

# The Homeopath



The Society of Homeopaths  
*representing professional homeopaths*

AUTUMN 2010 | 29:2

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## Healing Conflict

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# The fairer sex

By Lisa Decandia, Christel Lombaerts and Val Probert

As a professional community we are aware that a gender bias does exist (Morell 1998). Morell analysed articles, journals and books written both in the United Kingdom and overseas from 1988 to 1994. It seemed odd to him that although homeopathy was dominated by women practitioners most of the writing and editing was done by men. He stated that the "women appear to be doing the work of homeopathy and the men are getting items published."<sup>[1]</sup> He continues to say that there is a "definite, in-built and unwarranted male bias, just as there is in many other areas of life."<sup>[1]</sup>



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Gender bias also exists in our homeopathic literature. When reading *Materia medica* certain remedies such as *Sepia*, *Pulsatilla nigricans*, *Platina*, *Cimicifuga*, *Lilium tigrinum*, *Sabina* and *Secale* appear to have a focus on female related symptoms. We see statements declaring "this is a women's remedy"<sup>[2]</sup> and *Sepia* would be "suited to a tall, slim women, with narrow pelvis and lax fibers"<sup>[3]</sup>

*Pulsatilla* is described as the soft type, who can be easily swayed, while *Lilium tigrinum* is often indicated for "single women with uterine or ovarian affections"<sup>[4]</sup>. Vithoulkas<sup>[5]</sup> describes the remedy *Platina* as a sensual woman with a sensitive nature, idealistic and haughty.

These renderings paint colourful pictures which leave an indelible imprint on how the remedies are remembered.

A search through the homeopathic repertory *Synthesis*<sup>[6]</sup> finds rubrics such as: Generals, Women, complaints of; Generals, Weakness, nervous, women, in; Mind, Restlessness, women, in; Mind, Housekeeping, unable to do housekeeping, women, and Nose, Epistaxis, young women. The remedies mentioned above appear over and over in these and similar rubrics. How is it that they appear this way in the repertory? Why is it that these remedies are considered female remedies?

## Gender issues in provings and the building of the *Materia medica*

It would make sense to list a remedy in the above mentioned rubrics if it had produced symptoms mainly or exclusively on the female system. However most remedies listed above have a wide range of action beyond the female sphere and not all of them have had a thorough proving. Some remedies were used in folk medicine for painful menstruation or to induce or prevent abortion. The herbal uses of *Cimicifuga* and *Sabina* show strong affinities for the female reproductive systems. In his book, *Herbal Wisdom*, Matthew Wood says "The

American Indians have given us ten times as many female remedies as any other culture. The name *cohosh* is an Indian word which is associated with pregnancy and Black Cohosh (*Cimicifuga*) was used by the Indians for menstrual problems and as a parturient in the late stages of labour."<sup>[7]</sup> Robinson describes *Sabina* as "a powerful cathartic, acting especially on the uterus...it indicates a more powerful determination to the uterus than any other plant I have employed."<sup>[8]</sup> From their use as herbal medicines for women, these remedies found their way into homeopathy with this narrow focus when in fact they have a wider range of action<sup>[9]</sup>

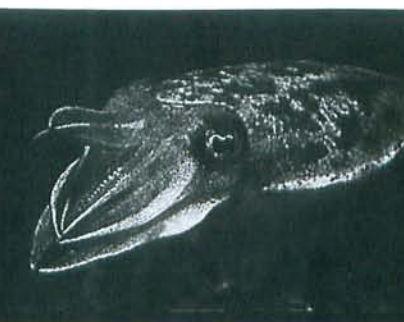
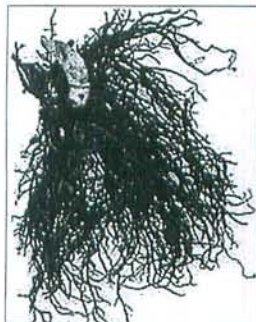
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"Womens Remedies!"

Original remedy provings supply us with valuable symptom information, but in some cases there appears to be confusion as to 'who' the actual provers were. For example, looking at the list of provers in the *Materia Medica Pura*, it appears that *Pulsatilla* was proved only by male provers<sup>[10]</sup>; which begs the question, how were female symptoms added to the proving? Continued study of the provings reveal that in some situations, the 'provers' were actually recorders of the proving symptoms as in the case of Nenning who paid female provers to do provings<sup>[11]</sup>.

Another striking example appears in the proving of *Platina*. It is well known that most of the *Platina* symptoms come from one female prover<sup>[12]</sup>. However, Hughes<sup>[13]</sup> also relates proving symptoms from a male who developed an itch, urethritis, stomach acidity and a headache. Of the *Platina* provings, Dunham says that "amongst the symptoms observed by women, as well as men, the effects on the mind are noteworthy."<sup>[14]</sup> He also says, "Whether *Platina* is suitable only for irritable, excitable females, as the majority of writers assume, I shall leave undetermined."<sup>[15]</sup> Nevertheless, the picture of *Platina* as a haughty and hysterical female has been carried on by contemporary homeopaths. Vithoulkas<sup>[5]</sup> says it most readily affects women who are sensitive, sensual and idealistic. Scholten<sup>[16]</sup> describes *Platina*'s typical symptom as her pride and touchiness and Bailey states, "as far as I know, *Platina* is an exclusively female remedy-type."<sup>[17]</sup> Interestingly, in the older literature, Lippe records *Platina* symptoms using the pronoun "he" and says, "He thinks himself very great."<sup>[18]</sup> More recently, Jeremy Sherr<sup>[19]</sup> reports on a 1980 proving by Julian where many of the physical and mental proving symptoms were recorded in a gender neutral format.

Allen<sup>[20]</sup> notes that Hill and Douglas' proving of *Cimicifuga* was carried out on 46 provers; 40 men and 6 women. Nine of the

450 proving symptoms were specifically female symptoms which leaves over 440 symptoms that could be used for either male or female patients. One symptom that is noted by Hill and Douglas is the following: "It produced nausea, vomiting and much gastric irritation in the six women, while in 40 men it was hardly noticed as affecting the stomach in the least"<sup>[21]</sup>

Hill's report that none of the male provers presented with the symptoms that the female provers experienced, is refuted by Hale who believes it was originally put forth to favor the idea that *Cimicifuga* was specific to nearly all diseases of women.<sup>[22]</sup>

Some *Materia medicas* provide a more focused or narrow version of a remedy picture, concentrating on certain aspects or spheres of action. Then, authors such as Boericke<sup>[2]</sup>, Kent<sup>[3]</sup>, Vithoulkas<sup>[5]</sup>, Bailey<sup>[17]</sup> and many other influential writers and lecturers have added their own 'spin' or bias creating an 'archetypal' portrait of the remedies. This evolution from herbal beginnings to proving symptoms to remedy portraits has contributed to the idea that certain remedies are considered female.

It has also been shown that state of the art provings are not always represented correctly in the repertory or the *Materia medica*<sup>[23]</sup> as information is omitted, translated incorrectly or information belonging to the prover and not to the remedy is recorded in the repertory. Furthermore, additions have often been made without following the guidelines laid out by Hahnemann, resulting in repertories that may misguide homeopaths<sup>[24]</sup>.

### Gender issues in teaching *Materia medica*

The archetypal pictures of the remedies come initially from lectures for graduate students written by Kent in the early 1900's<sup>[25]</sup>. In the Introduction to Kent's *Materia Medica of Homeopathic Remedies*,

Savage says "It is recorded that for his *Materia Medica* lectures Kent would open one of the ten volumes of Hering's 'Guiding Symptoms' and would give the picture and personality of every remedy discussed."<sup>[26]</sup> Over the years, the pictures of the mental and emotional states of the remedies were further developed until they had distinct personality characteristics and had become psychological types.

*Sepia* can be used as an example here as it has a thorough proving<sup>[27]</sup> with no special emphasis on the female reproduction system but rather on the bowels and skin<sup>[10]</sup>. Yet *Sepia* is portrayed as the "washerwoman's remedy" in Allen's keynote<sup>[20]</sup>, which was copied by Clarke<sup>[28]</sup>. Later authors continued picturing *Sepia* as a woman "not well built as a woman"<sup>[29]</sup> or "representing an archetype of the woman"<sup>[17]</sup>. Also Timmerman<sup>[30]</sup> takes *Sepia* as an example for the female development through C4 triturations, adding to the *Sepia* stereotype picture. As a result, *Sepia* has been labelled as a female remedy due to the repeated emphasis on both the female physical ailments and the typical female emotional state! Modern research in homeopathy keeps focusing on *Sepia*'s action on the female reproductive system. *Sepia* is mentioned as a homeopathic treatment for hot flushes in menopausal women<sup>[31]</sup><sup>[32]</sup><sup>[33]</sup>, as one of eighteen homeopathic remedies prescribed for menstrual irregularities<sup>[34]</sup> and is understood to act on hormonal balance<sup>[35]</sup>.

There is a tendency for students first studying homeopathy to want simplified answers about the remedies and so it can be a seductive thing for a teacher to provide them with 'packages' of information and 'archetypes.' The archetypal presentation can also increase the 'entertainment' value when teaching *Materia medica*. To begin a lecture by quoting the Mourning Bride, "hell hath no fury like a woman scorned"<sup>[36]</sup> and then launching into the emotional realm of



the scorn and naughtiness of the remedy *Platina* makes for a great class when the remedy is described this way compared to scouring through the 527 symptoms of the proving in the *Materia Medica Pura*<sup>[10]</sup>.

Of course themes and essences provide the patterns needed to make sense of all the information. They make the remedy and each new proving easier to understand, but this is only a shortcut to grasping the remedy and by no means its complete picture. Rosenbaum<sup>[37]</sup> states that Kent refused to admit the explicative or descriptive materia medica could be suitable substitutes for provings or pure materia medica. The reason he introduced the remedies in a dialogue-like manner was that he felt that remedies were to be understood rather than memorised and this was the best way to achieve this. Even Vithoulkas himself insisted that his 'essences' were one-sided pictures of remedies<sup>[61]</sup>. To teach materia medica this way simply perpetuates the stereotypes and the biases that come with it.

### Gender issues in practising

Another aspect of the profession contributing to the concept of a 'female' remedy is the prevalence of female patients and prescribers in homeopathy. As more women than men study homeopathy and see proportionally more female patients<sup>[1]</sup> <sup>[38]</sup> who may seek help for hormonal problems, it seems logical that these 'female' remedies will come up more often in their practices. Treating more women with particular female-related symptoms may be one of the reasons that certain remedies are understood to be female as these polycrysts are used more often in clinical practice.

Morell<sup>[1]</sup> argues that women are more likely to be dissatisfied with allopathic treatment and seek out alternatives such as homeopathic treatment. Perhaps more women seek alternative treatment as a result of the culture they live in. In her book, *Women's Bodies, Women's Wisdom*, Northrup<sup>[39]</sup> talks about the patriarchal myth in health and healing and suggests that "A culture that is unsupportive of women sets the stage early on for health problems because the context of a woman's life contributes greatly to the state of her health." <sup>[39]</sup> She goes on to say that as a result of living in a patriarchal society women suffer from diseases of the organs that are unique to females. This could also explain our use of specific female remedies for these conditions.

### Precluding gender bias in building the Materia medica

As the homeopathic *Materia medica* is already vast and is constantly updated with clinical symptoms, the challenge is first to define the real value of provings, both old and new, and the value of clinical experience<sup>[40]</sup>. Information that comes from poisonings, experiments and clinical cases, from Hahnemannian and other provings needs to be identified and differentiated.<sup>[41]</sup> <sup>[42]</sup>

Repertory rubrics that attribute symptoms to women also need to be critically revised and many of the remedies need to be re-proved by both males and females in order to bring out the full symptom picture. An open knowledge base where information is shared and contributed to by all members of our homeopathic community would be a helpful tool. Mangialavori says "I think it's important to try to create a kind of community, otherwise there's an increase in the amount of data, but not an increase in the amount of information or an increase in the quality of this work."<sup>[43]</sup>

### Precluding gender bias in teaching the Materia medica

Teaching students to access and assess the *Materia medica* information available has always been important in homeopathic education. Discussions on how to study and teach *Materia medica* in homeopathic journals date as far back as the turn of the 20th century. Studying the *Materia medica* by comparison<sup>[14]</sup> <sup>[44]</sup> <sup>[45]</sup>, from provings<sup>[46]</sup> or from the repertory<sup>[47]</sup> are recommended practices. Savage mentions<sup>[26]</sup> that Kent advised his students to always refer back to the original sources for information; these sources being Hahnemann's *Materia Medica Pura*, *Herings Guiding Symptoms* and Allen's *Encyclopaedia of Pure Materia medica*. Isbell<sup>[47]</sup> states that the basic skills that have to be developed in order to practise homeopathy can be sharpened by prompting the student to assess critically the proving and repertory symptoms. Therefore, students should be given the necessary tools, guidance and encouragement to locate and critically analyze this information.

Presently instructional designers can draw from a vast body of scientific knowledge on education to design a *Materia medica* class<sup>[48]</sup> with an emphasis on using homeopathic tools and developing a critical approach. As most students in homeopathy are adults, their learning styles have to be taken into account when designing a

course<sup>[49]</sup> <sup>[50]</sup>. Adult learners in general will prefer to participate actively in a meaningful way. Making things graphic<sup>[51]</sup>, encouraging student interaction and providing access to a wide range of materials may help achieve this.

The challenge remains to teach the *Materia medica* in a lively manner without reducing the information to personalities or essences. However, lectures do not normally provide opportunity for practice or for the active expression and testing of thoughts. Two options remain open in teaching *Materia medica*: either studying the textbooks, for example comparing and linking repertory rubrics or proving symptoms to discover the genius of the remedy; or using problem-based learning (PBL) starting from clinical cases<sup>[52]</sup> or from conducting a proving<sup>[53]</sup> to explore the characteristics of the remedy or group of remedies. PBL has the advantage to draw on the students' capacity to think critically<sup>[54]</sup> and to improve performance<sup>[55]</sup>. However, in focusing on students' learning skills and styles, PBL may cause knowledge deficiencies at the end of the curriculum<sup>[56]</sup>.

In short, educators need to go beyond just giving the picture of the remedy. Teachers should enable the student to develop skills of investigation and enquiry that do in fact go beyond an essence education. These skills will stay with the student to ensure that their knowledge continues to grow and allows them to stay abreast of contemporary health needs long after their formal education is complete.

### Precluding gender bias in practice

It may prove impossible to ban each and every form of bias from practising, much in the same way that "the unprejudiced observer" is often considered to be an unreachable ideal<sup>[57]</sup>. Therefore it is crucial to foster a critical attitude in all aspects of practice. Indeed, as stipulated in the Code of Ethics and Practice of the Society of Homeopaths<sup>[58]</sup>, the homeopath should systematically and critically evaluate professional knowledge and research. Systematic peer review should be incorporated in practice in order to continually challenge narrowing concepts such as "female remedies" that may blind the prescriber from varying situations where the remedy is indicated.

New developments in homeopathy such as the teachings and ways of prescribing of the Bombay school may help forestall bias



in practice. In accordance with Hahnemann's aphorism 11<sup>[59]</sup>, practitioners of the Bombay school consider signs and symptoms that are produced in disease as merely the expressions of the disturbance of the vital force. The remedy substance in their view represents the core – or source – of these expressions<sup>[60]</sup>, hence gender plays no part in their method of remedy selection.

## Conclusion

In questioning the concept of female remedies, traditional uses of some herbs have been examined that may have indicated that certain remedies might be better suited for female organs. Some homeopathic provings have given us

specific spheres of action targeted to female organs and systems. In looking at the evolution of the materia medica it becomes clear how a bias can occur due to the interpretation of the author. How Materia medica is taught and learned has contributed to a one-sided portrait of female remedies. Finally, the majority of homeopathic patients happen to be female and many of them respond well to such remedies as *Sepia*, *Pulsatilla* and *Platina*; hence practitioners start to think of these remedies as female. All of these situations may have an impact on how homeopathic remedies are perceived and how some may be considered for females.

Relying on 'essence' Materia medica as a way of learning may provide a quick 'fix'

but an approach to studying and teaching the 'phenomena' of the original provings will provide a clearer foundation for understanding. Clarification may be needed for some of the remedy provings if it is unclear how proving symptoms have been entered into our Materia medica and repertories.

Some remedies in our Materia medica are considered male remedies, while some are considered remedies for the elderly and others are children's remedies. This may be, but students, practitioners as well as educators in homeopathy must try to remove the bias put on these remedies and consider the profound action of homeopathic medicines which go beyond the 'labels' previously attached to them.

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