



Misha Norland, Devon England

# Interview With Misha Norland, M.F. Hom.

By John Melnychuk

*"A Fellow and founding member of the Society of Homeopaths in Britain, Misha Norland has been practicing and teaching homeopathy for more than 25 years. He is also the founder and Director of the School of Homeopathy, Devon, England. He is admired for teaching both philosophy and materia medica in an artistic and, perhaps, alchemical way. We look forward to increasingly frequent visits to the United States by Misha to share his wisdom, charm, and wit with us."*

Advances in Pathology, great as they have been, have not altered the relation which the phenomena of internal disease bear to those of drug-disease. These phenomena respectively, whether crudely apprehended, or clearly and fully understood in all their relations and inter-dependencies, still bear the same relation to each other—expressed by the law *Similia Similibus Curantur*, and we can imagine no possible development of the sciences of Pathology and Pathogenesis which could alter this relation.

—Carroll Dunham, M.D., *The Science of Therapeutics*

AH: How did you become involved in homeopathy?

Norland: There's a long answer and there's a short answer. The short answer is that I came across it when I was about 27 years of age. I was advised to read about homeopathy in a book by John Clarke called "The Materia Medica." I didn't know anything about this book, but following the advice I ordered up John Clarke's *Materia Medica*. I went along and discovered it was three volumes and cost a lot of money. That was not what I expected at all and I started reading in the bookstore. I must have been there a couple of hours just reading *Materia Medica* and getting more and more engrossed so I walked out with the book under my arm and started to read it every night until I'd exhausted myself or my interest—it kept me going for a long time. That's how I got started in homeopathy an unusual way, I think.

Now, the longer story is that my interest in nature goes back to childhood. I studied science. I come, by the way, from a family of artists so it was something of a counter balance too, to be surrounded by paintings. The natural world held a rapture for me and I think I quickly came to the conclusion that the most interesting thing in the natural world were human beings. Certainly they were the ones who were sick, if pathology is what you see around you. Coming from a half Jewish background where half my family had ended in gas chambers certainly put me in mind of the pathology of humankind. So I was fascinated in not just medical pathology but actually in the pathology of the soul. That is most charted by psychology, so I became very interested in psychology in my teens and read mostly Freud, little bits of Adler, and Wilhelm Reich. I actually bypassed Jung and picked him up later in my life, although he's the one with whom I have the greatest affinity these days. But that was the chapter I opened up when I was 27. I got into John Clarke and I also got into Jung. So there's your data, there's the short and the long of it, or bits of it anyway.

AH: If Jung is a major influence for you, how does he affect your homeopathy?

Norland: That's a good question because on the outside he doesn't affect my homeopathy at all. But on the inside, of course, he does. That is to say I do all of the same things that homeopaths do; techniques that we employ don't change whether or not we're familiar with Jung. What does change is, there are some perspectives about the practitioner and patient, that change very greatly. A colleague of mine once described the situation in terms of "fellow sufferers." You know, we are with fellow sufferers which puts our situation in one of far greater parity, this would be more along the lines of the Jungian model, I think. Most importantly it's an understanding that it is the *Self* with a large "S" or might be called the *soul* in the centre of the being and therefore

the sickness in the vital force, which is what is treated. It is a result of soul forces that govern an individual's life. So that *seems to me to make a shift in the way in which the relationship unfolds between healer and fellow sufferer.*

AH: *Could you explain what the soul forces might be?*

Norland: There are a lot of different definitions here. The soul is that aspect of the being which is aware, and therefore is at the centre of that which unfolds in life. A bit like, to use an analogy, the seed that becomes the plant and the flowers and produces a new seed again. The unfolding, that growth into a realisation of a potential which appears to be hidden, is soul material. So what about homeopathy...?

AH: *What about homeopathy?*

Norland: Homeopathy is a means of helping that unfolding to occur in the most natural way. We can take disease as being an obstacle.

AH: *Well, wouldn't disease be a natural expression?*

Norland: Yes, but it's still an obstacle. It's certainly natural in that nothing is not natural, really, but it could be seen as being an obstacle. I mean, if you think of returning the sick individual to health, to use Hahnemann's phrase, then it would be like removing an obstacle, wouldn't it?

AH: *When you are trying to remove that obstacle, when you are treating somebody, what is important?*

Norland: I think the idea of sacred space is a really important one in the case taking model. James Hillman put it nicely. You know how he likes to play with words and he was playing around with the idea of the consulting room and rhyming it with tomb and room—consulting room, tomb womb. It really appealed to me because it's where something dies and where something comes into birth and these are the two most sacred events of the mortal experience. The idea that when we're with a patient, we enter a room and a tomb and a sacred space and that what is happening is governed by, first of all, the souls. Secondly that process is mysterious. It cannot be predetermined and therefore we must be in a state of comfortable unknowing. These are the ingredients that are most necessary.

AH: *Yes, of being in a place of not knowing and being okay with that.*

Norland: Yes.

AH: *And perhaps enjoying it.*

Norland: Yes, even enjoying it, absolutely. That's a long way away from Pierre Schmidt's 50 Useful Questions in his *Art of Interrogation!* If this mysterious process is unfolding—then

the case reveals itself and actually nothing more needs to be done. The whole thing happens.

AH: *Essentially, it's an examination of consciousness.*

Norland: Absolutely. It's not that Pierre Schmidt's 50 questions aren't useful, I think they're great, they're fillers and distracters, they're wonderful distracters. Sometimes in the sacred place the furnace can be raging and the temperature is too hot. It's useful to deflect, or perhaps one could say, to moderate the furnace like you do in an atomic reactor. This is where the 50 questions are very useful.

AH: *You say the process is mysterious somehow; tell us more about that.*

Norland: It's difficult to talk about mystery because it's mysterious! But to try and do it, yes, it's to bring that which is in the centre to the periphery (using the homeopathic analogy) or what is in the depth to the surface. It's about the mystery; it's revelatory. I guess it's the fact that you don't know where it's going.

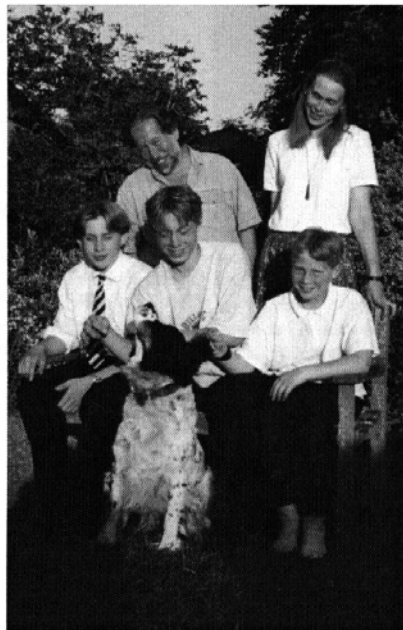
AH: *In a way we do. There's an agenda we have in some sense which we apply to the interview. Although in the space of the interview there's room to go in any direction. We would hope to go towards cure.*

Norland: Oh that, that agenda. I understand you. I have an agenda

as well of course. I suppose my long-term agenda is to move towards cure. The short-term agenda is to gather enough understanding, that is to say, to stand under the light and be illuminated by it sufficiently to identify its remedy. That takes as long as it takes. And the even shorter-term agenda is that I haven't a clue. I go into that interview not knowing the patient or the remedy but just wanting that which is in the centre to come to the periphery—to be revealed enough for its shape to be known.

AH: *What do you think happens when somebody gets a remedy that's helpful for them?*

Norland: Well, let's talk about the best instance. The best instance is where the is-ness of the remedy perfectly matches the is-ness, the state of the patient. It's the simillimum in this situation. I guess what happens is that state that was, disappears. And it disappears in the centre first, if we use the model of coming out from the centre to the periphery. According to that analogy it happens in the centre first. So the person is naturally not miraculously unsick at the periphery. That takes as long as it takes for the centre to move



*The Misha Norland Family*

Public and professional alike have so long been blinded and confused by crude, materialistic ideas about disease in general and cancer in particular, that they have lost the power of discrimination between a disease and between a disease and its end products.  
—Stuart Close, M.D.,  
August 1927,  
The Homeopathic Recorder



Misha & Brigitte

out to the periphery, but they are miraculously unsick at the centre, instantaneously. I can't say much more about it other than the issue of time and the injunction that I hope to pass on, to inculcate in my students: not to be in a hurry.

AH: *So is your understanding about people that are suffering that there is either a wellness or there is not a wellness at their centre?*

Norland: Oh, you mean at the centre of the centre of the centre? There's an un-wellness at the centre. The sickness goes all

the way down to the middle, all the way down to the centre just as health goes all the way down to the centre. That may not be a very popular view. It's a bit like this: sickness and health co-exist, they intertwine like a rope with many colors. The sickness is that which obscures, like an obstacle in our lives. In the attempt to shine light into that which is obscure much could arise that is of creative wonderment. Amazing creativity comes out of shining light into these dark areas. There's no doubt about it and everything has its place. The sun is always shining. However, sometimes there are clouds that create shadows and darkness. According to this model of health and disease, the way in which the simillimum works is that the clouds evaporate and the sun shines unobscured upon the landscape so that everything is revealed and the individual is able to be entirely who they are without obscuration. The creativity will therefore be enhanced rather than diminished.

AH: *So an essential element in health is creativity and the freedom to express that?*

Norland: There is an offshoot, absolutely. If one is diseased then creativity dims as well. But in the situation of the rope with many colors which is most of our situations then the creativity arises out of dark things as much as it does out of light but only where the light can penetrate the darkness.

Prescribers are liable to two errors of an opposite kind. . . . The one consists in prescribing from a general analysis of drugs without regard to the characteristics which individualize them. This is equivalent to prescribing any member indifferently of a whole group of drugs, and necessitates a corresponding generalizing view of disease. . . . The other error consists in prescribing on the strength of one or two characteristics which may be detected, without however examining whether the general effects of the drug correspond to the general features of the disease.

—Carroll Dunham, M.D.,  
The Science of Therapeutics

At that edge. I mean I sometimes speculate about what would happen if miraculously everyone were instantaneously healthy. What would happen in the Guggenheim, for instance? Would there still be those paintings on the walls?

AH: *Maybe different ones.*

Norland: I think they would be different, yeah. I think so. I'm sure the genius that Francis Bacon was, for instance, wouldn't change but his imagery would. You know all his dissolving syphilitic forms, beautifully painted....

AH: *So then one can see the hidden interior of Bacon, some of the darkness of his centre, come into the light and is visible as his art. This is what you look for in homeopathy?*

Norland: In the beginning there is the centre and it rays at the periphery. You know the centre by the periphery, you can't know it by direct experience. Well, perhaps you can, but most of us can't know it by direct experience; we know it by what we can observe on the periphery. I actually use the word 'experience' carefully. You may be able to directly experience the centre. Actually there are a few rare individuals, aren't there, with whom such an apprehension occurs. We usually call them saints and that's because they're clear. The centre is the periphery and the periphery is the centre. But for most of us, there are lots of clouds in the way. So homeopathy is to make saints of us all, you see.

AH: *So are you ready for this job?*

Norland: It's not been an explicit ambition of mine but it does have its appeal! I laugh, but that is actually why I have gotten into all of this. That was my reason of reasons. It was very simply to make the world a better place because it sure is a pretty ropy one. That was my sense of it when I was a nipper, a small child.

AH: *To make the world a better place...?*

Norland: Yeah. Clean up job.

I want to say something about the school and what we must do in America about making the world a better place. That is really the purpose, to make the world a better place. I want to say something about homeopathy that I think is so wonderful. It has a number of different facets to it clearly; the very practical one of getting folks better by prescribing remedies is on the outside. There is also something very personal that it does for the practitioner on the inside, and this is to make at least two bridges.

The first bridge is the one between the material and the immaterial, between substance and simple substance as Kent would have it. It is a complete bridge and that is mind blowing to the nth degree. The other is that everything is related to everything else more or less, and some things very particularly. One example of it is the notion of doctrine of signatures. It was ridiculed by Hahnemann in his attempt to be a scientist because it had been applied in a very simplistic and unidimensional way by previous authors and healers. The idea that if the thing looked like heart, if the shape of the plant was like a heart then it would be good for heart complaints, is the contraction of the idea to absurdity. But if you expand the idea of doctrine of signatures to its full breadth, it is another bridge. It is a bridge into the world of archetypal imagery and from archetypal imagery to myth, fairy tale, and of course as we all know, into usage—medicinal usage and other usage.

I don't know if I need to give an example but I will anyway just to make it absolutely clear. Gold is a good example. Aurum and gold the substance. It enters into mythology and fairy tale and into the life of the kings and the church and burial and commerce and ritual like weddings, and so on. Broadening our creative imagination in this way is so astonishingly enriching that it touches every part of the fabric of our lives and alters it. I hope that bringing the homeopathy course to the world has given a spark of these possibilities. This is the hidden curriculum, this is the subtext, these are the mystery teachings, this is what's esoteric, and the joys that it should be esoteric and known by as many who care to know it.

**AH:** *You're well known as a teacher in Britain and Europe and increasingly well-known in America for your Devon School. Certainly the correspondence course that you bring to us is the most well-regarded and provides a very successful base for beginning homeopathy for people who haven't got an opportunity to study directly with somebody.*

**Norland:** The correspondence course started because I began putting microphones around the necks of teachers so that the tapes could be provided for students who were unable to attend the weekend. In the process of doing that it became clear that some of these lectures were really good. There are times when a great clarity pervades the teaching and other times when the clouds are in the way of that sunshine. I found that I was building up a library of tape recordings and in some of them the sun was shining really fully—so that was one strand.

The other strand was my increasing boredom, I guess, at teaching the ground work again and again, and teaching the same polychrests again and again. Because my great joy is in practice and in the clinical aspects of homeopathy, making it work, the practical aspects. So I thought that, if I could set about creating a correspondence course using these tapes and the foundation stones for the structure of the correspondence course, and then weaving the text around them which. But then I'd be able to put that out to students and start off with them once they'd had a theoretical foundation in homeopathy plus about 50 solid remedies under their belt. I figured that we could then start straight in to cases through video, cases through observation in the clinic and get things going in the case analysis straight away. That's how it began. Then I expanded on that so that the correspondence course has got case analysis in it as well and so on. But that really was the beginning. Now it's a huge school, it's all over the world. We've got a Greek school that has translated everything into Greek; there's a school in Moscow, and one in Japan that's going to take it up now; and of course it's gone into Eastern Europe, it's going to be translated into Bulgarian. And obviously in all the English speaking countries around and about: Australia, New Zealand, South Africa.

**AH:** *Very far-reaching.*

**Norland:** Very far-reaching. It's been a great joy because as we put it together we began to realise that it had this potential.

**AH:** *What's behind the success of your course?*

**Norland:** I think there are a number of parameters. What I hear from students is that they appreciate the structure, that it's a structured course and it takes them through what is, after all, labyrinthine, in a way that is manageable for them.

And the other thing is that it is inspirational. I mean the students enjoy listening to the tapes, and they listen to them in the car, when doing the dishes, when doing the ironing, out in the garden, you know, anything like that as well as sitting down at the desk and actually taking notes from the tapes. I get the impression that people just love to listen to them as one might listen to a music tape.

**AH:** *There are some very brilliant lectures.*

**Norland:** And apropos of that there is a hidden curriculum in the lectures. It's a viewpoint that is expressed in the tapes, I feel. I think that is another element that makes the course real.

**AH:** *What's the viewpoint?*

**Norland:** What's the viewpoint? If one were to step back about 50 years one would call it esoteric. You could also call it the mystery teachings but they're not mystery anymore, although I did say there was a mystery in homeopathy. But all of that is the hidden curriculum that informs the lecturers and comes through in the tapes. Naturally it doesn't come through in all of the tapes but I hope it comes through in enough of the tapes for it to be different. I don't want to make too big of a claim because exactly the same thing comes through in Kent for instance. It is what makes Kent wonderful and also ageless. Again I don't want too much hubris to creep in here, because none of us are Kent. We are of lesser stature but still informed by some of the same things, the same mystery if you will, that informed Kent.

**AH:** *We talked quite a bit about mystery today and this sort of investigation or shedding light upon things that were in darkness before. In your own personal approach to homeopathy, how did this become apparent to you—that this was a process for you?*

**Norland:** Hmmm, good question, the answer is terribly simple. It's just through doing it, through being with patients; daily contact.

**AH:** *One of the things that we talked a bit about was intertwined ropes of health and disease—Could you elaborate?*

**Norland:** The philosophical aspect of it rather than the practical: what do we do when we are with a patient?

**AH:** *We'll start there [with the philosophical] and then do to the practical aspect, hopefully.*

**Norland:** Yes, all right, because one does inform the other doesn't it?

This is a question I've been asking myself for a hugely long time since my childhood and the reality of what I'm about to say and what informs my practice has been gathering momentum over the years. It's so absurdly simple that I'm amazed it took that long.

I'll use the same analogy of the seed developing into the plant, etc. The seed's got the potential for health and sickness within it and we call that susceptibility. The degree to which the individual seed expresses its potential of health and disease goes right back to that innate susceptibility. The question that arises is: where on earth does this susceptibility arise from and what is the

In 1811, appeared the *Anti-Organon* of Prof. Hecker—a work full of the most bitter aspersions upon Hahnemann's personal character, whereas, in fact, the question had relation to principles and not to persons; abounding in the most concentrated contempt and scorn of the system which Hahnemann had unfolded; and without a single suggestion to investigate, by practical experiment, the practical method which Hahnemann had stated to have been attended, in his hands, with such brilliant practical success.  
—Carroll Dunham, M.D.,  
*The Science of Therapeutics*

manner in which we can help an individual to fulfill more of the health potential than the disease potential through the unfolding of their life? The answer to that is once again absurdly simple. The aspect of health expresses itself in successful adaptation to circumstances and the bud that is sick is the one that is unable to adapt. So, as we go through life, the aspects of incomplete or unsuccessful adaptation to circumstances are what we look at, those are the things that trip us up. There's an uncanny way in which the seed potential that will become the plant unfolds itself according to its innate characteristics. The way in which we trip ourselves up results in a pattern which is easy to see and trace. The practitioner traces the pattern.

It's a bit like looking at the crack in the roads that we stumble and fall over. It always the same crack really, even though it may look different from moment to moment if you view it from the perspective of time. From the view of wisdom you can see it's actually the same crack. When the person is falling down the crack, they could be racing past a vision that fools them into thinking it has never happened before. Do you see what I mean? If you're falling from the top of the building to the bottom, you race past windows and you get quick glimpses of views into the windows and say it's this that's happening, it's that that's happening, look now this thing is happening.

So it's easy from a practitioner's point of view to be beguiled by the stories that the patient is telling you about as they're falling and respond to that. Whereas, in fact, what we have to do is to step back from the immediate event and see that it's a repetition of an older event and that that is a repetition of a yet older event and so on. To look at the thread that links them all together. The genius of this is that when you look at the immediate snapshot of what's happening in relation to all the previous snapshots of what happened before, you get the grand picture that ties everything together. So when we speak about finding the simillimum for the patient, we're really taking about finding that remedy, the one that links all those events together.

The last thing to say is that the remedy won't really work unless it's got its tail in the past and its whiskers in the present. You have to have every bit of it. It has to resonate in all the places in order for it to work perfectly. For instance, the old gentleman who lives down the road has developed his yearly flu and bronchitis: he's an old smoker and last year he

got into antibiotics and was actually really rather sick. This year, because I was around at his house over Christmas, I said, because he was not well and was going to be worse, why don't you consult me? So he did. Here we have this golden opportunity to treat a cough, actually to treat the man constitutionally. The remedy that would treat the cough could be one of a thousand remedies or more on the basis of a representation of those few presenting symptoms. But knowing the history it's really easy to single out the one remedy that fits because it is the simillimum remedy, I almost said its constitutional. I need to be careful with this

term, otherwise we get into another set of definitions. So I prescribed to him the remedy that's for him. It also, of course, has all the cough symptoms including their modalities.

AH: *Very nice.*

Norland: Very nice, but I wouldn't be able to find you a remedy otherwise because the initial repertorisation threw up about 30 to choose from.

How we grapple with all the horrible acutes, the toothaches, the coughs—all those things that make up a practice and really the most successful work comes from looking in terms of this wider-wisdom picture.

AH: *I agree.*

Norland: Yes, of course you agree! Any homeopath who's been prescribing for a while knows that it's like this.

AH: *The tail of the simillimum or the remedy must be in the past and the whiskers must be in the present. What's in between?*

Norland: All the slices of the rat, of course! Well, I guess the rat is what you're looking for, to catch him by a whisker! So, where does that innate susceptibility come from, that's the question of questions, isn't it?

AH: *Yes.*

Norland: Yes, and I think we'll leave this one out of this interview!

AH: *You wouldn't care to comment on that would you?*

Norland: Off the record yes, on the record no. I really do believe the Tibetans had it right in the Tibetan Book of the Dead, which is a book of instructions really about how it's good to die. But the basis of it is that as you die, or rather what you carry with you at the moment of death, is what you bring with you at the moment of rebirth. It's that part which you could say is the individual soul returning. I'm a bit iffy about that being individual, I'm not sure it's that individual, and I think that's a good thing that it isn't that individual. But there are residues, residues of past experience. This is why homeopathy works so wonderfully isn't it, because the allopathic remedy is the residue of the experience of the substance from which it's potentised, if you see how I mean.

AH: *Why are you reluctant to have this on the record?*

Norland: Oh well, it's only because the idea of reincarnation is not one which appeals to everybody and it can therefore bring about, and you can put this on the record if you like, a very strong resistance. It's one of those things, it's highly emotive for people. My mother, for instance, actually thought that the idea was revolting. She was that strongly attached to it in a negative sense.

If you want to put it in you can, but just say what I say, sometimes there's resistance. It's not a big issue finally because one is just dealing with what's happening in this life. And if you stretch it back to a past life you've lost it because there is the great forgetting that occurs at every death. So, the issue of reincarnation isn't important. What is important is incarnation from our point of view, it seems to me.

AH: *So, the freeing, how does that happen?*

Norland: That's a truly miraculous thing, isn't it?

The highly beneficial results obtained in cure under homeopathic treatment in a large percentage (60% - 80%) of proven cancer cases is very heartening. This showing exceeds all other methods together.  
—Arthur Hill Grimmer, M.D.,  
Homeopathic  
Cancer Research

AH: *With these little residues.*

Norland: Yes.

AH: *If you have got it right, and if you've got the right thing.*

Norland: If the simillimum happens, according to our understanding the situation is dissolved. Like meets like and it is no longer. Where there was a sound now there's silence.

AH: *Would this be a result of a harmonic effect?*

Norland: It could be. I think of it this way. The substance from which the remedy is made has had an experience of existence, no doubt for a very long time—for millions upon millions of years. It has had the imprinted experience of existence and where that experience of existence is the same or resonant with the experience of the patient, the suffering individual, the suffering is removed.

AH: *Why is that?*

Norland: Why is it when two similar things are, they co-exist, they disappear?

AH: *Yes.*

Norland: I can only give you the most theoretical answer. When a thing manifests, it co-emerges with its opposite. That's in the nature of manifestation, that opposites co-emerge. If you face it with it, emergence collapses.

AH: *And then what happens?*

Norland: The person is no longer sick for an instant.

AH: *In that instant what happens?*

Norland: One is given an opportunity in a very energetically fundamental part of oneself. That is an opportunity for change, to respond in the moment rather than in the past. One doesn't always take that opportunity. From practice one knows that you can give the remedy which is later proved to be the simillimum early on in the treatment of the patient without a curative result. When later that same remedy is given, it acts brilliantly. In between there are some other fumbling steps that one has made. One might say that the other steps weren't actually fumbling. In fact, they were peeling off the layers of the onion. But I don't buy that model because, in my school of experience of blundering, I haven't found it to hold water.

AH: *What have you found then?*

Norland: I've found that fortunately there are many more than one simillimum and one can zigzag a path from close enough remedy to close enough remedy. But there is one that is the most close that does the best work. And it only really works if the resonance of that remedy is sufficiently present right now. To get back to the image of falling, when you are falling from the top of the sky-scraper, some of the images that you see on the way really do have to be images of that remedy. They have to be truly present in time now as well as in the pattern that stuck you in the past. And having that concordance of time present only happens occasionally. If you happen to be there with that remedy on that occasion then it works brilliantly.

I'm really reminded of the alchemists because they continue the process of cooking or calcination for days, weeks, months. They have to have somebody there while they were

sleeping to pump bellows so the fire wouldn't go out. When they awoke they took the bellows over again to keep the fire going until the alchemical transformation took place. There's a wonderful Greek word for it, which is *chyros*. The chyros moment has to be there.

AH: *What is it?*

Norland: It's the moment when there's a confluence of energies. When it happens a mystery enters in, if you're into mystery.

AH: *How can you not be?*

Norland: Some people are frightened of mystery, dead scared.

AH: *We all live with it at times.*

Norland: Yes, fortunately.

AH: *Yes, in that single moment of clarity. Do you have anything to say about how potentisation works?*

Norland: (laughs) I'll answer that in a round about way. Do you mind?

AH: *Of course not.*

Norland: Thanks. I've had various thoughts about it at various times. One of the things that has helped me the most is a model which is comfortable for me in the sense that it's based in my experience working at provings here in Devon, where a group of us take the remedies simultaneously. I, in common with many others who have experienced provings in this context, have to report that those who were not even present during the proving because their train was delayed but wanted to be here, were as affected by the remedy as if they had actually taken it. Or those who didn't want to partake in the proving and therefore were out of the room were as much affected as those who were taking the remedy. Another phenomenon is when a group of people do it, the actual compound effect is greater than if the people take the remedy individually. In general it seems to be so. So a single dose, even if nil potency can have a very, very profound effect. This is not new information anymore. It's something that enough people have been speaking about. I'm sure you've had experiences like that in the States, no?

AH: *Yes.*

Norland: I'm sure you have and I hear similar stories from my European colleagues. And it helps us to realise that it's a truly energetic experience. It has nothing to do with material, it has only to do with energy. Our rapport as a group—that energy is what drives the proving experience for the provers who weren't there. It's sort of telepathic. Telepathy is knowledge at a distance or an experience at a distance, isn't it?

That leads one into some very interesting areas in talking about the potentised remedy. Because if this is true, then clearly the

After [Hahnemann] had satisfied himself of the value of this discovery of the true method of medical practice, he resumed the exercise of his profession. His success was more brilliant than it had ever been. His fame as a practitioner grew rapidly, and patients began to come to him from considerable distances. This good fortune excited the envy of his colleagues in K<sub>nigs</sub>slutter, where he then resided. At their instigation, the apothecaries of the place brought a prosecution against him for infringement of the law which forbids to practitioners of medicine the compounding and sale of the remedies they prescribe. . . . He was forbidden to practice.  
—Carroll Dunham, M.D.,  
The Science of Therapeutics



potentised remedy has nothing to do with the mechanism of transferring via, let's say, the unique and extraordinary molecular characteristics of water—what has been called as the memory of water. Because, when we're a group of people doing a proving, there's no water present and there's no potentising actually happening. There's just invoking the remedy through, let's say, the holding of a bottle or just thinking about it or just being in the field of the experience without even thinking about it consciously.

What happens when we potentise, it seems to me, is that we're involved in a ritual whereby the energy imprint of the substance is what's important. And we must have some agreement about which points in the potentisation scale action occurs and at which points it doesn't. Like in a string which vibrates there are some nodal still points, some areas of the string where the movement is maximised; all those dominant, subdominant, subtonic, various harmonic moments. That harmonic scale idea was what was brought to us by Swedenborg and Kent. Kent had his idea of 30C, 200C, 1M, 10M, 50M, CM. It is a fiction, clearly. But it's one that we've all agreed upon and therefore works for us. How often do you go to the pharmacy and ask for 135C because you think it'll be better than 200C?

Formerly, cancer was a disease peculiar to the period of middle and advanced age. Now it frequently occurs in early adult life. How much the wholesale sacrifice of the tonsils of children, together with the various so-called immunizing vaccines and serums given to prevent acute infectious diseases, have to do with this phenomenon is hard to know. It is certain that these things all shock the nervous system and pollute the bloodstream, thereby weakening the defense mechanism of the body to all forms of disease-producing causes. With the vital force weakened by these things it might easily be made more susceptible to the effects of metallic and other poisons.  
—Arthur Hill Grimmer, M.D., *The Homeopathic Philosophy of Cancer Cause*, February 1932, *The Homeopathic Recorder*

AH: *It's our shared delusion. 200C is a wonderful thing!* (laughs)

Norland: Absolutely. Or perhaps it is a dangerous potency, beware of 200C! (laughs)

AH: *Never give a child 200C!*

Norland: That's right.

AH: *A pharmacist guided the very anxious mother of one of my patients with that nugget! I was not very happy with him!* (laughs)

Norland: The shared delusion, I think it is. I think Jung called it participation mystique, all agreeing and participating in a mystery.

AH: *Does the remedy work better on somebody who is agreeable participating?*

Norland: Actually, no. But there are levels. If you put yourself in the hands of the patient, and the patient puts himself in the hands of the homeopath there must be an agreement there. And the homeopath puts themselves in the hands of the pharmacist in this case. There's an agreement there.

It surprises me that machine-made remedies work as well as they do. It is as if serial dilution and succussion is a mantra through which the substance of the remedy is transmuted into an energetic presence. That a machine can act with agency, or intent, to effect a change in the remedy is amazing.

AH: *Our discussion on this topic leads me on to wonder whether you have used what you call paper remedies?*

Norland: The person who put me on to this idea of using paper remedies was John Di Monte and I had the opportunity to put

it to the test very early on in my prescribing career. I had a telephone call from a distraught mother living in the Welsh hillside somewhere far, far away from any remedy. Her child had swallowed a bee or a wasp and had received a sting in the esophagus and it was swelling and the child was beginning to suffocate. I said write Apis 200C on a piece of paper, put a glass of water onto the piece of paper with the Apis 200C written on it and give the child a sip of that every couple of minutes, and when you've given the sip, put the glass back on the paper that says Apis 200C. So she did that and the child was better and she phoned me up and said that it's worked. That was my first experience of it.

So, I thought great, don't need pharmacies anymore, I can save myself a lot of trouble in life and I paper remedied all sorts of my cases and it didn't work as well. I wondered if it had anything to do with the focused intentionality. The fact was this was a high drama moment. The intention was straight from the place of the greatest focus which is the loving heart of the mother and the need, that horror need from the centre of one's body to get the child better. The mind, heart and horror made a piece appear in energy form.

AH: *The mother generated Apis energy?*

Norland: Well, kind of. I think her energy is what's important here. The shaping of the energy was in the form of Apis and what that represents, and she was the carrier for that, just as the medium is the carrier for the apparition or whatever it may be. And I've certainly found that in situations where there is need, any focusing technique that you use works really beautifully. It's just a matter of having that focus. That's the trick isn't it? So in the meantime, there are my drawers containing remedy bottles. And the remedy bottles contain sucrose pills and they've been moistened by a tiny amount of alcohol which came out of the succussion process and then labeled Apis 200C Apis 30C, Apis 6C etc. And I lift out that and give this as my dose and it seems to me that it bypasses that need to focus so particularly.

It's the participation mystique of agreement about pharmacy. And whether the pharmacy did it with a machine or whether the pharmacy did it with an individual using muscle power seems not to make such a huge difference.

AH: *Well what about radionics then?*

Norland: Yes it works. Radionics works. There's no doubt in my mind about it. I've seen lots of situations where events have taken place after radionic treatment that were healing. And just to hop back to John Di Monte, this was something that he practised and was interested in. And those who have a philosophical bent of mind, an inquiring mind and use radionics will be the first to say that the box with wheels and dials or the sequence of numbers is a hocus pocus for focusing the mind upon the issue at hand. Really, it's just a mind focus mechanism. Because when you undo the radionics box, it's full of meaningless electronic circuitry isn't it?

AH: *This has puzzled more than one person.*

Norland: Indeed.

AH: *What's the most difficult technical thing for you in homeopathy?*

Norland: You know I'm stumped here because technically homeopathy is easy. I don't find a problem in technique. It's

like technically writing poems is easy but the problem doesn't lie there. I've mastered the technique of homeopathy. The problem is then being open. It's not a technical problem, it's a personal problem, it's a pathological problem.

**AH:** *What would that be?*

**Norland:** Well, I think I've been trying to talk about letting go of knowledge, it's a very similar thing. It's about getting out of the way. The only person who is in the way of me is me. I create my own shadow. So that's the issue. It's not a technical one.

**AH:** *Emotionally what's difficult for you in homeopathy?*

**Norland:** Emotionally what's difficult is that there's an expectation, which is absolutely natural and with which one actually works, that you have some answers. That you the practitioner has some answers and that can emotionally be a problem sometimes. It's part of the shadow and it does come up. When it's expected, you're expected to come up with a remedy or with some kind of diagnosis, or...

**AH:** *...a solution?*

**Norland:** A solution. Absolutely. That can be problematical sometimes and it can put people into a state of clinging on to you which is clearly something people have to do sometimes. As a patient, one is also a child, especially if you're suffering. I thought what you said was really lovely about sick people being in isolation. Solitary confinement that's sort of the most tangible form of isolating somebody—making them a criminal, putting them in a cell, putting them in solitary confinement. If you are in that place, you grasp. So I think, from the point of view of practice, being grasped by many can sometimes be problematical. I hear my colleagues speaking about defining boundaries and it's something that of course one has to do. I find that having a family is wonderfully helpful because life is there and the vitality is there and it's all in a state of ferment. It's just such a fantastic way of coming out of the world of other people's problems and their clinging on to you maybe or wanting solutions from you. It's just life happening right now. I adore it. It's great that way. Taking the dog for a walk is pretty good too, got some good hills around here. (laughing) And so is cooking. I like my tummy. I like cooking for other people.

**AH:** *What's the absolutely most difficult thing for you in homeopathy?*

**Norland:** Oh that's easy to say. The most difficult thing for me is to let go of my knowledge. I still clasp on to it.

**AH:** *How is that knowledge a disadvantage?*

**Norland:** Because it's full of bits and pieces, fragments. Of course knowledge is always fragmented, isn't it. It's always incomplete. One's knowledge of materia medica might be keynote-y for instance. If you hold on to knowledge, you tend to grasp at remedies in a very crude way. So I would say that my greatest obstacle was to let go of that crude clasping, grasping onto knowledge. It's desperate and full. Or rather, it's based upon a desperation that arises out of fear. So my greatest battle is with myself and my own insecurity or my own inability to get myself out of the way—the grasping aspect of myself.

**AH:** *Once you give up your knowledge, then what happens?*

**Norland:** Then you open a window to the possibility of making a match with what the patient tells you. I feel

that I wouldn't be arrogant in saying that I usually have quite a good grasp of that. By grasp I mean a sense of what their process is or what the patterns are. So if I let go of grasping in our terms I suppose it would be rubrics or keynotes or trying to find the greater pattern of it all; what one might call an essence prescriber, you know—let go of all of that, then in the way that a dream can provide you with a solution to an actual everyday problem, a true knowing can happen. And you can tell, "of course it's this remedy, it's obvious." I'm not suggesting that always happens. But I'm just saying, you asked me what my greatest problem was. My greatest problem is letting go of my knowledge.

**AH:** *How do you study a remedy?*

**Norland:** I find out everything I can about it, all the stories, all the myths, all its uses, where it came from. That's the way in which I delight in studying a remedy. And of course I study in all the other ways that we all know about—read the provings and work the repertory backwards and to do all the things that we do. The idea of course is to synthesise the information, find the glue that binds these various facts together because that's the remedy. The poetic homeopathic materia medica.

This reminds me of a very enjoyable few hours with (Edward) Whitmont. It was all too short. He was asking me what made my heart sing in homeopathy or something like that and I was saying I just loved materia medica looked at this way. I think he asked me what I would like to write about or what I would like to teach or something like that. And I said that apart from cases and working through cases it was this. He said that you should write it and I said I know, but, but, but, but, but.... Then he said "You owe the world this work, it's work and it's what you have to do, you owe it. And he also said that, of course, this kind of materia medica is like poetry. It's so much embracing of these other worlds—poetic worlds, mythological worlds, story worlds and the materia medica has been traditionally divorced from them. He thought that that work of joining them would be really right. And he said why don't you write it as poetry? If you like poetry, why don't you write it as poetry?

**AH:** *Will you?*

**Norland:** What, write it as poetry? No I won't write it as poetry. I'll write it as prose but in a poetic idiom. Or have it as an element in it, one of the strands.

**AH:** *When can we expect this?*

**Norland:** Oh God, John! (groans and laughs)

**AH:** *In the future I suppose.*

**Norland:** Yes, that's right. My oldest son was asking me when I intended to retire. What? I may perhaps never retire! Something we don't do. And immediately I thought you know, retire, write that book! Sometime in the future....

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After the pathologic changes have come, the treatment requires more time to bring about a state of health and well-being.  
—Arthur Hill Grimmer, M.D.,  
The Homeopathic Research for Cancer and Other Chronic Diseases