“ … The Territory is the Patient …”

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Interviewed by Neil Tessler and Melanie Grimes

Editors: Tell us about the way you teach.

MM: At first I taught seminars, but I was not happy with the results. I preferred to open a school. They were good in terms of attendance, in terms of participation, however studying some remedies or one family was interesting but just a little bite. I preferred to open a school and of course, to have less people coming, but to work deeply. In the school, less people come, but we work deeply. I have given no seminars for the last five years but rather dedicated my time to the school.

The school presented the opportunity to work together for sixty days over three years, and to have enough time to demonstrate the ideas and go deeply enough as I could train colleagues how to “go fishing” for themselves.

Of course, the best result of a school is to give ideas and improve your own perspective. We respect the individuality of our patients and we respect the individuality of our colleagues. According to what I was told by the great majority, the most difficult part of learning homeopathy was the case taking and the case evaluation.

I don’t think you can expect that everyone will do exactly what you are doing. But if you’re able to present your ideas in a good way, so that the students can really understand how and why you arrived at this point, it’s possible to have a successful school. It was a challenge because I did not think at the start that so many colleagues would come, and I can tell you that the results have been really satisfying.

Editors: How often are the courses?

MM: I opened that school in Italy five years ago. That was a two-year course. The first was twice a year for seven days and then five days in the summer. The second one was for those who couldn’t come to the summer seminar. This was for nine days twice a year. Capri is the only seminar that I give that is open to everybody. It is part of the school as well. The other two

seminars were just open to the people coming to the school. The same material I was teaching out in Boston as well.

Editors: What language do you teach in?

MM: The teaching is in English, my English.

Editors: You have organized recent courses and seminars around plant families. What is your perspective on these "families?"

MM: Even though the concept of seeking for families (related groups) of remedies in homeopathy is now becomes more common over the last few years, let me say that I still consider it superficial. It will be interesting in the coming years to see how much it will improve our prescriptions.

EDITORS: What do you mean by superficial?

MM: It is not a need of nature to classify; it is man's need to classify nature. There are different ways of classifying phenomenon in nature. First of all, it is important to decide you mean when you say "family of"? When you say something resembles *Arnica* and you don't specify what you mean when you say "Arnica," it could be whatever you want.

A classical example that I often give in my class to indicate that it is always a matter of perspective: a horse or table or car can be part of same family because they all stand on the floor on four feet. When you say there is a resemblance, there is a similarity that is based on what you consider important to be seen. It is a great idea in order to move forward the thinking regarding one single remedy and to be able to recognize that this kind of information belongs to a larger group of possible remedies. My concern is that it is important to define, from the homeopathic point of view, what does it mean to say "the family of."

Let's consider that there are at least eight to ten different ways of classifying remedies from the botanical point of view.

The classification of Linnaeus was the first one from an historical point of view. That does not mean that it was the most precise one. It doesn't mean it was the best one.

My impression is that frequently, someone else's conception enters, without any real critical distinction, into our homeopathic world on the basis of much speculation but not really supported by good and well-tested homeopathic cases with good follow-up. Of course, I believe that in every science, you will have ideas proceeding quickly, but it is important to declare what is an idea, what is a perspective, what is a possible plan in the search and the practical outcome of this. Otherwise, it's speculation.

The reason I wanted to redefine this concept of families is to say, if you look at it homeopathically, a plant can be a similar plant belonging to another family. This was the reason why my first book about methodology (it will come out soon in English) was about the family of drugs. Because, from the homeopathic point of view, considering what is well-known in terms of a consensus about *Opium*, *Cannabis* and so on, from the point of view of substances, toxicology, pharmacology, we have similar alkaloids with similar effects.

From the point of view of anthropology, the use of these substances has, more or less, a similar impact on human beings all over world. But even if there is a clear similarity, not one of the plants belongs to the same botanical family. This is something we have to consider seriously because we can't find out, seeking for the common themes, the common concept on the basis of the substance. You can find a lot of similarities between *Opium, Cannabis, Coca, Piper methysticum, Anhalonium*, even *Bufo rana*. Despite the different kingdoms and families, the structure of the main theme, from the homeopathic point of view and the anthropological point of view, is very similar.

It is not, in my opinion, to have a need or a desire to look original, but to say, it is a good idea to work with family and for twenty years I have been doing this. I think that we should not take something that was taught by someone else, without thinking about what we mean when we say "This is the family of..." Otherwise it spoils a good idea.

EDITORS: What were early influences, how did you come to homeopathy, how you start sorting things out for yourself?

I was formed as a surgeon, as a cardiac surgeon for kids. In the meantime I was involved a lot, for pleasure, in anthropology, medical anthropology. That is the study of myths and rituals in different cultures, how traditional

medicine was used and in which way. We consider the ecological side, the social side, and the anthropological side; the meaning of ritual in medicine among different populations. Mainly trying to find out what they had in common. My focus of study was what was done in the southern part of Italy. I became involved in the study of Tarentism.

Then I was involved in studying magical medicines. I decided in the Eighties to study something about shamanic medicine in South America. I spent some years going there, almost once a year to Columbia and Peru.

EDITORS: Are you referring to Ayahuasca and similar plant medicines?

MM: Ayahuasca is a part of the work that they do. In many traditional medicines, it is considered useful to be involved in some drug experience, but not compulsory, maybe once or twice in life. There is enormous preparation for it. There is a ritual to contain this experience and the outcome, and I don't think this is the most important part. It stimulates interest in the western countries because of what happened in the sixties in USA and Europe with drugs.

If you compare this kind of ritual with most well known religions of the world, it is not considered useful, even a kind of sin to use this kind of thing. For this reason the idea of drugs seems to be important, to generate attention from the west. But I don't think it is the most important thing. More important is how these people relate with nature. You are part of an environment, just one part of the system, not the world revolving around you. You are in a relationship with this environment. You are who you are because of this relationship. It is a kind of collage that exists. It is a world based on relationships, how things relate together. It is very different from the western idea with man in the center of the universe observing, understanding and being the owner of all the planets. I think it is much more interesting, to my perspective.

The main thing that struck me when I was there was that everything around you is medicine. Everything around you has a soul. This is pretty close to what Hahnemann said in some way at the end of 18th century, the idea that there is something not physical. Even in German it was a bad translation for the term "spirit." Spirit means something non-material. It is not an esoteric concept. There is something that is not material in every substance, even a rock. It is a way of expressing that from a physics point of view. Even if this

is just a tape recorder, it is specific kind of assembly of molecules that makes it be a tape recorder and not a table. It has a specific order and organization of the molecules to make it, if we are talking about the plastic, this piece of plastic and not another one. It's a way of recognizing that everything is unique, that everything has its own aggregation, its own meaning, it is a kind of life, not "life" as we consider it in biology, but a specific organization that is alive.

EDITORS: When did you first travel to South America?

I went there the first time in 1983, and it changed my life. When I came back home after being with these people, I thought it would be interesting to translate this into medicine, because I saw that this stuff had a serious impact on them. What was interesting was that coming back from the first trip to the border of the Amazon jungle, I met a homeopath that had moved from the center of Bogotá where he was a very famous doctor, to the jungle, in order to treat the Indians for free. He was a very intelligent and spiritual person, a person that really touched my heart. He was born in Europe, and later studied homeopathy in Germany, then he moved back to Colombia. I already knew something about homeopathy but very superficially. I had a long talk with him and found that many of these ideas were a kind of modern translation of that which I had started to see with the Indians. It was the idea of the anima of all substances.

EDITORS: How was the traditional medicine similar to homeopathy?

MM: We try to say there is something immaterial, an energy vital force, that there is a specific aggregation that is immaterial in every substance. I saw in the medicine of these people that that they were seeking one remedy to treat the person. Not a combination. They were very classical in their prescription. And it was not even sufficient to decide for example that rosemary could be your medication, because they changed the potency according to the procedure of preparing the remedy. Different preparations brought out different energies in the same plant. You could chew, cook, eat or just pray to the spirit of the plant to come to you. It was rosemary, but just a different kind of potency, a different level of the energy of this plant. It was very interesting to see how they managed well with this approach to applying medication.

And it was not always related according to our concept of sickness.

Usually we consider a serious pathology from an anatomical point of view, an organ that is damaged. For them the concept is different. They can't investigate organs as we do. They look at the entire structure of the person, how much this person is in balance with his life, with the world, with his environment. According to how much he is not in tune with his system (which includes his whole world), they consider this less or more severe a pathology. If the pathology is more severe, it is not sufficient to boil the plant; you have to pray also. It was interesting to me that in some way it sounded pretty close to homeopathy, in a much more modern way, in a positivistic way, in a way that at the end, if you think what happened at the time of Hahnemann, it was the beginning of positivism (a philosophical doctrine that sense perceptions are the only admissible basis of human knowledge and precise thought - editors).

In my understanding, it is clearly written between the lines, that Hahnemann had a very good alchemical background. No one could have been so good at chemistry at this time without that knowledge. I think evidence that Hahnemann had this knowledge is also found in his ability to make remedies such as *Hepar sulph*, which is a clear alchemical preparation.

What was great about his brilliant mind was to translate something as sophisticated as a difficult chemical preparation into something that was easy for a doctor, even without having a good alchemical background, to prepare in their practice, just by taking the mother tincture and potentizing the remedy.

EDITORS: Meeting this fellow stimulated your interest in homeopathy?

MM: Yes, this was the serious start for two reasons: because he was a very striking person, a good doctor, and because of the theory beyond this. It was really something close to what was interesting to me in terms of medicine. I thought that homeopathy was a good mixture between something already known in tradition medicine, and something proven in a more modern way. It looked to be solidly based, well respected in our tradition, and progressive, as well. I got involved in the study and, to go back to your question, I was severely disappointed. I attended three homeopathic schools in the meantime because I was eager to learn. I attended many seminars in Europe and the main disappointment was that beyond this great idea of seeking the individuality of the patient, at the end the same remedies were prescribed. That sounded very strange to me, because with a materia medica of

thousands of remedies, to shrink to twenty substances looked to me really reductive.

In the meantime, I was very lucky because I had some cases from my very little experience with my very basic knowledge, where I was able to see good results using remedies considered not important, smaller remedies. It was pretty common at that time to say that polycrests were very well known, very effective medicines.

I started twenty years ago to give a start to structure, to a possible method for investigating remedies, to study remedies, to study substances, from a different point of view that allowed me to enter into a larger perspective. Of course, this idea of families started from the very empirical observation that colleagues prescribed *Lycopodium* many times and it didn't work. They were good colleagues, they had good reason to prescribe *Lycopodium* and yet *Lycopodium* did nothing. Or that there were good reasons to prescribe *Sepia* and *Sepia* did not work, while other close remedies like *Medusa*, *Asterias* did very good work. I started to think, "What is the relationship between these remedies that makes *Sepia* closer to *Medusa* than to *Phosphorous*?" I think that there is a simple level of similarity between homeopathic substances that is based on the substances themselves. Let's say from a chemical point of view, it is not that difficult to figure out that *Calcareas* could resemble one or the other. It is easier to find the similarity between *Calcarea phosphorica* and *Calcarea* carbonica than between *Calcarea carbonica* and *Pulsatilla*. It makes sense. If we start from a similar substance, it should have similar action. But in the meantime there was also evidence that certain plant and animal remedies look very similar where some connection was not that easy to find out. This was an important point driving me to create a structure for the classification of families.

Another important point was to move from the idea that the most important source of information was the proving. I don't believe this at all. I believe that a proving is a great way of investigating. It is a beautiful way to start to give us a map, a possible map of the territory that we are investigating. And I do believe that in using this map, it is extremely useful to go to patients who really react in a good way. The patient is the landscape, the territory, not just the map. The best source of information is a cured case, not the materia medica. It is great to make a good proving, but of course a good proving needs to be interpreted, in order to be used. I don't think there is anything bad in making interpretations. We must. Even when you say you

don't interpret, it's an interpretation. The point is to make a good interpretation.

You can consider a proving to be a good map that can guide you to a better understanding of the landscape, if you don't forget there is much more fruit in what the patient can tell you, better than any guru of homeopathy in the world. My idea from the beginning was OK, let's use good provings, let's try to interpret, to analyze in different ways (this is another aspect of homeopathy), but don't forget, never forget, that the real source of information is our patients. The greatest source of my material comes from them. I do respect my patients in terms of letting them express when they can. I don't squeeze them at all. But, when I see good results and these results are long lasting is when I consider that I have a good case. That means that this substance seems to work quite deeply, that it does not just cover the symptoms, but seems to push deeply in the system, reacting in every situation, also in whatever is an acute kind of disease, and is really long lasting in its action. I consider this the most useful case in terms of understanding how the structure of this remedy really works.

First of all, our duty is to treat our patient as best as we can, but it is a common experience for many of us that you can have cases where one single remedy is long lasting in its action for years, and others where you have to change the remedy after a few weeks or a few months.

There are different levels of working, of prescribing according to what objectively you can do. I think that it is a common observation that many times when you prescribe a good remedy, what we can call a constitutional prescription, you could later see that patient have an acute health event with symptoms that are not known to be symptoms of this constitutional remedy and yet they responds much better to this remedy for the acute then to the symptomatic prescription.

To give a very simple example, if you have a good case of *Calcarea carbonica*, and this patient has an injury, you can say that if you prescribe *Calcarea* it works much better than *Arnica* because this is a *Calcarea* case. This does not mean that *Arnica* doesn't work; it means that if this is really a *Calcarea* case, it works much better. This is a common experience of everybody.

Whenever you are able to find cases with a long-term follow-up, and when the remedy was prescribed in chronic conditions and whenever there was a reactivation of this picture and you prescribed this remedy even with symptoms that do not apparently relate to this remedy and still the patient is reacting, I think this is an example of a really deep acting substance. When you are able to collect a few of these cases with long –term follow-up, with long observation, where the remedy worked acutely and chronically, I think that in terms of teaching, in terms of learning how deeply this substance works, these are the best cases. Beyond the good or not good enough information that we can get out of our literature, when we are able to put together the information, common information from these patients you can build up a better understanding of what is really important for this substance.

So usually what I used to do when I have these cases in front of me after long term observation, I ask these people to come back and I squeeze them harder, asking them everything, and when they say "I have sore pain" I ask them, "What do you mean by sore? In which way?" So it's really a kind of police investigation after this because I want to know everything.

EDITORS: Once you've already established that the remedy is acting, you're going to go much further into it, to understand that picture more completely.

MM: Yes. I think, of course, that nobody better than a good case knows his symptoms. Each of us can know certain substances better then others because each one of us has good resonance to these, but if you have good *Arsenicum* cases you ask them; "What do you mean by fear of death? What is making you so anxious? In which way do you feel this anxiety? In which part of the body do you feel it?" They can tell you, and this is much more valuable than any speculation.

EDITORS: Early on in your practice, presumably you used traditional keynotes, characteristics, what was known, than used this analytical approach to better understand those cases that had done well. Is this how you built up knowledge of remedies?

MM: Exactly.

Let's say that what we consider keynotes, what we consider good symptoms could be an interesting access point for a good prescription. And when you

have a good prescription, you can start to ask yourself why, how this remedy looks like or is different. *Bellis* and *Arnica* are known to be remedies for injuries. “In what way do you mean ‘your integrity’; in what way do you cope with sore pain? How does it feel to you?”

EDITORS: When we thought they needed that *Lycopodium*, we now realize, hey, its *Millefolium*.

MM: I think it’s incredibly useful to know when something doesn’t work, maybe more important than a remedy that’s really working. What is clear to you is that you thought about *Lycopodium*. Many times in cases of *Myrica cerifera* you can think, it looks to me like a *Lycopodium* case. I should remember that I already did this mistake; I had already this impression and it was not *Lycopodium*.

What we consider a keynote, few times is really a keynote of the remedy. Many more times it is a keynote of a number of remedies. For many different reasons, there was a certain development in homeopathy, as with any other science. It is normal to start from a simple approach to disease and moved forward to something more sophisticated. It is normal that at the beginning, both doctor and patient were satisfied enough with a certain kind of reaction. This is because the concept of sickness, the expectation of doctor and patient was not as high as it is nowadays. At the time of Nash and Kent, it was a miracle to treat an abscess because there were not antibiotics. It is absolutely understandable that from that perspective, *Sulphur, Causticum, Calcarea sulphuricum, Pyrogenium, Silicea, Pulsatilla* were similar remedies because all of them were good at opening an abscess. Now to treat an abscess, for us, it is easy. But if a patient spends so much money to see us, they want to be treated in a much more enlarged way, they want to feel better, have better relations with their wife, so it is more complicated. The expectations of doctors and patients has become more sophisticated more complex.

It is true that a remedy can make the abscess open, but what is the behavior of an *Arnica* patient during an abscess, what is the behavior of a *Hepar sulph* patient during an abscess, *Pyrogenium* or *Tarentula* during an abscess? There are many more elements because we are not just expecting the opening of this abscess but something more sophisticated. Outside of the abscess, is the person who is has that abscess. The whole structure can be completely different.

EDITORS: We were talking earlier about the relationship between healing and psychology. Do you prescribe on psychological or physical symptoms?

MM: It is a difficult topic. What I am trying to do is work on a psychosomatic model though I believe that trying to relate what is psychological to what is physical is just a model of thinking; it is not reality. At least it is not my reality, not my way of thinking, of working. I consider a symptom more interesting when there is a clear resemblance between what is observed in the soma and the psyche. If this thing crosses both, that means it is working on the whole system level.

It is not psychological, it is not physical, its not spiritual, it's the system. To give you an example, we can find in our repertories many remedies with sore pains but the concept of soreness in the case of *Arnica* or Arnica-like remedies have a very specific meaning that makes sense according to the concept of armor and integrity. Even if, for some symptoms if you see "sore pain" for this substance and this group of remedies in the first degree, if this is a theme that is very important for this substance, it doesn't matter if it is in the first degree in the repertory. This concept is fundamental. Sometimes in a proving or the repertory it comes out that you have sore pain for *Lycopodium* or *Pulsatilla*. It can be a mistake in the repertory; it can be a simple observation in a proving. It is not an issue, the sore pain, for *Pulsatilla*, because it makes no sense in the entire system of *Pulsatilla*. It is not a real psychosomatic problem, because there is not a resemblance on the same physical and psychological level.

Of course it is normal in our daily practice that some remedy is ameliorating superficially, but that our daily work many times cannot be done better. I have to be aware of my daily mistakes and the issue that I cannot do better than this. Sometimes (in some cases) we have to say that this way of working is better and we cannot have greater expectations.

My way is to mainly try to seek the remedy concept that addresses in a practical way your psyche, your soma and your superficial stuff because I think that it's an entire system. A pain in the thumb is not, or can be not, just a simple thing, but can be a clear description of the whole system. This is the reason why we have keynotes.

EDITORS: Are you saying that the keynotes are symptoms that run through the whole system?

MM: A keynote is usually a simple symptom that gives you a description of a concept. This is why keynotes still work, because they are attached to the entire problem that transits through the whole system.

EDITORS: So your interest is more in that totality?

MM: Theoretically speaking this is what we should do.

EDITORS: You are seeking something within the knowledge of a remedy that brings all the pieces into a certain conceptual theme.

MM: A proving cannot be done better then connecting symptoms in terms of listing them. Of course, again, the problem is how you evaluate. I don't think it's just a matter of technique, though that is also something important. But if there are different ways of evaluating a case, from one doctor to another, there are different ways of evaluating a proving, according to what you want to investigate, according to what you hear, and according to this person who is telling you what he can. In the end, I think that all the good homeopaths in the world are always trying to figure out a way to describe as much as possible, extensively and precisely in a synthetic way. The problem is to make a good synthesis, a significant one.

My concept in terms of fundamental themes is something that you can see always in these patients. If you have a child who is *Arnica*, this matter of integrity is clear from the first month and this problem is the same all life long. It will never change. You can help the patient cope better, to adjust to compensate, but you can't change it. It would be like saying you can change a horse into car; it's impossible. You can only make a better horse. What you can do it to try and understand that all of the symptoms coming from the proving and coming from the patient point to a few concepts in the end. Of course, each homeopath expresses the concept of the remedy according to his culture, to his knowledge, to his ability to comprehend it. Every doctor is able to observe this according to his own sensibility, but again, we are dealing with the same few concepts. If you take a look at this in a dynamic way, you are able to understand that the same problem of integrity can be shown with soreness, and could become a person who says, "I am superman" or a wretched person, depressed. There are thousands of

symptoms of the same patient. It is important to work with symptoms in order to make sense of them, because the idea of using them in a flat way is not possible.

EDITORS: The non-flat way. Did you study materia medica by applying it, or through repertory? How did you get to a level of accurate understanding?

MM: One way is the use of our material from the literature and the other way is to elaborate the material coming from the patients. Let's say that the first level of working, of course, is starting from what we have in terms of good material, and we have a rich amount of information coming from the masters. The problem again is to try to get a synthesis. We have to try to make sense of our observations.

One level is to try to organize this huge amount of symptoms that we have in our materia medica, in our repertory. I prefer to work with the repertory more than materia medica, because even if a repertory is very imprecise, there is a great quality that only repertories have. Like the Internet, you can find all the observation from many homeopaths around the world. In my opinion, if you have an idea that a certain concept is important, you can find out that many colleagues were able to observe the same concept, using different symptoms. It's a concordance; it's a consensus.

Also it is important to look at what is NOT there. If something appears clearly in a case –let's say a person has a strong dictatorial side. No one in the world before us was able to detect this symptom in a *Pulsatilla* case. You repertorize your case and it comes out that *Pulsatilla* is the first remedy suggested. If you are sure that *Pulsatilla* is not dictatorial, even if the repertory suggests that the case sounds like this, then forget about *Pulsatilla*. If is clear that *Pulsatilla* is not dictatorial, in whatever way it means to be dictatorial, according to how we understand the concept, it means that *Pulsatilla* would not be a good prescription if no one in the world was able to detect this dictatorial symptom in any of the *Pulsatilla* cases, ever. Of course, if the concept of dictatorial is missing in the case of *Coccinella*, since nobody knew *Coccinella* as a remedy very well, it is possible. Who knows? You have to find out another strategy to detect this remedy.

First of all, it is important to define clearly what is there and what is not there for the important polycrests. Then to consider that usually polycrests are a consensus about the most common ways that human beings react. I

think that the reason why these few substance became so famous was because we don't have too many ways to cope with our problems. Each one of these polycrests is a kind of large concept, a kind of archetype that generally describes a common way of being. A frigid woman is the archetypal *Sepia*. Dictatorial people can be the archetype of *Lycopodium*. Sympathetic people can be the archetype of *Phosphorous*, and so on.

But these archetypes of *Phosphorous, Lycopodium,* and *Sepia* are actually a large range of substances where *Lycopodium* is one of the better-known substances, but around this *Lycopodium* planet, there are many satellites. The problem is how to find out the satellites. One possibility, in my understanding, is to look for a resemblance of substance. If the alkaloid of this plant is very well known in other similar plants, it makes sense to make this hypothesis. And I underline hypothesis. This hypothesis must be supported by good cases. Otherwise it is good hypothesis. For example, looking at the Compositae, you can see a clear resemblance between *Arnica* and *Bellis*, while there is not a clear resemblance between *Arnica* and *Echinacea*, between *Arnica* and *Tanacetum*, between *Arnica* and *Nabalus*. They are not similar at all from the homeopathic point of view, even though they belong to the same biological family.

Often, if you are able to work on this component, this alkaloid from toxicology and medicine, it's easy to detect that a cactus like *Anhalonium*, a mushroom like *Psilocybin*, and *Bufo rana* are similar. They contain the same kind of alkaloid, so it makes sense if you find out that there is a resemblance, even if one is a mushroom, one is a cactus, and the other one is a toad.

There is another level that is not possible to be detected by substances. That is what I call a vertical level of resemblance. I gave a patient *Lycopodium* and the prescription failed. Later I gave *Myrica cerifera* and it worked. Why? Who knows? This was the evidence. If other colleagues were able to do the same, if I have more then one case that can support this hypothesis, let's say that they look alike, they resemble each other, so there is a relationship. Why is there this relationship? I don't know, but this is a practical observation. Sometimes you can find a resemblance that is alkaloidal; sometimes it is very difficult. In my book, I called this approach "the method of complexity". This is because it is a complex approach; it is not just one line of consideration. One point is by studying substances, one point is by elaborating our literature, and one point is by elaborating material coming from our patients. Mainly what I am seeking for is what I consider a

coherency. I mean that, pretty often, when you study seriously certain remedies, you find out incredible similarities between what is known about the substance from different fields: the same concepts, the same themes in the history of this plant, in the traditional usage, in homeopathy, in toxicology, in myth, in legend. When you find out this kind of coherence, it means that the same object that was seen from different minds, from different perspectives, from poetry, to mythology, to the chemical substance, is derived in some way from the same or similar hypothesis. I think that whenever you are able to find this coherency, this coherent information is the most important in understanding the substance.

If you are to find out this kind of coherency in myth, legends, pharmaceuticals, and the traditional history of a substance that was not so well studied, it is interesting to make a hypothesis, and it is possible that the remedy could have these symptoms. It may be the case that you have little information in homeopathy about this substance, about a pain in knee, about a kind of eruption. If you are lucky enough to find out a guy who comes to you with a pain in his knee and you have something not belonging to homeopathy that can support your hypothesis, my idea was to use this substance as a remedy. If it worked, and I prescribed it in more than one patient, then I squeeze them, to tell me, okay, this is what I observed. I have no time to make a proving, but this is what came out from my experience, with long-term follow-ups with these observations. This is my observation of cured cases. I ask the patient to sign what I compile from what they tell me, to allow me to publish it and I think that if any patient allows you to publish their story after two years of follow-up, and after they have signed off on it, I have a kind of authorization, an agreement about what the truly cured symptoms from a prescription are. I think that's enough.

Even if information is missing in a proving, I think you can have enough good information from the patient to support this. I don't see anything wrong in making a hypothesis. The problem is that a good hypothesis has to be based on something serious, not on bubbles. Of course, we have to make good hypothesis or there is no progress in our science, in any science. The problem is to prove your hypothesis. It's a common process in science to make a hypothesis and to fail or to make a hypothesis and be right. This happens in every science. The problem is not in making a hypothesis, but making hypotheses based on a solid way of thinking, on good epistemology (the science of science as background) and to confirm it. That's all.

EDITORS: There are different opinions in homeopathy. There are those who want to argue that all this talk of hypotheses belies the supposedly pure nature of inductive reasoning. Of course, inductive reasoning and deductive reasoning interact. The same people argue that provings are the main thing and clinical as the source of the materia medica is much less important, more speculative. (See *Simillimum,* Fall/03, Editorial; & *AJHM,* Summer 2003, page 82.)

MM: Ask your patients.
I have had serious discussions like this with many colleagues. I remember once, I went to a place where they were following a certain teacher and I presented my cases. It was interesting that at the end they were skeptical about what I was saying. They said, we studied with this teacher about this remedy and have a completely different idea. I said, "Interesting! I'm really seeking and looking forward to this because I think it's important to share information. The more you have, the better and more precise an understanding you can put together." They said, "Yes, yes! We have a completely different idea but we don't have any cases."

I think at least we can discuss how your case taking and your case evaluation can be different, but we already have many books of homeopathic materia medica today where there is no serious, clinical support for what is written. I think that, at least, you should be honest enough to say that this is your hypothesis; your speculation, your ideas, or this is supported by such and such. Show what you did, show what the reaction was, and then we can talk it over.

EDITORS: What do you think about provings?

I'm really fond of ideas, speculation and theoretical discussion. But it is normal that it should be supported by something. If you conduct a proving and this proving is beautifully done from a theoretical point if view, it is a mistake to call a proving a "remedy". This substance doesn't cure anything until you use it and test that it works. Until then it is not a remedy for anything. It becomes a remedy after you use it and it cures some of the huge amount of symptoms that you got out of the proving. Some of the symptoms in provings are confirmed and some of the symptoms are not confirmed at all. Some were just occasional symptoms that anybody could have in his daily life, like when if you had a cold during a proving. Who never had got a cold in his life? It is not a symptom of this remedy that you got it. On the

other hand, someone else had a cold twice a month during the proving. This is something else. In one case it is an occasional symptom, in another case it is a fundamental symptom.

I think that a good proving is the best, the only and the most interesting way to get into touch with the possible reality of some remedies, from the homeopathic perspective, but it's only a map. The territory is the patient.

EDITORS: If you were taking homeopathic students today from square one, how would you formulate core homeopathic education?

MM: I can tell you what I do now. I think that one part, that is a kind of taboo in homeopathic medicine, is the awareness of the importance of our relationship with the patient. I believe that a large share of results come from this, because technically speaking, one clear requirement of a good homeopathic prescription is good homeopathic case taking. This case taking is an incredibly therapeutic tool. If you try to take a look at what is happening in medicine all over the world, from the beginning of medicine to the present day, you find that there are at least two hundred different methods of curing, healing, etc., and some of them are completely opposite in their natures. The only thing that remains constant in each of these methods is that you have a patient and you have a doctor. That means someone is asking for help and another one is able to say, "I can help you."

This has a tremendous therapeutic effect, independent from any kind of medication you use. This tool is a poorly considered placebo aspect particularly in homeopathic medicine, and very often is used by the enemies of homeopathy to say that we're not doing real work. Whenever I receive this kind of criticism, because I work in the university of my town and it does come up, I always answer by saying that it means we are good doctors, because every single case taking has a placebo impact, as a therapeutic input, for the simple reason that it is an interference. I think that it's extremely important to be aware of this and to know how significant and useful the result of this interference is. To be able to evaluate clearly and precisely what is happening because of the homeopathic prescription and what is happening because of the interaction is very important. Very often in my daily clinical work, when I see a patient reacting to a prescription, whenever possible, I next prescribe placebo, because I want to see how much the substance is really working or how much it is the interference that is working. Many times I have seen beautiful results because of a telephone

call. In the great majority of cases that I consider good cases, a prescription in between was a placebo, to test if this patient was reacting well because of what happened before or because of the substance. I consider this extremely important. I think that interfering in this way, listening to the story of the patient, taking the case in this specific way, has a strong impact on our patient. If you know something more about this you can use it in a positive, useful way. If you don't know this it happens anyway. It is not something that depends on you. You cannot avoid it. This is not only my interpretation. I think that this information is missing in our training. I think it is very important to deal better with the meaning, with the result, with possible interpretations of the patient doctor relationship. This is one aspect.

Then, I think it is absolutely important to know our literature, but to study literature in terms of the development of thought in homeopathy. The difference between a fundamentalist religion and a science is that science considers that even the best origin of our thought came from a genius able to be a giant, or a better dwarf on the shoulder of a giant. It was not the only truth. It was not the only way of thinking. Otherwise if everything has to resemble what we think that Hahnemann thought, this is a religion. It is better done in a church, not in a clinic or a hospital. It is very important to study the evolution of our thought. You can avoid thinking that we have evolved, but you cannot stop this process, not at all. Maybe it is not such a good evolution, not what you wanted, but it is, in any case, an evolution.

EDITORS: You're not studying homeopathy as a sacred canon but as an evolutionary process.

MM: I don't mean not recognizing the enormous revolution of Hahnemann. Without Freudian psychology, psychoanalysis would never have existed. Without Newton, physics wouldn't exist at all. Yet, now for us it's absolutely basic. We have to recognize how enormous his work was. To say that his work was simple does not mean that it was stupid or was not good; it was a beginning. The number one is absolutely indispensable to every other number. I don't think that to say something different than what is considered orthodoxy is a sin or a curse. It is the normal evolution of human thought. Otherwise you have a fundamentalist religion, not anything that has to do with science.

EDITORS: One of the recurrent assertions of those who regard themselves as the Hahnemannian standard bearers is that since Hahnemann named this

science “homeopathy”, what is in his writings alone can be called homeopathy.

MM: Oh my God! I think it is a bad relationship with the father that has to be investigated at the level of psychoanalysis. This is another problem. This has nothing to do with homeopathy.

EDITORS: Is there more you’d like to say about homeopathic education?

MM: We have to give more space to the study of substances. What we are doing from the very beginning is to try to encourage the study of what we are using, because I believe that homeopathic remedies are not just names. So very often when you study our remedies, lets say gold, you know nothing about gold, the sense of gold, the use of gold in medicine, in traditions and so on. These things give us a HUGE amount of beautiful information about the substance. I do this from the very beginning.

Of course, I want students to have a good medical training. It doesn’t matter if they are doctors or not doctors; they have to have medical training.

EDITORS: You use the Q potencies. Can you elaborate on the distinction between the Q and LM potencies?

MM: Before the publication of the sixth edition of the *Organon*, Hahnemann used the LM potencies, but his ideas were not yet published, nor were his precise instructions. The people who made up the LM potencies did it using the same process as the C potency, starting from mother tincture. Then the numbering of the potency resembled the C potency as well. They used the LM6 or the LM12, more or less as Hahnemann did with the C potencies in the very beginning. In reality, what Hahnemann wrote at the end of his life was that he had better success using these LM’s starting from the LM1, giving this daily, even more than once a day, until he observed a reaction. Then he stopped, observed what was going on, did nothing, until there was a relapse. Then he continued with the LM2. Now these LMs, according to what is written in the sixth edition, **were always done using a trituration**. Whatever the substance, it was made from a trituration.

The publication of the sixth edition came after LMs were already in use and were made the traditional way using the mother tincture. In Germany, the mother tincture was made from the juice. In France, it was made by

maceration of dry material. Only a few started to make these potencies according to what was exactly written in the *Organon.* The term LM technically is a mistake. LM means fifty thousand, not quinquagintamillesimal. This should be written, one part in fifty thousand starting with Q. The reason why they wanted to use Q instead of LM was because Q differentiates this specific preparation based on trituration from the LM. If you make an LM or a Q of a metal, they are exactly the same. If you make an LM or a Q of Pulsatilla, they are not the same.

EDITORS: How do you use the Q potencies?

MM: I use 3-5 drops, once or twice a day, from a bottle shaken in between. Very seldom do I have to go above Q19. I don't use Q 2, 4, 6; it is hard for the pharmacy to have all the medicines in stock. We have an agreement that they will carry, Q1, 5, 7. 9. If it is a good prescription it is hard to reach Q9. If it is not working anymore, it is not a good remedy. Generally if Q9 is not working, it means there is a better remedy.

EDITORS: In a number of places, Hahnemann speaks glowingly of the power of trituration, especially in its ability to bring out the medicinal power of metals. There can't be that many pharmacies doing this, that is, always working from trituration.

MM: Not that many. In Europe it is a serious matter because there is a pharmacopoeia and what is written there is a completely different procedure. It's very possible that as soon as they are able to agree on a European pharmacopoeia, they will consider homeopathic preparation impossible. I think it is very possible they will forbid it. We face a serious derangement in homeopathy in Europe. We are on the descendent curve.

EDITORS: Why is this?

MM: Previously the main enemies of homeopathy were fundamentalist allopathic doctors. Now in addition to them, we have homeopathic pharmaceutical companies. It has never happened before in the history of homeopathy that people were interested in pharmaceutical companies. Until a few years ago, only pharmacists or doctors were using remedies. Now in many places in Europe, including Italy, you must make prescriptions through a pharmacist. The interest of the pharmaceutical companies is that they need to follow the law of the market as with any other goods. The law of the market is to make something that is sold and consumed.

In reality, homeopathy can never support this. You can see that if a remedy is properly done, that with one little globule you can make a bottle of remedy that can be used for months. This is completely against any law of

the market. This is not good business. These companies are owned by people who want to make money. They have to change the mind of students and enter into universities. They have to make their own schools to derange things to what they need to do. This is a serious risk. They have influence in government; I think what we call classical homeopathy is in grave danger because this. A regulated environment will be a disaster for us.

EDITORS: What about treating young children?

There are two ways to practice homeopathy. One is the symptomatic approach. You do your best to help people to overcome some thing. The other is to move someone closer to their core and to teach them to cope with the world in a better way. If a child is not sick, symptomatic homeopathy is the best you can do. It is all they need. In case taking with children, you may not discern a clear constitutional case, unless the child is very sickly or sick. Treating a child with bronchitis as a classical homeopath, do not think of the prescription as having to be constitutional. Often, a child's system only needs to be supported by a remedy, and then they will adjust themselves.

If there is a very deranged vital force, you can take a case like an adult, but only if child is very sick. It is not always useful to treat a child constitutionally.

EDITORS: What do you think about miasms?

MM: It's just a word. What Hahnemann wrote about miasms was different than what we intend now. His idea was to give a sense to the possible origin of diseases, because he had to face unsuccessful cases. He wrote that it was impossible to know why a person got sick, yet he wanted to find an explanation. Homeopaths in South America interpreted miasms in different ways according to schools: Ortega, Masi, etc. Their concept is different than Hahnemann's. Practically speaking, the use of the concept is a way to define the possible group of patient. If you call them miasm it is just a way to classify. The idea of making classification is OK. It is human to seek to classify personalities. In the end, it is important to define the words: psora, gonorrhea, family of Chamomilla, and consider what you mean. In the world of homeopathy, concepts and words are used different ways.
Personally, I use groups of remedies larger than just the three or five group system of the miasms. I think it is more complicated than that.

EDITORS: Do you use miasms in your practice?

MM: I do not use miasms in my prescriptions. I was not able to apply it with success. I think it is good for people who are successful at it. I don't understand it so I don't use it.