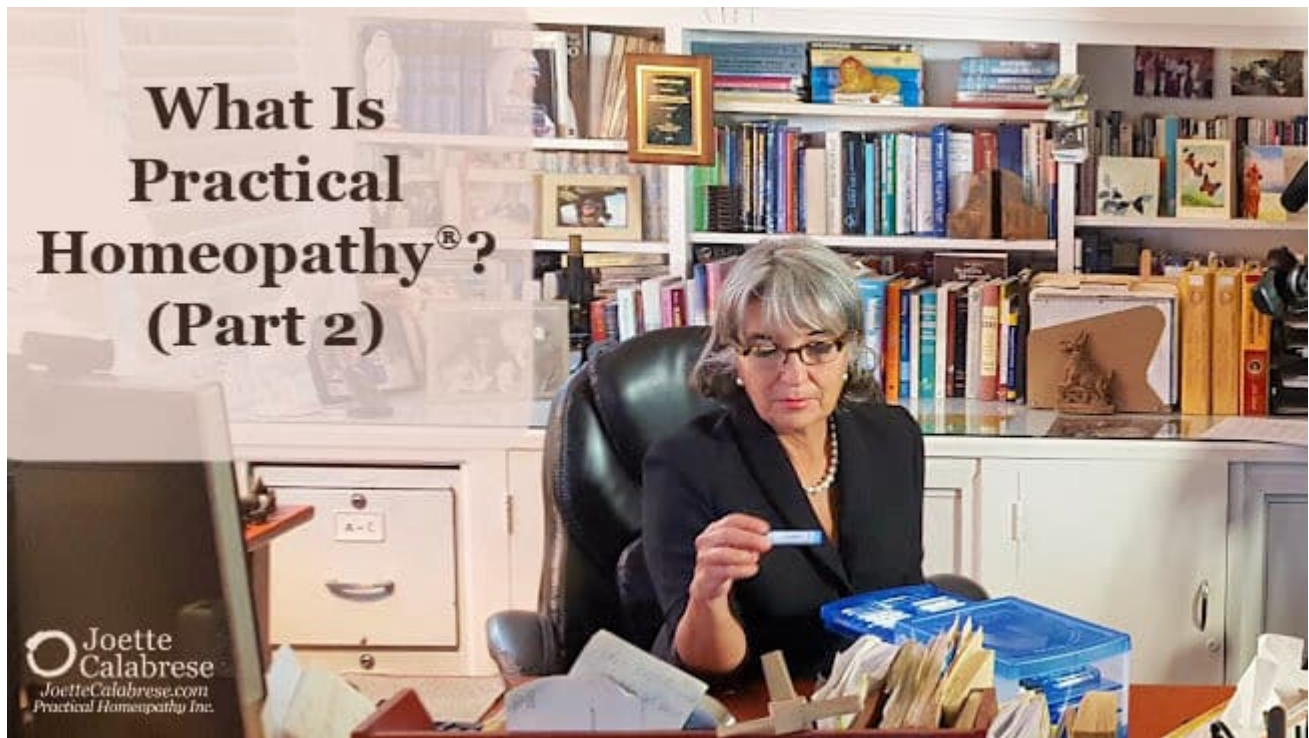


What Is Practical Homeopathy®? (Part 2)



What is Practical Homeopathy®?

I answered the “*what*” aspect of that question earlier this year in my blog post, [What is Practical Homeopathy®? \(Part 1\)](#).

You may recall, I concluded that post with a promise to explain *how* Practical Homeopathy® came into being.

In search of specific medicines for specific conditions

It struck me early on in my study and practice of homeopathy that there had to be specific ways to treat the same conditions reproducibly, time and again. I would never have used the word “protocol” at the time, but I just felt in my gut that there had to be specific homeopathic medicines for specific conditions, even though classical training tried to

insist there weren't.

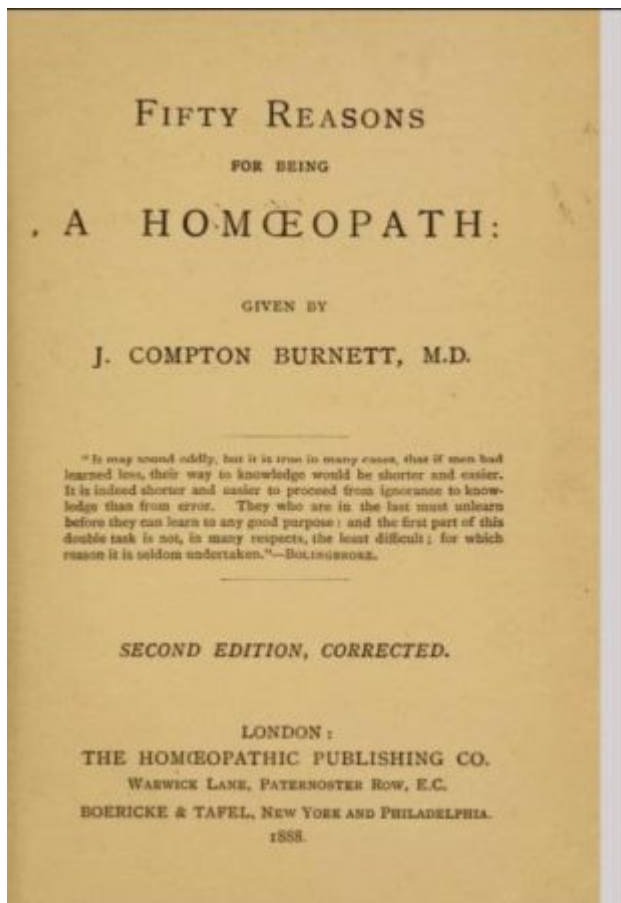
Even Dr. Ramakrishnan, with whom I studied, would swear up and down that he was classical. But honestly, he wasn't exclusively classical. He really wasn't. He would say to our class, "Use *this* medicine for *this* condition, and *that* medicine for *that*, and *another* for *another*."

Wait. What?

We students were gobbling up this information as he delivered it, writing it all down in our notes. Yet even as we were assimilating all his information on condition-specific medicines, we still believed ourselves when we said, "Yes, we're classical. Yes, we are."

Because the idea of condition-specific medicines kept creeping into my mind, I turned to the masters of homeopathy for answers. So, I called the owner of a bookstore where I bought all my books (a shop called Minimum Price Homeopathy Books), and asked, "Can you find all the books you have, giving specific remedies for specific conditions?"

And find them, he did.



The masters of homeopathy already held answers

Then, I started combing through those old books. I discovered that, indeed, in the late 1800s, Dr. James Compton Burnett proposed that if you have a cold, the first thing you should use is *Aconitum napellus*. And if it goes to the chest, you should automatically use *Bryonia alba*.

Did he mean we shouldn't ever use *Dulcamara*? No, he didn't mean that. Did he mean we would never use *Pulsatilla*? No, he didn't mean that either. What Dr. Compton Burnett meant was that *Aconite* and *Bryonia* are the most prominent considerations when a respiratory illness occurs.

After discovering that protocols had a historical role in homeopathy, I felt my newly emerging thought process was more than justified.

Then, in addition to the masters' clear use of condition-specific medicines, manufacturing pharmacies (like Boericke &

Tafel, Boiron, Helios, and later OHM Pharma) further confirmed the efficacy of protocols by developing their own combination medicines branded for specific conditions.

Let's face it. Whether we used the term or not, these were all protocols. So why were there only a handful of these protocols in circulation?

Why wouldn't we try protocols first?

In today's homeopathy, we all know that when somebody has a new injury – or even ailments from an old one – we pretty much automatically at least consider *Arnica montana*. (Pretty much – not always – but pretty much.) We wouldn't use 3C; nor would we necessarily use 50M. We would most likely use 30C or 200C. Thankfully, the clinical successes that preceded us really narrowed down the preferred potency.

Another example: If someone has very thin skin, thin hair, and brittle nails, we automatically start considering medicines like *Silicea*. Again, we wouldn't use it in a 10M potency. Instead, we might employ 6X (or C), or a 30C potency, because those are the potencies that have historically been proven effective for the largest percentage of sufferers.

So, I thought, why not try the condition-specific medicine – the “protocol” – first? If someone has an injury, why not start with *Arnica*? If someone has thin hair, why not start with *Silicea*? Why should we make it more complex by insisting that the medicine must be different for everyone?

I began using the most commonly utilized medicines for specific symptoms. For instance, if someone was experiencing grief, why not start with *Ignatia*? If a woman just had her third baby and is experiencing depression, why not just use *Sepia*?

Funny story about *Sepia*

When I was first learning homeopathy with other young mothers in my study group in Buffalo, a medical doctor who was only using homeopathy was practicing in Rochester. Over and over again, after each one of our friends drove the hour-and-a-half out to Rochester to consult with him, we heard he was using *Sepia* for practically any woman who met with him.

We guffawed!

We all said, "Oh, that's ridiculous. Homeopathy is person-specific, not condition-specific. That certainly isn't homeopathy because he's giving everybody the same thing!"

If I had known then what I know now, it all would have made sense. We were all in the same boat. We were all roughly the same age and just having our kids. *Sepia* was our medicine!

It worked. He was nailing it every time!

We all started to question what we had been taught. "What the heck? Why are we still propagating the message that homeopathy is person-specific, when it turns out it often isn't?"

Maybe homeopathy doesn't *always* need to be complex

I started to think, "Why is this being made to sound so esoteric? Let's just accept that we are all human. Many times, the *same* medicine (generally, in the *same* potency and often even in the *same* frequency) works for the *same* condition in almost all sufferers."

Now, don't get me wrong. At the time, I simultaneously recognized that homeopathy *could* be more complex. However, in my mind, that complexity should be the *second* level of understanding.

The first level – the first approach to an illness or injury – ought to be the medicine that has historically been proven

successful in the majority of sufferers with the same condition. When your family is in crisis, you can't be thinking about all the applicable medicines. You want to consider the most likely possibilities and start taking care of your family. If you come to a crossroads where the condition isn't resolving, okay, then we can go deeper.

If the *Sepia* doesn't help her, if the *Ignatia* doesn't help him, if the *Arnica* doesn't help the injured child, we can go deeper into our repertories and *materia medica* and employ our training.



Resources of proven protocols

Eventually, my curiosity about protocols led me to my work with the Drs. Banerji, where I spent a year and a half cumulatively. I tell the story in more detail in my podcast [My Time with The Banerjis](#), so I won't repeat it here. (But I do hope you'll listen.)

The Banerjis' condition-specific medicines were determined out of a sheer need to treat a thousand people a day. (Yes, you read that correctly.) When I was there, there were 12 doctors, each seeing 100 patients per day. Do the math. That's 1,200 patients a day. That means at the end of one week, they've treated 7,200 people.

The documentation of the efficacy of their condition-specific medicines became known as the Banerji Protocols.

(And yes, the Banerji Protocol for the onset of a cold or respiratory condition was confirmation of Dr. James Compton Burnett's advice from 100 years earlier, with both utilizing *Aconitum napellus* and *Bryonia alba*.)

Bolstering my philosophy, I also encountered the French Protocols, which were being taught to medical doctors in France. (I teach these in [The Academy of Practical Homeopathy®](#).)

I then connected with Joe De Livera, whose Joepathy is built on protocols he observed and recorded during his years in a busy, successful practice.

I also read ["In Search of the Later Hahnemann,"](#) by Rema Handley, in which it was shown that Dr. Hahnemann (the founder of homeopathy) used condition-specific medicines for patients.

My friends, that's all I needed. Suddenly, all that I thought was so, was not.

Dr. Pratip often said, "We are more Hahnemannian than those who are using the 'other' way," and he was right.

So, if even Dr. Hahnemann used condition-specific methods, why was this information kept from us? Why?

By standardizing the practice of the heretofore highly complex system of classical homeopathy, protocols provide practitioners with a collection of *specific* homeopathic medicines for *specific* diagnoses, bypassing the time-consuming and often enigmatic process of individualization.

Of course, I fully understand that there are times when homeopathy must be tailored to the individual. But it's not as often as I was initially led to believe, nor what I taught to my students years ago. To be honest, it's not very often at

all, actually. (And, by the way, for those who studied with me back then, please accept my apologies.)



Putting decades of research together

I began synthesizing everything I had learned from all these esteemed sources: the books from the masters (Hahnemann, James Compton Burnett, Dorothy Shepherd, Robin Murphy), my work with the Banerjis, the French Protocols, and Joe De Livera's "Joepathy." To that rich mixture, I added my own notes and protocols gleaned from success in my practice as well as a full measure of repertorization when required.

Thus, Practical Homeopathy® was born.

I believe this simplified method is not only *practical* but also essential for the future of homeopathy.

I hope you will pass on the good news!

Warmly,



P.S. If you're ready to get started on the pathway to health freedom for you and your family, it's the perfect time to enter the [Gateway to Practical Homeopathy®](#). This guided study group curriculum is laid out in an easy-to-follow set of lessons, meant to be shared with others for maximum impact. It's the same way I first learned homeopathy decades ago.

Members of a study group benefit from each individual's life experience. Each participant learns not only from others' questions about protocols for conditions affecting their families but also benefits from a tight-knit support group they can call on whenever they're unsure which homeopathic medicine to choose.

Once you're on this path, you'll be enthralled by the potential Practical Homeopathy® holds for your family's health. Learning this information is fun and intellectually delicious. Believe me, you won't want your education to end.



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