

TRIUNE

NEWSLETTER FOR SHAPING A NEW FORM OF UNIVERSITY

- ❖ The cultivation of a living, imaginative thinking as the fundamental aim in teaching and research – the inseparability of science and art.
- ❖ Goethean-style phenomenology as orientation in relation to all faculties; awakening the eye of the spirit.
- ❖ The university as the expression and practice of the threefold social life.

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SYSTEMATIC PATTERN RECOGNITION AND CLINICAL INTUITION: PRACTISING GOETHE'S SCIENTIFIC METHOD

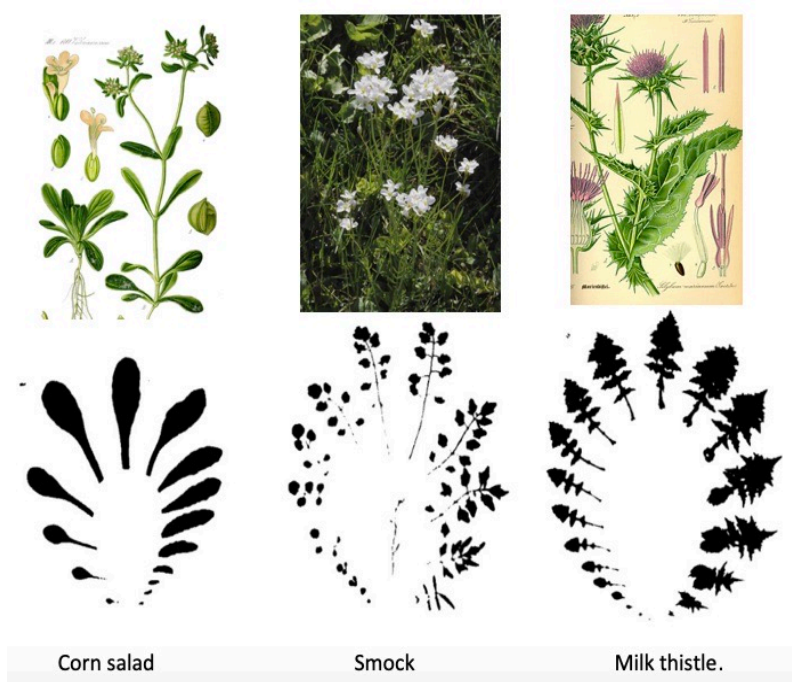
Guus van der Bie

When someone gets sick we search for a diagnosis. Imagine you have not actually seen the patient but you know the diagnosis. Pfeiffer's disease (also called mononucleosis, glandular fever, or kissing disease). Now that you know the diagnosis, can you predict which symptoms the patient in question will have?

Not at all. Patients with mononucleosis may have many different symptoms such as swollen lymph nodes, fever, difficulty swallowing, sore throat, a general feeling of malaise, a darker colouring of the urine, and jaundice. Does the patient need to have all of these symptoms to be eligible for the diagnosis? The answer once again is no. Symptoms of Pfeiffer's disease vary greatly from person to person. It is conceivable that one individual may have just the fever or just the lymph node swelling and not other symptoms, while another may exhibit all potential symptoms. Does mononucleosis then actually exist if the symptomatology varies so much?

This example presents a well-known phenomenon in medicine. The symptoms of the

same disease may be considerably different in individual patients. Physicians learn to know what a certain disease looks like through study and clinical experience; the study gives them a general idea and experience eventually completes the picture. The doctor then “knows” kissing disease quite well. Physicians apparently can still identify the diverse symptoms and can recognise syndromes such as Pfeiffer’s disease, even if they appear in unlike guises in different patients.



Diagnosis is based on what is called “pattern recognition”. This constitutes the essence of “clinical intuition” of the doctor’s “gut feeling”. The physician’s picture of disease is dynamic in nature. The course of the disease, how it begins, how it develops, and how it can be healed, as well as the symptoms, are different for each patient. Physicians have a varying yet recognisable image of “the” illness: the clinical picture. A physician experiences “the disease” as generating many possible symptoms, all belonging to the disease, but in diverse combinations and patterns.



The question above could therefore be extended: How do you develop clinical intuition? Is there any practical use in exploring additional forms of science? What does Goethe’s way of science provide that other scientific methods cannot offer? In the acquisition of clinical skills it is essential to develop clinical intuition to become a good physician so that you are able to recognise symptom patterns as manifestation of disease.



RECREATING CREATIVE NATURE: PRACTISING GOETHE’S SCIENTIFIC METHOD

Exact memory pictures demonstrate a specific human capacity: humans can imitate the form of organisms or parts thereof in their minds, and then from their non-spatial memory again make the organism visible in space (drawing or modelling). In this sense, humans are able to “recreate” what they have looked at. The precision with which they succeed in the recreation process is simply a question of proficiency in the technique.



Studying the development of plants can develop memory and exact memory pictures. The example below is taken from author and researcher Jochen Bockemühl. He studied leaf development in corn salad, smock, milk thistle and many other plants.

EXERCISE

a. Observe the development in the three sets of leaf sequences shown in the figure above.

The leaves are arranged according to how they grow on the plant. The leaf that appears first is on the bottom left of the series and the last leaf is on the bottom right. When you pursue the arc from bottom left to bottom right, you follow the development of the leaves over time, as they appear on the stem one after the other.

b. Compare the leaves themselves.

It is useful to sketch the depicted leaves yourself at least in outline. First draw the three most striking leaves of each leaf sequence: define a few key features of each of these three leaf sets.

c. Complete the entire series in outline by sketching the main features.

d. Describe the changes in leaf shape in each sequence.

Your description should enable the listener to make an accurate picture of the transition between two successive leaves. You do that by describing, for example, what becomes larger, what smaller, what appears or disappears, what changes shape etc.

e. Evaluation of the experience.

It is essential to once again reflect on this process. You may note that by systematically perceiving, remembering, and comparing, you have experienced something new: in recollecting how one leaf shape transforms into the next, the transitions that happen between leaf shapes also come into view. These changes in-between do not appear visibly in the plant but do become visible in your mind, you clearly “see it in front of you” how the next leaf can develop from the one before.



A conscious perception of a process in time occurs when you “see” leaf metamorphosis. Time processes are characteristic of life processes; they create changing forms in matter. When they appertain to a living whole, such as a plant, they have a characteristic *pattern in time* and can be experienced as an integral whole.

The discipline of life sciences, which deals with emergent plants, animals, humans and diseases, is incomplete without this dynamic aspect of investigating perception. At this point natural science broadens to become genuine life



Perceive

Recreate while recollecting with creativity.

Draw the exact memory picture identical to the perception.

Compare the shapes and inwardly imitate the changes in form.

“Recreate creative nature.”

Conscious assessment of the “invisible” metamorphosis as a pattern in time.

science. Goethe described this process and called it: “re-creating creative nature”.

When you come to this stage, examples from medical practice may come to mind again. Many diseases show a typical “course”, which means that the symptoms appear and disappear over time. Everyone knows this from personal experience, for example when you have the flu. The distinction between an acute illness that goes away by itself, that is “self-limiting”, and chronic disease, rests solely on the difference of its course over time. Diseases such as asthma, hay fever, rheumatic disease, and eczema have an innate course in time with exacerbations (episodes of increased symptoms) and remissions (episodes that are symptom-free or low in symptoms). Illnesses, like plants, have a pattern in time, not just characteristic symptoms.

Changes over time are frequently a distinctive element in diagnosing disease. Depression often occurs with daily fluctuations: in the morning, the depression is deeper than in the evening. Fever generally presents an undulating course through the day: lower in the morning and high at 6 or 7 pm. Fever may demonstrate a course specific for a certain disease as in Bang’s disease which is also called *undulating fever* (febris undulans). Malaria shows large temperature differences between day and night. The course of measles displays temperatures in two phases (biphasic): fever for a few days, a break in the fever, and then a reoccurrence with the appearance of the characteristic red spots. In all of these examples, the doctor distinguishes the disease based on the its specific pattern in time - a pattern that manifests as a “timeline” or “structure in time”.

Going through an illness is an organic process in time; the “recreated pattern” of the timeline exists in the awareness of the physician who is familiar with the disease. ≈

Excerpted from Guus van der Bie, *Wholeness in Nature: A Methodology for Pattern Recognition and Clinical Intuition*, Louis Bolk Institute’s Companions on the Practice and the Study of Medicine:

<https://www.bolkscompanions.com/>



SYMPTOMATOLOGY, ARTIFICIAL INTELLIGENCE AND THE GOETHEAN PATHWAY OF KNOWLEDGE IN A NEW MEDICAL TRAINING

Nigel Hoffmann

University medical training and the clinical work of the doctor now has a very large question mark hovering over it. The use of Artificial Intelligence is rapidly entering the realm of medical practice. An unquestionable danger exists to the doctor-patient relationship – until we see that this danger conceals a great possibility. This is the potential to cultivate through medical training a creative, imaginative symptomatology developed from a Goethean form of observation.

AI is making rapid inroads into symptomatology and it is just the beginning. ChatGPT (an AI chatbot) passed Steps 1, 2 (Clinical Knowledge), and 3 of the US Medical Licensing Exam.¹ The authors of the study write:

Beyond their utility for medical education, AIs are now positioned to soon become ubiquitous in clinical practice.²

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9931230/>

² Ibid.

A more recent study compared doctor and AI chatbot responses to patient questions posted on a public social media forum.³ The professionals evaluating the responses preferred the chatbot's, rating them significantly higher for both quality and appearance of empathy in comparison to those provided by the human physician.

AI can survey and synthesis vast amount of data; it can carry out at lightning speed what is called "pattern recognition" - computing the pattern of symptoms leading to highly accurate diagnoses.

Consequently, the question is: what is the point of training doctors in the pattern recognition of symptoms when it can be done so well by computers? The answer presented here provides the starting point for a medical training at a new form of university. Symptomatology, pattern recognition, is not an end in itself. Rather, it opens the door to the much more profound cognitive responsibility of the doctor.

Pattern recognition employs the cognitive capacity which Steiner called *physical thinking*. This depends on memory and logic, on a "solid" sense of cause and effect process. That's why AI is appropriating symptomatology - because it works with exactly this physical, logical thinking which has been, as it were, externalised in digital technology. With regard to computer technology we could also call it a "mineral" form of intelligence, a function of an electro-magnetism process and the silica chip.

Physical thinking is the most basic, the most material form of intelligence – but it is exact and objective. *Through* it can be developed the spiritual powers of Imagination, Inspiration and Intuition which equate to the phenomenological pathway as developed by Goethe. In relation to current training methodology this, of course

appears very radical but we must look to the time when it becomes the natural capacity of the physician.

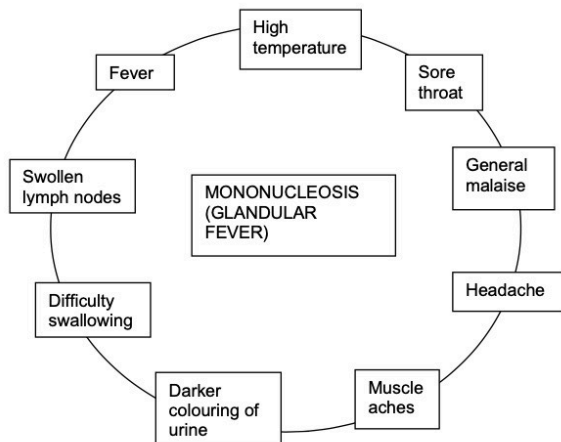
Symptomatology begins with careful, accurate observation of a disease pattern; this is the stage of physical thinking. The outcome of this stage is, normally, a diagnosis leading to a suggested treatment. But is the disease actually understood in this process? It is not. It is like observing the features of a face with any sense of the personality "behind", or expressing itself, in those features. Healing can only take place when there is such a living understanding of the character of the illness, an understanding which is in some way shared between doctor and patient. This sharing may partly take place through the character of the medicament or other treatment prescribed.

Let us consider the symptoms of glandular fever (mononucleosis), expressing itself in a time-pattern which represents the characteristic course of the illness: swollen lymph nodes, fever, difficulty swallowing, sore throat, a general feeling of malaise, high temperature, muscle aches and headaches, a darker colouring of the urine. These symptoms must be precisely observed, or otherwise ascertained from the patient's own account. Not necessarily all present at the same time, they form the pattern which is called "glandular fever".

The next stage - and the education of this stage belongs to the new university - involves *entering into* the pattern with an exact form of feeling. We can also call it, as Goethe did, an exact imagination. It is like what is carried out by a musician who is able to enter into, in an exact way, a certain configuration of tones and melodic phrases. Inwardly, working with a precise inward picturing of each symptom, we learn to cognitively *experience* them. If we arrange the symptoms in a circle, representing the organic unity of the illness, we work by

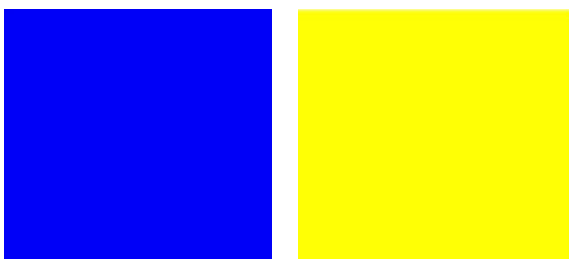
³ <https://pubmed.ncbi.nlm.nih.gov/37115527/>

allowing each symptom to “speak” to each other around the circle. Gradually a sense of the unity of the illness emerges.



How do we “cognitively enter” and “participate” in a symptom like a swollen lymph node?

Cultivating this capacity is at the heart of a new medical training. It can, in the first place, be assisted through goetheanistic colour study. Let us consider two colours – blue and yellow. We enter into their inner activities or gestures which reveal themselves in the perceptible appearance of the colours. Blue retreats into itself, the opposite of the effusive outward radiation of yellow.



By participating in the colours blue and yellow we cognitively *experience* polarity – polarity is no longer just a concept. This provides training for the kind of thinking capable of cognitively experiencing polarity in the human disease process. This is the same polarity evident in all organic process – between dissolution of form (metabolism or catabolism) and synthesis of form (anabolism). In the disease process it is the

polarity of excessive breakdown (inflammation) and excessive formation (sclerosis).⁴

Obviously a lymph node is a much more complicated phenomenon than a pure colour, but the cognitive action is exactly the same. We enter into the “hard facts” of the physical thinking stage; these are the form of the lymph node, its function in the immune response, its anatomy and physiology and its relationship with associated organs. It is inflammation in an organ which most commonly leads to swelling (tumor) in an associated lymph node. As a kind of subset of the blood circulatory system, the lymphatic system (it has a slow pulse) is most intimately connected with the metabolic organisation (there is no lymphatic system in the brain).⁵

Each symptom in the circle will “speak” the language of this polarity, emphasising one pole or the other in a disease imbalance. We allow the swollen lymph node to “converse” with muscle ache and headache (dolor) and high temperature (calor) and find, too, in the gesture of these symptoms, the strong language of the inflammation pole. There is nothing conceptual about this, no more conceptual than the “conversation” of blue and yellow.

Let us suppose that, in a training exercise with glandular fever, the students have worked toward gaining an Imagination regarding the character of this illness. They have done this by working around the circle of the symptoms such that the unity-character of the disease has been revealed to a degree. The next stage – Inspiration – is a surrendering, a letting go of the

⁴ Swollen lymph nodes can, in some cases, be a sign of cancer (perhaps lymphoma, a kind of blood cancer) and that will be ascertained by a particular disease pattern. In the case of a cancer the swollen lymph node will be harder, expressing the sclerosis pole.

⁵ See J. Rohen, *Functional Morphology: The Dynamic Wholeness of the Human Organism*, Adonis Press, 2007, pp.137-169.

physical character of those symptoms, the material pattern of this illness. Inspiration, as Steiner describes it, is “a state of completely emptied consciousness”.⁶

This seems extraordinary and, to normal medical procedure, nonsensical. But it is necessary in order to bring about a heightened state of receptivity to the spirit. How else can the essential idea of the illness be received into the mind as an Intuition? We are receptive like this in a state of wonder – our minds become radically open. On the phenomenological path it is something intentional, carried out in order to advance to an intuitive understanding of the illness and a truly healing relationship with the patient.

We let the disease pattern speak to us of its unitary character, its “personality”. This character cannot be seen with the physical eye, only with the eye of the spirit. What is the essential Idea which speaks through the symptom-pattern we call “glandular fever”? The aim here is not to set forth the results of such a study of glandular fever or any other illness, only to point to the necessity of such a phenomenological pathway for a new medical training – in the age of AI. ≈

Nigel Hoffmann is the author of *The Social Archetype: Realizing Society's Threefold Unity, A New Goetheanism*, Clairview Books, 2024; *The University at the Threshold: Orientation through Goethean Science*, Rudolf Steiner Press, 2020 and *Goethe's Science of Living Form: The Artistic Stages*, Adonis Press, 2007. He is the editor of TRIUNE newsletter.



⁶ R. Steiner and I. Wegman, *Fundamentals of Therapy*, GA 27, Chapter 1.

TEACHING AND DEVELOPMENT OF ANTHROPOSOPHICAL REMEDIES BASED ON A GOETHEAN APPROACH

Vesna Forštnerič Lesjak

Anthroposophical remedies are based on the understanding of the primary substance. This primary substance can be of various origins, perhaps out of the plant kingdom, animal kingdom, fungi, mineral world, metals or even chemical substances. In most cases they are combined in a mixture or a conglomerate which can be homeopathically potentised in different ways.

In the remedy these primary substances undergo very specific pharmaceutical processes, to be able to reach a specific organ and a disease process that corresponds to the primary substance. It gets even more complicated: a suitable organ of a plant must be chosen, a suitable harvest time for it must be selected. There are specific compounds of a mineral which may be most suitable (there are a whole variety of different silica minerals for example) or specific metal compounds. Furthermore, at the end of this process a suitable application form of the remedy must be chosen; there are forms of application reaching the human organism via nerve-sense-system (all dermal applications), via rhythmical system (all kinds of injections, infusions and inhalations) or via the metabolic system (all oral applications plus rectal and vaginal applications).

With the complexity of the process of conceiving remedies we can already see that this isn't a task just for a physician. A collaboration of three different occupations is very much needed: a natural scientific researcher (biologist, botanist, chemist); a physician; and a pharmacist in-between who connects both two sides. These

three occupations build a threefold process, bringing three different abilities together. In future the teaching and research of these three abilities need to have a much more intimate connection than in the conventional modern university.

Let's take a closer look at it. This threefold process of conceiving remedies starts with the understanding of the primary substance. The question that arises here is: through which approach do we do that? In conventional pharmacology we look for the chemical compound as an active compound, be it from a plant or of synthetic origin. With a plant, these compounds are further isolated out of the plant juice and then concentrated. If they are highly concentrated substances of a natural or a synthetic origin, they push our human organism into a certain state, without giving the body a chance to find its own balance. They are working "against" a certain disease and correspond to the theory of pathogenesis.

With anthroposophical remedies (as well as therapies) we don't push an organism into a certain state but, rather, try to create such remedies that "show the way" for the organism to find its balance again (the theory of salutogenesis). The human organism beholds its free choice as well as its own learning and adapting abilities.

How can we approach the understanding of a primary substance, not based on its chemical compounds as a working principle, but on the principle of "example" to the organism, showing it the way to a healthy balance? This question is also important in the creation of new remedies for which anthroposophical medicine must be able to evolve, in response to new disease tendencies that are ever more arising due to changes in the modern world.

I would like to suggest that a Goethean approach to the understanding of the primary substance can show us a clear and evident way, a "processual path" towards a healthy state of the human organism. That means, in relation to the plant world, that the chemical compounds in a certain plant are understood only as an end state of very specific life processes in that particular plant. Whether it be a student of medicine, pharmacology, or botany, the Goethean approach is foundational and provides the unifying principle for these disciplines.

To understand these specific life processes in a certain plant, a goetheanistic natural science researcher is required to observe the whole development of a plant in its growing and descending life circle, through the yearly course where different elementary and earthly-cosmic rhythms work together. He or she must include in this understanding the elementary forces working in the specific area where this plant naturally grows; then the plant becomes "a picture, an expression of its surroundings". Through careful, detailed observation through time, also by tasting and smelling, the involvement of all the senses, certain specific gestures of the plant express themselves. The student is learning the specific foreign language of that plant.

A very important aspect is placing a certain plant species into the context of its genera and family. We must compare the plant species with other plants, to see what the specialties of one certain species are and to be able to choose "the healing plant". Then it will be observed that some plant gestures are common for the whole plant family, some for the plant genera and some are very specific for only one species.

Through this attentive observational and phenomenological process, the natural scientific researcher develops a new ability, called "imagination". Beyond this, physicians must fully

develop another kind of an ability. In the very short time they have with the patient, through fine sensibility in the observation of the patient, they must have the right “intuition” to choose the suitable remedy. They must have the courage and will to heal.

In the development of remedies a collaboration between a Goethean natural scientific researcher (bringing the exact sensory imaginations of a certain substance), and a physician (bringing the exact pictures of a disease and its development in time and space as well) is essential. Together they can connect a certain “one-sided” process in nature with a certain “one-sided” process in the picture of the disease where the human organism loses its universality and falls into a certain specific “one-sidedness” as well. All healing plants show characteristics that aren’t fully typical plant processes; typical plants that develop normally in the yearly course are plants for nutrition. Extraordinary plant processes that fall out of the typical plant development are a specific “one-sided” healing plant qualities.

In the anthroposophical pharmacy, remedies can work by different principles. One of them has already been mentioned: showing “by example” to the human body what a healthy state of a certain organ or a physiological process would be. For plants that would mean, not only to show the “one-sidedness” through their gestures, but also recognising additional gestures that show how the plant overcomes this one-sidedness and can handle the expressed one-sided qualities in a balance.

In this light I have researched in depth and written a book about the medicinal plant wild teasel (*Dipsacus fullonum*), of the plant family Dipsacaceae.⁷ I researched its application in the

⁷ Forštnerič Lesjak, Vesna; Šenekar, Patricija., *Wilde Karde und Borreliose - ein Brückenschlag. Ein*

treatment of Lyme disease or borreliosis. This species of teasel expresses, in its clearest and most extreme gestures, a correspondence to the gestures of Lyme disease - in the course of the disease with symptoms and clinical signs ranging from acute to chronic stages. The aim of my study was firstly to recognise these gestures, to connect them and build a bridge between the plant and the disease in order to develop a concept for a remedy from this plant. The



gestures of its growth process can be seen as a working principle of “showing by example” to the human organism, “how to manage” phases of the chronic development of Lyme disease.

The flowering process of the wild teasel starts in the middle of the flower head and then splits, forming two moving circles, upwards and downwards - similar to the infection from the thick bite (in Lyme disease) which causes the Erythema migrans that starts in the middle and expands in circular forms.



goetheanistisch-anthroposophischer Erkenntnisweg zur Entwicklung neuer Heilmittel. Vitomarci (Slowenien): Verlag Sapientia; 2024. ISBN 978-961-96270-3-7.

The anthroposophical pharmacist plays the role of the middle rhythmic-mediating system in this threefoldness of the three occupations. He is the artist, connecting the imaginal part with the right intuition on an “inspirational level”. With different anthroposophical pharmaceutical processes, be it the watery processes working with different levels of warmth, or the dry warmth processes, or the rhythmical processes, including homeopathical potentiation, the pharmacist needs to have a certain knowledge of the primary substance on one hand and a disease process on the other hand, to be able to connect both of them on the right way, leading to a suitably transformed substance which corresponds to the disease process in the human organism. The physician must choose the right potency and the right applicational form, produced by the pharmacist.

Because of the complexity of this whole process I think it is evident that a close collaboration of these three different occupations in university-level education is essential. Only a collaboration using the Goethean scientific method will allow the coming-together of the three different abilities. ≈

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RESEARCHING THE POTENTIAL THERAPEUTIC ACTION OF MEDICINAL PLANTS USING A POST-REDUCTIONIST METHOD

Michael Evans

Introduction

A future science beyond the reductionist world view will need to explore appropriate ways of consciously including the subjective experience of the researcher alongside more objective observations. The method described here could be a contribution to balancing “the over-emphasis on quantity at the expense of quality and the exclusion of subjectivity”.⁸

While there is extensive literature on the traditional uses of plants in many cultures which may have been based on intuitive knowledge as well as practitioners’ experiences, modern research on medicines and phytotherapy has been dominated by the isolation of individual chemical compounds which are tested in animal trials and randomised controlled trials on humans.

This article describes a method of medicinal plant study and research which is a pioneering approach to include the observers’ experience and which can complement medicinal knowledge gained by more reductionist conventional scientific methods.

⁸ Walach , H. (2018), *Science beyond a materialist world view* – Galileo Commission Report. Available at: <https://www.galileocommission.org/wp-content/uploads/2018/11/Galileo-Report-Final.pdf> (accessed 25 January 2019).

The method used has involved groups of between 6 and 18 participants who generally have neither botanical nor medical knowledge of the plant chosen for study. However, the plants that have been studied have been selected by the process facilitator as being recognised for their medical properties in the literature of several medical traditions. The name of the plant is not divulged to research participants until the penultimate stage of the process.

THE RESEARCH PROCESS

Exact observation of the plant



Example of a participant's "exact drawing" of henbane.

The first formal step in the method is to observe an example of the plant either outside in nature or indoors in a pot. Participants are asked to use their sense of sight and smell.

They are

encouraged to

observe the forms, size and colour of all parts of the plant.

After several minutes of silent observation each participant is asked to share one observation, going around the circle till a fairly complete description has been achieved. In this phenomenological process participants are asked to minimise the use of botanical terms and avoid speculation on the plant's growth process or their subjective reactions or feelings. This step, called 'exact observation', focuses on the spatial expression of the plant at one moment in time. The process of observation can be intensified by making a black and white

exact drawing of the parts or whole plant using pencil or charcoal.

The plant's growth process

The second step of the process involves building a picture of the plant's growth process. This is what Goethe called 'exact sensorial fantasy'.⁹ This is facilitated by looking to find those parts of the plant which appear youngest and those that emerged earlier. If the plant is viewed in its natural environment it is often possible to find examples at an earlier stage and plants at a later stage of their growth. The aim is to make a moving mental image of the process akin to a time-lapse film. Often various hypotheses of this process arise, and can be discussed by the group. Sometimes questions remain unanswered. The goal of this process is for participants to 'get inside' this growing process. This process is called the 'picturing the growing' and is the expression of the plant in time which reveals its life dynamics. This process can be intensified by drawing the growth process or choreographing a group sculpture of the growth process.

Subjective feelings about the plant

The third step is more subjective. Participants are asked about what feelings or mood the plant evokes. This step could be compared with what in psychodynamic psychotherapy is termed countertransference. The step can be aided by reflecting on the following question: "If I imagine this as a person, what kind of personality comes to mind?" It can be helpful to close one's eyes to reflect on this. Participants are asked to note their descriptions and then share the results. Although the descriptions are quite individual, often common themes and qualities emerge.

⁹ Colquhoun M, Ewald A (1996) *New Eyes for Plants*. Stroud: Hawthorn Press.

This step can be anchored if participants make an artistic expression of the characteristics by making a colour abstract representation of the qualities, mood or personality, using for example, coloured pastels. The instructions are not to draw the plant literally, but to express the qualities they have experienced.

Essential character of the plant



Example of a colour abstract representation of henbane's character.

The fourth step is to refine and distil participants' sense of the special qualities of this plant and to reduce their description to only a couple of words. They remind them-

selves of the previous step and

review their artwork. They are challenged to try to find the most salient and individual characteristics of the particular plant, and also to avoid words such as 'vital' which might apply to many, if not all, plants. They may borrow descriptions from other participants if they feel they have captured an essence of the plant better. When ready, participants' distillations

are shared and charted.

Hypothetical therapeutic indications of the plant

The fifth step is to hear these essential qualities read out, to take them seriously and respond to the hypothetical question: If a medicine prepared from this plant could give these qualities to a patient, for which illnesses or conditions might it be therapeutic? Participants work alone, preparing a list of theoretical indications for this plant. When ready they are shared and noted. Particular therapeutic themes may emerge and as well as areas of repetition or overlap.

Therapeutic indications of the plant in the literature

Only after this fifth step is the name of the plant revealed. A bibliographic search is then performed to include western herbal literature, conventional pharmacy, eastern herbal literature, homeopathic and anthroposophic literature; the indications found are then listed.

Level of confirmation

The sixth step is to revisit the group's own hypothetical indications and compare them with the indications found in the bibliography. The

number and proportion of hypothetical indications which are 'confirmed' by the literature is noted.

When, as is frequently the case, 60–70% of them are 'confirmed', the sense can arise that there is far more validity to this process than participants expected.

Step	Description	Level
Step 1	Exact observation of the plant	Spatial physical description
Step 2	Creating a moving picture of the plant's growth process over time.	Time gestalt, life organisation
Step 3	Noting the subjective feelings or mood evoked by the plant – describing the plant's 'personality'	'Soul' level
Step 4	Distilling the essential qualities of the plant	Ontological, essence level
Step 5	Considering hypothetical medical indications for this plant assuming the above qualities could be 'administered' to a patient	Hypothetical indications
Step 6	After learning the name of the plant, consulting traditional and conventional medical literature and tabulating indications	Bibliographic indications
Step 7	Examining the hypothetical indications and comparing them with those listed in the literature to see which are 'confirmed' and which are not. Estimating the proportion that are 'confirmed'.	Assessment of results

Discussion

It may be argued that while the method may arrive at indications that older traditions came to, perhaps through an intuitive sense, it is not validated by conventional evidence. With this in mind reference can be made to an article on a plant which has been studied using the same method, a plant whose constituents have been pharmaceutically assessed and included in conventional medicine. This article is on henbane [*hyocyamus niger*] which is known to contain pharmacologically active constituents such as hyoscyamine and atropine.¹⁰

To ensure the research process was original and not influenced by previous knowledge, participants are asked if they know the plant and its uses. It is the author's experience that doctors rarely recognise the medicinal plants studied. If participants recognise the plant and could be aware of its uses, their observations are only heard after the rest of the group. Their perceptions and any therapeutic ideas are excluded from those listed in the study that follows.

While this method needs to be researched and tested more widely and possibly refined by other facilitators and groups, it does appear to yield results of some validity while engaging a method which goes beyond the accepted methods of current materialistic science. It may therefore offer a modest inspiration to the development of post-reductionist medical science. It also has the effect of building a 'personal relationship' with medicinal substances which is not the case in the conventional study of pharmacology.

The author has noted that groups practised in the method tend to produce indications that are

bibliographically confirmed to a greater degree. Conventional science aims to bypass subjectivity, mindful that subjective reactions may say more about the observer than the object being observed. The author acknowledges that subjective reactions reflect both the observer and the observed object or plant. I suspect that this method starting with more objective observation steps and using a group sharing and a 'distillation' of initial feelings and sense of 'personality', may to some extent overcome the one-sidedness of a particular individual's own subjectivity. I offer this paper for discussion to physicians and scientists interested in developing a science beyond reductionism.

Background to the method

The first four steps of this method can be seen as a reflection of the four levels of consciousness described by Steiner and Wegman in the first chapter of their book *Fundamentals of Therapy*.¹¹ The first of these steps correspond to the methods of natural science appropriate for the non-living world; then three higher levels of consciousness enable perception of the realms of life phenomena, soul and being or spirit respectively.

Alongside its potential value as a research method, I recommend it as a learning and training method for physicians and other healthcare professionals who want to train in more holistic approaches to medicine, helping them to develop a more holistic approach to nature and medical substances. One participant noted:

As a scientifically minded doctor, I was surprised at how the process brought us to such accurate and specific intuitions regarding the potential medicinal utility of the plant(s). When I saw this

¹⁰ To see this original article, and the accompanying article on henbane, go to:
<https://bhma.org/product/nature-connections/#>

¹¹ Steiner, R. Wegman, I. (1925) *Fundamentals of Therapy*. London: Anthroposophical Publishing.

repeated again and again throughout the course I learned to trust the process and to be able to follow it myself when encountering new plants.
Dr Simon van Lieshout, NHS GP

This method is used in the British Postgraduate Training in Anthroposophic Medicine¹² to explore the potential medicinal properties of individual plants. This training is designed for physicians wishing to explore anthroposophic medicine, a holistic, spiritually based extension of conventional medicine.¹³ ≈

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¹² For the English Training in Anthroposophic Medicine 2025, go to:
<http://www.anthroposophic-drs-training.org/>
and:
<https://emerson.org.uk/course/english-training-in-anthroposophic-medicine25/>

¹³ Evans, M. & Roger, I. (2017) *Healing for Body, Soul and Spirit – an Introduction to Medicine*. Edinburgh: Floris Books.

THE NEW MEDICAL TRAINING

Rudolf Steiner

There are in all areas of culture great cyclic factors which refer to the shadows as well as to the bright sides of culture.

Considering that there is so much uncertainty in medical science today, we have to realise that the basic cause of this uncertainty is deeply rooted in our ways of thinking. These ways of thinking are rooted deeper than all theories which one acquires within any science. And they cannot be changed easily, but only gradually replaced by others. Today the materialistic, mechanistic thinking of our time influences all these habits of thought.

What contempt our modern doctor has for the medical science of the Middle Ages and antiquity; yet, nevertheless, the future doctor could learn a lot from the history of the medicine of those ancient times. He could learn views other than what prevails in the present medicine. Very few doctors today know the theories of Galen, two to three centuries AD, for example; or the medical scholasticism of the Middle Ages. It is wrong to look down with contempt on this ancient medical science.

If the modern doctors wanted to get to know these ancient doctrines, they would be able to get to know something valuable. The Hippocratic doctrine, which teaches that the human being is composed of four elements earth, water, air and fire, elicits a sneering attitude. If it is spoken there of black and white bile, phlegm, blood and their relations to the planets of our solar system, views entirely different from the theories medicine puts forward today. However, these ancient theories have made the medical intuition fertile and gave old doctors the possibility to carry on the medical profession in

quite different way to what the modern doctor can do.

The shamans of savage tribes have a principle that is accepted only by few reasonable persons. It is the same principle that also forms the basis of oriental medicine; namely, that the doctor, who wants to heal must have absorbed qualities into himself which enable him to understand life from quite another side.

We find an example of what I mean if we look at a people that do not belong to the present "civilised" nations, to the Hindus. The doctors of the Hindus apply a principle which forms the basis of immunisation, the vaccination, as we know it, with an antiserum. They combat a certain form of disease, applying the cause of the disease as a remedy. The Hindu doctors heal snakebites by working on the wound with their saliva. The saliva is prepared by training, the doctors have immunised themselves against snakebites, against snake venom, exposing themselves to snakebites. It is their view that the doctor can also cause something bodily by something that he develops in himself.

All remedial effects of a person on a person are based on this principle. With the Hindus a certain initiation forms the basis of this principle. You know that the human being becomes a

different person by a certain training. The forces which another human being does not have are developed in them completely, just as a piece of iron develops its strength by touching with a magnet.

The young doctor would have completely different feelings with respect to healing if he delved into the real history of medicine. Words that he can't make sense of these days actually contain a deep meaning, even if he denies them with a sneer.

It is pitiful that our whole science is infiltrated with materialistic imponderables; thus it is almost inconceivable that anybody frees himself from them and learns to think independently. Our whole scientific foundation of anatomy, physiology, comes from this materialistic way of thinking. In the 16th century, Andreas Vesalius (1514–1564, Belgian anatomist) gave the first

teachings of anatomy, William Harvey (1578-1657, English anatomist) gave the teachings of the blood circulation in the materialistic sense; according to this system the 17th and 18th centuries taught. The human being had to think materialistically for some centuries to make all the big discoveries and inventions which we owe to these times. This way of thinking taught us to produce certain substances in the laboratory and we owe Justus von Liebig's (1803–1873, German

"Whenever I teach Galen—to undergraduates, medical students, or the public—I see afresh that Galen fully appreciated the most fundamental debates about the nature of knowledge in medicine. I describe Galen's profound commitment to observation and to learning all he could about his patients. He exhibited a remarkably modern view not just of illness, but more broadly, of the idea of health. Of course, he wanted to know every detail about patients' illnesses, acute and chronic. But he also inquired after their habits, their thoughts, their temperament, their diet and exercise. He wanted to see their effluvia, to smell the sick room, to hear the reports of those who cared for them. He was unafraid of the human body in its full spectrum of health and disease. He was a consummate observer."

Katherine van Schaik, *Galen and Health: Inspiration, Caution and some Useful Advice*, Princeton University Press. Click blue:

<https://www.princeton.edu/~kvschaik/galenandhealth.html>

chemist) epoch-making discoveries to it, but it also led to regard the human physical sheath as the only reality which can be perceived.

It is difficult to reconcile what we call life with the concept which the materialistic doctor has of it. Only someone who knows by intuition what life is can really penetrate to the understanding of life. And this person will also know that the effectiveness of chemical and physical laws in the human body is under the control of something for which we lack the word, and which can be recognised only by intuition. Not before the doctor himself has become another person, he can realise this. With a certain training he has to acquire the concepts and then the insight of the mode of action of our etheric [life] body.

The ordinary mind, the ordinary human intellect, is incapable of comprehending the spiritual; as soon as he is supposed to advance to higher areas, he fails. That's why, in the medical field,



P. R. Vignéron, *Galen*, Lithograph.

without intuition everything is just talking back and forth; you don't touch reality. Higher, finer powers are necessary, which must be developed by the doctor. Only then is the thorough healing of certain damage possible.

If people were to get involved in what lies at the heart of this, then they would also see the influences which must be exercised in order to be able to heal, in order to be a healer as a doctor. If a person wants to be a doctor or a healer, he must first ennoble and purify his humanity. He has to develop it up to the stage where certain sensations and feelings can first dawn on us. Here it's all about trying! And one must first learn to understand that the ordinary mind can be expanded, spiritualised. It is just a triviality to say: here and there are the limits to our methods of knowing. The fact is that there are other methods of knowledge than those that the mind conventionally uses.

But unfortunately few people see this. Only when not only the sense-perceptible facts of anatomy and physiology are taught, but when one approaches these facts with "the eyes of the spirit," as Goethe expresses it, will a different study of the human body occur. And only then will the discoveries of the last decades in relation to medical science be seen the right light, for example the recognition of certain connections between the thyroid and other functions.

Today's doctor who leaves university and who is let loose on suffering humanity, is often in an unenviable condition. His medical studies have thrown him into a confusion of concepts where he cannot form a judgment for himself. Then he finds himself involved with a way of thinking with his patients that does not want to get involved in thoroughness; it considers anything that appeals to any authority to be gospel. The doctor often suffers greatly from the patients' prejudices. The doctor can only do something if he studies the subtle processes that take place in

a diseased body, guided by life itself; but the patient must also assist.



A materialistic person cannot understand this. But we humans don't have to misunderstand each other in this world. The spiritually-educated thinker understands that the materialistic thinkers do not understand him because they are not capable of it. Goethe expresses what is meant here when he says: "A false teaching cannot be refuted because it is based on the conviction that what is false is true." The habits of thought in our time must change radically to experience a radical reversal; then a refinement will follow automatically, a development of feelings and sensations, right up to intuition.

When medical science realises this, only then will she again have something that will work in a healing way, only then will a religious trait inspire her again and only then will the doctor be what he should be: the noblest humanitarian who feels obliged, through his own perfection, to elevate his profession to the highest level possible.≈

Rudolf Steiner, excerpted from a lecture given in Berlin on 25th May, 1905, GA 53.

LINKS AND INITIATIVES

This space is reserved for news, relevant links and outlines of initiatives.

AUSTRALIA

INDUS UNIVERSITY PROJECT

<https://www.educationforsocialrenewalfoundation.com/>

MISSION STATEMENT OF THE NEWSLETTER

To help develop an international community of people together striving to shape a new kind of university. **Please share this newsletter widely.**

To share insights and information which will help to develop the content, methods and organisational principles of this kind of university

BACKGROUND – ON THE EVOLUTION OF THE UNIVERSITY

The university, since its inception in the medieval people, has become a central organ of the cultural and spiritual life of society. It has been called a "little city", a melting pot for new ways of thinking and for shaping the world creatively.

All knowledge in the medieval university was unified by faith in a transcendent God. During the time of Renaissance humanism, and later in the early-modern Kantian and Humboldtian universities, the human rational faculty became seen as the unifying power. The university came to be thought of as a centre for universal knowledge. The modern university can better be called a "multi-versity"; faith in God or the rational striving toward the universality of knowledge is not its central concern. It is essentially materialistic in outlook, serving mainly practical ends through its teaching and research.

SHAPING A NEW FORM OF UNIVERSITY

This means stepping toward a future in which the university is completely free of the state –

financially, in terms of course content, and in relation to the awarding of degrees. This freedom is the responsibility and duty of this central organ of the cultural-spiritual sphere of the threefold social organism; it is already recognised in academic freedom. Ways this freedom can be further achieved can be discussed and advanced through this newsletter.

Following the indications of Rudolf Steiner, the aim of lower and higher schooling is not to educate but to awaken – to help awaken the modern human being to the spirit, the spirit working in the human being itself. What can be achieved at the tertiary level will fructify the whole field of education into the future.

Thus we can state boldly: the aim of the new university is to help open the “eye of the spirit” to the working of creative spirit in all forms of nature and the human world. In every faculty, in every aspect of teaching and researching, the task will be to advance human life towards an understanding of the world as a manifestation of spirit.

For this reason the orientation of the new university is fundamentally phenomenological. This is the method which is taught, guided and inspired by what others have perceived in this way. Modern individuals need to learn to see for themselves.

Seeing is grounded in physical perception, in what appears to us in the world (phenomenon literally means – “what appears”). But physical appearance hides what is invisible and essential. When teaching and researching focuses one-sidedly on the physical we have everything technical, the approach which considers what is “real” as only observable, empirical phenomena. Academic thinking then becomes highly materialistic and objective. However, when teaching and learning reaches through what appears to us physically, it rises to the artistic through a “knowing of the heart”. In the works of the later Heidegger and the later Merleau-Ponty we have the vision of the invisible within the visible. We find that “more appears than appears to appear”.* The appearance hides the innate idea (*eidos*) which may nevertheless come to presence through the pathway of phenomenology; this innate idea Plato equated with *to ekphanestaton* (“what properly shows itself as the most radiant of all is the beautiful”).

The new university is focused on a highly practical, applied phenomenology, on all the phenomena which come within the scope of the different faculties. Different minerals and soil forms; plants and animals; the forms and structures of the human body and human consciousness; the different stages in the growth of children, their different soul gestures and temperaments; all the disease and health appearances; social forms and social processes – and so on. For this advanced practical phenomenology, we look mainly to the indications of German philosopher and artist Rudolf Steiner, who in turn drew greatly on the artistic phenomenological natural science of the poet Johann von Goethe.

Editor

* R. Bernasconi, “The Good and the Beautiful” in *Phenomenology in Practice and Theory*, Martinus Nijhoff Publishers, Dordrecht, 1985, pp.179-184.