance and poorly explored as a methodologic tool. Shortly, the whole could only be apprehended from the fragmentary web of its parts – we suggest to call this model “fragmentary paradigm”. In an interpretative method grounded on vestiges, we must not look for the most striking characteristics – as they are the most easy to imitate –, but for

2. Personal communication from Prof. Dr. Madel T. Luz. SINAPH, Rio de Janeiro, 2002.
the most revealing peripheral traits. This is our cue to try to establish a relationship between the indexical paradigm and the discovery of the value of a symptom’s details, that is to say, to understand particularities as a vestigial guide to elucidate an actual totality.

Such marginal data, according to Ginzburg, are the common ground of Morelli’s, Freud’s and Conan Doyle/Sherlock Holmes’ methods. All of them would concentrate on apparently superficial signs, those that the common untrained eye can’t perceive. Most regrettably, Ginzburg didn’t include Hahnemann in this group. And he should have had, as one of Hahnemann’s main contributions to medical theory was the idea that a totality must be reconstructed from apparently disconnected fragments.

When Hahnemann structured his system, he didn’t restrict his interest to superficially perceptible symptoms, but to all possible manifestations, including the most intimate, such as dreams, personal ways of feeling, all kind of subjective symptoms which he included besides objective signs in his materia medica. A new model of clinical history was thus developed, one that dislodges nosos from its center – the core of Western medicine.

A true revolution had been accomplished, the seed of one of his main epistemologic ruptures had been sown. Hahnemann rejects typologies of every kind and demands to look for unpredictable symptoms. Why? Perhaps he was aware of the little relevance of symptoms when they are merely categorized as manifestations of anatomic and clinical pictures. Alternatively, perhaps he distrusted a therapeutics guided by current semiology. Hahnemann developed a first notion concerning unspecific susceptibility, that would only be officially formulated one century later. That is to say, he discovered the semiologic and therapeutic importance of modalized symptoms. He discovered the value of the unexpected, of that which is specific susceptibility, that would only be officially formulated one century later. That is to say, he discovered the semiologic and therapeutic importance of modalized symptoms.

Vitalism will always remain an object of inquiry due to its close proximity to the issues highlighted by homeopathic epistemology. We will address Vitalism from a hermeneutic point of view, i.e. what is the text and what is the context, what is the core of vitalist propositions? How do these ideas connect with Homeopathy as a Medicine of the Subject?

This mode of analysis should always include the consideration of a totality, that is to say, it must take into account a hermeneutic totality constituted by isolated fragments of human suffering. This illustrates the value of vitalist hermeneutics in Homeopathy.

Philosophical hermeneutics is one of the branches of knowledge that more consistently systematizes the problem of the subject. It address all features of the human being, besides the problems of subjectivity and intersubjectivity – this is clearly enunciated in the foundations of its particular language. The more we give to technology the power to correct fragments of dysfunction, the lesser will be the interpretative dimension of medicine. That is to say, the more medicine is grounded on evidence, the lesser the involvement of hermeneutics in medical action. On the other hand, there is a boundary to such auto-limitation of the method.

Gadamer illustrates this idea through the allegory of Ulysses. In his famous odyssey back home, he would shun all external influences and “deviations”. This serves to show the limit imposed by reason on itself and which erases fundamental human issues. Hermeneutics, in this sense, helps to bring back dignity into knowledge.

A further step in medicine of the subject: the vitalist hermeneutical model

All attempts to recover the subject pass necessarily through a discussion of the deeper meanings of the notions of science and technology. Why were we led to the present excessive technicality in Medicine? We may not forget to take into account its impressive social penetration. Biomedicine itself hopes to include the subject in its field (WHO, 1988).

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No matter how technological and sophisticated a therapeutics, the patients impresses upon his doctor an inexorable image. The physician is the receiver end of human suffering, a whole range of transpersonal relationships, he meets the eye of pain, and also of relief. All these actually have an effect upon the medical art, including therapeutic actions. Any single medical facility is a witness to this fact: from hospital to private offices, no matter whether the patients suffers from a neoplasm or a psycho-somatic disease. As long as medicine is mediated by human interaction, the interpreter will always be there.

The more Biomedicine gives its role of decision-maker to a priori data dependent upon technology, the more it becomes estranged from the individual reality of the patient and the world of hermeneutics. Thus, the more medicine grounds itself in evidence, the less hermeneutic it will be. On the other hand, Homeopathy represents the opposite situation: the Medicine of the Subject is particularly its interpretation of the vital trajectory of the subject. Hence the patient-as-totality is considered in his/her historical framework, both retrospective and prospective. Totality, in this context, means a hermeneutic totality, i.e. a relational totality that finds a practical application and allows us to define a specific area of interest.

No single fact has meaning by and of itself “local” symptoms, fevers, symptoms, syndromes, even a clinical pathology, no matter if acute or chronic, functional or anatomical, all are mere parts of a much more complex context: the particular biography of the sick individual. Thus, we need to address the issue of language and speech. As Gadamer wrote (1996):

“Language was thematized as a world of signs whose model was supplied by the scientific success of symbolic languages developed by mathematics.” (Gadamer, 1996)

Hermeneutic states that the only valid form of knowledge is that which is built as natural sciences have done. Gadamer affirms that “truth” isn’t necessarily a synonym of “method”.

Beyond future medicine: the fragmentary model

We speak of what we know. Each signal gives us meaning. We know because we speak. What Homeopathy actually offers isn’t offered by any other known therapeutic system. We offer the patient a very different kind of support. Neither it’s better nor the only one concerned with what is truly worthy of being healed. Its main virtue – and its uniqueness – is rooted in two assumptions: normalcy may not always imply the mere absence of symptoms and the qualitative-analogic nature of its procedures. Besides, we all know that each symptom conceals a deeper meaning (meta-significance). This is translated into practice by the notion that we shouldn’t seek to merely extinguish symptoms, but to accurately understand their partnership with the indi-
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What distinguishes us may well reside in the creativity deployed by patients to find personal answers with the help of the prescribed remedy. Empirical evidence is furnished by the infinite number of patients complaining from unexplainable medical syndromes that homeopathy worldwide successfully treat every day, no matter the lack of a definite clinical diagnosis. This is nothing but a faithful picture of the clinical practice, and it would be very interesting to accurately quantify it. On the other hand, against superficial comparison to psychoanalysis, Homeopathy doesn't deal with the subconscious through words, notwithstanding the fact that transference is an integral part of any therapeutic setting. Our medium is different: we apply drugs upon a vitality that has been contaminated by obsessing metaphors. Free of them, it may devote itself to the foremost attribute of health, epimeleia. That is to say, the homeopathic remedy enables the subject to take care true care of him/herself.

A second extreme position is that which holds that homeopathic remedies act through a modulation of the immunologic system. This position is seriously flawed as, besides the fact that it lacks sufficient empirical support, we suspect that remedies act upon the individual as a whole and not merely upon any particular biological system. If this wasn't the case, how may we explain those personal adjectives that precisely define a characteristic symptom—the leading factor in the choice of the remedy? Full cures aren't always possible; nonetheless, the homeopathic remedy may always elicit all-inclusive adaptations, a sort of creative homeostases that each particular individual actualizes according to his/her peculiarities. If Biomedicine isn't happy with this, it couldn't matter less.

The main problem in our time is not to fight for Biomedicine's approval, but to evade the danger of dogmatism. We must make our practice become a continual task of self-criticism. Concerning our students, we owe them a commitment to always strive to afford Homeopathy more consistency; regarding our patients, our foremost duty is to offer support, solidarity and health.

Besides this, we still need to become aware that we know many essential things that conventional doctors ignore. This only increases our responsibility, as we are in a blurred area of medical science that forces us to probe deeper in the essential features of human health.

Medical science has been developing an ever-growing trend in epidemiological studies that focus on the equation protection versus risk. A second and more recent approach, posits quality as the basic tool of analysis. Nonetheless, a significant part of the homeopathic community insists upon the mistaken notion that Homeopathy will only be legitimated when it meets the quantitative and measurable criteria of Positivist science. It may only be rated as a naive conception of progress, but it is dangerous, as it caters to skepticism.

At the same time, as a kind of unexpected paradox, many conventional doctors and a significant part of the scientific community as a whole seem fascinated by the operative methodology of qualities implemented by homeopaths in their clinical practice.

In a recent meeting with Jacques Benveniste, we personally witnessed the extension of the skepticism of basic researchers concerning the issues discussed in this article. This made us aware that it's urgent to find a way to better express our doubts and needs to them. For instance, we may show them that Unicist homeopathy produces the kind of results that it effects, not by grounding itself on primitive forms of organicism nor by assuming a specific signal transmitted by each remedy to the individual, but because it believes that a well-defined medicinal signal awakens in the vitality its ability to reinvent itself.

Hence, the inexorable dilemma: should we put philosophy at the head of the homeopathic movement?

Choices are very few. Perhaps the time has come to appeal to a kind of pragmatism to defend applied philosophy. Medicine needs to rethink itself, and Homeopathy has the right to make its voice heard in this dialogue. We can't ignore the problems created by a technological reason indiscriminately applied to health sciences. If we are to seek for more enlightened interlocutors, we need to give Homeopathy the epistemological status it deserves.

On the other hand, a rigid and tyrannical homeopathic doctrine is untenable: it doesn't know how to react to self-contradiction and it desperately clings to repetition as the only available strategy. This when doctrine should limit itself to the elucidation of the constitutive referents of a method.

3. Expression established by Charles Mauron to refer to persistent subconscious contents, more often not attributable to actual biographical events. They may be revealed through the analysis of preferred words in the individual's speech as they appear during interviews, writings, letters, drawings, etc.

4. Masi Elizalde had the same idea in mind when he stated that besides the objectivation of metaphors, a useful hint to verify if the patient is improving is to check if he/she made time to study him/herself. Personal communication, 2001.
A psychoanalysis of the homeopathic movement would immediately reveal that if a fraction of science still reject us, it’s not only because we still don’t know how to solve our statistical irregularities, but especially because we never knew how to communicate our epistemological foundations with the required level of precision. We didn’t know how to build proper alliances. We have never presented the guidelines of our episteme as clear and distinct ideas. We still need to elaborate more consistently the following question: or we seek coherence by redirecting our energy to the analysis of our unfitness as productive interlocutors, or we yield to the force of the abstracts that Biomedicine claimed as their methodological exclusivity – now renamed as “Evidence Based Medicine” – and we renounce to all higher expectations and admit that Homeopathy is nothing but a neo-pharmacology.

Indeed, their is a huge gap between the expectation of a medicine that wants to make itself understood as it actually is, and the hope of Biomedicine that Homeopathy may come to correct some mistaken views and formulate a more acceptable epistemology. For instance, it may give up individualization as its central tenet. We find this frightful. What will become of a Homeopathy so restricted? Precisely what part of homeopathic positiveness would be so validated?

We need to learn how to serenely accept the inherent imprecision of a model centered on the individual. Each homeopath has to define his/her position. Brazilian sociologist Madel Luz most pertinently reminds us that science is a form of discourse. More specifically, a patchwork of discourses. And the discourse that has historically backed Homeopathy may come to correct some mistaken views and formulate a more acceptable epistemology. For instance, it may give up individualization as its central tenet. We find this frightful. What will become of a Homeopathy so restricted? Precisely what part of homeopathic positiveness would be so validated?

But mathematization is impossible in medicine, owing to the simple fact that it always deals with a particular individual, which by definition is unique. The individual can’t be studied as a collection. If it weren’t for such “small” detail, Homeopathy would have plenty epistemological ammunition to make itself heard and understood. It may very well announce: “We cure such and such diseases” – the requirement of any Evidence Based Medicine. Yet, when we establish certain basic assumptions as the hardcore of the homeopathic program of scientific research, we are forced to admit that Homeopathy is an imprecise science. But this doesn’t involve a lack of seriousness.

A diversity in methods and a plurality of voices is essential to the formulation of a consistent homeopathic epistemology. It must leave room for critical debate, creative dialogue and intelligent polarities between different ways of thinking and practicing Homeopathy. But whatever may insist upon the need of mathematization and statistical evidence, must bring consistent and intersubjectively validated proof. This hasn’t yet happened.

Homeopathy as the Medicine of the Subject is the product of the continual work of generation after generation of commentators of Hahnemann’s work. A work that proved to be arduous, meticulous, where nothing is automatically peremptory, nothing is definitive. Homeopaths need to understand diversity instead of fighting it. All homeopathic schools are relevant, no matter if they attain or not the efficacy they promise; they are all the product of different interpretations of the method and none of them must necessarily be better than the others. The history of Homeopathy is rich in discoveries that didn’t know how to build proper alliances. We have never presented the guidelines of our episteme as clear and distinct ideas. We still need to elaborate more consistently the following question: or we seek coherence by redirecting our energy to the analysis of our unfitness as productive interlocutors, or we yield to the force of the abstracts that Biomedicine claimed as their methodological exclusivity – now renamed as “Evidence Based Medicine” – and we renounce to all higher expectations and admit that Homeopathy is nothing but a neo-pharmacology.

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For instance, the explanation of the action of infinitesimal doses has never been so close to fulfillment as in our days. It’s a most expected moment: Homeopathy will finally see its biological possibility finally elucidated. Yet, the gap that separates Homeopathy from its status as a Medicine of the Subject will remain. After all, it’s added, all different homeopathies reach similar results. We can’t help wonder: same results concerning what? Different homeopathies can’t produce similar results because they focus on different features of human life. Homeopathy, as the Medicine of the Subject, in no medical specialization. It mirrors its original identity, the search for the original text that we call “a subject” in different contexts and its therapeutic applicability through the use of the verbal processes emanated from provings.
It recovers the central role of care and wholesomeness in the treatment of patients, it leads us to the path of a Narrative Based Medicine.

"Inasmuch as homeopathic physicians deal with fragments (the provings), which don’t make sense as totalities – as provings are nothing but compilations from different individuals – but must be included in a totality – the patient, and the fact that most of these fragments are mere links in the chain of a lost unity – or at least, unarticulated – nothing remains but to elaborate qualitative syntheses. These consist in deliberate reductions that allow us to make technique operative. The record of the verbal processes compiled from the provers, offers us all the needed parts to compare with the expressions of patients."

We still don’t know how to make this model – that may be called fragmentary paradigm – operative. We work with semiotic fragments – obtained from both provers and patients, yet when we seek to understand the trajectory of the vital attitude of any particular patient, we need to address an unified totality. That is to say, from mere indexes we shift to the interpretation of meanings. Do we know how to do it? The answer is: through language.

Hence, we ought to think in the terms of a complex epistemology, where the fragmentary paradigm serves as the instrumental reason that allows us to make operative the meanings of each individual’s personal micro-environment. Micro-environment: a space where meanings are grasped; built by “symbolic animals” according to Ernst Cassirer’s expression, from the interaction between body, mind and environment. Fragment of different individual idiosyncrasies – compiled from the provings and applied into therapeutics – will enable us to act upon the so-called substantial composite, helping it to resignify its being-in-the-world. In order to accomplish such goal, the subject must be the master of him/herself, must be concerned with him/herself: epimeleia (Foucault, ). This will be the next question we will discuss.