

For a rhetoric of the praxis

"If we stop giving the word 'similitude' the vague and somehow popular meaning that we took from the beginning, if we try to precise the meaning of 'similitude' through a comparison with the 'identity', we will conclude, I believe, that identity refers to the geometric, and similitude to the vital."

Bergson

In one of these nights of insomnia to what every one of us are submitted in atypical summers, we got tempted to wander in Internet looking for what is being produced on national and international homeopathic literature. First of all was necessary to put filters against all the things one can find under the keyword "homeopathy". Experts in eluding, we opened the heart and let us go through the flow of web labyrinth, the most nighthawk and addictive habit that technology has invented.

What was the balance of that insomnia? Apart from a following day of doubtful performance, what was found was an enormous variety of publications dedicated to the practice. The crushing majority of books and texts directs the public to easy prescription, trying to demonstrate how simple is to condense the practice under a prescription shape.

We essayed two possible interpretations for the phenomena: euphoria and depression. Euphoria for those who think that simplicity is a result of the reductionism. Depression for those who tried to comprehend practice as a very difficult delivery – still in the period of expulsion – of several generations of Hahnemann's commentators.

And how did we get here? I mean, this is not a secret, it doesn't happen only among laics. But what I was wondering is: why the books of homeopathic theory are condemned previously to failure? Have we reached such a maturity grade that we can prescind theoretical discussions? It's not like that. We are, by the way, very far from it. Since there is not a finished science – once the science is characterized precisely by the continuity of the adjustment of its programs – homeopathy is not, and should not be, exception to the norm.

Work has just begun; we still will have to feed lots of disorders and stimulate our contradictions to elevate the tension of the debate, guiding it to the field of the ideas.

The results? We don't know. We just think that this is the only way out of the circular embroil that we inherited. But, what about the practice? Doubtless, homeopathic practice must be put back in debate. With all the strength and radicality it deserves.

But in this case, we have to have a mass production – I mean, to edit what has already been produced – what is built practically. Especially in unicist practice. That's why we emphasize, in our last edition, the case reports, so rare in our area, editorially speaking. Because until now there isn't, and there never was, a literature about the practice of the theory.

Meanwhile we drowse, the gap between theory and practice will keep on bothering homeopathy's students. Or with

the ghosts of unquestionable doctrines, or with the absurd and traditional reductions.

Would be possible to create something really new?

What we desire is that the points of application of the theory – so emphasized in the unicist courses, but seldom enjoyed or demonstrated practically – are justified. Because even the best courses don't allow that homeopathy's students acquire clinical experience necessary to ambulatorial spaces.

The truth is that only with a great effort of self-education the student acquires experience and readiness on homeopathic medicine. Lots of them give up here. Others continue trusting in intuitions. Well, but intuitions demand two previous requirements: very well consolidated theory and techniques. Intuitions complement, never guide. When they do it, they sacrifice concepts. They're instincts, not intuitions.

Some could reason that this difficulty of passing from theory to praxis is inherent to medicine and also occurs in biomedicine's tradition. And it's not less true. But there is a very important difference that deserves attention: in these areas abound technical manuals, a huge didactic and supporting material, besides a series of technological instruments that allow that this turns to be a less anguishing task, and, above all, less lonely. What definitively doesn't happen in homeopathy.

The homeopath has to comply on training literally in rifts. Some dig cavities in their daily clinic. The neophytes depend on patients that accept to migrate to homeopathy. Much of them experiment, timidly, in spaces of public clinics and ambulatories, and private medical services in which not always the attendance can be semiotechnically appropriated. Maybe the proximity of a medical residence in homeopathy, the expansion of attendance and with new places and adequate conditions to training the picture can be eased, even though it won't be reversed. Homeopathy still needs to learn how to settle its practice that is essentially ambulatorial, with the reentering on hospital system; because previous unplanned experiences produced frustration as well as disservice to homeopathic movement.

And by the way, which is the true diagnostic? We presume that under these circumstances there isn't critical learning or density of supervised attendance. This leads us to the conclusion that the beginner almost always starts the clinic work in precarious conditions. I mean, very precarious.

Since there aren't great masters anymore, the option is to produce more didactic resources, directed to the unicist, but not only to him. As a matter of fact, we need to redefine unicistism for beyond of what is called "classic homeopathy"; it really can start to be all the homeopathic technique, which goal is the vitalist focus centered in the subject care.

We only know that maturity is always transitory. There will be always a lot more to be written, rethought and corrected. Let the scientific rigidity to overwhelm the ones that consider themselves satisfied. We are the ones who believe that audacity and creativity must impregnate unstopably the researchers. And, guess what?, we still are very thirsty.