

Back to Hahnemann?

By Ulrike Kessler



In recent years so many different approaches and interpretations of homeopathy have appeared in our literature and teaching, that the ranks of advocates for Hahnemannian methodological pureness have begun to swell¹. Whilst this is understandable, we need to ask whether a movement 'back to Hahnemann' is at all possible or even wise.

In recent years so many different approaches and interpretations of homeopathy have appeared in our literature and teaching, that the ranks of advocates for Hahnemannian methodological pureness have begun to swell². Whilst this is understandable, we need to ask whether a movement 'back to Hahnemann' is at all possible or even wise.

On first thought, the answer to this question must surely be 'no'. Not only has the practice of homeopathy radically changed since Hahnemann, so has our whole environment. Keywords, like industrialisation, electrification, mechanisation, globalisation, climate change, mobility, telecommunications, computers or internet succinctly exemplify these changes. In any case, we are influenced by so many factors that nobody could have imagined 190 years ago when Hahnemann began to develop his miasm theory. Compared to those in Hahnemann's time, patients today fall ill for different reasons; primary medical care is almost exclusively provided by orthodox medicine; our food comes from the supermarket and not from our own garden; day and night we are surrounded by an abundance of industrially manufactured products – if we really wanted to go 'back to Hahnemann', we would find ourselves time-travelling in a yesteryear with which we were totally unfamiliar.

Yet, on second thoughts, we can only arrive at a deeper understanding of Hahnemann's ideas if we take into consideration the time in which he lived. His ideas were shaped, in part, by the medicine of his time, so it is helpful for us, not only to read the original literature, but also to become acquainted with the relevant research in medical history. In recent years some interesting literature has been published in this area; particularly the books of Rima Handley³ in English, but mostly German books and articles⁴, some of which make an in-depth analysis of cases from Hahnemann's original *Krankenjournal*. These records of his patients' notes are a real treasure. It is surprising that this has not already been explored.

The theory of miasms is a good example of how helpful it can be to take this approach. It is quite confusing, because its terms and concepts are ill-defined and, depending on the author, are used in completely different ways. However, they can be better understood if examined within their respective historical contexts. Hahnemann developed his miasm theory based on observation and critical reflection on his own practice. He noticed that, in the long run, his patients did not become any healthier, but deteriorated gradually, even

though homeopathically chosen remedies were able to cure the symptoms of each acute episode. After many years of research he reached the conclusion that apparently separate states of illness in the life of a patient must be somehow connected. Each acute case presented only the tip of the iceberg, as it were, while the part lying beneath the surface was much bigger and even more threatening.

Hahnemann tried to understand what was happening beneath that surface, and for this purpose, naturally he resorted to contemporary medical terms that were familiar to him. One question that was broadly considered during his time was how diseases were generated and passed on from person to person. It had been clinically observed that, for example, epidemics with high fatalities could emerge suddenly under certain climatic conditions yet, not everyone was affected. Children became infected with different types of 'fevers' and fell ill; some died, but those who also developed a rash, survived and never had that particular fever again. During Hahnemann's time, medical science tried to categorise all these confusing observations, and a prominent idea (alongside considerations of hygiene and diet) involved the assumption that certain substances in the air or soil, were able to generate these diseases and pass them on. The nature of these substances was unknown at that time, therefore the Greek term 'miasm' was used, which literally translated means 'disease material'. Some physicians, amongst them Hahnemann, had already assumed, that these 'substances' were indeed small creatures, but it was only at the end of the 19th century that the optical microscope was sufficiently developed to enable some of these pathogenic germs to be seen.

Of course, Hahnemann was neither the first nor the last to discover that there were different categories of disease. For instance, in acute diseases, people fell ill but after some time returned to complete health, if they did not die in the process. In other diseases, where the symptoms patients developed became worse and worse, the deterioration was gradual – in other words they were chronic (from Greek *chronos*: time, in contrast to Latin *akut*: sudden).

Hahnemann's achievement was first to perceive a connection between both categories: acute diseases could, as he discovered, develop on the basis of a chronic disease. In such cases, acute episodes would develop in which the patient did not heal completely. Then, after a more or less asymptomatic period, so-called latency,

worse symptoms could develop, even if the lifestyle of the patient might have been impeccable.

Second, Hahnemann assumed that all chronic disease had but a few possible causes: either an infection through one of the two venereal illnesses: (as syphilis and sycosis), or through a third, the primary ill: that he called psora or scabies, the itch disease.

It was this latter assumption in particular that was so controversial. Most of his pupils were neither able, nor did they want to follow his line of reasoning. His critics, too, must have made similar observations to Hahnemann's in their practices. Their patients, only rarely, would have experienced sweeping and lasting cures, too. In most cases the actual symptoms might have improved temporarily, but over the years, chronic conditions would go from bad to worse. If this fact was not attributable to the aging process, then another explanation was needed. For example, one might assume that the disposition for certain health problems was hereditary and belonged to the 'constitution' of a patient.

The terms 'constitution', and the closely related term 'temperament', were part of the vocabulary of contemporary medical discussion and so they were quite familiar to Hahnemann. However, he used them in a different way from his followers of the second part of the 19th century.

Throughout his comprehensive writings, Hahnemann very rarely mentioned these terms. In his *Materia Medica Pura*, in the introductory chapter to Pulsatilla and Nux vomica, he pointed out that, in choosing the homeopathic remedy, the temperament of the patient should also be taken into account. And in aphorism 81 of the *Organon* 6th edition⁵, he talked about the "indescribable diversity of distinct congenital human constitutions". But for Hahnemann this congenital constitution only formed the platform, so to speak, on which the chronic miasmatic disease evolved, but it was not influenced by it. So for Hahnemann, constitution had no clinical significance whatsoever.

This perspective changed, though, in the second half of the 19th century. Around 1860, Gregor Mendel had begun his systematic experiments on genetics, and this discourse had already started to incorporate the concept of a constitution: the hereditary tendency for certain illnesses to develop, or, the predisposition.

As a result, Georg Heinrich Gottlieb Jahr (1801-1876) 14 years after Hahnemann's death⁶, in his textbook on homeopathy, preferred the concept of a predisposition for certain diseases as a result of a congenital constitution, instead of the concept of miasms. These were, as Hahnemann believed, transferred by infection. Although Jahr was completely familiar with the miasm theory – he was Hahnemann's assistant during the publication of the second edition of *Chronic Diseases* – he was sceptical of it, in contrast to his colleague Clemens von Boenninghausen. And Jahr was not the only one. Ultimately, unlike some American homeopaths, amongst them John Henry Allen, by the end of the 19th century most German-speaking homeopaths refuted Hahnemann's miasm theory as non-scientific. Together with their orthodox colleagues, they were entirely convinced that the predisposition to certain diseases was congenital. Interestingly enough, the 'miasmatisers' eventually considered the miasms to be inherited. So, the concept of chronic diseases being passed on by infection became regarded as completely outdated⁷.

Yet, the clinical results obtained using Hahnemann's antipsoric remedies, could not be ignored. The homeopathic medical historian Rudolf Tischner describes⁸ how, ironically, this discrepancy resulted in at least parts of the unloved miasm theory surviving in homeopathic practice, together with the term constitution. In order to be able to clarify the predisposition of a patient, or how, because of his or her constitution, the patient reacted to certain stimuli, it was essential to investigate the patient's case history in depth.

The German homeopath Eduard von Grauvogl (1811-1877) then defined three constitutional types (referring to metabolic theories discussed in the second half of the 19th century)⁹:

- hydrogenoid – caused by an excess of water in the organism, hence e.g. aggravation by damp weather and coldness;
- carbo-nitrogenoid – slowdown of metabolism, retention of metabolic products, hence an excess of carbon and nitrogen in the tissues;
- oxygenoid – accelerated cell metabolism.

Grauvogl's teachings had a distinctive influence on homeopathy until the first half of the 20th century. Later, not only psoric, but also lithemic, neuropathic, and dyscrasic constitutions were defined – their number growing arbitrarily down to the present day, where it has even become a custom to refer to so-called remedy constitutions or types.

In every science progressive development is necessary and an adjustment to the *Zeitgeist* is inevitable in the process. This need not be contentious, provided we are able to show the significance of the advantages for homeopathic practice satisfactorily, and as long as we are aware of the fact that the terms introduced do not necessarily fit exactly into Hahnemann's thinking, and therefore must not be confused with his terms.

But unfortunately this has not been the case. On the contrary, it has been common practice for every new idea to be referred to Hahnemann, whether the particular concept takes second place, leads back to him, or is at least compatible with his theories. The publishing of Hahnemann's works spanned a long period of time, during which he rephrased and corrected his ideas and theories over and over again. This, as well as the comprehensiveness of his writings, has made it possible for many authors to take out of his works only that which seems to support their opinions. For a long time now, an entirely a-historical perception of his doctrine has become common practice. Matters have become complicated further by the problem of missing or inadequate translations of homeopathic literature¹⁰.

Consequently, we suffer from a pronounced confusion of terms and concepts, particularly in relation to miasm theory. There is a division of the followers of Hahnemann as 'miasmatisers', 'classical homeopaths', 'Kentians', 'simillimum-seekers' and so on.

If we wish to overcome such unhelpful fragmentation and establish homeopathy as part of the medicine of the 21st century (dare I mention 'evidence-based medicine?'), we face the challenging task of reviewing homeopathic theory, through its usefulness in practice, to attain a broader consensus. To this end the varying ideas and concepts not only need to be examined in relation to their historical development, but above all in relation to their suitability for modern homeopathic practice.

Within the latter context, for example, we could question why Hahnemann assumed that there were only three different causes of chronic disease, when they could take on infinitely variable forms. Yet surprisingly it makes a lot of sense to group the elements of this confusing diversity into only a few categories.

The concept of rigorous individualisation of every case of disease can be tremendously consuming of time and energy, as we all know. But the theory has limitations; if we consider prescribing according to the law of similars for the infinite number of possible states of disease we have to assume an equally infinite number of homeopathic remedies. In fact, the search for the one 'simillimum' that might be found somewhere in the world or even in space, has virtually taken on a mythic dimension in some homeopathic 'schools'. The effort not only to find it in each individual case, but also to manufacture and homeopathically prove it, would be so enormous, that eventually nobody would be able to provide it (and, no patient could afford it).

Thus the exclusive use of the simillimum concept ultimately leads to absurd results, and we can only avoid this blind alley if we categorise in order to reduce this infinite number of possibilities. So interestingly enough, Hahnemann's proposal to adopt a limited number of chronic diseases opened up the possibility of establishing meaningful categories. Miasm theory creates the possibility of classifying the infinite number of possible individual cases of disease. Such a division not only makes sense on a theoretical level, but also on a practical one, because it enables the practitioner to create therapeutic results, which can keep the effort within reasonable limits.

Indeed, Hahnemann suggested a scheme for the treatment of chronic-miasmatic diseases that seems to be surprisingly simple at first glance. The uncomplicated syphilis, as Hahnemann had said 12 years before he published *Chronic Diseases*¹¹, should only be treated with *Mercurius* – at least in those cases where the primary or local symptom, the untouched syphilitic chancre, was still located in situ.

In this way Hahnemann made a connection with his previous proposals to treat acute, contagious diseases, each of which he assumed had a common causation. For example, in 1800 Hahnemann recommended only one remedy, *Belladonna*, for the prophylactic treatment of scarlet fever, and two for its treatment, *Opium* and *Ipecacuanha*¹²; in 1809 he named *Nux vomica* and *Arsenicum album* for the treatment of an epidemic fever¹³ and in 1814 *Bryonia*, *Rhus toxicodendron*, *Hyoscyamus* and *Nitricum acidum* in another epidemic¹⁴.

Along these lines, in the first volume of *Chronic Diseases* (1828)¹⁵ he recommended both *Thuja* and *Nitricum acidum* as remedies for sycosis. I daresay that nobody would have bothered to contradict him, if Hahnemann had left it at just recommending specific remedies for the two other diseases, even if they were chronic infections and not acute ones.

But he did more than this. Although he traced back only one eighth of all chronic diseases to sycosis and syphilis, and all the rest of them, that is to say seven eighths, to psora, he also recommended only one specific remedy, *Sulphur*, but only in those cases where the 'local evil', the voluptuous tickling, intolerable but enjoyable, the typical itching eruption with long lasting burning after scratching¹⁶, was still present. However, instantaneously he added more remedies, therefore, the first edition of *Chronic Diseases* (1828) contains 21, and the second (1835) already 51 remedies.

Did Hahnemann deviate with these recommendations from his basic principle that every case of disease should be regarded individually and the applicable remedy be sought according to the law of similars? No, because every remedy Hahnemann recommended to be grouped into the sections he called 'anti-psorics', 'anti-syphilitics' or 'anti-sycotics', was chosen because of his proving symptoms and according to the law of similars. The significant distinction now, for the choice of a remedy, was not only that the sensually perceivable symptoms of the case played a determining role, but also the (presumed) cause of the disease.

Apart from this, the uncomplicated cases of primary Psora, Syphilis or Sycosis only made up a small fraction of all patients. In most cases, the 'local evil' had already been driven away, and quite often, according to Hahnemann, sycosis and syphilis did not occur alone, but were

mingled with psora. In these cases, the healing remedy had to be sought only after an 'individualising examination of a case of disease'¹⁷.

What was the result of Hahnemann's stratagem? On the one hand, he now knew where to look in order to see more clearly how the chronic part of the iceberg was composed, even if it were still in latency, ie invisible below the surface, and the patient felt reasonably well. For these purposes, Hahnemann compiled long lists with primary¹⁸ and secondary¹⁹ psoric symptoms, which subsequent homeopaths have complemented for the respective symptoms of syphilis and sycosis²⁰. Indeed, by means of those lists of symptoms, it is not only possible to assess whether the patient suffers from a chronic disease, but also to see if it is psoric, syphilitic or sycotic.

Then, according to Hahnemann, not only the living circumstances and lifestyle of a patient had to be closely examined, but also a careful anamnesis of past medical history had to be taken²¹. In particular, in 1816, Hahnemann was already explicitly enquiring after scabies in the case history²². Later homeopaths expanded the examination to the biological parents and grandparents, and additionally sought certain, so-called miasmatic signs. Nowadays, the medical history and family anamnesis are part of regular homeopathic case taking, even if the concept of 'constitution' is favoured over that of 'miasms'.

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Another substantial advantage of Hahnemann's concept is that, not only diseases but also homeopathic remedies can be divided into groups – namely those remedies with the potential to work in depth with the respective chronic disease (the anti-psorics, anti-syphilitics and anti-sycotics), and others which work more superficially (the so-called amiasmatic remedies). Hahnemann extensively discussed the correct classification of the remedies known so far with his favourite pupil Boenninghausen²³. Unfortunately, this work remains incomplete to date and the classification of remedies is still inconsistent throughout homeopathic literature.

Despite these deficiencies, the classification of homeopathic remedies has many advantages. The basic set from which the homeopathic remedy is to be chosen can be meaningfully reduced, thus cutting down on expenditure of time for case analysis in many instances, and also improving the long-term results. If this is really the case, we still need to do more research, because we do not have enough reliable data. But maybe we can state that similarity must not only refer to the current case of disease but also to the potentially underlying chronic illness. It would seem obvious that a remedy will only bring on lasting cure if it is able also to reach the underlying 'iceberg'.

Another advantage of Hahnemann's ideas is that, in cases where it is not possible to find a remedy that covers the evident case as well as the underlying chronic state, or, in a 'one-sided' case where symptoms are lacking, we can manage by using the main remedies of the respective miasm as intercurrent remedies. This therapeutic possibility which is mostly frowned upon nowadays, was used extensively by Hahnemann, as documented in his case notes (the *Krankenjournal*) from his time in Paris.

And finally, the group of amiasmatic remedies opens up in turn the possibility of treating intercurrent diseases, without necessarily messing up the treatment of the underlying chronic disease.

Most authors today doubt that amiasmatic remedies exist, bringing forward the argument that every remedy can act in a chronic case, as soon as its symptoms are known sufficiently. And indeed in recent years chronic cases have been documented that were successfully treated by remedies which had been classified as amiasmatic by Hahnemann and

other authors. Here it would also be worthwhile to do more research systematically, because at the moment we cannot rule out the possibility that other criteria to group homeopathic remedies might make more sense, as e.g. the classification into herbal, mineral and animal remedies (which by the way is not too far away from Hahnemann's classification).

Hahnemann's proposals to treat chronic diseases do not attempt to replace the law of similars, but to complement it in a meaningful way. The practical relevance of the miasm concept not only revealed in an amplification of the possibilities of homeopathic treatment for chronic diseases, but also – contrary to how it appears at first sight – in opening up the possibility to limit the necessary effort. In present times, we have enough reasons not only to explore the many fascinating contemporary approaches, but also Hahnemann's ideas, and after having reviewed them in depth to integrate them wisely into contemporary homeopathic practice. But this has nothing to do with a simple minded 'back to Hahnemann' approach.

References

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- ² Eg: Saine, André, Homeopathy versus Speculative Medicine. A Call to Action; *Simillimum* Vol 14 (3) (2001); Plate, Uwe, *Hahnemanns Arbeitsweise mit dem Symptomenlexikon*. Privately published, Braunschweig, 2003; Meinhard, Christian, Genuine Homöopathie – Was ist das? *Neues Archiv für Homöopathik* 1: 2006, 5 – 13 and others.
- ³ Handley, Rima, *A Homeopathic Love Story. The Story of Samuel and Mélanie Hahnemann*. North Atlantic Books, Berkeley, 1990; & *In Search of the Later Hahnemann*. Beaconsfield Publishers, Beaconsfield 1997.
- ⁴ Eg: Ritter, Hans, Kreislaufkrankheiten in Hahnemanns Krankenjournalen, zugleich Einblick in seine eigene Anwendung der Lehre; *Allgemeine Homöopathische Zeitung* 221:1976), 183 – 193, 238 – 241; Nachtmann, Walter, "Ach! Wie viel verliere ich an Ihm!!!" Die Behandlung des Fürsten Karl von Schwarzenberg durch Samuel Hahnemann und ihre Folgen. *Jahrbuch Institut für Geschichte der Medizin Robert Bosch Stiftung* 6:1989 93 – 110; Seiler, Hans-Peter, *Die Entwicklung von Samuel Hahnemanns ärztlicher Praxis anhand ausgewählter Krankengeschichten*. Haug, Heidelberg, 1988; Gennep, Thomas, *Als Patient bei Samuel Hahnemann. Die Behandlung Friedrich Wieks in den Jahren 1815 / 1816*. Haug, Heidelberg, 1991; Schmidt, Joseph M, History and relevance of the 6th edition of the *Organon of Medicine* (1842). *British Homeopathic Journal* 83:1994, 42 – 48; Hickmann, Reinhard, *Das psorische Leiden der Antonie Volkman*. Haug, Heidelberg, 1996; Fischbach-Sabel, Ute, *Samuel Hahnemann: Krankenjournal D 34 (1830). Kommentarband zur Transkription*. Haug, Heidelberg, 1998; Schuricht, Ulrich, *Samuel Hahnemann, Krankenjournal D 16 (1817 – 1818). Kommentarband zur Transkription*. Haug, Stuttgart, 2004; Busche, Jens, Hahnemanns therapeutisches Vorgehen in den Jahren 1831 – 1835; *Zeitschrift für Klassische Homöopathie* 50: 2006, 52 – 59.
- ⁵ Hahnemann, Samuel, *Organon of Medicine*, 6th ed. Trans. Naudé, Alain & Pendleton, Peter, corrected by Jost

Künzli von Fimmelsberg, Tarcher, New York, 1982. (Reprinted Cooper, Blaine, WA, 1994; & Orion, London, 2003), minus the introduction and from an incomplete microfilm of the 6th edition at the University of California library.

⁶ Jahr, Georg Heinrich Gottlieb, *Die Lehren und Grundsätze der gesammten theoretischen homöopathischen Heilkunst*. Liesching, Stuttgart, 1857. Reprint, Euskirchen, 1998.

⁷ That 150 years later the causation of certain tumors was again attributed to viruses (e.g. the human T-cell lymphotropic virus, which was discovered by Robert Gallo), bacteriae (e.g. *Helicobacter pylori*) or even to parasites (the population of the bladder by schistosomes during bilharzia greatly enhances the risk to develop bladder cancer) could of course not at all be foreseen at that time.

⁸ Tischner, Rudolf, *Geschichte der Homöopathie*. 4 vols., Schwabe, Leipzig, 1932 – 1939. (Reprint Springer, Wien 1998), 329.

⁹ JH Clarke, *Constitutional Medicine With especial reference to The Three Constitutions of Dr Von Grauwogl*. Homoeopathic Publishing Co. London 1927 (and at www.homeoint.org/)

¹⁰ Hahnemann's *Organon* 6th edition has, so far as I can see, not yet been translated completely and from the original 6th edition into English. Boericke (1922) as well as Hochstetter (1977) both used the translation of the 5th edition by Dudgeon (1893), and Naudé-Künzli (1982) only had an incomplete version of the 6th edition of the University of California. Decker & O'Reilly (1996) may have used the original 6th edition, I am not sure. Also Jahr's textbook (see note 5) has obviously never been translated into English.

¹¹ Hahnemann, Samuel, *Belehrung über die venerische Krankheit und ihre gewöhnlich unrechte Behandlung*, 1816; In *Kleine medizinische Schriften*. Schmidt, Josef M, et al, ed. Haug, Heidelberg, 2001, 656 – 665.

¹² Hahnemann, Samuel, *Entdeckung eines spezifischen, nie trüglichen Verwahrungs- und Vorbauungs-Mittels des Scharlachfieber, & Dr. Hahnemann's fernere Erklärung über die Bekanntmachung seines spezifischen Mittels gegen Scharlachfieber-Ansteckung, & Hahnemann's vorläufige Erklärung über die Natur seines Präservativs gegen Scharlachfieber* 1800; *ibid* p293- 295.

¹³ Hahnemann, Samuel, *Belehrung über das herrschende Fieber* (1809); *ibid* p532 – 539.

¹⁴ Hahnemann, Samuel, *Heilart des jetzt herrschenden Nerven- oder Spitalfiebers* (1814); *ibid* p648 – 649.

¹⁵ Hahnemann, Samuel, *Die chronischen Krankheiten, 1. Theil, 1st ed.*, Dresden und Leipzig, 1828,

¹⁶ *ibid* p. 50.

¹⁷ Hahnemann, Samuel, *Organon of Medicine*, 6th ed., para. 82 – 83.

¹⁸ Hahnemann, *Die chronischen Krankheiten, 1 Theil*, 2nd edition, Dresden, Leipzig, Düsseldorf, 1835, 58 – 61.

¹⁹ *Ibid* 67 – 98.

²⁰ Bönninghausen, Clemens von, Zur Anamnesis der Sykosis; *Allgemeine homöopathische Zeitung* 65:1862, 100 – 104; Allen, John Henry, *The Chronic Miasms. Psora, Pseudo-Psora and Sycosis*. Private, 1908. Reprint B Jain, New Delhi, 1995. Laborde, Yves, *Repertorium miasmatischer Symptome*. Müller & Steinicke, München, 1992; Risch, Gerhard / Laborde, Yves, *Die hereditären chronischen Krankheiten*. Müller und Steinicke, München, 1998 and others.

²¹ Hahnemann, Samuel, *Organon of Medicine*, 6th edition, para. 94 – 98.

²² Hickmann, Reinhard, *Das psorische Leiden der Antonie Volkman*. Haug, Heidelberg, 1996.

²³ Stahl, Martin, *Der Briefwechsel zwischen Samuel Hahnemann und Clemens von Bönninghausen*. Haug, Stuttgart, 1997.