

An Interview with Massimo Mangialavori

Interviewed by **Nick Churchill**

What is the most interesting and exciting thing happening in homeopathy for you right now?

I think that many things are changing. If you compare the homeopathy of previous times to what we are doing now, we have already entered a new era for homeopathy, although I'm not sure that we're really aware of that.

I say this for many reasons ? one example is the arrival of computers and good computer programs. Not because I think that you can replace the good mind of a homeopath for a computer, not at all. I believe that the computer is just a machine, a tool. But if a carpenter has to work without a screwdriver it's much more difficult. A computer is like a good washing machine or a car, nothing more.

My impression is that yes it will become more necessary to use the repertory, to use the materia medica, to use all the remedies at your disposal according to what you can do. Before the repertory existed people were limited to what they could remember from all the different materia medicas. With the arrival of the repertory you could start to use more suggestions to try to flow better in the universe of your patient. And the computer programs really have opened up a space now, because we don't have to stick to what we can remember. You can use your memory to think and be more creative and active. In the past, if you had to search for something in the ten volumes of Allen's *Encyclopaedia* by hand, it could take a week. Now you can do it in two seconds. So it's much easier to enlarge the possibility of your prescribing.

On the other hand there's obviously a great risk of just increasing the amount of data we use instead of increasing the quality of the information. This isn't just a problem in homeopathy, it's also a problem of our culture at the end of this century and the beginning of the next one. Fifty years ago the main problem in Europe was to educate people well. Now the problem is that we have to train our children as well as our students to be more critical. Because the problem is not that we have too little information, but too much. So the problem is how to move forward through this huge amount of data, and how to find out what is really good.

I think it's important to get rid of this idea that if a remedy isn't working, it's always because there's another one that you don't know about. This is a delusion, it's the delusion of the Tower of Babel ? the more you know, the more you can do. There's a middle way between using fifteen remedies and fifteen thousand. So I think it's important to enlarge our point view using this beautiful new tool that we have, and these beautiful ideas that are emerging.

But on the other hand it's also important to work on the quality of this information.

There are lots of ways of doing that, and one is to collect good cases. If we compare our literature with the allopathic one, there is a great lack from our point of view. We have a huge amount of books, but there are very few that are really written from the experience of a homeopath who has treated people. I really don't understand why there is this kind of rush to write lots and lots of books, because if you stop to consider which of all of them are really useful, very few of them actually are. Most are just copies of copies of copies of other books. What is really missing as I see it is the broad experience of our colleagues: what is happening in their own practices, with their own cases, how they were able to cure people and to report these experiences.

We should work on a kind of standard to evaluate this material, otherwise it's just a jungle. It's strange that even though we have the internet and computers, if you compare what we are doing today with the work of our colleagues from many years ago, I think they were much better at exchanging material and information. Look at Clarke and what he did with his *Dictionary* and compare that with what is going on nowadays. From this point of view we are achieving very little, we could do much more with our tools. So 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 information or an increase in the quality of this work.

It's beautiful for example that you now have so many seminars and so many people teaching compared with a few years ago, but without an organisation to take care of this, it's a mess. Many good schools and organisations in Europe are losing power because there's a seminar or even two seminars every weekend. It splits people up and in a short time, if there's no direction, there won't be any schools to put on good seminars. I think that's an important aspect.

So my feeling is that we are in a moment of great fermentation, but something has to happen in the next year. We need to organise our material better, we can't go on like this. Even with the beautiful new provings that are being done, which are so interesting, really amazing. But we need the clinical confirmation too, we need good clinical information, because even the best proving is just a proving till you have cured cases.

It's important to find out good ways of doing a proving, following the ideas of Hahnemann. But we also have to look at modern ideas on how to treat cases and evaluate them. I don't see the same kind of emphasis, the same kind of energy to collect cases and make a kind of common strategy to organise and manage this material so we can use it as a confirmation of our ideas. Otherwise

the risk is that we are working on the Tower of Babel instead of good experiences.

It's the same in books, we have plenty of books now, very detailed ones, even ones by good homeopaths, that aren't written from experience. Instead of writing about their own experiences of the remedies they know, there is this delusion that you can write a materia medica from A-Z. How can you? It's not possible. Even if you are the best homeopath in the world, you cannot know from *Abelmoschus* to *Zizia*. It is better to give the community your own good ideas and observations about the remedies that you really know very well. Write this, there is no need to add more and more material from the history of homeopathy just because you're writing a book!

I know that you are very interested in clinical information, that you think it's more important than information from provings. But when I see cases published in journals or presented at seminars, sometimes I have my doubts about the prescription. I wonder whether it really was a cured case in the long term. Clinical information has its pitfalls too. And somehow a good proving, a full proving, has a coherence and a consistency and a vividness that enables you to prescribe with confidence in that picture. I am interested in this idea of yours that the clinical is always more important than the proving as the primary source of information.

Yes, I think that we cannot exclude one or the other. The clinical confirmation is the consequence of the proving. It comes down to the same problem. When you analyse a case, different schools and different homeopaths will choose different methods of hierarchisation. Why are certain symptoms more important than other ones? Why do you consider this case cured, when someone else just considers it a little bit better? Why do you think this is a fantastic reaction, when for me it's not so good?

It's because you have to make a kind of synthesis from the case. It's the same with a proving, until you do that it's just a list of symptoms, it's not a vivid idea of a remedy. A list of something is nothing until you are able to understand what it means. So, my idea is that first of all it's important to try to get more coherent information from the provings, and very often this is missing.

The second point is that provings are not the only way to get information about substances. I think they are the best source of information from the homeopathic point of view. But the relationship between human beings and these substances is very often described in many other fields. So it's important to gather more information from pharmacological and toxicological sources, or about the traditional use of the substance, and even about our delusions, our human projection ? what in psychoanalysis is called the 'archetype' ? of this particular substance. All this is as important as the proving.

So I repeat, the proving is absolutely important to get the symptoms on which you can base the use of this substance as a homeopathic remedy. But if you want confirmation about the proving material, all these other sources of information are just as useful. Because if there's a coherence between certain symptoms that allows you to make a synthesis which is not just a list of symptoms, but a bigger idea of a substance, and if you are able to find out this coherence in different fields of information and in human beings, then you have a much better understanding of what it could mean.

This is the reason why I insist on the fact that we have to teach our students to get information about the remedies we use. The problem is that it's not possible for every substance to have the same amount of information about it. There is no book which tells you this, it's a work in progress. But if we start to gather information in this way, it will be very important for homeopathy. And obviously, we need the clinical confirmation too. So while we have only good ideas, and no cured cases, I repeat the proving is beautiful stuff, but it's just a proving. Out of that we need to treat people.

This is why you have set clear guidelines for what you consider a cured case?

Yes. I mean that I only present cases in books or at seminars where I used the same remedy for a reasonable length of time. Obviously, that can vary depending on whether the patient has diarrhoea or multiple sclerosis. It's a long term observation, but according to the pathology, I never usually present a case with less than two years of observation, even if it's a so called acute disease. And normally what I do is to use the same remedy on any occasion. I mean that in a chronic case, a so-called chronic case, if I think that I prescribed the constitutional remedy and the patient has an acute reaction, even if it's a bruise, I don't give *Arnica*. Or if I do give *Arnica*, I follow after a very short time with the constitutional remedy. But in 90% of cases, I'm hoping and praying that my patient will get the flu, a common cold, a burn or something else. Because in this case, in my experience, if you are very close to the so-called constitutional remedy, when you repeat this remedy, the reaction is much better than if you give an acute or a similar remedy instead of the simillimum.

And I think that if this happens it's a very good confirmation that the remedy is correct. And when I have a good case of that remedy, and I can put it together with other good cases of the same remedy, this sort of information is one thousand times better than any materia medica. Because any *Belladonna* patient knows what the suffering of *Belladonna* means, they can teach you this very clearly, instead of your delusion, instead of the delusion of any other guru of homeopathy.

But surely if the patient has been given their simillimum their susceptibility is satisfied, and their suffering is no longer that of Belladonna, it's something else?

In homeopathy the similar is not exactly the same, it's not isopathy. So it's always something similar that is stimulating this, and 'simillimum' means 'the most similar possible'. Obviously I think a good prescription is one that goes closest to the peak of this bell curve, but it's not something that happens very often. What it's really possible to think about is a certain range of remedies that are likely to work in this case. I don't think that the simillimum is just one remedy and nothing else could cure. The problem is, what kind of relationship could exist between this group of remedies that could help this patient to come out of their problem.

If you have a case of Belladonna that has been treated for two years, through acutes, through everything with Belladonna, how can that case teach you about Belladonna after two years?

Oh, I think that this patient first comes to you expressing the reason why he has come, what he needs from you, what is his suffering. If you give a *Belladonna* case another remedy that doesn't work, the reaction of the patient is obviously not so good. So the patient that shows you a kind of similarity, a kind of susceptibility to a certain remedy is a patient who knows this state, who is clear in his mind, his existence, his body, what does the way of suffering of this range of remedies mean.

Obviously one case is not enough, but if you are able to collect more than one, and you can find out what they have in common, what kind of strategies this system most commonly uses to overcome this disease, then I think you will discover something very useful.

That's all from the original consultation - after they start to get better, is the information still reliable?

That depends on many things. It depends on the remedy, because there are patients who are sensitive to the remedy who can't open up at the beginning of the relationship, but only two years later. And there are patients that are exactly the opposite, they are much more open the first time they meet you, and then the situation is different. It's according to the severity of the disease of this person. Obviously a case that is not so severely damaged has a different reaction, and is able, if the remedy is correct, to come out from a certain state quickly. If you have a long history, a chronic history and just a palliation of the case, I think the patient tells you any time he reacts to the remedy, why for example he has had a relapse, what is going on.

And say it's a good case of *Belladonna*, and let's say that we are treating a very severe disease, something that is not so easy to treat, a cirrhosis, a severe tuberculosis, a cancer, or whatever. So you know, if it is possible to really help this patient, you need a lot of time. And in this period of time it's common to

have relapses. Why for example was this patient decompensated? Why was he OK until a certain moment and then you have to repeat the remedy? What's going on? The thing that is more easily decompensated in a certain patient, in a certain remedy, is common to the strategy of the remedies.

And do you see a Belladonna case go into another remedy after two years?

I think this is one of the most important discussions you have to make. First of all, out of our delusions and philosophical ideas it's important to observe what progress the patient actually makes. We need very good cases with a long term follow-up to talk about that. My impression is that, if we consider our literature, very few homeopaths have good long term cases observed like that. So it's not so easy to say, as someone used to say, that the simillimum is the remedy for your whole life. And even if it could be like this, we have to be practical, we have to consider that in daily practice, especially when you're starting out, you don't have the experience that allows you to prescribe a remedy that hits its target as accurately as Robin Hood's arrow.

But on the other hand I don't think that after *Belladonna* any remedy is possible. I mean, there are several ways of considering similarity, it can be applied on very different levels. So if you are thinking on a very basic level of similarity, it's common for most human beings to react in a certain way. Everybody reacts to injury more or less in the same way, and it's good to talk about *Arnica* in such cases. But every remedy has its own special way of reacting to injury. And in this case, the aim of the constitutional remedy comes out very clearly. So I mean that any person has a foundation, a fundamental concept. Any genome can develop certain kinds of diseases rather than others. We have a code that allows us to be this way. It's like a tree with its trunk and branches. The branches can go in different directions, but only according to what is the initial tree. They can't go wherever they want. They have to follow the beginning of this life.

So I think that what is important is to try to understand how a *Belladonna* case can develop from this basis. If you have a certain kind of personality, a psychotic personality for example, you cannot cure this completely. You can adjust, you can compensate, you can help with homeopathy. You are just helping the system to adjust itself in a better way, nothing more than this.

Now the basis is the same. So according to this basis, if you have really deeply understood the case, the remedies that come into play after or around *Belladonna* could only be certain remedies, not anything in the materia medica. It's obvious that after *Belladonna* you can prescribe *Pulsatilla* and it works if this patient has a kind of certain cold that is the typical *Pulsatilla* cold. But it doesn't mean that this is a case of *Pulsatilla*, not at all.

So I think that a good possible strategy if you want to deeply understand remedies and to do something that is much more effective for your patient, is to try to understand which kind of relationship, which kind of common, basic and fundamental themes does only this remedy have. And what I call a family is a group of substances where the fundamental themes are the same. Very often the way of adjusting this, the way of overcoming the same problem, could be different.

Try to think, for example, that all the remedies in the *Belladonna* group have the problem in their life that they have to get over this table here in front of us. This is the group of *Belladonna*. What makes the difference between *Belladonna*, *Hyoscyamus*, *Stramonium*, *Mandragora* and others is how they do this, what strategy they use. So you still remain after a beautiful treatment of *Belladonna* a case of a person who has to get over this table, but if you are well treated you can understand, you can work out a better way to do this. Instead of running against it and knocking your head, you can go round, or over, or pass to one side. These are different strategies according to different remedies from the same family. So what we call *Belladonna* very often isn't *Belladonna*. It's what we think is *Belladonna*, what is known as a kind of general model that resembles *Belladonna* but could be any one of a group of substances.

And you think that patients will fall into that group in terms of what they are doing in their lifetime, their life's problems will always be the same, the table will always be the same table?

You are always facing the table, I think. This is your basis, this is your data, this is your genome. This is your table and you have tools or methods to overcome it. It's the whole philosophical problem of determinism and free will. I think we have to find a possible mixture of that. It's obvious that you have the choice of deciding what you want to do. And it's obvious that you come from a certain kind of family, you have a certain kind of body, and so on. If your fingers are short it's difficult to play the violin, but you could be very good at doing something else with them.

Are you saying that a Belladonna patient may later on in their life need another remedy from that group, they may need Mandragora at some stage?

I think that what I'm trying to find out now is this kind of relationship between remedies. It helps me to make better prescriptions, to understand patients more deeply, to be more successful in managing the case and changing the remedy after that.

And in your own experience, people do stay in the same group of remedies as you perceived at the beginning, they don't switch groups?

According to my principle, my theory, I don't think they do at all. I think that if you see a possible switch it's because the doctor mistook the remedy! And if some other remedy really works as deeply as the previous one, it must have something in common with it.

What if the patient has completely resolved that problem, he's cleared the table, it's disappeared, and he walks forward and there's another table or a cow or a car or something in front of him?

Hah, that's a good question. I don't think so, when I'm talking about the table, I mean I'm talking about it being the problems of the life of the patient. So I don't think that things are changing in this lifetime. I think that again you are able to compensate, you are able to adjust, you are able to see this in a different way. I don't think that the healing process is to delete the problem. I think it is to adjust the problem. Otherwise you lose the sense of the pathology. I think that the sickness, the pathology, is the reason of our suffering, is the reason of our existence. It's the reason why it has gone in this way. This is the delusion of medicine ? the delusion that one day we will be able to treat everything. It's not possible. Disease is part of our life, we need to be sick, we need to suffer, it is part of our growth, it's part of being a human being, you cannot avoid this.

So I think it's already written in your story, the moment you are born, what kind of problems you are likely to have, what sort of things you can possibly develop. This is well-known in allopathic medicine too. According to your genome, it's more easy for you to develop a stroke instead of bronchitis or a certain kind of carcinoma. And I think that these are just different points of view to explain the same argument. Even your personality can be easily developed in a certain direction and not in others. So it's like a tree again, you are developing on a certain basis, on a certain foundation. It's a house, it's growing, but some of it is already built.

So is it a delusion in homeopathy that we can cure?

This is a matter of discussing what can any medicine do, what does it mean to cure. My idea of curing is helping a system to do its best by itself.

Not the complete eradication of the symptoms?

It depends what do you mean by the eradication of the symptoms. I'll give you a very basic example, we were talking about *Belladonna*. It's common in a *Belladonna* case for example, to have a certain kind of throat pain, of tonsillitis. This is a common disease for children, but it's not so common in a man of 70 years old. But a 70 year old *Belladonna* patient will develop typical diseases, typical problems for a 70 year old *Belladonna*. So you can think I have overcome the problem, I completely deleted the problem of the tonsillitis. It's normal. It's not *Belladonna* if he has this tonsillitis till the age of seventy. It

could be *Rumex*, or *Silica* or another remedy. So, often what you call the eradication of something is the removal of the outward manifestation of the same suffering, or it's a resolution of the suffering of the problem. It doesn't mean to cure.

Massimo, you are a very deep philosophical thinker in homeopathy...

...Thank you!

Where did this come from?

I think that a doctor not only needs to study medicine, in the so-called scientific way. I think that we have to deal with human beings. So anything that concerns human beings is important. It's a pity that we have this kind of split between what we should know in psychology and what we should know in medicine or anthropology, and so on. Obviously, I'm a simple man so I don't know all these things, but I try to base my culture on having a look at different fields, and trying to find out the common trends between them.

I do believe that this idea of psychosomatic medicine was a great step forward. My understanding at the moment is that we are just at the beginning of this process. Very often there is no really good communication between what we think belongs to the psyche, and what belongs to the soma. Very often there's basically the same sort of division.

In homeopathy?

I think in our general philosophy, in our general medicine. Very recently we've started to consider this as a system. For example, even in homeopathy, we have this model of the pyramid and we put the mind at the top. It's a model, and there are many other models. If instead of the pyramid we consider a sphere, where everything is happening at the same moment, where's the hierarchy? So we can take a look at this from different points of view.

How important is your background in anthropology to your homeopathy?

Oh, I think in my case, in my personal experience, it was fundamental. Otherwise I would not have changed my work. I was a surgeon before, and it was because of some experiences I had while studying anthropology that I was obliged to suddenly change my mind. I had to because there were no explanations for many things. There still aren't, but I enjoy homeopathy much more than surgery!

You were a surgeon interested in anthropology and this led to your becoming a homeopath?

It's a long story. At the beginning, I think like many students of medicine, I had a lot of dreams, and my main interest at the beginning was to study neuropsychiatry. And I had a very bad time at the university in the beginning. I was very disappointed with I was studying and with this kind of interpretation of medicine, because I was also interested in epistemology and anthropology. To me, the kind of medicine I was taught was very superficial. I had a great time with some of my professors, but with others I was very presumptuous and nasty. So I had a bad reputation, but a good one too in other respects. And at that time I was also very interested in music, so my problem was do I study medicine or do I study music?

And then I decided for some reason that I had to be a doctor. It was a difficult moment in my life, I had an uncle who was the chief medical officer in a hospital for children in Naples. And surgery was very interesting for me because I love to work with my hands. So I decided I would do this, and it was really good. I was enthusiastic about these things. And I maintained my interests in neuropsychiatry, psychiatry and anthropology on the side, because medicine for me was something else. It was what I could do with my hands, my knives and my lenses.

Then I took a trip to do some research in anthropology in South America, and by chance I met some interesting homeopaths there. I talked with them and saw with my own eyes what this so-called magical medicine means, what these 'shamans' were doing with homeopathy. I was really impressed, because according to what I thought I knew about medicine, there was no possible explanation for many things that I was seeing. And the fact that homeopathy was a possible system of medicine where I could put together all these different interests at the same time was a kind of enlightenment for me.

So I came back from my trip and I disappointed my parents and my family by telling them I would stop being a surgeon and study homeopathy instead. I had studied some acupuncture before, and I did a lot of seminars, at the schools. And then I continued with my way also. But I still use many sources of information ? I studied anthropology, I studied epistemology, I studied pathology, sociology, botany, that kind of stuff. Because I think that this is all a part of homeopathy. You must know what these things mean.

So Massimo, you use this incredible range of remedies, perhaps more than any other homeopath practising at the moment. How do you get your information about them?

My real problem at the beginning was to try to develop a model of thinking that could allow me to do this. I know that this is the most important clue, because often it seems that I pull the remedy out of a top hat like a rabbit. It's not like that at all.

What I do is to gather together all the possible information. So in the *Juniperus* case that I presented at the conference, it was clear as a hypothesis in my mind that the patient could need a remedy close to *Thuja*. This was my hypothesis. I had other information that I gathered, because this plant was known in ancient times, and we have information about its toxicology and pharmacology ? it's known to affect the kidneys and the liver and so on. So you take a look at the case in this way, and you have in front of you a remedy that resembles it. You have in your mind a clear idea of what features a good case of *Thuja* must have.

I say this because, again, we have a list of symptoms in our materia medica and in our repertories, but 70% of that list is rubbish, is useless. It's useless because it does not help you to make a differential diagnosis. It could be any remedy with the symptom. So when you're able to make a good repertorisation, a good differential diagnosis, you can catch, sometimes by chance, symptoms that are really precise for it. That doesn't mean that there isn't a rubric for them in the repertory, that's another matter.

So you have an idea of what a case of *Thuja* should be. You've seen cases where *Thuja* has worked, you've done it before. You ask yourself what is there in common with this patient, what must be there according to my perception of *Thuja*. Your patient resembles this, he has the same problem of the table, but his way of getting round it is different. I think, OK, this is something like *Thuja*, but it's missing something else that I've seen in other cases where I have prescribed *Thuja* successfully. So what can I do? I try to take a look around this, to make an analysis in the repertory that could suggest which other possible remedies are close to it. I investigate in the botanical field, in the pharmacological field, in toxicology. And often you find this connection.

So in this particular case, I studied the homeopathic literature, and I looked at the etymology of the word, this idea of '*junium parerum*

', of a plant that was given to cows to help them deliver. And I matched it with the patient's dream of a cow that couldn't give birth. So in such a case, OK, it's much more possible for me to make a mistake if I prescribe *Lycopodium* just because it comes through in the repertorisation, than if I prescribe *Juniperus*.

Often it happens that I make a mistake. Often it happens that I make a good prescription. So I put together all the cases where I made a good prescription and I find out what's in common. I always ask the patient what is happening. Because I repeat again, and I'm not tired to say it, the patients tell you what the remedy is. The best picture of the remedy is the patient, it's not the materia medica. The experience that you have with that person is one of the best pieces of information you could have. If you can't reproduce the same experience when you see another person and your repertory is suggesting *Thuja*, forget it. It's not the same. It's like saying to you, so you've tasted a good banana, now I

will give you an apple painted like a banana, and you have to say it's a banana. It's not true!

Have you begun to publish this information on groups of remedies and what features must be present in each of them?

I'm doing this work with David Warkentin now. I'm gradually giving him studies of the remedies I worked on, which will be put in a computer program. And I'm also slowly writing books. The first one to come out will be about spiders. From a certain point of view it's a pity, because everybody thinks that I always prescribe spider remedies. It's not true at all!

I'm very fond of many animals, not just spiders. But I wanted to study animal remedies, because it's easier to understand their behaviour, their sociology, their way of reacting and relating. It's more difficult to understand the behaviour of a plant, for example. It's easier for us to understand our projections when we say an animal is like this or like that, even if it's not actually like that at all. We have a more direct relationship with this kingdom.

I think that the case of the spider is especially interesting for a very simple reason. If you go back to the original proving of *Tarentula*, you will find it contains very poor material, the best of it comes from cases. And the most interesting things about the remedy come from an anthropological observation of the phenomenon of tarantism. I know this very well because I'm very fond of anthropology and I come from the south of Italy. So it's a part of my genetic inheritance to know something about tarantism. And it's interesting, because unlike in other remedies, the real proving, the intoxication of the poison from the bite of the spider, has nothing to do with what is given in the symptomatology of the remedy.

We know that the people who were behaving like this were hysterical. They said they had been bitten, but it wasn't true. What mattered was that they all had to behave like that to be accepted in their society. But this way of acting, this particular kind of hysteria, is absolutely clear and it has a lot to do with the symptoms of *Tarentula*, even though there was no physical relationship between the poison of the spider and the homeopathic symptomatology.

This is known from anthropology, from the ideas about spiders that have been handed down from the earliest times. It was known that there isn't a direct relationship with the substance, and it's much more to do with myths. With something in the poison that isn't just the poison, but what people associate it with. It's the collection of the myths, it's the idea of the relationship between human beings and spiders. And you find out this in *Tarentula* as in many other spider stories. So the problem is understanding what is *Tarentula*, what is *Mygale*, what is *Aranea diamedea*, what is *Latrodectus* and so on.

What do you think of Kent's view that only a good proving brings out the innermost qualities of a remedy, the rest is more or less crude information?

I agree with this. I think that the real challenge is what does the proving mean? Because our level of observation has changed dramatically over the years. At the time of Kent for example, nobody knew anything about psychoanalysis, nobody knew a lot of things that now have one hundred years of development. So they gave different explanations of these phenomena. It's another model. I don't think it's the truth, it's just another model, it's different. The problem now is that we are using let's say old information, and trying to apply this information to a modern model of thinking.

The expectation of a patient two hundred years ago was totally different from that of a patient today. Even the doctor's expectation was very different. When I was working in South America, if a patient came with an abscess and you cured it, it was a great success, he was absolutely happy. But now a patient who comes to you wants to have a good sex life, a good relationship with the kids, good food, to enjoy his work, he wants to drink well, he wants to sleep well, he wants everything, and very often that is not possible. Our model of what it means to be sick or healthy is very different from that which we base our ideas on. So these ideas of Kent can be really helpful, if you think about them as a process, as something that has developed, not as a fact. Not at all. Because it's a different kind of observation.

Do you think on the whole we are helped or hindered by the previous two hundred years of homeopathic philosophy?

I'm sure that it is a great, amazing and fantastic help, absolutely. It's fundamental to what we know, this is a part of the development of any science. It's obvious that if we read the theory of what medicine was two hundred years ago, or one hundred years ago, it looks like rubbish to us. Just as it's very clear that in the next one hundred years they will say that we were talking rubbish now. So we must be very aware of that, and say, OK, we can say this and that according to what we know, according to our development now. That's all. But I think it must be very clear in our minds that it's just a model, it's not the reality. It's not that science now knows something that was not known before. We just change models of observation. There is an improvement, there is an evolution, but it's not any kind of reality.

Often it seems that in homeopathy we think there is no evolution. It was all created in the beginning by Hahnemann, on the first day of creation, and it always will be like this.

I don't think so at all. I think that we must be completely respectful to the beautiful work and ideas of our first masters. And I think that it's great to be the originator of a certain kind of philosophical idea, even if Hahnemann himself

developed many of the ideas of other philosophers, doctors and alchemists before him. But Hahnemann didn't blossom suddenly one day. All his philosophy was an evolution of other people. We can think of the image of a gnome sitting on the shoulders of a giant. Hahnemann was really a huge gnome; not a giant, not a gnome. What we are doing is adding one single brick to the building of this temple. But we are starting on this foundation.

So really Massimo, your first book should be a book of philosophy, not of remedies?

There will be philosophy, there'll be cases. I don't ever talk about remedies if I don't have cured cases. So in the book there will be three cases for each remedy, mostly of a man, a woman and a child. There will be a general presentation of my approach, a discussion about the spider family, what it means, and then cases.

Many people will find your ideas incredibly stimulating and want to go off and do some research themselves. But others might think that this puts homeopathy even further out of their reach than before? It used to be simple, now it's a lot more complicated.

Again it's a problem of views. I don't think that treating people is easy, especially if you have great expectations. So I think that what is important in a doctor is to try to be less omnipotent and to reduce your expectations, to be more realistic. That is often a problem in homeopaths, but all doctors have this delusion that they can cure people. And in the case of homeopaths, especially very classical ones who have this idea that you can change a person's life with one remedy, the risk of thinking you are omnipotent is very real. So first of all it's important to look at ourselves from this point of view.

The next thing is, I really don't think it's a problem at all to prescribe *Arnica*. It's a miracle, it's great stuff, much better than using cortisone. The problem is to try and understand what this patient wants from me, and what can I do? Is it sufficient to just give *Arnica* ointment, or if there is something deeper, do I have to work much more with this patient to help him to overcome the situation. These cases are the most difficult ones, where the problems are really severe. Often there is also a severe pathology, but not necessarily.

In these cases you need to have a better and deeper point of observation. It's normal that as you develop as a homeopath, and your experience increases, people send you more complicated cases. When faced with complicated cases it's not so easy to use a simple model. It doesn't work very often. But if you want to see a simple model in life, you can apply this.

Let's think about allopathic medicine. It starts from the point of view that all men are equal, so if you are studying aspirin, study it from the point of view

that Mr Jones is just like Mr Smith. In this way, what they have done up to now is to start from the observation of the human body and slowly move to cells and then to the genome. You are increasingly restricting the model, so it's very simple. And although in conventional medicine you can now have a dramatic, beautiful diagnosis, you can say this happened because of that gene there, in the end they still give you antibiotics and cortisone, and many other drugs. The way of thinking of their treatment is very basic.

On the other hand, we do exactly the contrary. Our diagnosis could be very simple, because we are basing our idea on phenomena, on observations, not on something that is so complicated. But our possibility of prescribing is much wider.

So if we want to use a simple model of thinking we can, and we can even be satisfied if a person's abscess has gone, it's nice. People did this for centuries, and we are still here, it's OK. But in more complicated cases this model of thinking doesn't work. So I think you have to try something more. Not to change desperately from one remedy to another, but to try and understand what is going on.

How close do you feel to really getting a grip on your practice, on all your patients, the difficult cases too? How close are you to thinking, yes, I understand what's going on and I know how to overcome this?

'Yes, I understand', I can say very seldom, because the way my work is arranged, I only see my patients perhaps four or five times a year, if there is not such an acute problem and it's a more of a chronic case. So even if that is enough to watch and observe them, it's not as long as the time a psychotherapist takes, seeing a patient twice a week perhaps for years. So again, it comes down to what you think it's important to treat, in the sense that a homeopathic prescription is based on a kind of phenomenological understanding. We need what we can observe. The reason why you can make a physical prescription, even if you don't understand so deeply what's going on, is because you're applying something according to the law of similars. It's what we can see, it's a superficial model, but it works very well. That's the reason why homeopathy is such a good medicine.

The understanding of this process is something else. It's not even absolutely necessary in order to prescribe a remedy. But what *is* absolutely necessary is to understand how it works in this person. What could be the mental state, what could be the real suffering of this person? so that it can help you to prescribe this remedy better in the future. I don't think that increasing your ability as a doctor after a certain period of time means you can cure more patients. Otherwise after fifty years of work you could cure something close to 100% of people. I think that what really increases after you reach a certain level is the

depth of your prescription, the depth of your intention, the depth of the contact with the person you are treating.

There's a lot of discussion about whether there are patients whom you can help, and ones that you can't. You can increase this and try to understand that it is not possible for one person to cure any patient. In my daily practice, I have a lot of failures. And I have a lot of patients that I cannot help as much as I would like to. I have been encouraged by my work with these so-called small remedies, with using the same substance in acute and chronic conditions and with a long follow-up. It has proved to be true. So I'm encouraged to move in this direction. But it's not the majority of cases. I think that you can roughly divide my practice in three. One third are very good cases, one third aren't good enough, and in one third there is nothing.

And in your work with these groups and these families, how much is there to do before you really feel, yes, I'm beginning to understand how it all fits together?

It happens more and more frequently, but I'm still getting new ideas about it. Up to now I've been able to establish certain groups of families and remedies belonging to those families only according to my experience. So I came up with some interesting theories, but my approach is very deductive, in the sense that until I can make a possible hypothesis that *Mandragora* is the same as *Belladonna*, I need to have cured cases of *Mandragora*. Enough cases to think I know something about *Mandragora*. And in this observation, I have to say, OK, it's true that *Mandragora* looks like *Belladonna*, because other colleagues before me prescribed *Belladonna* in this case, and this is what happened. So until I have this, I never say that *Mandragora* belongs to the same group.

How often do you find yourself prescribing remedies that have no proving at all?

It happens... I recently started to try something like that, according to some ideas that I had. For example I prescribed *Lac suinum*, pig's milk, and later I heard that a proving was done in Germany. I had good cases of the Labiate family, the mint family. I think it's a very interesting group of plants, because they are so well-known and well-used in herbal and traditional medicine. We have so much information from many other fields, but in homeopathy they are never used: *Rosmarinus*, rosemary, *Salvia officinalis*, sage, *Menta*, mint and *Basilicum*, basil. They are beautiful plants, and wonderful remedies, but in homeopathy they are forgotten, not even considered. Why, I don't know.

How does your work correspond with Jan Scholten's work?

I think very highly of Jan, I consider him a very good homeopath and a very clever man. I know him quite well and we have had very interesting talks about this. On some things we have very different ideas, but it doesn't mean that I

don't value what he says. He's a very honest guy and a good prescriber. We both work in the same way if you consider that both of us are prescribing so-called small remedies in constitutional cases, and that we are working towards finding out ways of grouping them. But from this point of view we have some different ideas.

I think that all of our community now seems to be interested in working in this direction of grouping remedies in families. But there are different ways of thinking about that. We are at the beginning of this process just now. What we have to see in the future is how this approach works, and what has been successful. And it's clear that none of us has a monopoly on the truth. So it's important that each one of us develops his own ideas, and can exchange them according to, again I repeat, cases treated and cured, not just ideas! I think that until you have a good experience that is confirmed by your cases, you could have beautiful books of fairytales. They are interesting stories to read, but you need to treat people too.

Which instrument do you play?

Guitar. Blues and traditional guitar.

Do you still play for pleasure?

A little. My most important pleasure now is horses, I have three horses.

Why do you especially like horses?

I don't know, I've liked them ever since I was a child, it's something not so easy to explain. I was fortunate to move to the countryside only recently, and my first desire as soon as it was possible was to have a stable and horses. My daily work is to be a groom. The real beginning of my day is to clean out the stables!

What a great way to start the day!