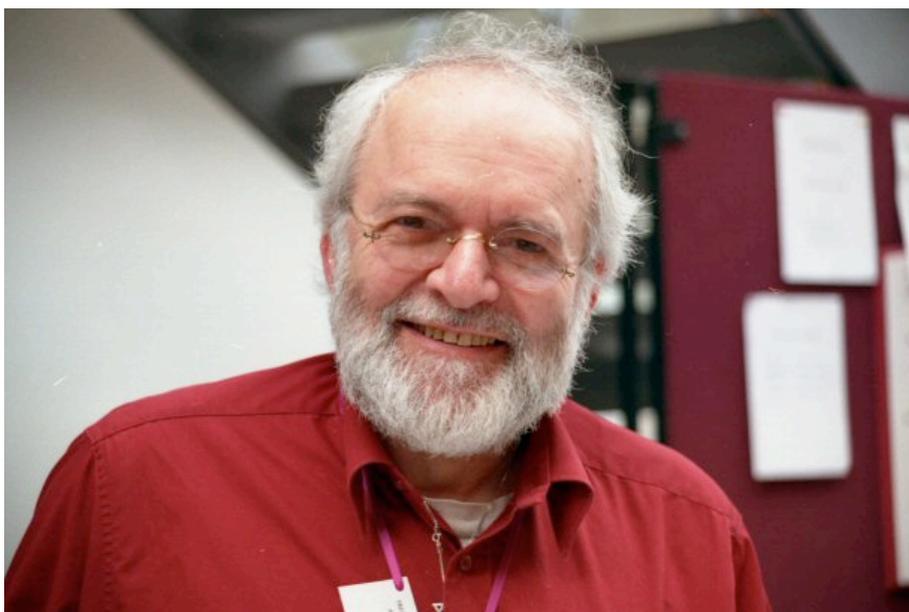


## Interview of Francis Treuherz, MA, RSHom, FSHom

Email  
interview by  
Greg Cooper  
September,  
2005

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Books

Photo taken at a  
recent Irish  
conference



Like us, Francis Treuherz seems to have a fascination with books. But unlike Minimum Price, which *sells* books, Francis *collects* them – some 7,000 volumes and increasing at last count. And more importantly to us, he *reviews* them – he has published at least 40 reviews of homeopathic books which are reprinted on this website. So we thought, even though he isn't an author of any major book or the principal of a homeopathic college, our book loving friends would like to get to know him better. In this 'interview' (which is compiled from email exchanges) I hope to bring you closer to a rare, devoted individual whose passion for homeopathy has a lot to do with keeping collectible items that give life and substance to homeopathic history - in particular books.

Francis has been practicing homeopathy since 1984 which currently finds him in London and Letchworth, England. He has also been editor of The Homeopath (the journal of the Society of Homeopaths), has written numerous reviews, articles and letters and has founded the Homeopathy Helpline, a popular homeopathic consultation website that attracts patients from around the world. He is also part of a telephone helpline only available in the UK, open 365 days a year from 9am through midnight at 09065 343404. He is currently (2005) Hon Secretary of the Society of Homeopaths. He used to work in the NHS for 13 years, and supervise undergraduate research students at the University of Westminster BSc in homeopathy. In addition to his vast library, he has a collection of homeopathic artefacts and a great store of anecdotal evidence. Francis is married with two children, who take up most of the rest of his time.

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GC: Which of your articles or publications come close to expressing what FT wants to say to the world?

FT: [The following letter in today's Guardian says a lot:](#)

### [Homeopathy's real results](#)

[Monday August 29, 2005](#)  
[The Guardian](#)

[In the 19th century, when homeopathy was shown to be successful in cholera epidemics, parliament stated that homeopathy must be "against reason truth and science". In the 21st century, the editor of the Lancet suggests that homeopathy is spurious and absurd. This is the language of prejudice rather than reasonable scientific discourse. In other countries, such as India and Brazil, homeopathy is thriving and is shown to be cost-effective.](#)

[Let us allocate serious research funds for the use of homeopathy for health problems that appear to have no solution, like tuberculosis, cholera, ebola and malaria.](#)

[Francis Treuherz](#)

London

FT: [My article](#) from [The Homeopath](#) about prescribing in extreme emergencies says a lot about my continuing concerns and priorities.

GC: What is it about those articles?

FT: I am also concerned for intellectual and clinical rigour, for ethical prescribing, collaborating with patients rather than being paternalistic. I like to learn from our history, if homeopathy worked so well in Ireland in the famine it can work today in the new epidemics.

GC: In addition to understanding some facts and your opinions, is there anything deeper, like perhaps some kind of attitude or inspiration, that do you like people to get from reading your work?

FT: "If I am not for myself who will be for me? If I am only for myself what am I? And if not now, when?" - Rabbi Hillel about 2000 years ago.

GC: More generally, can you put it in to words at all now a theme contained between the lines of your work, a message from your individuality woven into the fabric of many of your articles? Maybe I'm asking, "Where are you coming from and what is your agenda?"

FT: [Wysiwyg](#), nothing to reveal, I am transparent, or if not, not deliberately hiding any agenda.

GC: Why would a prominent homeopath spend most of his writing time doing book reviews, rather than writing a materia medica, a repertory or a methodology or philosophy book?

FT: I am not systematic enough to write a book, and probably now too old. Materia medica are derivative or scholarly, or both. [Vermeulen](#) does great ones (both). Or they are based on clinical experience, which [Roger Morrison](#) and [Lou Klein](#) do brilliantly. I started out in my forties and am only now having the clinical experience and it is too late to start again.

[Methodologies](#) are there already, the classics are enough for me, and as for [repertories](#), Samuel Johnson described a lexicographer as a harmless drudge.

I have combined my career with raising children, spending much time on child care. Attending many courses and seminars is not possible. Reading books is possible. I was trained to read books with a pencil and notepad at my side, so writing reviews in the interstices of life is easy.

Most of my time is not spent on reviews, it has been spent behind the scenes helping oil the wheels of homeopathy. I have a degree in public administration from my previous career. I have transferred and applied this knowledge through my involvement in the Society of Homeopaths having been on the Board from 1986 through 1996, and again from 2000. I edited the journal for 7 years, was involved in organising seminars and conferences, professional conduct and disciplinary matters, company governance and more. This is where my ethical stance (from Rabbi Hillel) drives me on.

I have done much teaching, for example 4 long weekends a year for 5 years in Helsinki, 8 times a year for 10 years in Manchester. I have enjoyed teaching within a syllabus, within a school, not as a visiting guru, so that I can work with students rather than at them and watch them grow and grow with them.

I have always enjoyed having students on observation placements in my practice (how I hate that term 'sitting in').

GC: Do you have some peculiar fascination with books? Can you describe it?

FT: I am a proud member of the people of the Book, and somehow started to collect them after hunting for an old Hahnemann book which had belonged to a library and was stolen from me, in order to replace it. I now have 7000 approximately. I love helping people locate their missing links for research. One day recently a homeopathic doctor from Siberia was round here at the same time as a student from Seattle! I love our history and have a large collection of old phials, portraits, medals and ephemera. I hugely enjoyed my friendship with [Julian Winston](#) and miss him greatly. We were the same age.

Julian  
Winston  
and  
Francis at  
Portland,  
Oregon  
HANP  
conference  
1991



FT: And my love of books and of communicating led me to Homeonet, the first email network in about 1986. There I virtually met [David Warkentin](#) which led to a collaboration which continued actively for 12 years, and is now less intensive. I was the UK representative for [Kent Homeopathic Associates](#) for 12 years and still offer advice and lend old texts for inclusion in the programs. I have taught many people to use the MacRepertory and ReferenceWorks.

GC: Do you get feedback from your reviews? What % positive?

FT: I do get some feedback from my reviews. For example I know sales of the [Welte book](#) on colour increased after my review. The only negative I ever had from a review was from [George Vithoukas](#). He had been one of my heroes, one of my formative influences. He even saved my life when I was seriously ill on Alonissos. But he could not cope with a mild critique, intended to help him and others become more rigorous in their approach to reports of seminar cases which had no follow up to show if the correct remedy had been prescribed.

FT: I thought some more about books and what they mean:

They mean reading books which will improve my practice. Reading a remedy in materia medica in the chronological order of publication. I used to start with [Tyler](#) and then read the classics whom she quoted. I still do that sometimes, but also may start with [Vermeulen](#) who quotes modern books also, and [Morrison](#) who does not quote, and old journals if I have an index.

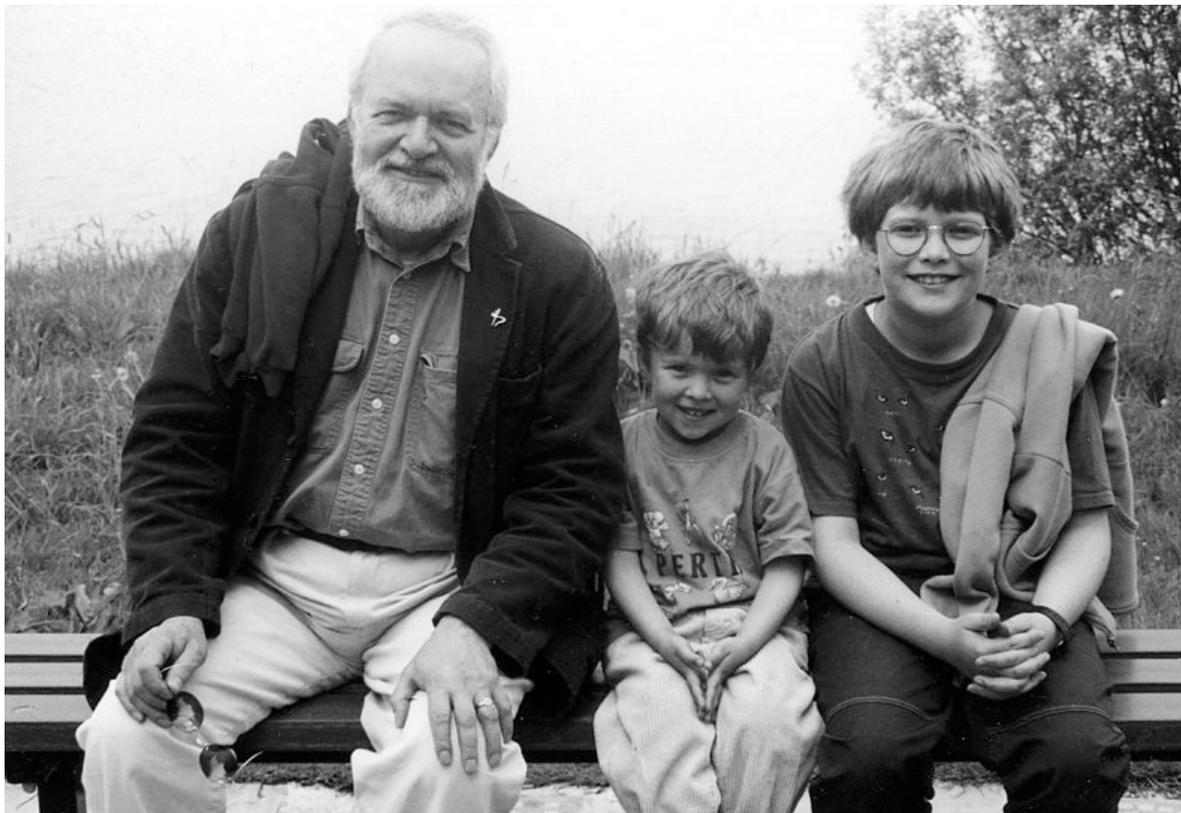
I keep old journals near the toilet so I sit down and read. I keep [new ones](#) for bedtime reading or on a bus or train. Review books need a chair or a desk so I can make notes while reading.

I read the [Organon](#) again and again each year, and have tried to read it in French and [German](#) also.

I repeat, best of all reading is to improve practice. The [history](#) and gossip is fun also. [Repertories](#) are unreadable but necessary and I consult them all the time. On [MacRepertory](#) or from the shelf.

My son of 11 read Harry Potter 6 in the first weekend. My son of just 7 in August is onto Harry Potter 4, and both of them are looking forward to hearing a lecture on the life and work of Einstein in a couple of weeks. Books are infectious.

Francis  
with  
his  
boys  
about  
3  
years  
ago



GC: What do you make of "meditative provings"?

FT: I can just see them sitting there with an empty THINKS bubble over their heads. It may be that sometimes their thoughts coincide with the results of a classic proving. It may be that sometimes their thoughts fail to coincide. I prefer classic provings. I see there is a new book, volume 2 of Meditative Provings, and the remedies are not named in Latin. At least this will make it simpler to leave them out, when they enter the repertory. Also the indications are imprecise and not suited to the symptom language to which we have become accustomed.

GC: What is your favorite pharmacy?

FT: I regularly use (in alphabetical order) Ainsworth's, Freeman's and Helios. I sometimes use Nelson's and Weleda. I often recommend all of them and Neal's Yard Remedies when I am at work on our emergency service answering calls from members of the public on the Homeopathic helpline on the phone.

Each of these has a different reason for being a favourite at different times and for different purposes.

Case taking

GC: Talk to us about case taking. Do you have some questions that you always ask?

FT: Hey this is just the problem, Talk to me about yourself, you say but then you interject with a possible answer. I start with asking so what brings you here today? I do not know about virtually nothing but I try an avoid helping the patient lose their train of thought by interrupting, or by supplying answers within the question.

Just as every patient may need a different remedy patients differ in their requirements of how to interrogate them, one size does not fit all. A closed person who says very little and insists everything about his life (it is usually a man) is normal needs a different provocation to find out more about them.

GC: One style of case taking has the practitioner say virtually nothing, while just paying close attention to the patient, in the belief that everything the patient says/does will then be 'uncontaminated' by any

influence from the practitioner and therefore more accurately indicative of the patient's state. How do you feel about this approach?

FT: Our presence is a contamination, we are entangled with our patient. There is no such thing as objectivity.

GC: If you were only permitted to ask one question while taking a case, what would it be?

FT: Wassup?

GC: I see that you have a website, <http://www.homeopathyhelpline.com/> where you offer to help people with chronic problems by email. Some homeopaths believe that you have to be in the physical presence of the patient, perhaps in order to feel his 'vibrations', to prescribe the right remedy. Do you believe there is an advantage to being in the physical presence of the patient?

FT: Yes. But I hope to avoid indefinable words like vibrations unless applied to a musical tuning fork or the worse from vibrations felt by Theridion.

GC: What is the most important element of the practitioner-patient relationship?

FT: What are the most important elements of the practitioner-patient relationship? (I changed the question making it plural!) Trust; understanding the patient and knowledge of disease, and of materia medica.

GC: How can the practitioner cultivate this?

FT: Either they appear trustworthy or they do not. Read more books with more care.

GC: What do you make of this practitioner-patient-remedy (three way) interaction? (Is this what is called 'entanglement' by Lionel Milgrom?)

FT: Lionel lives about 400 meters from my home. We have been entangled for some time. I suggest it is the remedy which works, he suggests the entanglement is more powerful than the remedy. Kent says he suggests just as hard with his wrong remedy as his right one, and the patient always knows when they are getting the right one.

GC: How important is the relationship between patient and practitioner for the action of the remedy? From our normal understanding of science, one would think that a remedy acts on the patient independently from the patient's relationship with the practitioner. But does it?

FT: I have given a remedy to someone who was in a coma. I have SEEN a remedy put into the drinking water of a herd of cattle. I have put Arnica into my ex-cat's water (unseen) after an accident. Entanglement? How about someone who buys a remedy from a health store counter with no advice but just picks it off the shelf. Can entanglement cure cancer?

GC: If the patient knows some homeopathy, do you prefer that s/he does or does not know the remedy that you give them? What if the patient knows a lot of homeopathy?

FT: It is ethical and necessary to inform the patient or the patient's parent the name of the remedy. (And is in the [Society of Homeopaths](#) code of ethics). I always do unless requested not to which may happen once or twice a year and I even suggest it is better to know. Ethical as UK custom and practice, this is not a power game. Necessary as if someone needs acute follow up and speaks with another homeopath on duty like on the [helpline](#) and the remedy name has been concealed how can we help? Many of my patients are knowledgeable or even colleagues in which case how much more so the need to share. Again I individualise my type of response. I may print off a materia medica page from [MacRepertory](#) for someone, or share the chart with them. A patient once refused to take medorrhinum in case he caught AIDS from it. A patient once read Carcinosis, (Morrison) when given to her son and agreed it WAS him exactly whereas some homeopaths have the false notion that is driven by fear, not to say names like Carcinosis or Syphillinum out loud to a patient. I ALWAYS write down the remedy name with instructions.

GC: If a seriously ill patient wants to use another modality like clinical nutrition for example, along with homeopathy, to what extent do you allow this and how then do you assess the effects of the homeopathy?

FT: Allow? How may I forbid, again this is not a power game. I would make sure that they have good advice. Some modalities also affect the vital force like acupuncture or cranial osteopathy, so I counsel against it until AFTER we are agreed that homeopathy has done its stuff.

GC: Your fee, \$125 for an initial consultation, is somewhat lower than that of other homeopaths with similar length of time in practice. Besides the possibility for email consultation, what other differences should new patients expect from you, in comparison to other homeopaths, which might account for the very reasonable rate?

FT:Rate is normal for UK. It is what the market can bear. Patients see me in a book filled room (about 7000 volumes) and expect me to have read them. Well I have read Burnett for example and Clarke, to me more important than the latest fad from Mumbai or wherever.

Hlstory

GC: If you could go into a time machine and actually visit for 30 minutes with any 'old' homeopath, whom would you choose and what year would you go back to? What would you ask him/her?

FT:[Burnett](#) 1900

I would like to know what remedies he had been prescribed for himself.

[Clarke](#) 1930

I would like to know how and why he became an anti-Semite (See my article [Homeopathy Around the World](#))

GC: If he/she asked you how homeopathy was doing in the time you came from, 2005, what would you say?

FT: Half homeopaths are breeding like rabbits but luckily real homeopaths are more potent.

GC: How would things be different today if [Julian Winston](#) had not been involved during the last 25 years?

FT: Less guns

Less steel pedal music

Less collective memory.

Less old phials in my museum.

Julian Winston with a gift from Francis, a Hahnemann Corporal badge from a policeman guarding the Philadelphia Hahnemann Hospital. He, JW, hammed it up with a book, Defence of the Organon by Hahnemann, guns, and his hat!



GC: If your son asked you how to learn homeopathy, what school to attend, what books to read etc, what would you say?

FT: Read the Organon in a [Dudgeon & Boericke](#) version, in the [Künzli](#) version and the [Wenda](#) version together and discuss with me as you go along, (or since he is 11, just the Künzli one for now); read Margaret Tyler [Drug Pictures](#), same process, and if there is some sense in this for him when he reads it, then we need to talk over he may go to medical school first. Since he is 11 and the other one is 7, let's go slowly on this.

GC: How valuable to you is practicing homeopathy using families of biologically related remedies, or by the groupings in the Periodic Table of the Elements?

FT: These are first of all enumerated in the forgotten [Clarke's Repertory](#), the 4th volume to his dictionary and the classes of the origins of remedies certainly helped me when I read this in about 1978 or 79. Then Hodiament, (Belgian homeopath writing in French in the 1950s,) also divided materia medica up into families and I read them, as had [Otto Leeser](#) before WW2, (but his German was too hard for me and only the minerals were translated). [Sankaran](#) admitted to me he got his ideas from Leeser when we discussed this in the late 1980s. But there are so many ways of finding the simillimum and happy families is only one of them.

GC: Has there been any big challenge as a homeopath that you have faced and resolved during your career?

FT: Many, the most difficult being the enforced closure of workplaces. I worked above a health food store which went bankrupt. I worked for 12 years in a rented room above a pharmacy and the owner retired. I worked 13 years in the NHS, then the government changed the way the doctors were funded and I had to leave. I joined a networking group which meets for breakfast (ask me about it) and this helped regrow private practice. Despite this I have a few patients who have been with me since over 20 years. But the fractures are upsetting for everyone.

GC: Besides individual restrictions like friends and family, is there something you like about the cultural values around homeopathy in England that keeps you living there, rather than moving to America, Europe or somewhere else?

FT: My parents were refugees from Nazism, I would not wish to start over in another land. America and Bush? Forget it. Europe? England is in Europe. And family is not a restriction, it is a blessing, mine, my wife's, and ours.

GC: I have noticed that one of the few books (booklets?) which you have authored is called "[Homeopathy in General Practice](#) - *A Descriptive Report of Work With 500 Consecutive Patients between 1993-1998*. This describes the results in your homeopathic practice of 500 consecutive patients. Tell us why you chose to report on consecutive patients, rather than just selecting out the ones with best results.

FT: I needed to report openly on as many as possible. Best results would have been biased. 500 based on one day a week took some time to build up.

I have written many articles and only one book and this one research report.

GC: For a devout Jewish person being introduced to homeopathy, are there any central concepts that such a person would know, that would help them understand homeopathy?

FT: The concept of like curing like should be familiar. The idea of a vital force for which there are two Hebrew words with overlapping meanings Ruach and Nefesh, should be familiar. The idea of rapid gentle cure is always appealing, and in the UK the traditional or orthodox Jewish communities definitely go for homeopathy, they especially use our helpline service. There is an America Hasidic sort of born again Jewish Rabbi Manis Friedman has done some taped lectures which show him to be a skilled lay practitioner. <http://www.rabbifriedman.org> Our medicines should be regarded as Kosher. The authority is a Rabbi Adler of Gateshead UK who is also a registered pharmacist.