

DR. MAURIZIO TRIONFI

Medico chirurgo

Medicina Omeopatica Unicista

Membro A.I.R.S.

(Ass. It. Ricerca Sui Sistemi)

Via Quarto dei Mille, 10

25128 Brescia (Italia)

Tel. 030/3384621 – Fax. 030/3391378

e-mail: maurizio.trionfi@gmail.com

IS IT POSSIBLE TO HEAL A SYSTEM?

(EMERGENCE, INDIVIDUALITY, THERAPY:

A SYSTEMIC VISION OF HOMEOPATHY)

Abstract: *The emergence of individual and unpredictable characteristics is a fundamental property of complex systems. The individuality of characteristics and the way they work is what defines and makes a complex system a “single” in relation to a different one. Human beings, in their variety, are a particularly significant example of this property.*

If these are the founding characteristics of a complex system, when considered in its entirety and in the way it works, the goal of a correct therapy should then be represented by the use of such characteristics to bring it back to the personal balance it belongs to. It is only in this way we can avoid increasing the entropy of the system even when we work on parts of the whole.

Our first step, in order to prescribe a remedy which is suited to “complexity”, is to be able to understand it both when it appears in standard conditions and in the pathological conditions which are typical of it. This is exactly the reason why we are compelled to excite the system in order to stimulate “emergence” and then get to know it. In Homeopathy, this method is called “Proving” and allows us to outline images of “dysfunctional wholes”.

Later on, by prescribing the “unbalance pattern” we already know from experimentation, we can obtain an “automatic” regulation in accordance with the most fundamental of self-regulatory principles, Ashby’s first principle.

Finally, starting from the latter and adapting it to evidence from homeopathic practice I have assumed the existence of a diffused structure which I have defined as S.A.M. (Self-Adjusting Mirror). It appears in all biological beings and it is able, if properly stimulated, to bring the System back to its natural conditions of order, and also to improve it by activating natural negentropic processes which are typical of Self-Poietic Systems and are capable of evolution. In this context Healing and Evolution sound like two mutually depending words which tend to converge.

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 - *1 Unlimited extension of the panorama of usable substances*
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- *Cybernetic regulation of a biological organism and the hypothesis of a diffused structure (S.A.M.) which is able to give it back its individuality*
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SUMMARY

The appearance of a systemic vision is a recent cultural event whose origins can be traced back to the years between 1940 and 1950.

The purpose of such a vision springs from concrete working needs: “ when we proceed from the enunciation of the elementary properties of physical particles to the way in which they are organized, giving birth to the unthinkable complexity of reality, we realize that we lack conceptual, interpretative and operative tools ”. These words were used by L. von Bertalanffy to synthetically express the limitations of a reductionistic and physicalistic vision.

This paper is not about The Theory of Systems in a narrow sense, as it has been characterised, over the years, by an approach relying mainly on mathematics and engineering; it will be dealing with Systemic Vision, which is particularly useful when describing phenomena concerning Open Systems in non-necessarily mathematical environments.

This kind of vision is convincingly suitable for Homeopathic Medicine, which, it is possible to say, is intrinsically systemic; since its birth, its approach has been connected with globality which produces individualization.

In homeopathic writings we can find such concepts as Order-Disorder, Globality-Identity, Peripheralization, Suppression= Abolition- Respect of Variety, Dynamism, Teleology ecc.

Even if these concepts were, in the past, expressed in a way which was not wholly self-conscious, but explicit in their deep meaning, the use of a modern concept-based vocabulary allows us a reinterpretation of homeopathic texts and events.

Systemic Vision is a new paradigm whose aim is to offer a deeper awareness of the mechanisms ruling the behaviour of Complex Systems; as such, it can be placed in a cross-cultural position where exchange of information and meaning between seemingly distant environments can take place.

We wish to remind you that we will be referring to the concept of System as : “ A number of elements dynamically interacting and which are organized towards an objective”. This very general definition, which can be applied to all Open Systems, be they biological or not, will be used with special reference to psychobiological organization..

The systemic vision of homeopathy allows us to state, and if it is the case re-organize, such concepts as “ disease” and “ therapy” and gives us inspiration for a wider and deeper medical debate, even in territories which are not exclusively homeopathic

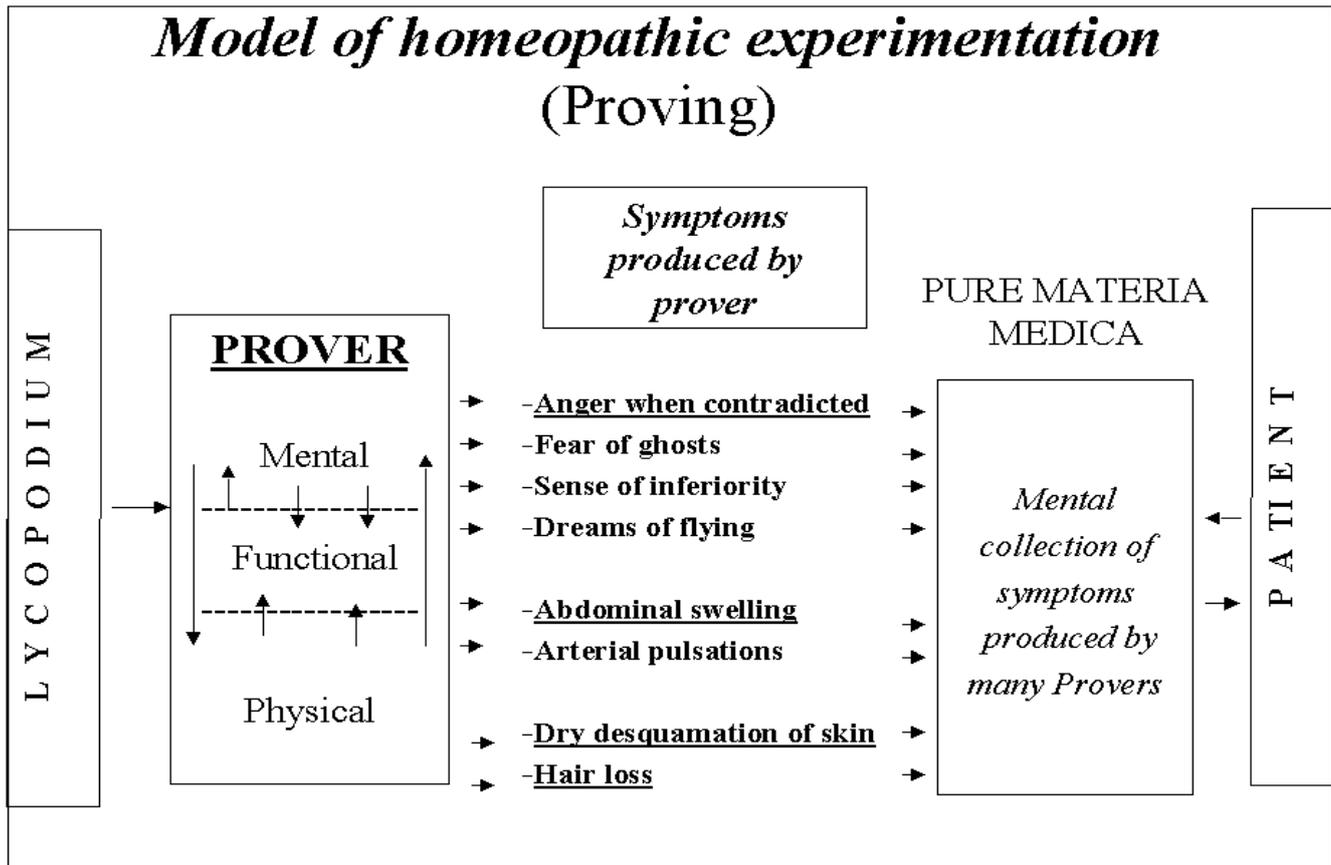
HOMEOPATHIC PROVING AS A SIMULATION MODEL

(Opening a “ Black Box” which can think)

The stages leading to the birth of homeopathy are generally well-known. In a very synthetic way: Samuel Hahnemann has the intuition that farmaco-dynamic substances (poisons) can produce symptoms in a healthy man if they are repeatedly taken in sufficient quantities and repetitions. This stage, consisting in the production of symptoms in a healthy man is called “ Proving”, that is Experimentation, and it is used to obtain a picture of unbalance induced in a system through the administration of an identified pathogenic substance.

This phase of the process towards knowledge can be placed in a totally scientific prospective: it is the production of an experiment.

Below you can see a graphic model of the stages of experimentation



It consists in

- a) induction-production of symptoms in the single prover
- b) collection of data from a number of provers
- c) compilation of Pure Materia Medica (subdivision and rewriting of findings)

NOTA BENE. Homeopathy is the only science-methodology which has Proving as its initial and structural reference unit. As a consequence of this, no drug can be defined as “homeopathic”, unless it has gone through this experimental phase. Every other formulation can be defined, if it is the case, with the term “ homeopathically diluted”.

There are two points that I would like to emphasize in my paper:

1 Unlimited extension of the panorama of usable substances

Lycopodium, which we are using as an example, is a lichen-derived homeopathic remedy whose chemical composition is totally incapable of producing symptoms in a healthy man (and so it is used as an excipient), unless it is homeopathically treated, that is, it is diluted and dynamized.

In the Pure Materia Medica of Lycopodium we can find more than 8,000 symptoms

found in various provers or in subsequent Proving sessions. Some symptoms are very frequent, others less well represented.

The experimentation with this remedy corresponds to the second cycle of Hahnemanian Provings, that is when he turned from the use of raw, pathogenic substances to the use of diluted, dynamized substances to avoid the crudest, sometimes dangerous toxic effects. The unexpected, surprising result was that even inert substances, if they are treated this way, acquire the ability to evoke symptoms (which means that theoretically every substance can).

2 From the knowledge of substances to the knowledge of provers
(From the concept of Energy to the concept of Information).

The second decisive point is the fact that, while when using pathogenic substances (poisons like Belladonna, Stramonium, Mercury, Arsenicum etc) all Provers produce symptoms as a necessary consequence of chemical intoxication, on the contrary, with diluted-dynamized substances only subjects who are sensitive to that pharmacological information become able to produce symptoms *

- Avoiding the problems connected to the biophysical mechanisms underlying this activity, we can only assume, in the present state of our knowledge, that variations induced in the homeopathic remedy (electromagnetic, vibrational, etc) may “ talk to “ and so “ direct” the biological solvent of which every mono or pluricellular biological individual is structurally made of. The modulations of the solvent could induce inhibitions or stimulations in the various metabolic processes. Water is the pervading medium of every living being and it is, in a certain sense, “ the place of relationships”, the one that can be found in very different structures, both inside and outside cells. The possibility to inhibit or facilitate certain relationships (both metabolisms and distant communications between components), by H₂O modulation, is an explanation of the global (i.e. systemic) effects that we happen to verify during the execution of a Proving or, to the contrary, in the restitutio ad integrum during therapy. A further supporting element for this hypothesis is the fact that the use of remedies with known chemical structure (e.g. sodium chloride, calcium carbonate, potassium carbonate) will affect explicitly the use of sodium and chlorine, rather than calcium, as well as the potassium in the organism under examination. The relevance of these events is well known if we compare the patient’s symptoms with the physiology or physiopathology of these elements, known in modern times. It is, therefore, not a single symptom, but a whole group of processes , linked to the primary biophysical functions of the system. It is possible to see by intuition how remedies which are seemingly simple in their chemical structure can induce deep transformations in the biological modus operandi. Our lack of knowledge of the intimate mechanisms governing these events, but which happen constantly, doesn’t prevent us from using such a powerful instrument to re-balance the system under examination; on the other hand we have been using acetylsalicylic acid for over a century even if we didn’t know prostaglandins and, in a different field, we are extremely efficient in our management of electricity (we can even direct a single electron), even if its essence is unknown to us (H₂O a Biography of Water in Ball Philip, 1999, RCS Libri, Inner Space, pp.264-283).

This is how we can introduce the concept of Information, not chemically compulsory and above all separated from quantity: this is crucial both to understand the symptom

triggering mechanism and to explain the possible answer of Prover (and patient!). The most coherent metaphor takes us towards the concept of language.

An example may be of help.

If a person is moved by sad news, we can say this person is sensitive or has a kind soul; in other words, noxa has shown who this person is, what makes him/her as he/she is. The same piece of news doesn't produce any reaction in a different person, and we can then say that this person is insensitive or cynical. A third person, who can't speak the language in which the information is being conveyed won't have any reaction, but this depends on the fact that the message was only noise for him/her. In this model, the quantity of energy used to produce sound has no importance; what is important is which kind of sound has been produced, that is if this sound is (or isn't) understandable . I can yell and shout: that person will never be able to understand my orders, suggestions or advice. He/she will be still, as if listening to unmeaningful noise. The Prover (or patient) receiving a totally inadequate “ drug-information” won't have any change on his axis of balance (or unbalance). Things are very different when my language is understood by the listener: a single speech can move hundreds of millions of people. This is not quantitative energy, but “ command energy”, that is the minimum amount necessary to convey information fit for that system. Therefore the remedy-information makes explicit 1) the language the person “ speaks” and 2) later on, the person him/herself. Before the arrival of that piece of news the two people who have been able to receive the message looked the same; later on they showed characteristics which differentiate them: we can now distinguish two different individuals.

If we had compared them on an anatomic table we could not have differentiated them and it is very likely that this would have been true even if we had investigated their microscopic or ultramicroscopic components; in fact, the deeper we go the more a cell is identical to itself no matter if it belongs to a hamster or to an elephant; finally, the carbon in my brain is the same as carbon found in graphite, diamonds or fulleren.

What individualizes two different beings and unequivocally distinguishes between them is the different way in which they function and react even when there is a structural identity of their components.

In a sense, we can legitimately say that the hardware section of biological organisms is essentially the same while possible software is infinite. The problem, then, is not what constitutes elements but the way in which they relate.

Which relations are promoted, which ones are inhibited?

It's exactly thanks to the diversity of relationships and connections, even if with identical components, that we can build the three hundred thousand species of Coleopterons and finally pick a single one among them all. No complex being is totally identical to another even if the constituting atoms are. A similar concept can be applied to all possible single-individuals of the Homo sapiens genus which can be known individually in this way (that is by making their individual characteristics emerge).

HOMEOPATHIC REMEDY AS A PASSWORD TO FUNCTIONAL STRUCTURE

The Proving model we have previously described is a **simulation** informing us

a) about Prover receptivity and , secondarily, b) about its functional structure. We can then say that the remedy, but only if it is diluted and dynamized, acts as a key opening the expressive possibilities of that individual from the psychological, somatic and functional point of view.

This is a procedure which is perfectly comparable with the technique which has been used in recent times to investigate the so-called “ Black boxes”.

We know that when we open it we risk destroying it. Our chance to know the way it works, what it does, what it is for, to imagine an internal structure, is to give an input, to later verify what sort of reaction we will have as “output”. The correct stimuli have to be used to elicit an understandable answer. It is evident that, if we apply a noise input to a light bulb, we will never be able to understand what its function is: only an adequate electric tension can enlighten us. On the other hand even the microscopic fragmentation of the object would not bring us to any kind of knowledge.

Taking an example from a different area we will never be able to know what a person thinks or feels if we observe him/her from the point of view of an anatomic table: he/she must be alive. As a consequence of this, a deeper knowledge can only be attained if all the functions of the system are whole. The history of medicine can confirm that an absolute majority of therapeutic knowledge derives from physiology and physiopathology, while very little comes from anatomy

The group of symptoms resulting from Proving makes up a “ **model of experimental unbalance**”, induced by the remedy under examination. The deeper our knowledge of the global image of the proving, the more precise therapeutic reproducibility we will have: if we see a great quantity of symptoms when we produce unbalance, taking into consideration only one of them does not correspond to what happened during the experimentation.

Therefore, on a therapeutic level, I will need a greater number of symptoms so that adhesion is formed, in the most perfect way it is possible, between what has happened and what I am going to treat in my patient. If I don't do this, therapeutic failure will ensue.

THE “ IMAGO” OF REMEDIES, OR INDIVIDUALIZING RELATIONSHIPS

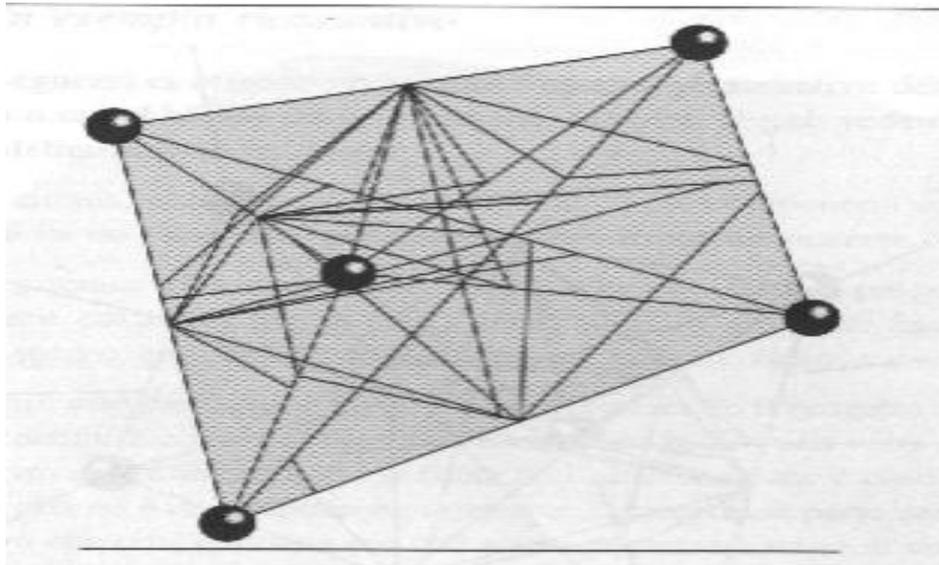
Every remedy produces an image which is its own and corresponds to a departure from a condition of balance which is specific for the subject under examination.

We will call this configuration “ imago”, and it can be described as a group of line linked knots : the knots are the symptoms and the lines are the relationships between them. The final picture will be a coherent one. In any particular configuration symptoms will have a precise position in relation to each other, and they can't be arbitrarily separated; if they are, the information content of their mutual positions will be lost. It is necessary to underline that this “ relational configuration” cannot be

represented fully on a bidimensional sheet; Time, too, has a fundamental role and what we have in practice is a switch from a static, quantitative vision of “symptoms taking place” to a “cinematic” vision of symptomatological evolution .

This corresponds to a much more adhesive description of what happens in a living being during the process of departure from and return to a state of balance (see present disease, recent, remote and constitutional pathology...).

The final graphic, even if a very simplified one, can be represented thus



The same symptom, but in a different picture, has a different position, that is, it has specific relationships with other symptoms and thanks to its position , on one side it will acquire a sense of belonging (to that system), on the other it individualizes, that is it gives its contribution to the picture it belongs to. In other words, it acquires and gives individuality.

Therefore the homeopathic remedy, during the phase of Proving, brings to light an “individuality of relationships” between symptoms rather than single events; that is why the same remedy, during therapy, will be able to cure an ordered and coherent group of symptoms and not a single one.

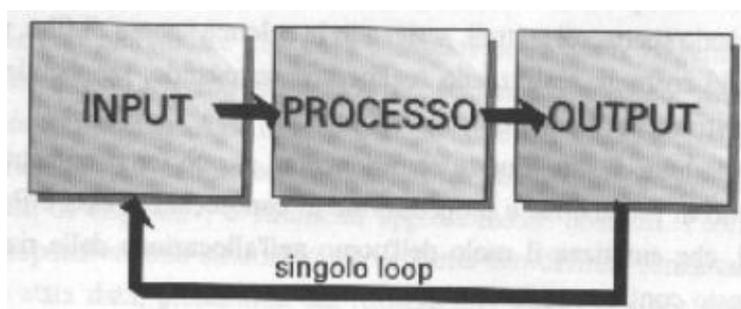
To make a concrete example , we can say that a symptom like “fear of examinations”, is connected, in the Silicea subject, to the feeling of not being able to express his/her own abilities, in the Calcarea Phosphorica subject to a feeling of impermanence and difficult communication of acquired notions, in the Gelsemium (Imago...) subject to excessive watchfulness and the fear of a real Trac of all acquired data; in this subject, examination anxiety appears also with a strong gastro-enteric movement and heavy sweating. In the other two subjects somatic effects are much less evident.

As we can see, it is never a single symptom, but a syndrome, that is a group of symptoms coming together: sensations, functional bodily expressions and, at the end of the processes, eventual real somatic damage. The fear of examinations, a symptom which is seemingly an isolated one, generically defined as “anxious “, will show, when analyzed more in depth, different motivations and expressions in different individuals.

In this model, which has experimental objective reality and can be reproduced every time we perform a Proving with the same substance , symptoms are connected by internal coherence which cannot be eliminated. In fact, this coherence is a structural datum of functionality and identity, its importance is fundamental and we cannot do without it, just as we can't, on a different level, operate without structural elements such as potassium, carbon, nitrogen and hydrogen in a biological individual.

CYBERNETIC REGULATION OF A BIOLOGICAL ORGANISM

When a patient shows the disorder whose global imago (psychosomatic) I, as a therapist, have, I know that the prescription of a suitable remedy will allow a homeostatic reaction (homeopathic worsening), which will bring the system back to its normal functions. We can then say that my therapeutic act consists in prescribing the system a global picture of its own state of disorder in as precise a way as possible (Law of Similars= The most suitable remedy=Homeopathic Simillimum)¹. This modus operandi is perfectly coherent with the self-regulation scheme of all systems, which is here reproduced.



This diagram can certainly be seen as the logical-descriptive unit of homeostatic Regulation and it is valid for all self-regulating systems, obviously including biological organisms. If we now turn our attention to homeopathic therapy, we see that it actually consists in imposing self-regulation to the system. In order for this to happen the language of Solvent-remedy must coincide with the language of Solvent-patient. Let us assume that the action mechanism is the one we hypothesized in our notes on page 5 and 10; in any case, going beyond the biophysical mechanism, clinical experience shows that when a prescription is correct the patient system reacts with a temporary worsening of symptomatology, which represents the recovering effort and can be compared to the symptomatological frame of Proving.

1- The mechanism by which this takes place can be deduced from the operational characteristics of existing interactions between water configuration- hydrogen bridges and protein and non-protein solutes

This event assumes then that in the dilution/dynamization process a modulation of the solvent takes place, which is in its turn able to modulate the organic solvent, thus opening a chain of reactions which affects general processes, that is systemic ones more than single events. On the other hand, we notice that if the prover/patient's receptivity is very low there are no, or very limited effects, as if the two languages were not analogous. We are then legitimated to think that acting through a "modalized solvent" (the homeopathic remedy) on the "individual-modalized solvent" we will be able to trigger a pool of adaptive counter-reactions bringing the system back to its proper working order (positive and negative retroaction ring management). In this model, which is here only briefly hinted at, *disease appears as an event blocked on the way to healing*. This is what happens in most chronic or sub-chronic cases. (H₂O a Biography of Water in Ball Philip, 1999, RCS Libri, Inner Space, pp.264-283).

A BIOPHYSICAL MIRROR

What we basically do is prescribing the patients to themselves.

Our task then is to provide them with a picture of themselves through which they can activate the self-correcting mechanisms which are their own.

The metaphor is “like they were looking at themselves in a mirror”, “like they could finally see themselves” and so be able to correct themselves.

The “picture” a patient receives is pervasive and compulsory. The biophysical configuration of Solvent “informs” the relationships between the various structural components of the system. These components are not only “physical” but can be seen as patterns-structures and processes. If the Language is “right”, the System cannot avoid responding.

If this, as experience shows, is true, what Homeopathic theory does is using the self-correcting mechanisms inherent in biological mechanisms. These mechanisms work because they are the direct consequence of self-poietic mechanisms and self-poietic phenomena are inevitably “based on identity”.

Now, the ability to get the whole of self-correcting mechanisms going shows the existence of a “structure”, a biological one, which I have defined as S.A.M (Self-adjusting Mirror), or, in Italian, S.A.C, Specchio AutoCalibrantesi. If we recall what happens during Proving, we can affirm that information provided by the Prover corresponds to a “configuration of unbalance” induced by a substance and is composed of various symptoms and/or characteristics, both somatic and mental. This global unbalance shows that an “entire axis of relationship” is now unbalanced and has produced global modifications. The whole we arbitrarily define as Psyche-Soma is, actually, globally hit and will then produce symptoms in the so-called two sides. If we now look closer, we can observe that a few symptoms derive from the unbalance produced by the “substance”, in the case it is pharmacologically active, while other symptoms derive from personal reaction to the latter. Therefore, the experimental procedure of Proving provides information both on the action of the “substance” on a healthy individual, and of “reactive personalities” (idiosyncrasies) of various individuals undergoing treatment. Let us remember that in the second part of his *Experimentations*, Hahnemann did not use any more “substances”, but only information-remedies: what emerges from this are exclusively non-toxicological “configurations of balance”.

THERAPY “IN THE MIRROR”

Let us get back to the therapeutic side: when we see a patient showing a certain “configuration of unbalance”, we can say that this condition is similar to a specific Proving (for example, a modification in the Potassium, or Calcium, or Sodium axis, etc).

We know from the Theory of Systems that a patient suffering from a subacute disease, which does not tend towards resolution or is clearly chronic, cannot “get out

of his configuration” because what is being perpetuated is nothing else than an adaptive effort which has been stabilized.

There are other things we know:

- a) In the vast majority of cases, symptoms, independently from their seriousness , are “peripheral” vis-à-vis the “system of relationships” which is the part being really ill
- b) Symptoms are “as peripheral as possible” because the system has a tendency to protect higher hierarchical levels (for example, the skin will fall ill rather than or before the liver or the heart, the intestine rather than the mind, etc).
- c) From the Theory of Systems we know that, in order to orient/ heal an open, complex system , that is to obtain a therapeutic change of working we have to “act from the external side on singular points”, that is we have to exploit its internal organization which is based on the combined action of Positive Retroaction Rings (PPR) combined with Negative Retroaction Rings (NRR). Both can be considered as the essence of the working of a system as they guarantee both Homeostasis and Evolution. These are the essential tendencies towards the maintenance of life.

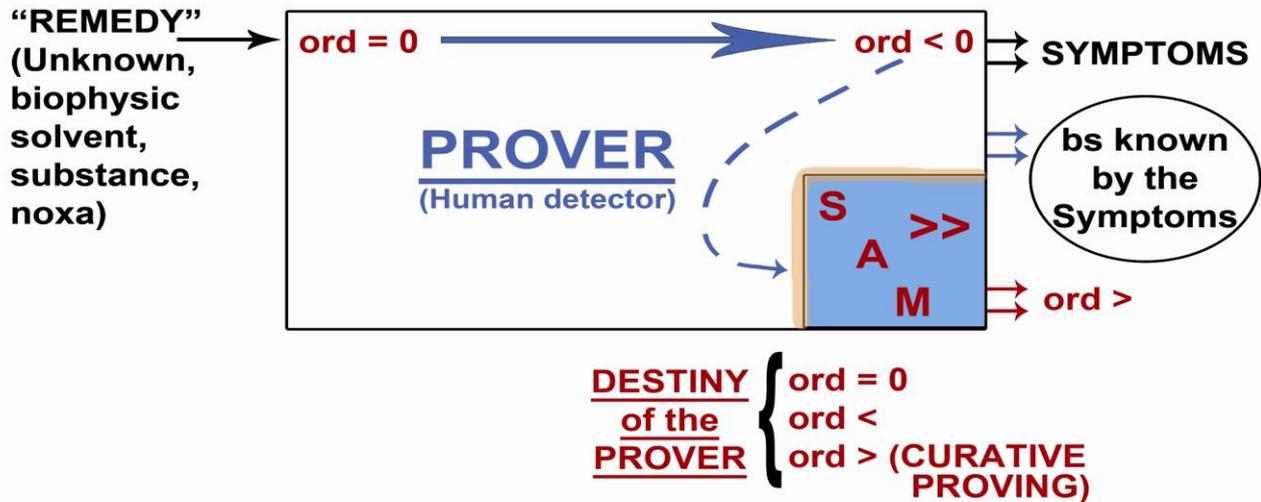
Now, the “Proving Unit” can be represented in this way.

“ORDER AND DISORDER” IN PROVING

Key to symbols

- 1) Biophysical Solvent Features (BSF). In Proving they are able to orient biological processes and this is the reason why we have an emergence of symptoms, usually temporary ones
- 2) Order (Ord). By Order in a system we mean the proper execution of actions and processes. Let us assume that Ord=0 stands for “no symptoms”, that is “healthy person”.
- 3) <: worsening
- 4) >: improvement

PROVING



This diagram shows that if we start from biophysical solvent features (BSF), which are unknown, we finally get to know functional characteristics. It is in this sense that the Prover assumes the function of Detector, that is a “surveyor of configuration”. He/she can do that through symptoms which, as we have already said, are evoked by a temporary worsening of order (disorder).

From the diagram we can notice that the destiny of the Prover is different from the patient’s. We know that:

- He/she can revert to a configuration where $Ord=0$ by spontaneous (?) extinction of oscillations previously induced by BSF (Biophysical Solvent Features).
- $Ord<$ can remain in a worsened state because it was not possible to activate its S.A.M. (Self-Adjusting Mirror) (the Prover obviously has one as well), and this is probably due to the fact that the two “configurations” are distant. We know many examples in literature of symptoms which emerged during Proving sessions and would not disappear, going then on for many years.
- In the opposite way, the Prover can find itself in an improved situation ($Ord>$), the so-called “curative Provings” (for example improvement in memory, attention, mood, re-appearance and then complete disappearance of old symptoms).

In this situation it is possible to assume that it is chance that led to the meeting of BSF and an analogous S.A.M. (Self-Adjusting Mirror). At this point it can be useful to stress that the word “mirror” has been intentionally chosen. We really need a mirror, a precise global imago which if possible, would not meet only the actual features but in order to make the system react as a functional globality we better need long-life structural features.

Now the goal of our therapy, almost surprisingly coincides with the artificial pathology we induce in the Prover. We can safely say that a therapy is not substantially different from a curative Proving.

The link enabling us to take this extraordinary shortcut towards the “natural” re-establishment of balance is precisely the “structure” I have defined as S.A.M. (Self-Adjusting Mirror); in reference to its physiology, I believe it is possible to talk of a “network of processes pertaining to the general identity of the system”. In other words, I don’t think that S.A.M. belongs to the Immune System, or to the Brain, or to the Hormonal System. It belongs to all of them and in a sense it IS all of them. They work to maintain the Identity of the System because they are the System itself. They represent what Maturana and Varela call “cognition”, where life is knowledge of itself and knowledge of its own processes as inserted in a context/environment.

OPERATIONAL MEDIUM: WATER

The questions arises: how can apparently different systems (Immune System, the Brain, Hormones etc) work in such an efficient and integrated way? The answer is that they can do so because they have been “dispersed-reunited” in an operational medium. This medium is Water. It constitutes and structures the living. Inside the living it acquires numerous, diverse and as yet unknown electro-chemical-physical configurations (see BSF).

(In the next few years the biophysics of biological water will be clearer, in the meantime we will continue to use biological individuals (plants and animals as well), which are excellent agents of revelation).

In a biological organism Water is “where and by which everything happens” (compare the old, ingenious aphorism: *corpora non agunt nisi soluta*). Proteins, DNA itself, only work inside the living when joined with Water. Therefore Water is “living” inside a living being. When we use “*modalized waters*” through the process of dilution-succussion, we are able to obtain systemic effects because we are acting on what I call Systemic Active Solvent (S.A.S).

PRESCRIPTIVE PRECISION

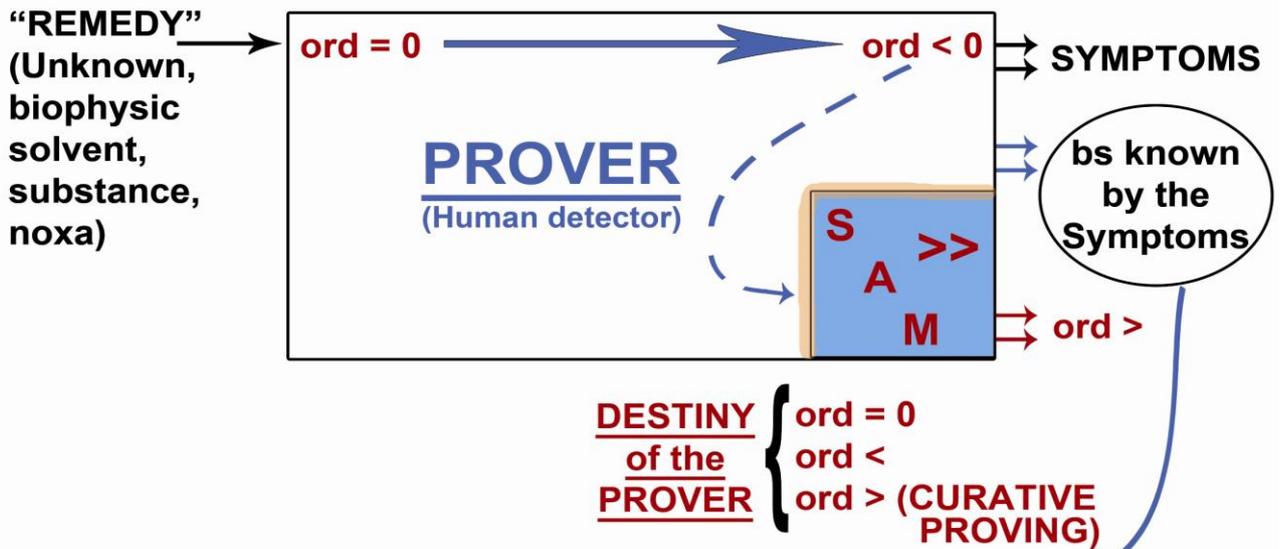
Clinical experience in homeopathy also gives us further information, and specifically that prescriptive precision is essential for a good result as I previously stressed.. This can only happen if the choice of the patient's symptoms coincides, as precisely as possible with the self-correcting structure I have defined as S.A.M. , that is the identity principle which, when stimulated, can trigger the recovery processes of identity itself. That is, if Proving is a method to create a global unbalance , S.A.M. is the counter-reaction where symptoms act to re-establish a global balance, provided that the prescription is a precise one and it is suited to the system under examination. That biological system. Exactly that. Not another one.

This therapeutic formulation “based on identity” is absolutely rigorous as it respects the systemic principle according to which, if we act exclusively on sub-systems and in a way which does not respect totality , we will increase the entropy of the system itself. This is not therapeutic. In this case, on the other hand, when we stimulate S.A.M., that is the identity principle, we make sure the system cures itself, re-organizing itself along dynamics which are its own , respecting its own internal time and its expressive modes.

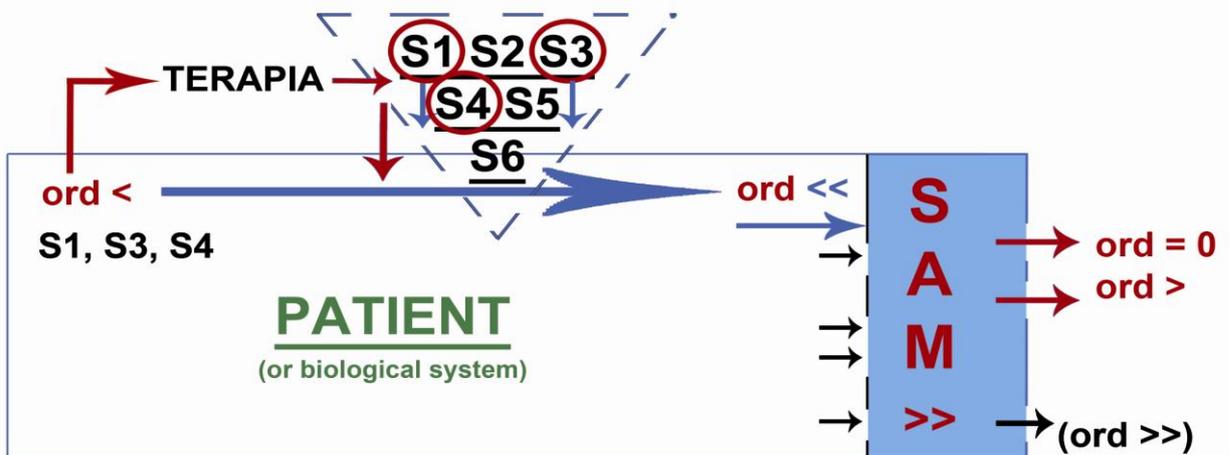
Having reached this stage, we can “unite” the Prover's scheme and the patient's one.

PATHOLOGY AND THERAPY: TWO SIDES OF THE SAME COIN

PROVING



EFFECTIVE THERAPY



It will be noticed that the two schemes are “successive” but intrinsically connected from a logical point of view. Experimental pathology (Proving), if introduced in the patient the modified solvent, activates the S.A.M. structure; the latter being self-poietic and evolutionary, can be transformed inside the patient into normality (Ord=0), or even better into health (Ord>), and this is possible because the genesis of forms of life which are better and better ordered, better working and more and more complex is a negentropic feature of life itself.

TOWARDS RECOVERY

Now, through these brief notes of Systemic Therapy, and through the concepts of S.A.S (Water as Active Systemic Solvent) and the clinical evidence of the existence of a mechanism (S.A.M.) which is able to establish higher levels of order, maybe it appears clearer how a well-organized therapy should include the phenomena of emergence and individuality.

Localized behavior can of course give useful and interesting results, but we should never relinquish our awareness of its possible damages and limitations.

The Reductionist and the Systemic approach must co-exist in order to obtain sensible, long-lasting results. However, local interventions produce partial and often hollow results.

The disappearance of a single symptom does not correspond to a “desideratum therapeuticum”. Only Systemic Vision allows us to establish clear methods and objectives, and possibly reachable ones.

Perhaps these premises, insisting on the essential characteristics of biological organisms, that is the emergence of personal characteristics and the ensuing individuality, allow us to understand that only individualized therapy shows respect to “what is in actual facts” and “the way beings are built”. Again, using the concepts of entropy (disorder) and negentropy (further increase of order), we can try and find a global definition of recovery which we lack at the moment and towards which we should tend, to avoid misunderstandings.

When is it possible to talk of Recovery?

If the desirable state of health can be summed up in the O.M.S. definition: “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity”, how can we activate a healing process tending towards this desideratum therapeuticum?

I believe prescriptive precision must be centred on the psychobiological Critical Point of the system, that is the point with the highest number of connections, and at the same time summarizes the “system fragility”. It is then necessary to act from the

external side on the amplification and inhibition points (Rings). This intervention will lead to a better global working of the system; by “better” we mean an increased and integrated order of processes. The consequence of this is a re-establishment of the Degrees of Freedom (sense and operational freedom) which belong to the system under examination. Therefore the latter, being self-poietic in its structure, can become “poietic”(poetic), that is creative, able to act and find new solutions, which had earlier been hidden or absent and are now emerging. In a few words, it can find itself, transform itself and finally Evolve, following, in its brief vital space, the general tendency of Natura Mater. Evolution, Healing and the maintenance of a state of Health finally coincide.

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Dr. Maurizio Trionfi

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