Jeremy Sherr – Interview – 1

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NT: Paul Herscu, in his two-volume book published last year, titled *Provings* offers an entire chapter to a critique of your *Dynamics and Methodology of Homeopathic Provings*. I would like to cover some of the points he makes and offer you the opportunity to respond. It is my belief that two respected homeopaths, both leaders in the field, discussing the differences in their logic and approach to homeopathy, in this instance, specifically homeopathic provings, will prove to be fertile, not just as an either/or, but because the discussion is bound to elucidate a number of aspects of homeopathy and homeopathic philosophy.

Proving definition

NT: Herscu emphasizes that the problem of your approach to provings, is that you never define precisely what is a proving. He himself defines a proving as analogous to a follow-up. He states that *"a proving is nothing more than giving a potentized substance, just as we give remedies every day in our offices and conduct careful follow ups every day with patients. Period."* He suggests using as tools the list in the back of Vithoulkas' *Science of Homeopathy,* which is a description of follow up analysis. Herscu states that his Stress and Strain and Cycles and Segments models are the first definition to address provings.

JS: I find Herscu's emphasis on a definition overstated, and his own definition both lacking and inaccurate. I will address both points.

What is so crucial about a definition? What is Hahnemann's definition of a proving? At no place does Hahnemann diverge from his narrative on the subject to give a neat definition of a proving. This is also true of Hering, Lippe, Kent, and all the other great homeopaths, though they nevertheless proved all the wonderful remedies that we use today. What *is* crucial is a thorough understanding of provings, philosophically and practically, and the capacity to apply these in practice. That is what the *'Dynamics and Methodology of Provings'* is about. This book contains an extensive discussion on the nature of provings, based on classical writers and my own experience, which is now more than thirty full Hahnemannian provings. I have had a lot of very positive feedback from homoeopaths using my instructions, regardless of the presence or not of a definition.

In fact on page thirty-two I give a partial definition, namely "A proving is an artificial epidemic." It seems that Herscu missed this definition.

For those who are not clear what an artificial epidemic is, let me expand on this: 'Prescribing a remedy to a group of relatively healthy people in order to infect them with a collective malady and to record the sum total of its effects as the indication of its curative action.'

That there is a relationship between provings and follow-ups, as Herscu correctly says, is stating the obvious. But this is not a definition, far from it. The relationship between provings and remedy reaction is discussed extensively in the *Dynamics and Methodology* of *Provings*. I explain the main remedy reactions and their relationship to provings, including homeopathic, allopathic, antipathic and near similars. I base my understanding of this subject on Hahnemann and Kent. If Herscu prefers the Vithoulkas' model of remedy reaction he is welcome to use it, but personally I find it impractical and not applicable to provings.

As to Herscu's definition of proving as "careful follow ups with every day patients. Period." I must say that I find this both inaccurate and inadequate. Such a definition is only a part of the whole picture, just as an egg is only part of a cake. I will explain:

Although there is a relationship between provings and remedy reaction, this *does not* mean that provings are the same as clinical follow-ups. There are many additional factors – hence Herscu's attempt is too imprecise to be a definition. It does not take into account the following:

1. Clinical follow-ups are done on sick people. A proving is done on relatively

healthy people. The intention is opposite – you aim to make healthy people sick and not sick people healthy. This is a fundamental difference.

2. In the clinic you aim to give a simillimum, in a proving you hope not to. This is another fundamental difference.

3. In the clinic the remedy is chosen specifically for the patient, in a proving it is random to the prover.

4. Provers and supervisors are looking for symptoms while practitioners and patients are looking for cure. People usually see what they look for, just as the clinician often perceives inadvertent provings as aggravations or 'everything coming out'.

5. As a result of the above you are likely to see a much wider variety of reactions than when remedies are relatively well chosen to match the patient.

6. In a proving you supervise daily. In a clinic you check the patient after four to six weeks. Thus you miss the finer nuances of primary reaction.

7. In a proving you prescribe the same remedy to many people at the same time. This never happens in clinic.

8. A collective proving has the power of an epidemic, which is much greater than a clinical prescription.

9. Provings are edited collectively 'As if one person'.

10. In a proving there is collective intention to prove, which amplifies the proving effect considerably. Do not underestimate that.

From the above it should be clear that if we were to amend Herscu's narrow definition of provings as 'clinical follow-ups', this would be *almost* correct *only* in the case of a follow-up in which the clinician was a poor prescriber with fairly healthy patients and he gave them all the same remedy at the same time, and followed up daily with the intention of recording all their aggravations and editing them as if they were all one person. Whew! Divorced from philosophy, follow up

NT: Herscu argues that your book, which is wholly on provings and does not include the rest of homeopathic philosophy, is inimical to the homeopathic way, suggesting that this causes "a complete divorcing of provings from the rest of homeopathy" and that this results in a lack of definition of provings and

methodological errors.

JS: The first and larger half of the *'Dynamics and Methodology'*, is about dynamics, i.e. the philosophy of provings. In this section I discuss many philosophical issues that relate directly to provings, for instance the nature of provings, the difference between a proving and a simillimum, remedy reaction, epidemics etc. A proving book that includes all of homeopathic philosophy would cover a few volumes and be very cumbersome for those who want to investigate provings. I am writing an extensive book on philosophy, but *'Dynamics and Methodology'*is a book about provings, so I confine myself to what is relevant.

There are many books, including those of Herscu, that address specific aspects of homeopathy. We have books on miasms, second prescription, treating cancer and many other subjects. None of them include the whole homeopathic philosophy. Herscu wrote a book on children remedies. Should I complain about him not including adult remedies too, or maybe not writing about every remedy in the materia medica? Does his book on *Stramonium* include the whole materia medica or philosophy? Does his book on provings address the whole of homeopathic philosophy? Does it include acute and chronic disease, miasms, dissimilars and epidemics? Of course not! It is undesirable and inefficient to include everything in one book.

Every prover getting symptoms

NT: Herscu criticizes the fact that in some of your provings every prover develops symptoms. He asserts that there must be individual susceptibility to the remedy for a reaction to occur. He states: "The concept of proving, of testing one substance at one time, disappears once you eliminate individual susceptibility."

JS: It is a fundamentally incorrect to think that individual susceptibility is essential to developing symptoms in a proving. Of course susceptibility will influence the nature of the symptoms that develop. But not being specifically or individually susceptible to a proving remedy will not preclude the appearance of symptoms. I did not understand this either until I read the *Organon* carefully. Paragraphs thirty-two and thirty-three of the *Organon* clearly explain the difference between natural disease and artificial disease, which includes provings. In artificial or medicinal disease, *every person* is affected at *all times* unconditionally, *regardless* of susceptibility. This is Hahnemann's experience and I have verified it repeatedly. Paragraph thirty-one states that only in natural disease, people are affected conditionally according to susceptibility and circumstances. Provings do not need a

high level of susceptibility to develop symptoms because they are a stronger dissimilar disease (Par 35-42), and stronger dissimilar disease could not care less about susceptibility. If, as Herscu erroneously claims, provings needed individual susceptibility to develop symptoms, we would have very unproductive provings; the proving remedy would have to be a similar or simillimum to match the susceptibility, and therefore provide a great curing but a poor proving. The ideal proving is at approximately twenty to sixty degrees off maximum susceptibility.

It goes without saying that we need a general susceptibility to produce symptoms, but fortunately for provings we all have that: It is called *Psora*.

Most provers develop symptoms, but not all. Though I have not done the statistics, I remember approximately one out of every twenty provers seeming to have no symptoms. But the fact is that the majority of provers do get symptoms. Anyone who carefully observes a good proving will verify this.

NT: Herscu states that a good simillimum is a good proving. What do you think about this?

JS: A proving, by definition, is *never* a simillimum. I explain this in detail in my book. Provings make healthy people sick, not sick people healthy.

Provings by definition lead to the development of new symptoms never experienced before, as all would agree (even Herscu in his book). New symptoms are never the result of a simillimum, they are always the result of non-similars (*Organon* Par 156, 249, 256, *Chronic Diseases* etc). Therefore a proving is never a simillimum. If the proving remedy is a simillimum, resulting in cure, you will naturally get old symptoms, and these are not considered valid proving symptoms unless they are very old (Par 138).

Of course, hitting a random simillimum happens in every proving, but these curative remedies are not very useful for developing the proving picture, because they are negative symptoms rather than positive ones. It is much less definitive when someone says, “My usual headache has vanished,” than when they say, “I have a right-sided burning headache in the afternoon.” Furthermore the tendency of a remedy to remove a symptom is less precise than its tendency to create one. A remedy might cure a headache even if it is only a partial similar. That is why provings are done on healthy people and are not like follow-ups.

Let me clarify once again; the idea of a proving is to make healthy people sick, and

not sick people healthy, as Herscu advocates. This is why he compares them to giving a remedy in the clinic and doing a follow-up, but this understanding is not accurate.

Susceptibility is related to natural disease only. Herscu ignores important and relevant homeopathic philosophy when he relies only on susceptibility to understand the development of proving symptoms. Medicinal disease and provings will be similar or dissimilar according to the random relationship of the prover to the remedy. If they are dissimilar they will affect the prover providing they are a stronger dissimilar, with no regard to susceptibility (Par 36-39).

There are two reasons that provings are stronger dissimilars.

First, as Hahnemann explains in Paragraph thirty and thirty-two, we can create stronger dissimilar artificial diseases by controlling the dose, which is what we do in a proving. Second, because group provings are a collective effort and act like an epidemic, they acquire the amplified power of an epidemic, and epidemics are stronger dissimilars nearly every time. They walk right over non- susceptibilities. So provings affect most provers and even those people in close proximity to the proving, such as placebo provers.

Finally, Hahnemann says that provings will be distinctly perceptible in every case, regardless of susceptibility. He explains that we can either increase the dose, as Vithoulkas advocates, or increase our power of perception through close supervision (Par 32), which is my preference.

The point is that you can do a proving on any substance, for example plastic or plutonium or salt, and just about everybody will be affected. However, those symptoms are not always distinctly perceptible, meaning they may be very subtle. There are two ways to deal with this. One is to increase the dose, i.e. give large quantities of salt, or plutonium, or plastic – and you will definitely get noticeable symptoms. The other is to increase our capacity to observe the provers. I choose to increase observation because I don't want to induce pathology in provers. Increasing observation requires that every person is carefully supervised on a daily basis, and attends two provers' meetings.

Placebo provers

NT: Herscu is highly critical of the practice of accepting symptoms from those who are involved in the proving, but have not taken the remedy.

JS: I have no such practice. These symptoms were never accepted into any of my provings. They are displayed on the side, usually in the anecdotal section, and distinctly marked as placebo, for the reader to compare. Otherwise how would we know a priori that they were placebo symptoms, as opposed to an epiphenomenon?

Herscu also endorses the use of placebo in provings, but to what purpose? If we use placebo but do not let the reader see and compare the effects, then what is the point of doing it? How can we otherwise evaluate what the placebo effect is? It is fine to include any of these “placebo” symptoms alongside the proving, as long as they are distinctly marked as anecdotal, placebo, or supervisor. And that is the case in any proving I have ever published. Homeopaths are now free to ignore, compare, study or use these symptoms according to their individual preferences and understanding. Of course, these symptoms are NOT put into final materia medica or repertory; I would hope that this is clear to everyone.

However, if Herscu is making a prior assumption that placebo provers should experience nothing, this is a further mistake from several points of view. In the first place, prior assumptions are prejudiced and therefore not scientific. In conventional RCT trials researchers compare verum to placebo because they assume the placebo takers will have no symptoms and represent zero effect. But not only is this theory now outdated, it certainly does not apply to collective provings with dynamic remedies. Furthermore, if placebo takers in an RCT trial did develop symptoms, one would hope they would be published too.

If you ask Rajan Sankaran, Misha Norland, Divya Chabra, Anna Schadde, and many others who have done multiple provings they will confirm the curious phenomenon that placebo provers and supervisors have significant symptoms. But they let you decide for yourself if you want to evaluate them or not, rather than ignoring or suppressing them. The observation of very many homeopaths cannot be ignored.

I recently published a study on provings, undertaken together with Professor Harald Walach from the University of Freiburg, who is an expert on research in alternative and complementary medicine. We found that a statistically significant non-local effect was shown, meaning that the proving affected placebo provers with symptoms of the remedy. This study was later repeated with similar results.

The question arises as to why would Herscu bother to use placebo provers, if he is so sure they’re not going to get symptoms? What happens if they do get

symptoms? Two possibilities: Either he will eliminate them due to a prejudiced notion that it is impossible for placebo provers to be affected, in which case no one can evaluate the data, or he will claim that these symptoms are background noise, a major point of concern in his general approach to provings, and therefore eliminate all similar symptoms. This would be a huge mistake, because if the proving *has* affected the placebo group, as many experienced provers have observed, you have just eliminated some very significant symptoms!

As a scientist, the name of the game is to observe and interpret, not change the facts, however unusual they are. If placebo provers and supervisors get symptoms, then this has to be noted as a fact of the proving experience. Should we say, “Don’t confuse me with the facts,” or assume that these people are unreliable or lying about their symptoms. Which shall we choose? In my experience, homeopaths are very reliable because they want to produce the best for the profession. It’s amazing to see how placebo provers in a triple-blind experiment produce significant symptoms clearly related to the substance and totality. Shouldn’t we investigate this phenomenon, rather than hide it from the reader?

Being a true scientist does not mean making ‘a priori’ assumptions, but trying to understand what happens in reality. It is the prejudice of science to the potency issue that prevents it from accepting homeopathy. They say, “Homeopathy can’t work because it doesn’t fit into our paradigm. It is beyond Avogadro’s number and therefore it is nonsense.” What scientists should say is; “This phenomenon happens, now let’s try and explain it.” We homeopaths should not repeat the same mistakes in our own ranks.

My understanding of this placebo or non-local effect phenomenon is that a proving is an artificial epidemic and epidemics are *infective*. When you infect the collective vital force with a dynamic proving, that infects anyone in the physical or energetic proximity. I call this induction, and it is a well-known phenomenon. Start ten pendulums in a room swinging in different frequencies, they’ll synchronize to the same frequency. Ten women living in the same house will menstruate at the same time. If you infect one person with a disease or with an idea, nearby people will resonate in some way and produce symptoms.

Hahnemann says that psora is the most infectious disease in the world. All a midwife has to do is look at that baby and it will be infected with psora. Now how does that happen? How does she infect that baby with psora by just looking at him? How does a placebo prover get infected? These are things we should think about,

otherwise we get pulled back into a rigid paradigm, like so many disciplines that use the language of science, but have violated its spirit.

When a group of people are connected in some way, they start to build a communal vital force, and are easy to infect. For this reason I conduct provings with groups that have studied together for two years, because this creates a communal vital force. The provers also feel much safer. Some proving masters use randomly assembled or even paid provers, or unconnected groups in different countries, and these proving will not be as effective. According to his book, Herscu's proving of *Alcoholus* was given to unconnected groups of people and spread out over a five-year period with no provers' meeting. In such a way you would lose much of the epidemic effect which creates a totality of 'as if one person.'

Proving on a well-integrated group amplifies the proving. This is how you form an integrated totality, like a beehive or a school of fish. All the bees form a giant organism, all the fish turn at exactly the same moment. This is because they form a giant organism; they become one organism from being in close proximity.

Looking back on many of my provings, I realize how profoundly they affected my life at the time, in ways I could not perceive while I was in them. It is as if life reflected the particular proving I was doing, as did the creative works or books I wrote at the time. Many provers have noticed this.

In this regard I must comment that Herscu has repeatedly and publicly stated that I have claimed that the proving of *Adamas* effected a change of regime in South Africa. I can categorically say that I have never thought or said anything of the sort! I have, however, pointed out the interesting parallels between the essential nature of this proving and the imbalanced apartheid regime, and the curious synchronicity of the proving being conducted in South Africa in the same year that this regime came to an end. There is a big difference between these two statements.

Choosing symptoms

NT: Herscu writes: "There are no descriptions in the book as to which symptoms to take."

JS: On pages 76-78 of *Dynamics and Methodology* I describe in considerable detail, what symptoms to include and what symptoms not to include. This section is based on the *Organon* and other historical sources, as well as my own experience. Herscu has freely quoted this section in his book. I'm not claiming to have created a

new method. Everything I wrote is based on Hahnemann, Hering and the other great provers of homeopathy, and therefore I stand by it with confidence.

Therefore I am puzzled by this assertion, unless he is criticizing me for not selecting symptoms according to his model of Cycles and Segments. This is unscientific and has never before been seen in homeopathic philosophy. Choosing symptoms according to one's perception of the remedy is simply prejudiced and unacceptable. Imagine if I chose only those symptoms fitting 'Verb' analysis. Imagine Sankaran selecting symptoms based on his miasms, or Scholten accepting only those symptoms fitting his model. Imagine scientists doing RCT's selecting only those effects that match their expectations? Pharmaceutical companies are getting sued for that. This is the cart pulling the horse and I really find it very disturbing. I think Hahnemann and Hering would do back flips in their graves.

I wonder if there is some confusion between choosing symptoms and filtering out symptoms that do not fit his model. More problematic is his advocacy of doing this filtering at the prover – supervisor stage (individuals supervising provers, not conducting the proving), meaning that those filtering out symptoms have insufficient experience. Hahnemann says in Paragraph 142 that this operation "is a subject appertaining to the higher art of judgment, and must be left exclusively to masters in observation." i.e., not provers or supervisors.

Furthermore, these supervisors have not perceived the whole proving, so they are basing their filtering on a fragment of the proving. Imagine two provers getting an interesting symptom, but the supervisor decides to filter it out before it gets to the Principle Investigator (PI), as Herscu suggests. Now the PI will never know that two provers had the same symptom and the supervisor might eliminate both.

Herscu suggests that if symptoms don't fit his model, the PI should keep primarily those symptoms that are common to several provers. If you follow this method, many valuable individual symptoms will be lost. By definition, it is the unique symptoms of one individual that make the characteristic, strange, rare and peculiar of a remedy. Using only symptoms of several provers will lead to the results being as flat as old champagne!

In addition, Herscu recommends choosing symptoms that match the toxicology of the substance. This is reminiscent of Hughes, who emphasized toxic provings. Herscu apparently assumes that provings in potency will not produce a range of symptoms that do not have an echo in the toxicology of the substance. Since I have

collected the toxicologies of *Scorpion*, *Brassica*, *Chocolate*, *Germanium*, *Plutonium* and *Taxus*, I can say unequivocally that there is much more to a proving than symptoms directly related to toxicology. I don't think that anyone poisoned by phosphorus developed a desire for ice cream or fear of thunderstorms.

Eliminating a symptom because it doesn't fit your perception of the remedy is extremely prejudicial. In his zeal to be over scientific Herscu, according to his book, scratched eighty-five percent of his provers' symptoms! It takes a long time to perceive the totality and meaning of a new proving, and different people have different ways of understanding. If another homeopath was the PI of Herscu's proving, and used another method of filtering, we would get a totally different picture. Herscu's technique eliminates the possibility of each homeopath being able to understand the proving in their unique way. Herscu believes that his Cycles and Segments should be a universal method, but it is not up to the PI to dictate how we should perceive a proving.

It seems that the thread going through Herscu's book, which he calls philosophy, is in reality only his model of Cycles and Segments and Stresses and Strains. I have no comment about this model. A model is only a model, a way of perceiving the world. It is just a tool, and it has uses and limitations. But it is never a philosophy and should certainly never be used as a filter of truth.

Doubtful symptoms

NT: Herscu states that doubtful symptoms are included too easily. He is concerned that many proving symptoms may be due to 'background noise'.

JS: This is of course a possibility. Many events occur in our lives that have no obvious connection to the proving. Maybe a grandmother dies, or we win the lottery, or our Venus is square to Neptune. This is only natural. For this reason I have many stages of careful elimination during the proving. All my provers are homoeopaths and most are practicing. They are very aware of the possibility of random events. Each prover has their case taken before the proving and writes down their normal symptoms for a week before the proving begins to provide a baseline. Following this, they are interrogated daily by supervisors, thereby providing an extra filter. The proving is then carefully edited by experienced homeopaths, taking great care to eliminate events that are definitely unconnected to the proving. However, at these early stages you do not know what is random and what has some connection to the overall pattern. These things only become clear once the overall pattern is revealed, and this takes time and clinical experience. If

we leave something out due to fear of background noise, we also risk losing an important symptom.

When I was a beginner with provings I was also over cautious about this. In fact in the first edition of *Dynamics and Methodology* I wrote, “If in doubt leave it out.” But in the next edition I will revise that rule. This debate raged in homeopathy in the nineteenth century, and the verdict of Hering and other masters was, “If in doubt leave it in.” Initially I didn’t want to include symptoms I was not sure about, so I nearly eliminated the ‘Desire to move to the country’ out of *Chocolate* and the ‘meeting with God’ out of *Hydrogen*. According to Herscu’s criteria these would be gone. I can’t begin to tell you how many symptoms I doubted that later proved to be clinically important. But thankfully, based on the masters’ teachings, I decided to keep them in. On the other hand, in the first *Brassica* proving we used over-stringent criteria. The proving was so flat that it was unusable. I had to do it again.

Let me give another small example. In the proving of Neon I had a peculiar symptom. I woke in the night with coryza pouring from my nose, and to my great surprise it glowed in the dark. I thought it was very strange and apparently so did my supervisor, because he entered ‘Delusion his catarrh glows in the dark’. The symptom nearly got edited out due to over zealous editing. Since then I have had clinical confirmation of this symptom in four cases. Recently I saw a patient who I have treated for many years with little results. Finally she volunteered the strange symptom of glowing catarrh. I gave her Neon with excellent overall results. It is a shame when so many good symptoms get hacked out due to over-scientific paranoia.

In Par 138 Hahnemann says: ‘*All the sufferings, accidents and changes of the health of the experimenter during the action of a medicine are solely derived from this medicine, and must be regarded and registered as belonging peculiarly to this medicine, as symptoms of this medicine‘.* Note the words ‘All’ and ‘Accidents’. ‘Accidents’ is a translation of the German *Zufal*, which literally means ‘to fall upon one’, or a ‘befallment’, in other words a coincidence. There is a very fine line between random coincidence and synchronicity. And it is impossible to tell which is which at an early stage. All I can say is that when you experience many provings, you learn to see how meaningful many of these incidents are. If the odd symptom turns out to be random background noise, it will not spoil the proving, because it is the meaningful totality that counts.

The old provings are full of fleeting and momentary sensations and emotions of

single provers, because the older generation understood the wisdom of Hahnemann's instructions and followed them. Most of the symptoms in our materia medica that have become characteristic keynotes were symptoms of this kind. The haughtiness of *Platina*, the isolation of *Camphor*, the dictatorial nature of *Lycopodium,* all based on a single prover's experience. There are many more examples like that.

I have understood that a proving is NOT a final materia medica. A proving is a suggestion for materia medica and can never be a one hundred percent final document. Every additional prover will add new symptoms. Therefore, if the new prover weren't part of the proving, we would not know these symptoms, so how can a proving be a final document? Likewise there is always some background noise.

For this reason materia medicas should be finalized based on clinical experience. More importantly, not every proving symptom should be included in the repertory immediately. This is a common mistake with new provings these days – every little symptom is added into the repertory by repertorizing experts who do not really understand the proving, or by proving experts who are not expert repertorizers. This is a serious problem. My solution is to mark out the symptoms that I know to be definite and meaningful for the experts to repertorize. Hence you do not see *Germanium* or *Neon* or *Plutonium* flooding the repertory like so many other new provings. This is where the filters are applied.

Herscu's mistake is trying to apply conventional scientific methodology to provings, and this kind of science chokes a good proving. A proving is very different from a conventional RCT, in which the statistical predominance and repetition of a phenomena increases its significance. It is the unique symptoms of the individual, often very subtle, that make a rich and useable proving. 'Less is more' applies to provings, too.

Constitution

NT: Could you make some comment on references to the constitution of the prover? Herscu writes that we need to choose provers of different constitutions to bring out a variable picture. He says that this has previously been ignored in every proving but is as important as the remedy chosen. He feels it is important to know the constitutional type of the prover in order to know who might react to the proving substance.

JS: This is an interesting but impractical suggestion. These ideas look good on

paper but do not work in reality. It would mean choosing a small number of provers from a large group of possible provers. But where do you find all these volunteers, how exactly do you sort their different constitutions and how long will it take? In my experience all this is unnecessary – all provings show a wide enough variety as it is. There is a huge amount of possible interactions between a random group of people and a proving remedy.

Let's say you prove *Granatum* on a *Calc-carb* constitution. The proving symptoms will be those shared by *Granatum* and *Calc*. If you prove *Granatum* on a *Platina* patient, the proving symptoms will be those shared by *Platina* and *Granatum*. By proving on many constitutions you get the whole array of totality. But it is also true to say that many of the symptoms will come from deeper unseen layers of the provers, and do not belong to their uppermost remedy. Even if you proved *Granatum* on ten *Calc carb* constitutions, there would be a big variety of symptoms, and this will never happen in a random selection of provers.

Herscu suggests emphasizing the symptoms of 'constitutional' remedies which are close to the proving remedy.

1. How do you know which remedies are close to the proving remedy, as you don't yet know the action of the proving remedy.

2. It is the same error as before, of thinking that a curing (similar remedy) is a proving. He claims that the supposed similarity of proving remedy to constitution will produce new symptoms, but this is in contradiction to known philosophy (Par 249, 256 etc). **Similars cure and produce old symptoms. Dissimilars produce new symptoms.**

All the remedies that we use and love including *Sulphur*, *Aurum*, *Calc carb*, *Lycopodium*, *Magnesium*, *Alumina*, *Platina*, *Phosphorus*, *Lachesis*, *Pulsatilla, Silica* etc, are based on provings that had none of Herscu's stringent demands; no proving definition, no known provers' constitutions, and without selection of symptoms according to a prior model, yet they are outstanding pools of clinically invaluable information.

Potency

NT: Herscu states that you "suggest the use of one potency over another." Any comments?

JS: Really? I can't remember or find reference to my ever saying that. In fact I use

a wide variety of potencies in my provings, usually 12C, 30C, 200C, LMs and C1,2,3,4.

Herscu repeats Vithoulkas' assumption that provings should be done in toxic to medium potencies and then repeated on sensitive provers in higher potencies. I have no problem with this assumption, and I discuss it in my book. This kind of suggested methodology is typical of armchair provers. It sounds nice in theory but is very impractical; it would take years to do one proving and you would end up with an excessive amount of information. More important, it appears to disregard the suffering that the provers have just been through. A proving is not always a walk in the park. How easy do you think it would be to convince oversensitive provers to go through such an experience again in higher potency, with all the time and effort involved?

To my knowledge no such provings have been conducted by anyone in homeopathic history, including Vithoulkas or Herscu, except one recent proving by an Israeli homeopath, Michael Chein. Following Vithoulkas' suggested methodology, he did a proving with Ritalin. First he poisoned one group with the actual drug on a daily basis, and later he gave them higher potencies. A second group did a normal proving of Ritalin in potency. Conclusion: No observable difference between the two provings.

Choosing a substance

NT: Dr. Herscu writes, "It is true that anything can be proven and anything can become a remedy. It is not true that all remedies are and will be equal. Since Jeremy is so concerned about wasting the energy of our community, he could have and should have laid out the reasoning of why certain things should be proven, as done in *Provings*, *Volume One* and as Vithoulkas does in this volume." What are your thoughts?

JS: Of course it is not true that all remedies are equal. Just like all people are not. They are all different, but they all have a place. Is Herscu advocating that some remedies are not equal and therefore are not valuable? Does that mean we eliminate those that are not equal? Is he suggesting that we should favor Toxic *Mercury* over non-toxic *Pulsatilla* and *Lycopodium*, or mighty *Sulphur* over insignificant *Formica* or *Bellis*? I have never known a decent proving that was not worth the effort. All of nature's treasure chest can be used for provings.

I have never expressed a specific concern with the community wasting time and

energy, but more to the point, I cannot agree with the implication that the proving of 'unequal' remedies is a waste of time. It is good to prove remedies big and small. Any proving, however minor, can help someone somewhere, and any amount of work is worthwhile for this mission.

Though I always explain my reasons for choosing a particular proving substance, I do not give guidelines for others. I believe that this is a very individual pursuit and I do not wish to dictate to people how they should think, or feel, or choose. People have different interests. People choose substances that they have always been interested in, or by scientific inquiries, or dreams or omens. Who are we to dictate to people what can be proved or not? Who dictated guidelines to Hahnemann that he should create and prove the weird concoctions known as *Causticum* and *Hepar sulph*? If we limited the choice of our provings to strict criteria and put it all in neat little definitions, homeopathy would be much poorer.

To my mind, a waste of energy for the community is over-proving remedies. Herscu proved his remedy over five years with one hundred and fourteen people. According to his book he used only fifteen percent of the symptoms. At this rate we would have very few remedies in homeopathy today, and I doubt they would be of more value.

NT: Given the great amount of conflicting ideas and personalities within the micro-world that is homeopathy, do you have any thoughts on the attitudes, the approach, that will allow us to find greater professional harmony and unity of purpose?

JS: Hopefully these comments will lead to learning and better understanding of the subject of provings. There is much diversity in homeopathy today, so we should respect our differences while being able to discuss them openly.

Let me finish with a story.

There was a long-standing Jewish community in which everyone was arguing: "Should we say the main prayer standing up or should we say it sitting down?" They quarreled and fought over this issue for years. It nearly came to violence and was threatening to tear the community apart.

Finally, they decided to go and ask the old Rabbi to establish once and for all what the tradition was. So they went to the Rabbi, who was on his deathbed, and they asked; "Dear Rabbi, you have been our guide for many years. Please tell us the tradition."

The Rabbi agreed to tell them.

Immediately one group rushes forward and says, “Please, Rabbi, tell them the tradition is to stand up while we pray. That was always the tradition!”

The Rabbi groans, “No, that’s not the tradition.”

Then the other rushes forward and says, “That’s right Rabbi! Please, tell them that sitting down was always the tradition! Tell them!”

But the Rabbi, who can barely speak, mumbles, “No that’s not the tradition, either.”

Both groups were confused and implored the Rabbi “Please Rabbi, we can’t go on like this, we’re killing each other. The community is breaking apart.”

And the Rabbi replied, “THAT’S the tradition!”

And that’s the tradition in homeopathy.

Homeopathy is about individuality: freedom of the individual to be strange, rare and peculiar, and this leads to conflict. There’s a wonderful book called *Pioneers in Homeopathy*. It’s out of print but I’m fortunate to have a copy. It’s the personal stories of all the homeopaths of Hahnemann’s time and a few years afterwards - Stapf and Gross and many others that nobody remembers today. The stories are full of the same discussions and arguments about the same issues we have today. That’s the tradition.

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Jeremy Sherr was born in South Africa and grew up in Israel. He began his studies at the College of Homoeopathy, London, in 1980 and completed a degree simultaneously in Traditional Chinese Medicine. Though he practices classical homoeopathy exclusively, his knowledge of Chinese Medicine shines through his homoeopathic thinking.

Jeremy was the first to re-develop the science and art of provings after a century of near silence. In 1982 he conducted his first proving of Scorpion, and has since completed 23 Hahnemannian provings, including Hydrogen, Chocolate, Diamond, Salmon and Germanium. These remedies are now well established in our repertories and materia medicas, and are being used successfully all over the world. Jeremy’s work “The Dynamics and Methodology of Homoeopathic Provings” has become the accepted guideline for provings, and has been translated into

French, German, Italian and Russian. His latest book, “Dynamic Materia Medica – Syphilis” is an innovative presentation of his unique ideas on philosophy and materia medica that has received excellent reviews worldwide.

Jeremy began teaching while still in college. He taught in most British schools, and began the Dynamis School in 1985. His school is the longest running post-graduate course in the UK. He has taught the Dynamis curriculum throughout Europe and North America, and has lectured in Australia, New Zealand, South Africa, India and China. He maintains a busy practice in Malvern, New York and Tel Aviv.

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