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# Homeopathy As A Model For Patient-Centered Medical Care

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**Abstract:** Commenting on S. Nasssir Ghaemi's *The Rise and Fall of the Biopsychosocial Model*,[1] this essay paints a broad perspective through the landscape of the patient–doctor dyad in the current models of biomedical and biospychosocial medicine. I explore the holistic understanding of the patient–practitioner relationship in the context of homeopathic medicine and relate it to Ghaemi's interpretation of the Jaspersian concept *Verstehen* in relation to the biopsychosocial model (BPS). I propose that there is value in acknowledging the role of our human interconnectedness with the environment for staging the debates about disease and its relation to the medical sciences. For the body–mind–psyche continuum to be acknowledged, medical practitioners will gain relevant insights when they approach a patient with a collaborative attitude, fostering introspection, and maintaining an openness to expand their clinical art and science with a contemporary view on community, culture, and global awareness.

> Do my doctors know who I am, who I have been, who I still want to be? Do they understand what I am going through, my suffering, my pain, my distress? Do they understand my hopes and aspirations, my fears and shames, my vulnerabilities and strengths, my needs and obligations and my values? Above all do they sense my personhood and my individuality? Do they acknowledge my humanity? Do they care?[2]

## Holism—The Hallmark of Twenty-First Century Medicine

Georg L. Engel (1913-1999), professor of psychiatry and medicine at the University of Rochester, School of Medicine is generally recognized as founder of the BSP model. He has voiced the patient's emotional distress and need for validation as a person, along with the existential vulnerability as a patient. Physicians engage in this discourse as part of daily practice, and the different modes of responding to patients are informed by belief systems that have structured the way medicine is practiced today. Given my background as a primary care physician with postgraduate training

[1] S. Nassir Ghaemi, *The Rise and Fall of the Biospsychosocial Model*, Baltimore: The Johns Hopkins University Press, 2010. [Henceforth cited as *BPS*] Paper presented at the 107th Annual Meeting of the American Philosophical Association, Boston, 2010.

[2] George L. Engel, "How Much Longer Must Medicine's Science be Bound By A Seventeenth Century World View?" in *The Task of Medicine – Dialogue at Wickenburg*, ed. Kerr L. White, Menlo Park, CA: The Henry J. Kaiser Foundation 1988, pp. 113-36, here pp. 125-6.

in counseling psychology and homeopathic medicine, I practice as generalist with integrative views on patient care.

The modern story of human disease and suffering unfolds amidst complex spheres of social and work environments that create a multitude of demands and prolonged stress responses. Add to this mix an increasing exposure to environmental and electromagnetic hazards and we have arrived at physiological challenges that have surpassed all such previously known and recorded experiences. Whether or not this can be seen as a causal or contributing factor, nonetheless the etiology of disease has increasingly changed from a linear microbial, biological perspective to multiple influences that destabilize a person's equilibrium. In many instances, feeling ill can no longer be correlated with a substantial cause, but has to be seen as interactive array of factors in a person's life that need to be explored, heard, seen, and appreciated in the doctor–patient relationship. Besides being a diagnostician, the physician's task is to understand illness from the perspective of the ideas and feelings of the patient and "to follow the patient's lead" by carefully attending to cues that allow for an assessment of the patient's world.[3]

The previous half-century is witness to significant advances for the treatment of infectious diseases with a variety of antimicrobial therapies, due to the biomedical emphasis on single agent causation. In such disciplines of medicine where emergency care and surgical intervention is needed, the biomedical approach has assumed its undisputed place. However, when it comes to more complex issues of healthcare a review of related publications suggests that fifty percent of the primary care visits are for psychosocial rather than biological reasons.[4] An exclusive reliance on biomedical treatment modalities might not be helpful for the patients, can be frustrating for the practitioner, and will bring cultural implications that are not yet fully comprehended. For example, in the case of antimicrobial resistant (AMR) we have come to an impasse, where indicated antibiotic treatment can render ineffective, due to extended negligent overuse. Most likely AMR will have a significant effect on the healthcare system over the next decades, given the direct costs related to prolongation of illness and treatment in hospital, indirect costs related to loss of productivity, and societal costs related to morbidity and mortality.[5] I can personally testify about assessments from numerous medical practitioners for the last 25 years who cautioned against over-prescribing of antibiotics, for example in non-indications such as viral infections.

The biomedical model focuses on physical processes of illness as they relate to an underlying dysfunction in the biochemistry and physiology of the body, which can manifest as pathology. Its patient–doctor communication style is physician centered with early redirection of patient concerns, leading to a decrease in patient treatment compliance.[6] This can also increase the risk for malpractice claims and brings low professional fulfillment for the physician.[7] One common objection against the biomedical model is its neglect of a patient's embeddedness in dysfunctional familial and social structures which can inform illness formation; in other words, the biomedical model addresses symptoms without looking at the underlying sustaining cause of illness. Gayle Stephens correctly asks how we can "take the whole human person in his or her social and cultural dimensions as the proper object of knowledge" rather than succumbing to "the preoccupation with the human body as the only proper object of medical knowledge and the faith in experimental biology as the solution to all problems of health and disease."[8]

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[3] W. Wayne Weston, "Patient-Centered Medicine: A Guide to the Biopsychosocial Model," *Families, Systems & Health* 23/4 (2005), 387-405, here p. 389. [Henceforth cited as *PCM*]

[4] Richard M. Frankel, Timothy E. Quill, and Susan H. McDaniel, "The Future of the Biopsychosocial Approach," in *The Biopsychosocial Approach: Past, Present, Future*, eds. Richard M. Frankel, Timothy E. Quill, Susan H. McDaniel, Rochester, NY: University of Rochester Press 2003, pp. 255-67, here p. 264. [Henceforth cited as *FBA*]

[5] Michael R. Mulvey and Andrew E. Simor, "Antimicrobial Resistance in Hospitals: How Concerned Should We Be?" *Canadian Medical Association Journal* 180/4 (2009 Feb 17), 408-15.

[6] Leo Galland, "Patient-Centered Care: Antecedents, Triggers, and Mediators," *Alternative Therapies*, 12/4 (July/August 2006), 62-70; here p. 62. [Henceforth cited as *PCC*]

[7] Christiane S. Hartog, "Elements of Effective Communication—Rediscoveries from Homeopathy," *Patient Education and Counseling* 77 (2009), 172-78; here p. 172. [Henceforth cited as *EEC*]

[8] G. Gayle Stephens, "Reflections of a Post-Flexnerian Physician," in *The Task of Medicine – Dialogue at Wickenburg*, ed. Kerr L. White, Menlo Park, CA: The Henry J. Kaiser Foundation 1988, pp. 137-171, here p. 187.

In contrast, the biopsychosocial model has its roots in psychosomatic psychiatry, system theory, and psychobiology. Ghaemi portrays the historical unfolding of the BPS model, acknowledges its forefathers Alfred Meyer and Roy Grinker, and brings to life the controversy surrounding Engel's landmark publication.[9] Succinctly he describes Engel's vantage point: "What was unique about Engel was that he took his holistic, eclectic, psychosomatic notion of mankind that had sprung up in a corner of psychiatry and used it as a weapon to fight what he viewed as the dogmatic biological reductionism of modern medicine" (*BPS* 50).

Within the BPS model "clinicians are advised to combine their search for disease with an attempt to understand the patient's personal experience of feeling unwell" (*PCM* 388). The physician acknowledges that clinical-, family-, and social relationships have a strong influence on health, and embody the values of autonomy, respect, and collaboration.[10] The physician's self-awareness, emphatic curiosity, and emotional intelligence are the pillars of biopsychosocial clinical practice and assist in the development of a therapeutic relationship with the patient.[11] Studies show that patients have more motivation to follow treatment protocols and self-care measures when their physicians support the perceived value of autonomy, competence, and relationship (*CP* 47). For example in the context of public health, patients who have such active relationships with their physicians show stable glucose and blood pressure control and more readily succeed with stopping to smoke or drink (*FBA* 264). The enhancement of patients' self-efficacy through information, education, and development of collaborative relationships between patient and doctor is increasingly recognized as a cardinal goal of treatment in clinical encounters (*PCC* 68). Furthermore, physicians who engage in the process of "becoming biopsychosocial" develop mental suppleness, diagnostic agility, and acquire a holistic vision which enables them to finding additional meaning in clinical practice.[12]

The value of the BPS model is recognized in top ranking countries for medical care. For example, the psychosocial primary care model (PPC) in Germany emphasizes the integration of psychosomatic and holistic perspectives for primary care practice.[13] This European adaptation of the BPS model in a single-payer healthcare system ensures early recognition of psychosocial stress and timely intervention with the goal that healthcare costs are decreased and chronicity is avoided. A preliminary study shows that psychosocial primary physicians wrote significantly less prescriptions with equal treatment success rates, which in light of the earlier addressed problems related to rising antimicrobial drug resistance is of critical importance (*IBC* 169).

The reception of the BPS model in primary care has been fostered by the increase of functional illnesses. Functional somatic syndromes are clusters of unexplained physical symptoms with diagnostic labels such as irritable bowel syndrome, fibromyalgia, or chronic fatigue syndrome, as well as some chronic pain syndromes. Instead of identifying clear diagnostic and pathological findings, such dysfunctions in physiological processes arguably are independent of known structural pathology. Effective treatment modalities include exercise or cognitive behavioral therapy or a wide range of additional non-pharmacological programs.[14] Weighing the balance between dysfunction and pathology, how can we "learn

[9] George L. Engel, "The Need for a New Medical Model: A Challenge for Biomedicine," *Science* 196/4286 (1977 April 8), 129-36.

[10] Ronald M. Epstein et al., "Clinical Practice and the Biopsychosocial Approach," in *The Biopsychosocial Approach: Past, Present, Future*, eds. Richard M. Frankel, Timothy E. Quill, Susan H. McDaniel, Rochester, NY: University of Rochester Press 2003, pp. 33-66, here p. 43. [Henceforth cited as *CP*]

[11] Aya Biderman, A. Yeheskel, and J. Herman, "The Biopsychosocial Model—Have We Made Any Progress Since 1977?" *Families, Systems & Health*, 2005, Vol. 23, No. 4, pp. 379-386, here p. 380. [Henceforth cited as *MAP*]

[12] Ronald M. Epstein and Francesc Borrell-Carrio, "The Biopsychosocial Model: Exploring Six Impossible Things," *Families, Systems & Health* 23/4 (2005), 426-31; here p. 430.

[13] Kurt Fritzsche, Manfred Cierpka, and Michael Wirsching, "Improving the Biopsychosocial Competence of German Primary Care Physicians in Diagnosing and Treating Somatoform Disorders," in *The Biopsychosocial Approach: Past, Present, Future*, eds. Richard M. Frankel, Timothy E. Quill, Susan H. McDaniel, Rochester, NY: University of Rochester Press 2003, pp. 164-79, here p. 167. [Henceforth cited as *IBC*]

[14] See Nefyn Williams et. al, "Functional Illness in Primary Care: Dysfunction Versus Disease," *BMC Family Practice*, 2008, Vol. 9, No. 30, http://www.biomedcentral.com/content/pdf/1471-2296-9-30.pdf, last accessed February 14, 2012. [Henceforth cited as *FIP*]

to keep people from turning problems of living into disease" (*MAP* 380)? Reversible functional disturbance was described as early as in the nineteenth century, when a non-judgmental, supportive doctor-patient relationship already was advocated (*FIP* 4). Such extended and non-judgmental acceptance of physicians who take into account a patient's family dynamic, social circumstance, and work environment by identifying the related stressors, may very well serve as a suitable model for the patient–doctor relationship of the twenty-first century. A next step for working with functional illness would require from the physician a change in consulting behavior and a reduction of pathological labeling in favor of effective explanations pertaining to its underlying physiological and psychological mechanisms.

Ghaemi borrows some terminology from the philosopher and psychiatrist Karl Jaspers to address the complex matter of weaving descriptive details of a patient's biopsychosocial symptoms and history into a broader fabric of meaning. He identifies two approaches for knowledge in medicine, the Jaspersian distinction between *Erklären* (causal explanation) and *Verstehen* (meaningful understanding) (*BPS* 161). The physician's craft would require perceiving the patient's objective parameter and inner world story as a unique, non-replicable experience of existence. As a psychiatrist and humanist, Ghaemi passionately speaks for returning to a descriptive and holistic view of the person: "If metaphor and story are so central to human life, then we should expect that they would be relevant to medicine and psychiatry" (*BPS* 157). He continues, "if we accept that mental states are inherently subjective and occur to another person whom we seek to understand, then the first-person perspective of that person would appear relevant" (*BPS* 162). The first-person experience relates to the subjective, inner world experience that is expressed in a story, or dressed as metaphor and communicated in a way unique to this person and belongs to the domain of *Verstehen*. In contrast, the third-person experience covers what can be objectively understood, such as, for example, a lab test, a physical exam, or biometric measurements, all of which belong to the landscape of *Erklären*. Additionally, the physician may also want to encounter a relational meta-state—or, as Malmgren calls it, the second-person perspective[15]—the knowledge that can be obtained only when being in communication with a person. Ghaemi speaks of "a triad of features to *Verstehen*: subjective experience, verbal and nonverbal expressions, and meaning-creation" (*BPS* 163). For the physician, the emerging meaning of the clinical data (*Verstehen*) and the patients story arise from emphatic listening, human curiosity, and applying the phenomenon of relating. Ghaemi's conception of *Verstehen* in the context of psychiatry is modeled by Jaspers' methodical and intuitive approach of "emphasizing empathy, dialogue, trying to appreciate the first-person subjective experiences of the person one is treating, and attending to the subjective meaning of psychopathology" (*BPS* 191).

### The Homeopathic Consultation Model

The BPS model and patient centered care certainly have found their place in clinical practice and teaching environments for conventional medicine. Likewise, complementary and alternative medicine (CAM) is on the rise for the last two decades, embracing the BPS approach and its offspring, patient centered care model, and extending it into natural healing methods. The popularity of CAM modalities can be linked directly to increasing public interest for non-invasive therapies, with nominal to zero side effects and relief from chronic or functional conditions.[16] Holism, exemplified as whole person approach in medical practices such as traditional Chinese medicine or Ayurveda in India, found its European expression in homeopathy some two hundred years ago.

Samuel Hahnemann (1755–1843), a physician, pharmacist, chemist, and alchemist was brought up in the rationalistic thinking of the Enlightenment. Impressed by Romantic thinkers and their rejection of what had dominated the Age of Reason, Hahnemann was a proponent of vitalism, took inspiration from the

[15] Helge Malmgren, "The Theoretical Basis of the Biopsychosocial Model," in *Biopsychosocial Medicine: An Integrated Approach to Understanding Illness*, ed. Peter White, New York: Oxford University Press 2005, pp. 21-38.

[16] Adrian Furnham, "Complementary and Alternative Medicine: Shopping for Health in Post-Modern Times," in *Biopsychosocial Medicine: An Integrated Approach to Understanding Illness*, ed. Peter White, New York: Oxford University Press 2005, pp. 151-65, here p. 157.

philosophers Kant and Schelling and the school of *Naturphilosophie*. The spirit-like energetic force he postulated in man is also found in plants, minerals, and animals and released by the power of dilution and succussion (vigorously shaking), which is called potentizing. Although the concept of using remedies in dilute and mostly sub-physiological doses does not appeal to the modern scientific mind, during the last fifty years homeopathy has experienced a global revival and is one of the leading CAM modalities worldwide.[17] In Europe, homeopathic remedies are used by 20-25% of the population, with legitimacy for physicians practicing homeopathy in the confines of single-payer healthcare systems in most European countries;[18] it is the most used CAM modality in France, Switzerland, Belgium, Netherlands, and Norway. In Great Britain homeopathic hospitals are part of the National Health System,[19] with general practitioners providing homeopathic care in the context of clinical medicine. It is estimated that globally 300 million patients receive homeopathic treatment annually (*CAM* 29).

In light of a patient centered care and communication model, homeopathic consultation itself can be considered a therapeutic intervention. Psychoanalyst Michael Balint observes that, "by far the most frequently used drug in general practice was the doctor."[20] Globally reported changes under homeopathic care such as sleep improvement, increased energy, and overall wellbeing can be contributed to an effective patient–doctor communication where functional and physiological status as well as symptom resolution is effected (*EEC* 172). Human beings are by nature complex, adaptive, and interactive systems where the process of healing shifts across various subsystems of the person.[21] In a study on British general practitioners offering both homeopathy and biomedicine within the National Health Service, general practitioners utilize homeopathy as an extension of orthodox medicine that avoids iatrogenic effects, and addresses both the psychological and organic problems a patient presents during consultation (*ASP* 174). Comparing patient consultations with general practitioners and homeopaths in a Finnish study, homeopaths encouraged ongoing patient disclosure throughout the interview, while general practitioners quickly started with their verbal and physical examination.[22] Homeopathic consultation allows for empathy to evolve because its technique allows for appropriate emotional and temporal space.

The cornerstone of homeopathic practice is case taking. In his *Organon* (published in 1810)[23] Hahnemann has already described the ground rules of a therapeutic relationship that are slowly re-emerging today in patient centered care. The corresponding sections of the *Organon* could easily serve as manual for the patient–doctor relationship in the BPS model. The patient is encouraged to talk about his chief complaints, while the physician follows the patient's stream of thought and emotions without interrupting and by utilizing empathic listening and non-judgmental acceptance.[24] The following excerpts from Hahnemann demonstrate this affinity to patient-centered communication.

> Now, as certainly as we should listen to the patient's description of his sufferings and sensations, and attach credence especially to his own expressions wherewith he endeavours to make us understand his ailments… (*OM* §98)

[17] Manish Bathia, "Exploring the Role of Homeopathy in Reducing the Global Mental Health Burden," in *Homeopathy and Mental Health Care: Integrative Practice, Principles and Research*, eds. Christopher K. Johannes and Harry E. Van der Zee, Haren, The Netherlands: Homeolinks Publishers 2010, pp. 21-59. [Henceforth cited as *CAM*]

[18] Robert Frank, "Homeopath & Patient—A Dyad of Harmony?," *Social Science & Medicine* 55 (2002), 1285-96; here p. 1286.

[19] Carl May and Deepak Sirur, "Art, Science and Placebo: Incorporating Homeopathy in General Practice," *Sociology of Health & Illness* 20/2 (1998), 168-90; here p. 171. [Henceforth cited as *ASP*]

[20] Michael Balint, The Doctor, His Patient and the Illness, London: Pitman Medical 1957, p. 1.

[21] Iris R. Bell and Mary Koithan, "The Homeopathic Healing Process, Transformational Outcomes, and the Patient–Provider Relationship," in *Homeopathy and Mental Health Care: Integrative Practice, Principles and Research*, eds. Christopher K. Johannes and Harry E. Van der Zee, Haren, The Netherlands: Homeolinks Publishers 2010, pp. 60-71, here p. 66.

[22] Johanna Ruusuvuori, "Comparing Homeopathic and General Practice Consultations: The Case of Problem Presentation," *Communication and Medicine* 2/2 (2005), 123-35.

[23] Samuel Hahnemann, *Organon of Medicine*, edited from the fifth and sixth editions with introduction to homeopathic philosophy, with explanations by Joseph Reves, Haifa, Israel: Homeopress Ltd. 1994. [Henceforth cited as *OM*]

[24] Brian Kaplan, *The Homeopathic Conversation: The Art of Taking Case*, London: Natural Medicine Press 2001.

The practitioner's affective resonance supports relationship building by a variety of measures, including nonverbal encouragement and neutral utterances,[25] and by attempting to understand the patient in his own life circumstances which contributes to an emphatic understanding.

> He writes down accurately all that the patient and his friends have told him in the very expressions used by them. Keeping silence himself, he allows them to say all they have to say, and refrains from interrupting them. (*OM* §84)

Also in patient centered communication a focused interviewing around exact description of physical symptoms and questioning with emphatic curiosity takes place. In both situations it is necessary to refrain from interpretation of what is heard, so that the patient's language can reveal its truth.

> When the narrators have finished what they would say of their own accord, the physician then reverts to each particular symptom and elicits more precise information respecting it in the following manner; he reads over the symptoms as they were related to him one by one, and about each of them he inquires for further particulars… (*OM* §86)

> And thus the physician obtains more precise information, respecting each particular detail but without ever framing his questions so as to suggest the answer to the patient, so that he shall only have to answer yes or no; else he will be misled to answer in the affirmative or negative something untrue, half true, or not strictly correct, either from indolence or in order to please his interrogator, from which a false picture of the disease and an unsuitable mode of treatment must result. (*OM* §87)

Such use of open-ended questioning is particularly effective for fact finding. The physician elicits the patient's psychosocial history, for a more complete understanding of possible contributing factors to the disease.

> While inquiring into the state of chronic disease, the particular circumstances of the patient with regard to his ordinary occupations, his usual mode of living and diet, his domestic situation, and so forth, must be well considered and scrutinized, to ascertain what there is in them that may tend to produce or maintain disease, in order that by their removal the recovery may be promoted. (*OM* §94)

Hahnemann talked about obstacles to cure and suggested life style and dietary changes to his patients. The core skill of a homeopath is to assist the patient in telling the story, and to encourage the patient to reveal what matters, what is happening on a daily basis, what recurs in mental images, what unfolds when allowing for the narrative. The story becomes meaningful and more memorable than a sequential record of events, it is told from the patient's perspective in its authentic voice, revealing the patient's sense of place in the world.

Developing such rapport with the homeopath, the patient now becomes more anchored into his own reality. The chief complaint and main symptoms, the review of systems, past medical and social and family histories, personal and ancestral traumas, significant dreams, all are collected and become part of the bigger story. It is like a tapestry unfolding, where the original complaint is the entry point to an internal world, and by following the threads to a deeper pattern, the vital sensation of disturbance reveals itself. Its signature marks the entire story of the patient as an energetic pattern, it becomes most transparent when it is decoded, but remains hidden to the superficial observer. In the words of Hannah Alpert, "my role as a compassionate witness allows the patient to feel safe letting her guard down and share what underlies her chief complaint. I find the patient will tell me precisely what needs to be cured as long as I allow her to 'run the show.'"[26]

For the homeopath it takes courage and compassion to resonate with the patient's story and suffering. As much as it is a therapeutic interaction, it is also a human encounter—in the process of sharing a space, synchronizing phenomena occur, such as, for example, breathing rhythms, body postures, or even bodily movements might match.[27] A sense of shared

[25] Robert C. Smith et al., "Evidence-Based Guidelines for Teaching Patient-Centered Interviewing," *Patient Education and Counseling* 39 (2000), 27-36; here p. 29.

[26] Hannah Albert, "Homeopathy as a Tool for Personal Evolution," in *Homeopathy and Mental Health Care: Integrative Practice, Principles and Research*, eds. Christopher K. Johannes and Harry E. Van der Zee, Haren, The Netherlands: Homeolinks Publishers 2010, pp. 227-33, here p. 228.

[27] Kenneth Silvestri, "Integrating Psychotherapy and Homeopathy," in *Homeopathy and Mental Health Care: Integrative Practice, Principles and Research*, eds. Christopher K. Johannes and Harry E. Van der Zee, Haren, The Netherlands: Homeolinks Publishers 2010, pp. 202-18, here p. 204.

existence might occur through such perception of being finely tuned to each other's world. Jaspers is sharply aware of the factual impossibility to achieve full distance from the patient, even though the process of objectification can be a critical part for effective treatment. While there are clearly distinct differences between the methods of depth psychology and homeopathic case taking, there are some shared insights about the effects of self-revelation for practitioner and patient.

> Therefore what is left as the ultimate thing in the doctor–patient relationship is *existential communication*, which goes far beyond any therapy, that is, beyond anything that can be planned or methodically staged. The whole treatment is thus absorbed and defined within a community of two selves who live out the possibilities of Existence itself, as reasonable beings.[28]

In homeopathy, the broader space of understanding a patient occurs in different spheres of overlapping experience. David Owen suggests five such models of health: pathogenic, biological, holistic, holographic, and relational.[29] In a holistic sphere, simple causes (like a microorganism) have different effects on people; homeopaths refer to this situation as susceptibilities. Imagine ten people developing flu symptoms, each one of them will have different degree of severity, while certain symptoms might not develop in one person, but in the others, or a spouse will not develop the disease at all (although being exposed to it). All ten people who are now infected by the same virus strain will express different symptoms and so require different remedies. In contrast, allopathic medicine will offer one or two antiviral choices used for a given epidemic outbreak. The holographic sphere is quite complex and the impact of cause and effect relationships remains unclear. What emerges here is a pattern that runs through the case, is often not consciously communicated but presents itself through non-verbal gestures, body sensations—often combined with a feeling that is stimulated not in the patient but actually in the homeopath. In the relational sphere, the theme of the remedy plays out in the context of the relationship between patient and homeopath—the first handshake, openness or withdrawn, doubting and rationalizing, forthcoming or hostile, and all the different relational dances. Even though a homeopath will see patients infrequently for homeopathic care, projection, transference, and counter transference are alive and well during consultations and can be utilized as long as the homeopath stays present and aware to these psychodynamic phenomena.

The understanding in homeopathy is not the summation of symptoms, life stories, or underlying patterns. During the homeopathic intake remedy states becomes visible and exaggerated. These imprinted states are expressed through symptoms, stories, and patterns of a patient. The homeopath witnesses and decodes the information by resonating with these patterns and matching them with the appropriate substance from such animal, plant, or mineral kingdoms that produce these exact symptoms and patterns as part of their healthy manifestation. Let me demonstrate this with an overly simplified example, just to elucidate the point. Take the unhealthy state of a very shy person with fears, lack of risk taking, feeling vulnerable, etc. and see this in conjunction with the healthy state of an oyster shell which protects its vulnerable inner parts. Calcium carbonicum, the inner lining of the shell, is one of the hundred remedies that can relate to shyness and excessive fears; of course, a real case assessment would include numerous additional variables.

Proving symptoms for a specific substance are reproducible among a diverse population. The findings from provings over the last two hundred years are summarized into remedy pictures and collected into the homeopathic *Materia Medica*. Given the so-called Law of Similars, the best-matched homeopathic remedy will bring resolution of the symptoms and an overall restoration of balance in the patient. Each person lives in his or her specific remedy state and projects this state into the environment.

From its very beginning, homeopathic medicine has divided physicians into opposing sides. Two hundred years later, we are still faced with the same division in spite of an increasing appreciation of patients for this type of non-invasive and effective treatment. From its foundation, homeopathy does not yield to reductionist methodologies, but appears to be sound and effective when properly applied. Homeopathic philosophy recognizes and upholds vital principles that explain the interconnectedness of all Being, and it perceives the whole person in all aspects of existence, including complex environmental

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[28] Karl Jaspers, *General Psychopathology*, transl. Julius Hoenig and Marian W. Hamilton, Chicago: The University of Chicago Press 1964, p. 798.

[29] David Owen, *Principles and Practice of Homeopathy*, Philadelphia, PA: Elsevier Ltd. 2007, pp. 5 ff.

interaction. Ghaemi is quite accurate when he states that "our methods determine our results" and he refers to Jaspers who calls this situation "methodological consciousness: we need to be aware of what methods we use, their strengths and limitations, and why we use them" (*BPS* 189).

In the context of homeopathic consultation, understanding a patient means to listen with existential integrity: "The therapist who shares a patient's world listens, at the same time, to the patient and to his own resonances with the patient."[30] Remedy selection and consultation are highly individualized and underscore the uniqueness of each patient and their invisible connectedness to a broader aspect of the world. Such understanding in homeopathic consultation arises from meaningful connections, where the unfolding expression of the patient is just as encouraged as the presence and empathic curiosity of the homeopath. In a Jaspersian sense such existential communication leads to a mutual opening and receiving of one's other humanness.

## Conclusion

The BPS model can be seen as an extension of the biomedical model by giving consideration to the social and psychological sphere of the patient in the assessment of illness. The chance for meaningful understanding (*Verstehen*) of a patient is increased by the practitioner's openness to engage in existential communication by fostering an inter-relational sphere which emerges uniquely from the patient–doctor relationship. Ghaemi argues, "In medicine and psychiatry we need to be biological, because we are dealing with physical diseases, but we also need to be existential, because we are dealing with individual persons (whether they have diseases or problems of living). The two perspectives are not opposite or exclusive, as many seem to assume" (*BPS* 210). In fact, one instance of combining these perspectives is homeopathic medicine where the same validity is given to physical, emotional, and mental symptoms by regarding them as integral parts of an interconnected continuum by addressing the patient as "a unified, dynamical, nonlinear, complex system,"[31] thereby making the homeopath a whole-person therapist. The fundamentals of patient-centered care have already been formulated and put into practice by Hahnemann some two hundred years ago. Medical practitioners in Europe are utilizing homeopathic remedies for acute and chronic care, avoiding iatrogenic adverse reactions and medication overuse, as discussed in the problem of an increasing anti-microbial resistance. Since its inception, homeopathy has been a green medicine. The homeopathic premise is based on an integral human-cosmos relationship; it is the art and science of recognizing and cataloging energetic patterns in minerals, plants, animals and humans, and utilizing them for the treatment of disease. As one turns to contemporary environmental challenges mirrored in increased occurrences of neoplastic and environmental illnesses and reported contamination of global water supply through medication metabolites, the need for change appears necessary. It stands to reason that, besides conventional allopathic medicine, it is time to offer a safer and ecologically sound medicine to future generations. I submit that homeopathy will be one of the answers to this call.

[30] Leston Havens, *Making Contact: Uses of Language in Psychotherapy*, Cambridge, MA: Harvard University Press 1986, p. 27.

[31] Iris R. Bell, Carol M. Baldwin, and Gary E. Schwartz, "Translating A Nonlinear Systems Theory Model For Homeopathy Into Empirical Tests," *Alternative Therapies* 8/3 (2002 May/June), 58-66; here p. 60.