

Drug Relationships in Homeopathy

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Introduction

Repeated discussion has taken place on the interactions which may feasibly occur among homeopathic remedies - especially as concern possible problems involving homeopathic combination remedies. Any consideration of these questions should begin with a distinction drawn between therapeutic and chemical interactions. Considerable discussion has been conducted on such phenomena in the sense of therapeutic interactions among single homeopathic remedies, as well as on interactions involving non-homeopathic substances. In addition, a great deal of controversy has arisen on these topics. In any event, the possibility of interactions of chemical nature cannot be precluded in mother substances or very low potencies. Such possibilities must indeed be appraised individually according to toxicological data.

The following presentation will exclusively treat the so-called therapeutic interactions as mentioned above; no further elaboration on chemical interactions will take place within this context.

Therapeutic interactions among homeopathic remedies are based on the similarities and/or on the differences in homeopathic pathogenesis, or on similarities and/or differences in the spectra of therapeutic activity of the respective remedies. Fig. 1 depicts a partial selection of the possibilities encountered for such orientations of therapeutic action.

To begin, it may prove helpful to provide clarification on the types of therapeutic interactions known in homeopathy. The consequences of such interactions on therapeutic success will also receive attention below. The general principle applies that all interactions among homeopathic drugs are subject to the Law of Similars. This means that the similarity or the dis-

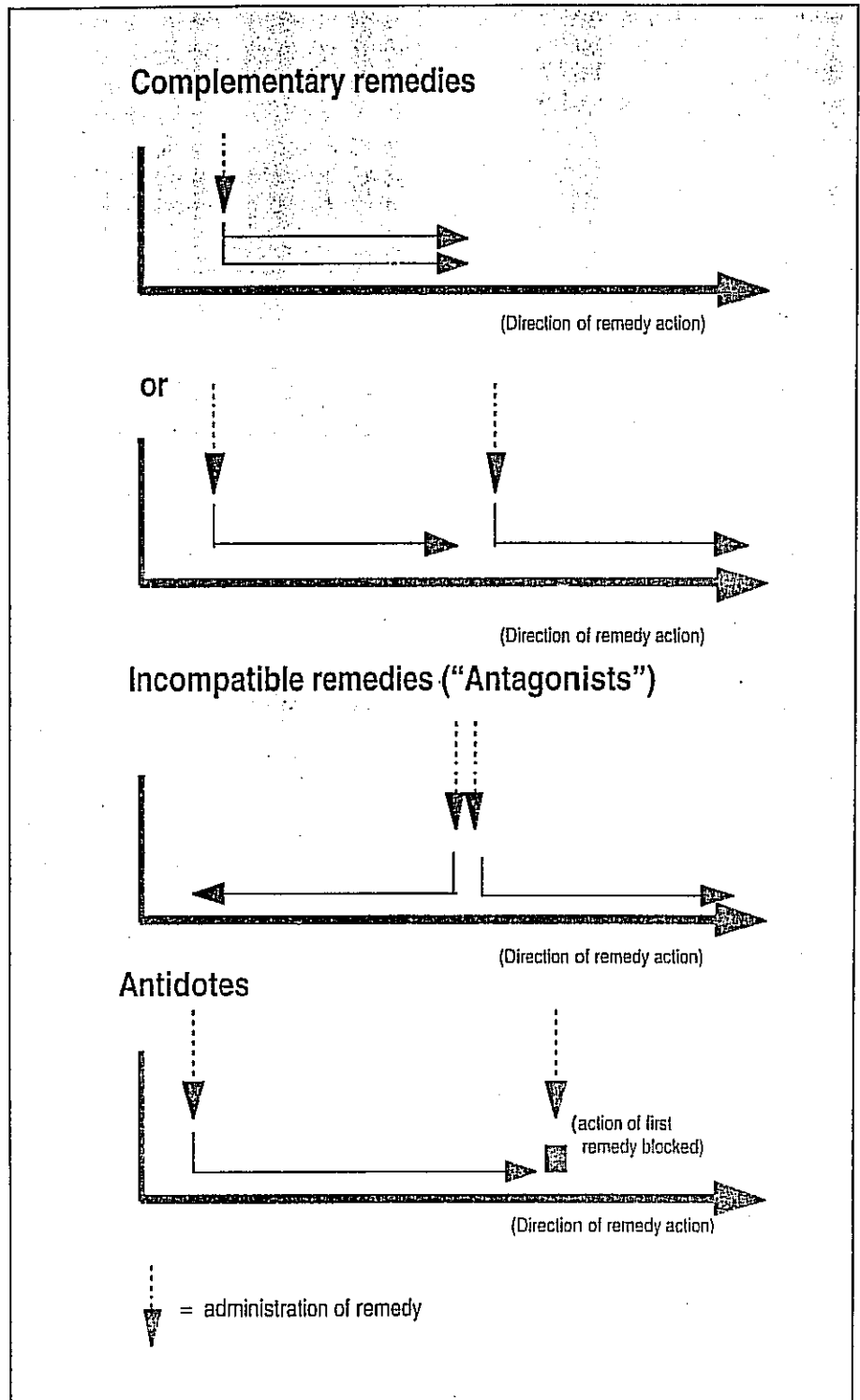


Figure 1: Direction of action of homeopathic remedies showing a distinct relationship

similarity of symptoms plays an essential role with respect to the manner in which so-called therapeutic interactions actually take place.

Collateral, similar or comparative homeopathic remedies

The designation "comparative homeopathic remedy" is neutral with respect to the nature and degree of therapeutic success. It is used to designate drugs which, regardless of their origin, may demonstrate similar effects or which involve similar or identical indications of an illness. As a result, these remedies are to be taken into consideration for treatment of a particular associated illness and must be differentiated from each other. Comparative homeopathic agents may be mutually related, complementary, or concordant, though they may also be incompatible or antidotal.

As far as actual therapeutic success is concerned, further distinction may be drawn between favorable and unfavorable interactions among homeopathic drugs. Elaboration in the following will begin with interactions which as a rule have positive effects on therapy.

Related homeopathic remedies

The term "related homeopathic remedies" refers to homeopathic drugs of the same origin which bring about similar therapeutic effects, i.e. are associated with a similar homeopathic drug picture (See Fig. 2.). Usually the common features of these drugs are caused by a common alkaloid or active principle. They often are so similar to each other that they don't follow well after one another.

(Example: Belladonna - Hyoscyamus)

Interactions with Favorable Effect on Therapeutic Results

Compatible / Concordant remedies

Concordant or compatible agents originate from different natural kingdoms (mineral, plant, or animal), from completely different plant or animal families, or from different chemical

classes - but have similar or comparable effects. (See Fig. 2.) Concordant agents have proved effective in consecutive and in serial administration. They then accomplish more than either alone.

Classical example from Hahnemann: Lycopodium - Sulphur - Calcarea

Complementary agents

Complementary remedies are agents which mutually reinforce each other, but which do not coincide in their action. They demonstrate identically oriented therapeutic action: ei-

ther on the basis of their total action, or of some special (possibly partial) action. A complementary remedy can carry to a successful conclusion the healing action which another remedy has initiated but cannot complete. A complementary remedy can extend or amplify the effect of a previously or simultaneously administered remedy. Their action could therefore be termed synergistic.

E. WRIGHT-HUBBARD (1983) distinguishes among the three following types of complementary agents:

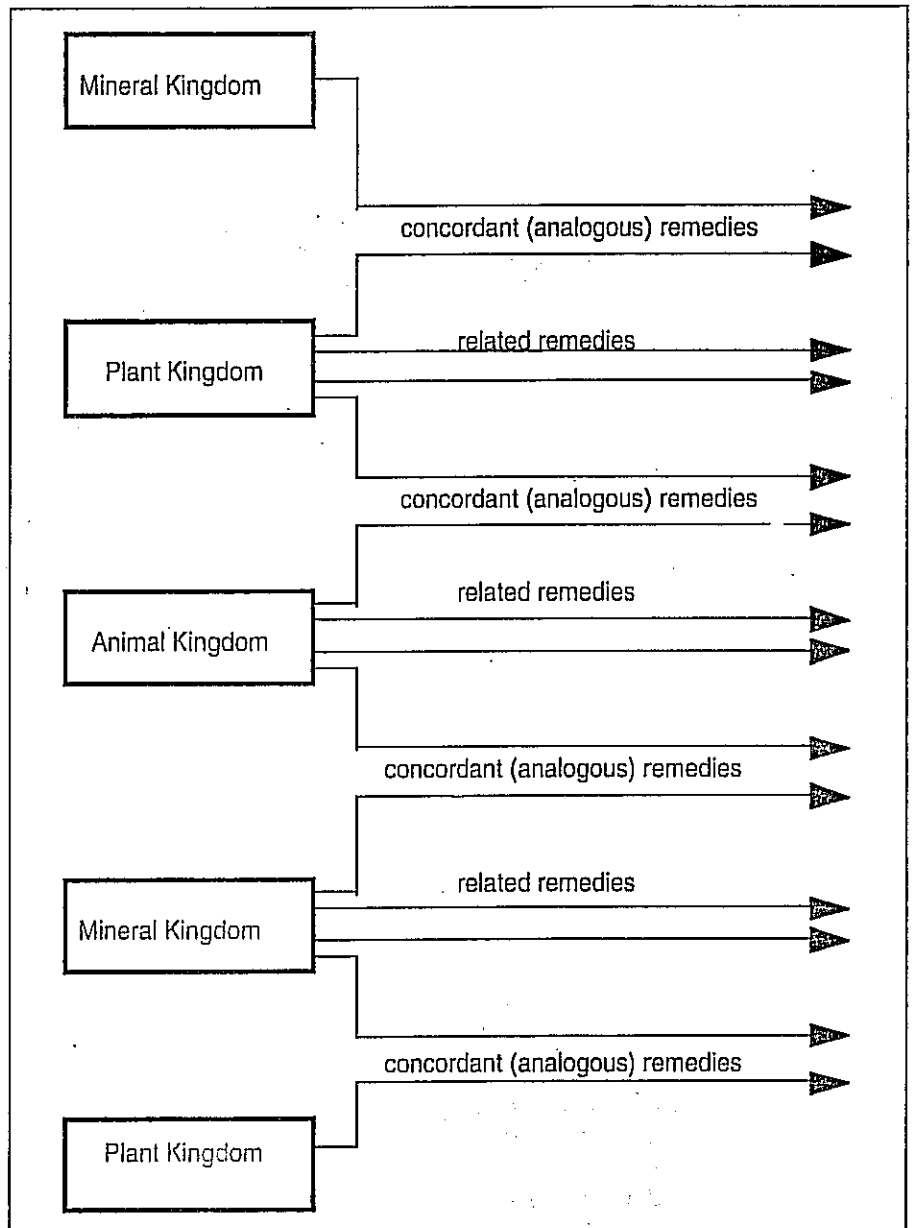


Figure 2: Direction of action of related and concordant (analogous) homeopathic remedies

Simply complementary remedies

These are remedies which complement each other by virtue of the symptom complexes with which they are associated. They are indicated in complicated cases for which more than one homeopathic remedy must be administered.

(Example: Berberis - Lycopodium)

Complementary remedies as supplements to remedies administered for chronic or acute cases

These are remedies which are employed in one of the following two situations:

Chronic cases in which an acute illness develops, or

Acute cases in which a supplementary remedy must be administered in order to prevent an illness from relapsing or from becoming chronic.

(Examples: Aconitum - Sulphur, or Pulsatilla - Silicea)

Series agents

These are reparations administered in a more or less strictly stipulated sequence, as has proved effective for particular disorders (cf. concordant remedies).

(Examples: Calcarea - Lycopodium - Sulphur, or Pulsatilla - Silicea - Fluoricum acidum)

Complementary (synergistic) agents follow well to one another, and can be taken simultaneously.

Interactions among homeopathic agents which have proved problematic or unfavorable

Contrary to the relationships outlined above, problems are involved with interactions which inhibit - or even entirely prevent - desired therapeutic results.

Incompatible/ inimical remedies

Incompatible remedies are homeopathic drugs which may not be successfully used consecutively, similar as they may seem upon cursory consideration. Experience has shown that

the administration of incompatible remedies in successive order will cause disturbances of many and various natures to arise which exceedingly complicate the case being treated. Such antagonists include, for example, homeopathic drugs of fairly different homeopathic pathogenesis or those which are characterized by modalities which are strongly adverse in nature. In most cases, one could talk of an antagonistic action in the ordinary sense.

Cases of absolute incompatibility, however, are rare in this context. In many cases, the incompatibility of two homeopathic remedies will entail only certain limited areas of their homeopathic drug pictures, or of a certain indication.

Antidotes

Critical examination of professional medical literature treating this topic will reveal that different authors interpret the term "antidote" in a number of different ways. It may therefore help to provide definitions of the term, first as given in the standard German lexicon of medicine published by PSCHYREMBEL (1986):

antidote: a counteragent used against poison, with the term derived from the Greek term antidotos (anti = against + dotos = to give)

E. MUTSCHLER, in "Arzneimittelwirkungen" (1986), states: "In a narrow sense, substances are designated antidotes which reduce or completely eliminate the toxicity of resorbed poisons."

By definition, therefore, an antidote is a substance which is capable of alleviating or entirely nullifying the undesired effects of a previously taken substance. The term "antidote" is also used in homeopathy in this sense. Therapists interpret an antidote to be a homeopathic remedy which is capable of modifying or of annulling the action of a previously administered homeopathic agent.

GRANIER further classifies the following three types of antidote, according to the manner in which an antidote neutralizes a previously taken homeopathic drug (as quoted in Kent, p. 148):

- 1) Homeodotes, involving: Dynamic neutralization Homeopathic action by similarity
- 2) Antidotes ("prosdotes"), as counteraction to poisons, involving: Chemical neutralization Enanthiopathic (antipathic) action, through the way of contraries
- 3) Diadotes, involving Physiological neutralization Allopathic action which entails neither homeopathic nor antipathic phenomena.

According to the current state of knowledge, however, it is not possible to judge whether the customary choice of terms as employed for antidotes in homeopathy is in fact correct. One may safely state, in any case, that the term "antidote" should be used only with reservation. In homeopathy, substances are frequently termed antidotes even though this designation is not justified in the sense of generally accepted definitions. Coffee is one example of such a misnomer.

Until final satisfactory explanation of the therapeutic action achieved by homeopathic medication has been provided, the question will have to remain unanswered as to whether true antidote action, in the genuine sense of this concept, is actually possible at all in interactions among homeopathic drugs. This reservation applies even more for the high potencies: in such cases, there is no evidence to warrant the assumption that chemical bonding reactions could be possible which might lead - in the sense of antidote action - to the inhibition or nullification of the therapeutic effectiveness of another remedy.

In this context, it would be more proper to apply the term "homeodote" as established by GRANIER. Verification has yet to be obtained, however, in proof of such action, regardless of the dilution range involved.

G. VITHOULKAS elaborates as follows on the topic of antidotes:

"The following general rule holds here: Practically any agent which can exert a medicinal effect on the human being is

capable of serving as an antidote to a homeopathic remedy. By the same token, any influence which can induce a hyperactive, nervous state, or which can artificially bring about a state of sedation or sleep, can interfere with the action of a homeopathic remedy."

HAHNEMANN has provided the following on the topic of antidotes (§ 249, Organon):

"Every medicine prescribed for a case of disease which, in the course of its action, produces new and troublesome symptoms not pertaining to the disease to be cured, is not capable of effecting real improvement, and cannot be considered as homeopathically well selected. If the aggravation is considerable it must either be first partially neutralized as soon as possible by an antidote before giving the next remedy chosen more accurately according to similarity of action. If the troublesome symptoms are not very violent, the next remedy may be given immediately, in order to take the place of the improperly selected one."

Hahnemann therefore considers antidotes to be agents of neutralization which are required in cases of undesired symptoms occurring as a result of improper selection of remedies. According to this standpoint, an antidote is indicated in those cases in which the initially administered remedy leads to undesired effects: e.g., in the form of aggravation of the patient's overall condition, or in the form of first-time appearance of new (iatrogenic) symptoms not previously observed with the respective patient.

The respective antidotal remedy is selected on the basis of assessment of the patient's symptoms which appear for the first time, or of the patient's overall symptom complex:

Both the original symptoms of illness, as well as symptoms appearing for the first time, concur with the homeopathic drug picture of the previously administered homeopathic remedy. In other words, the patient has experienced an undesired primary therapeutic reaction.

Medication of choice: The same, previously administered homeopathic remedy in a different potency.

The symptoms appearing for the first time do not concur with the homeopathic drug picture of the previously administered homeopathic agent (genuine aggravation), but they do match - as do the original symptoms of the drug picture of a related homeopathic remedy.

Medication of choice: The related, matching homeopathic remedy.

The symptoms appearing for the first time concur neither with the homeopathic drug picture of the previously administered homeopathic drug, nor with the drug picture of a related homeopathic remedy.

Or: The aggravation of the patient's condition occurs so suddenly, or is so serious, that immediate intervention is required.

Or: The originally administered homeopathic medication did not match the patient's condition, or it becomes necessary to interrupt or to diminish its effects very extensively.

Medication of choice: A "genuine" antidote.

The same homeopathic agent in a different potency, as well as the matching, related agent, are capable of eliminating both the symptoms occurring for the first time, as well as the original symptoms of the patient's illness. Through its neutralizing, non-differentiating initial actions, the "genuine" antidote, on the other hand, is capable of counteracting only the newly arising iatrogenic symptoms of but not the original symptoms of the patient's illness (See Fig. 3).

BARTHEL, in 1985, mentions the genuine effectiveness of antidotes and their effects in the preface to his book on drug relationship. He relates that Sulfur is known as an antidote against Calcium carbonicum, but elaborates as follows in his preface:

"One last clarification should be made: experience has shown that good results are obtained when giving Calc., Lyc., Sulph., etc., one after another, in that order. This

drug series, however, should not be followed blindly, since Sulph. is also effective when given immediately after Calc., as my own personal experience has shown."

BARTHEL therefore evaluates previous statements concerning the relationships among homeopathic drugs. He does not feel that absolutely binding predictions may be made on whether such sequences of medication will or will not provide the required therapeutic results. According to his standpoint, effects which cancel the therapeutic action of a medication, or which at least diminish its action, cannot be reliably predicted, even if the customary sequence of homeopathic agent and its antidote is administered.

As indicated above, a number of substances are traditionally termed antidotes in conjunction with homeopathic practice, although this usage is not correct. A typical example here is coffee.

To be continued in BT April 1996

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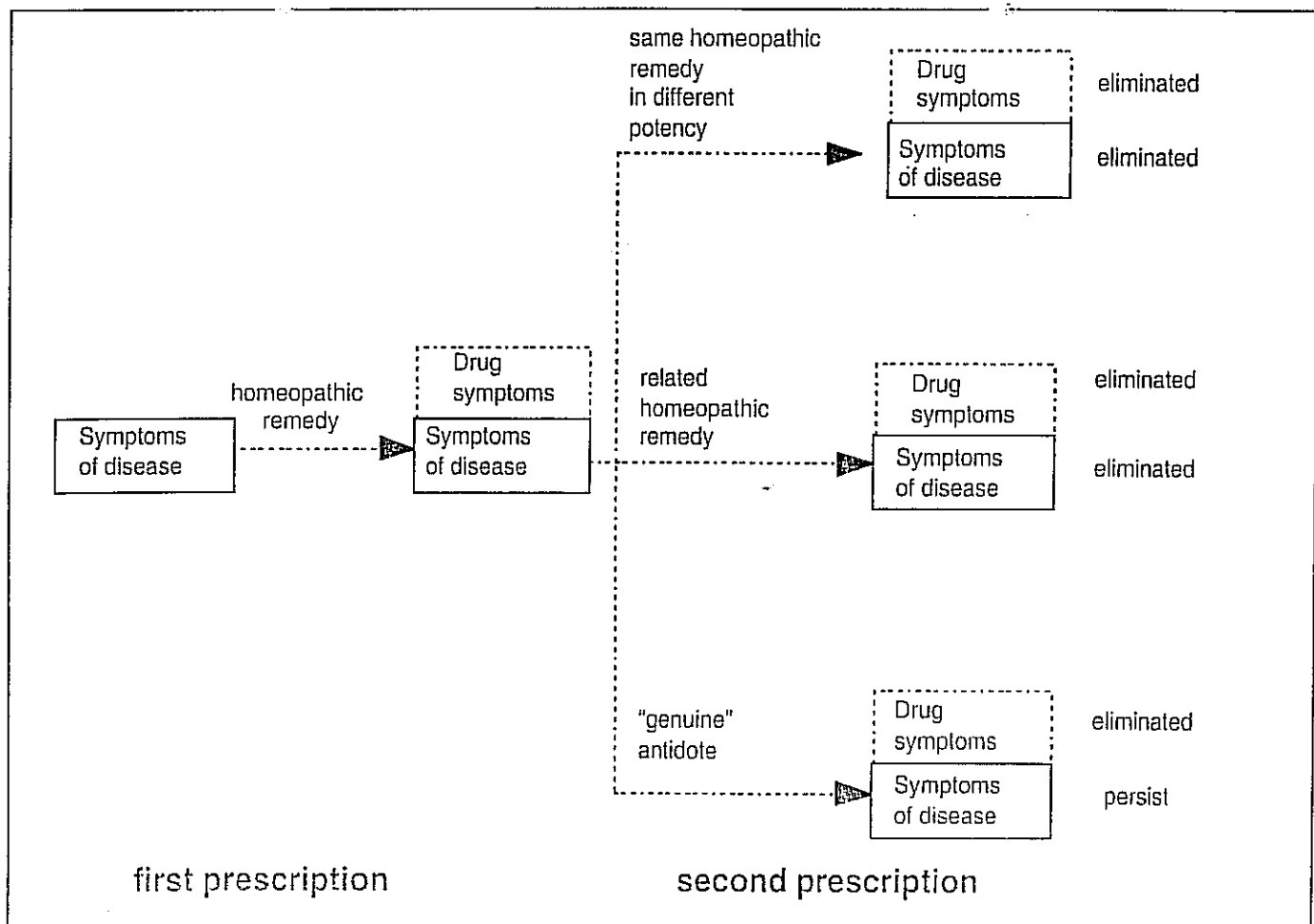


Figure 3: Different antidotal effects of distinct homeopathic remedies

Drug Relationships in Homeopathy, part II

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It is frequently debated whether coffee is in fact capable of impairing the desired effects of homeopathic medication as an antidote.

Some homeopaths strictly forbid any consumption of coffee during homeopathic therapy. Others take the position that coffee has no effect whatsoever on the success or failure of therapy, and therefore see no need for such restrictions.

It is a fact that in homeopathic literature it is frequently mentioned that consumption of coffee can impair the effects of homeopathic medication. If these references (Meili, 1989; Morrison, 1989; Charette, 1991; and Schoonover, 1990) are examined one finds the authors indeed state that coffee might antidote a great number of homeopathic remedies. The next question, however, is what observations of these authors have served as basis for such general statements. Further research also reveals opposing statements on this same topic. Horveilleur (1987) claims that "... despite assertions to the contrary, coffee is not an antidote to homeopathic substances."

Clinical observations in fact support Horveilleur's statement. According to Sankaran's observations (1984), coffee has no effect whatsoever on homeopathic therapy. Sankaran describes a practical investigation in his own practice in which no therapeutic differences could be found between coffee drinkers and those who abstain from the beverage.

In a study conducted on 340 patients (Kumta, 1975), the consumption of coffee, tea, and spices had no perceptible effect on the action of homeopathic medication. In the patient groups who were given strict dietary

instructions it was even observed that a sick feeling, headaches, and constipation developed among those patients who were accustomed to consuming coffee, tea, and spices. These complaints disappeared as soon as they resumed their customary dietary habits.

Coffee - Antidote or Impediment to Healing?

The next question which arises in conjunction with homeopathic therapy is, therefore, why so many homeopaths consider coffee to be an impediment to therapeutic success.

In the sixth edition of his *Organon*, in the note to § 260, Hahnemann lists a great number of substances and provides the following demand:

All these things must if at all possible be avoided or strictly removed, in order to prevent impairing or even rendering impossible a cure.

His long list here includes coffee, spiced chocolate, excessive use of herbs in foods and sauces, the European celery root, parsley, all varieties of onion, as well as alcoholic beverages which have not been strongly diluted with water. In his listing, however, Hahnemann does not claim that the individual substances in fact inhibit the effects of the homeopathic remedy. Hahnemann states in § 260:

In the case of patients affected by chronic diseases, the careful investigation into such obstacles to cure is so much more necessary as their diseases are usually aggravated by such noxious influences and other disease-causing problems with the dietary regimen, which often pass unnoticed.

At other points of his writings (1829 and 1835), Hahnemann elaborates that coffee, as a beverage frequently con-

sumed by a more or less significant part of the population, has damaging effects on healthy persons if consumed regularly over the long term. He considers coffee to be a medicinal substance, as a medicinal article of diet "... to which fashion and example of our fellows tempt us." He continues, in 1829:

If I describe the daily consumption of the coffee beverage as highly disadvantageous, and if I demonstrate, on the basis of many years of observation and experience, that it saps and withers the energy of our body and spirit, then others will counter with the claim that coffee is a medicinal beverage — a designation which I will grant coffee without the slightest contradiction.

Von Fellenberg-Ziegler (1977) reports in a similar vein:

In chronically ill patients absolute restriction must be followed — according to the theorem "tolle causam" (remove the cause) - in case of all foods, beverages, and stimulants which may have contributed to the development of the disease, or which may feed and maintain it - whatever may be concerned (including tobacco). ... "Thus, diet with common sense, discernment, differentiation, and strict individualization".

Specifically on the topic of coffee, von Fellenberg-Ziegler continues as follows:

There is no rhyme or reason in allowing, for example, the consumption of tobacco - actually, a toxin! - and in then forbidding coffee, tea, wine and spices, etc., which are enjoyed daily in great quantities by millions of people without damage to their health and their lives.

Koehler commented as follows on this topic in 1982:

Common-sense adjustment of dietary regimen and habits of daily life is a rule which should go without saying. Here as well, individual decisions are necessary according to the modalities prevailing in every case. Coffee, tea, alcohol, and tobacco may be allowed only in moderate quantities....

Kent (1981), also considers it a banality

... to advise persons to avoid coffee, vinegar, and the consumption of other harmful substances if they are harmed by such substances.

In this context, Kent calls attention to Hahnemann's § 4, Organon:

He (the physician) is at the same time a sustainer of his patients' health if he recognizes those factors which impair health and which cause and further illness, and if he is capable of eliminating these influences from the lives of healthy people.

Kent summarizes as follows:

The chief mission of the physician is differentiation, removal of exogenous causes of illness, and restoration of order in internal causes.

In his note to Organon, § 93, Hahnemann speaks of

... indulgence in wine, hard liquors, "Punsch" (an alcoholic fruit drink), other hot drinks, tea, or coffee...."

in other words, of excessive consumption. By no means, however, does he explicitly prohibit coffee consumption — as many homeopaths have incorrectly interpreted.

G. Withoukas elaborates as follows on the topic of coffee (1986):

The whole crux of the matter ... is the fact that coffee is a medicine which strongly stimulates the nervous system.

The same point of view is shared by von Ungern-Sternberg. He considers coffee consumption to be an impediment in the healing of particular disorders. According to statements furnished by Hahnemann, von Ungern-Sternberg, and others, the necessary therapeutic approach rightly

involves the necessary enlightenment of the patient, and not a prohibition of coffee owing to its suspected antidotal action with respect to homeopathic remedies. Von Ungern-Sternberg explains that certain patients will experience a sensitive reaction to the consumption of coffee, and it is this particular group of patients for whom coffee may inhibit therapeutic measures. This phenomenon must be considered entirely apart from the administration of homeopathic preparations, however, since here, the individual sensitivity of a particular patient is involved. The phenomenon concerned here is that these certain patients cannot tolerate coffee - and not that the coffee blocks the action of a prescribed homeopathic remedy in the sense of an antidote. In such cases, non-homeopathic medication would also prove unsuccessful, as long as these patients continue to drink coffee.

From the summary provided above, it becomes clear that the prohibition of coffee, as often cited in professional homeopathic literature, in most cases represents an improper interpretation of Hahnemann's dietary rules, taken out of their proper context. None of the sources cited above provides verification of the claim that coffee represents a general antidote to homeopathic medication.

Now let us re-examine more closely the individual homeopathic remedies for which *Coffea* is given as antidote in the homeopathic Repertory. One may discover frequent entries in the Repertory for which "desire for coffee" is listed at the same time as "aversion to coffee". In addition, one may also find the modalities "aggravation from drinking coffee" and "amelioration from drinking coffee." The most interesting example here is *Nuxvomica*. As evident from Table 1, *Nuxvomica* is characterized by "aggravation after drinking coffee" in the third degree and, at the same time, by "amelioration after drinking coffee" in the first degree.

"Aversion to coffee" for *Nuxvomica* in the third degree, and "de-

sire to drink coffee" is quoted in the first degree. Table 1 shows further examples of the same nature.

The modalities stated above, as well as general symptoms, definitely justify the conclusion that these patients are particular types of individuals who - regardless of whether they have taken homeopathic remedies or not - basically react in a certain sensitive way to the consumption of coffee. It goes without saying that such sensitive reactions in any event - including homeopathic therapy - impair the healing process. So, the individual reactions in several cases may have been misinterpreted as action of an antidote (see Schoonover, 1990). This problem, indeed, is not strictly limited to a homeopathic context: coffee evidently represents a general impediment to healing in the sense of Organon § 260. The hindrance to healing presented by coffee, however, exists entirely apart from the type of medication - be it homeopathic, allopathic, or some other therapy.

In conclusion, it may be asserted that neither the general definitions available for the concept of "antidote," nor Hahnemann's statements, furnish confirmation that the simultaneous administration of antidote and antidoted remedy will impair the therapeutic effectiveness of the respective remedy.

The specific question of whether coffee possibly impairs a certain therapy or inhibits therapeutic success quite obviously concerns a phenomenon of general medical validity - and not a problem of specifically homeopathic nature. Hopefully, this aspect will find greater consideration in future discussions on the topic of coffee.

Hopefully future studies - especially as they concern classical homeopathy - will in the investigation of such questions make greater use of modern technological possibilities now available: e.g., the insights offered in case evaluation by computer-aided techniques. As far as the basic question - "Coffee: antidote or impediment to healing?" - is concerned, valuable conclusions could well be gained by conducting a

	Aggravation from drinking coffee	Amelioration from drinking coffee	Desire for coffee	Aversion to coffee	Antidoted by coffee	Coffea incompatible
Bell.	+	-	+	++	yes	-
Bry.	+	-	++	++	yes	-
Carbo. veg.	+	-	++	+	yes	-
Caust.	+++	-	-	++	-	yes
Cham.	+++	+++	+	++	yes	-
Chel.	-	+	+	+	yes	-
Coloc.	+	++	-	-	yes	-
Ign.	+++	+	-	-	-	yes
Lyc.	++	-	-	++	-	yes
Nux vom.	+++	+	+	+++	yes	-
Ph. ac.	++	-	+	+	yes	-
Puls.	++	-	+	+	yes	-
Rhus tox.	+	-	-	+	yes	-

Table 1: "Hints to Coffee" in the Repertory (Kent, Barthel)

(+++ = symptoms of grade three, ++ = symptoms of grade two, + = symptoms of grade one)

prospective study, investigating the effects of coffee on therapeutic success, within the context of routine daily medical treatment. Other substances to which antidotal action is imputed could also be examined in the same manner. At the same time, it could also prove valuable to attach greater significance to the phenomenon of individual hypersensitivity of patients to substances generally considered to be antidotes. The findings of such investigations would - in addition to practical insights gained for therapeutic purposes - offer argumentation for discussions carried out with therapists not practicing on a homeopathic basis.

Interactions Among Constituents of Homeopathic Combination Preparations

The further question now arising is whether so-called antidotal interactions might be present among the constituents of homeopathic combinations. It is by no means possible to provide a definitive answer to this question through recourse to generally accepted principles of homeopathic therapy, or through verification available in standard homeopathic literature. The extremely divergent view-

points proposed here are generally not amenable to confirmation on a practical, scientifically reproducible basis, but are merely theoretical considerations.

In a discussion on mutually antidotal interactions among homeopathic remedies, basic distinction must at any rate be drawn between simultaneous and chronologically consecutive administration of the respective homeopathic remedies to which antidotal phenomena may possibly be attributed. The normally cited sources in homeopathic literature refer exclusively to chronologically consecutive application of remedies. The term "antidote," furthermore, is actually justified only for this type of administration.

The presence of an antidotal relationship in case of consecutive application, however, does not necessarily signify that the therapeutic effects of the respective antidotal drugs will in fact mutually cancel each other if these remedies are administered simultaneously or alternately in homeopathic doses and under proper observance of homeopathic indications. Mutual cancellation may take place in certain cases, but by no means in all.

With respect to this topic, JOHN quotes ERNST ARTHUR LUTZE (1874) as follows: "There are no exceptions to the rule that there are actually no cases in which homeopathic remedies could not be administered together in high and very high potencies. I am particularly considering antidotes in this regard, since I have occasionally been asked the following question: Is it permissible to administer mutually antidotal remedies together? Experience has shown that in cases in which two mutually antidotal remedies are indicated for a particular case of illness, and in which they are administered together, the therapeutic effect is striking. The explanation should not be difficult to obtain. I assume that the process of mixture is no longer involved at high potencies, but perhaps a process of interworking takes place here. Even such interaction fails to take place here among mutually antidotal remedies, repelling each other, and each remedy is pursuing its own characteristic course, without inhibition, until healing is achieved."

JOHN also cites LUTZE in a report on the successful simultaneous administration of Aconite and Belladonna.

two remedies which had been purported by BARTHEL (and others) to be antidotal.

According to currently available knowledge, there is no justification for the assumption that several so-called mutually antidotal homeopathic remedies will in fact mutually interfere with each other in their action, or mutually cancel their therapeutic effects, in case they are combined in a fixed combination. In addition, no practical clues for such interactions have been recorded with homeopathic combination preparations which have been available on the market, some for a number of decades now.

In consideration of this topic, one should keep in mind the point of view described by FELLEBERG-ZIEGLER, who reflects in a general sense on homeopathic drug relationship as follows:

"It appears, furthermore, that all the statements made on antidotes, on analogous agents, and on related remedies are based more on vague prerequisites and on theoretical assumptions than on actual medical therapy or on reliable observations from actual practice. It therefore seems wise not to attach a great deal of importance to such statements."

The situation is somewhat different, however, for combinations of so-called incompatible or inimical remedies. As indicated above, such cases can involve remedies whose pathogenesis demonstrate radical differences. In order to avoid unnecessary disturbances in the course of therapy, the single remedies composing a homeopathic combination should be mutually compatible with regard to the indication(s) for which use of the combination is justified. Since, however, the incompatibility of two remedies often involves only one part of the entire symptomatology or only certain particular indications of the respective remedies, the advisability of such a combination may be decided only on an individual basis. Under consideration of every-day conditions and circumstances, it is not recommendable to use tabular listings of

compatible and incompatible remedies to reach any assessment and decision for homeopathic combinations.

One should in any case avoid the temptation of resorting to ideological reasons, and of rejecting the combination of single homeopathic remedies as ready-to-use combination preparations - or of alleging post-facto that in such preparations undesired interrelationships among the constituents may occur which might inhibit therapeutic success. Fixed combinations have convincingly proven their value for certain areas of therapy and have by now attained a rightful place in therapy. When utilizing such combinations, on the other hand, the physician should clearly realize the limits of this kind of therapy: sacrifice is made of the individualization which plays such an important role in homeopathy. And, as should be fundamentally clear, constitutionally-oriented treatment is also not possible with homeopathic combination preparations.

Summary

The matter of drug relationships in homeopathy must be regarded as a largely unsolvable question. The bibliographic references appear non-uniform and contradict each other considerably. Only systematic investigation in both basic and clinical research can bring about a fundamental clarification. Statements about drug relationships can only be made for the respective case (single patient or particular combination remedy) while generalizations should be deduced under no circumstances from such isolated statements.

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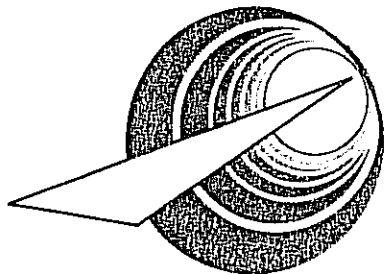
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