

THE DYNAMIC LEGACY:

**Hahnemann
From Homeopathy to Heilkunst**

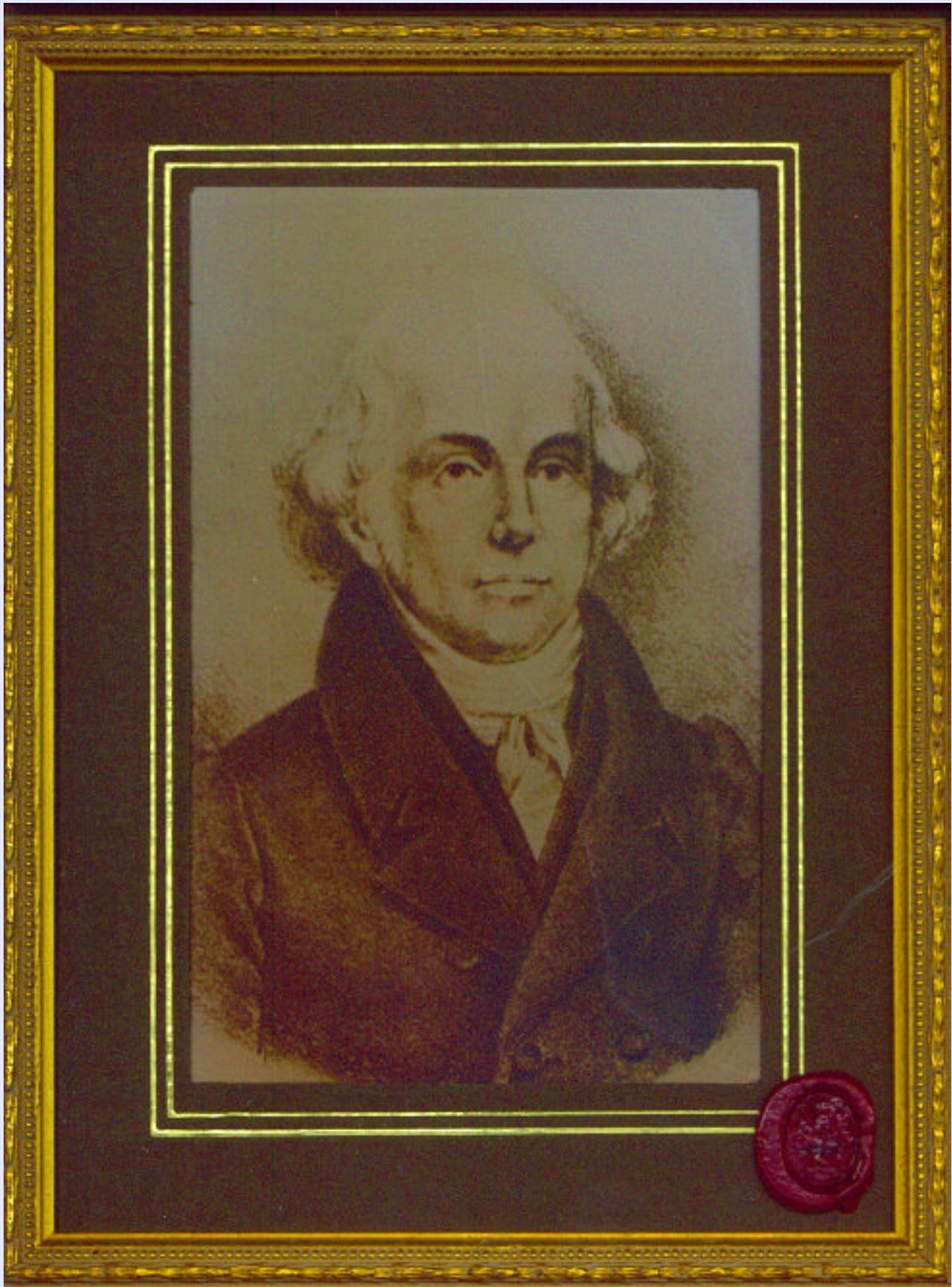
**An On-going Study of the Meaning
in the Writings of Samuel Hahnemann
within the Context of the
Dynamic System of Thought**

Leading Thereby to a More Powerful System of Cure for Disease

Version 1.0

by
**Rudi Verspoor
and
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Digitally Formatted by Anna Quinn



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Affektion - the Affection

Gefühl - the Feeling (singular)

Eindruck - the Impression (& responion)

Empfindung - the Sensibility (singular)

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DEDICATION:

I dedicate this work to several people.

First to my wife, Patty Smith, with much gratitude and love. She was the first to understand the importance of my work and my continual searching for answers, and the first to study and practice the insights I had learned. She was also the first to grasp and encourage the possibilities of collaboration with Steven Decker, of which this work is the early and continuing fruit. Despite opposition and criticism from many others she encouraged me to continue because she was convinced that what we were doing would benefit countless others. Although supportive she never hesitates to challenge any ideas or practices she considers faulty or based on misconceptions. She has added, from her own clinical experience and reasoning, to our greater understanding and knowledge. A soulmate in the search for truth.

Second to my children, Eric, Jennifer, Alexa, Meghan and Kelsey, who enrich my life and give me the impetus to seek the truth in medicine and life, so that they and all the children of the world may benefit. Children remind us of where we have been and where we must yet go.

Thirdly to all my students, past, present and future, who take me at my word to challenge any confusion and to seek to go beyond the obvious. I have discovered that it is by teaching that you learn best and it is by teaching that you discover your own inner confusion, which is the frontier of learning. Teaching keeps you honest. You can as little hide from confusion as you can from God. Good students will challenge any weakness in knowledge, as indeed they should, so that the teacher might also learn. I have been blessed in that my students have taught me a great deal. They have allowed me to hone the points of my own confusion so that it might be better brought out into the light and added to knowledge.

Finally to all those others who have supported me in the search for truth and have sensed the resonance in what we are seeking to achieve, and who will take this work even further, helping the truth to unfold in all its divine glory.— RV

Note:

This work has been conceived and produced on and for the information age of silica chips. It is designed to evolve over time in response to comments, new insights and the more intense unfolding of the whole truth of Hahnemann's genius. It is best used in electronic form, allowing use of the hyperlinks of the main index and the hyperlinks embedded in the text. Rather than a linear flow, the reader will need to jump back and forth from section to section depending on his or her familiarity with the various concepts raised in the exposition at any point. Just as the novel was a shift in consciousness reflective of socio-cultural developments in the world at that time, so communication in this new age of electronic commerce will bring with it alterations in the manner in which we transmit our thoughts.

The reader is intended to use this work in conjunction with the new translations of Hahnemann's Extended Organon by Steven Decker.

FOREWORD

We are historical creatures. From the very beginning, the child asks, "Tell me a story." It is the story that contains much of the functional content of an idea or issue. We do not feel we belong until we have discovered where we came from. We do not feel comfortable going forward until we have an appreciation of where we have been.

The best way to introduce this work is to tell you the story of how it came into being. The story begins, at least as far as seems relevant for this purpose, when I went to university and studied history. What intrigued me in particular was the philosophy of history and the history of philosophy (science). I remember being struck by two books in particular and two classes organised around them – Collingwood's **The Idea of History** and Thomas Kuhn's **The Structure of Scientific Revolutions**. Other students often asked what kind of job I intended to obtain with a history degree and I had no reply, except that I seemed drawn to such topics. I had been drawn to the sciences and to medicine, but not to the form in which they were taught at university.

Later, after a relatively long conventional career, I became chronically ill and received no help from allopathic medicine. I was loath to take the drugs prescribed, all the more because of the vague, uncertain diagnosis given. My parents had had a homeopathic doctor in Holland, so homeopathy did not seem like some dubious form of medicine. I decided to explore this dimension further. I visited a homeopath from India to find out more and purchased two books from him – Boericke's **Materia Medica with Pocket Repertory** and Kent's **Lectures on Homeopathic Philosophy**. The former I read with some fascination, but it was Kent's **Lectures** that fired my imagination and desire to study homeopathy. However, it was not until almost ten years later that I chanced upon a local course in homeopathy and began my more formal studies. I also completed the British Institute of Homœopathy's diploma programs and became its director for Canada and for the Internet division, .

My concern to see homeopathy prosper led me to propose and help found a national homeopathic professional association in Canada. However, right from the beginning when I turned from Kent to Hahnemann himself, in particular the **Organon** and the **Chronic Diseases**, questions began to emerge. In itself this did not trouble me as I saw this as an inevitable and welcome part of the process of learning. However, what did trouble me was that the questions I asked were either dismissed as unimportant or as troublesome and, therefore, not to be gone into further. I discovered that there was orthodoxy at work in homeopathy, which did not want to be disturbed. My historical studies had prepared me for this common feature of human endeavours so I was not deterred, if somewhat disappointed.

Instead, I continued to search for answers to my questions. What exactly did one do with all the information about the family history one collected if the prescription was supposed to be on the basis of the symptoms of the patient? How did nosodes, alternation of remedies and intercurrents fit in? What about cause? If one treated for the "never been well since," why not treat for other shocks? If the chronic miasms could be latent, why could not shocks be so as well? Why were some symptoms just reasonably normal variations, such as desires and aversions, reactions to weather, likes and dislikes, temperature, energy patterns, etc. rather than disease symptoms? What was a constitutional remedy other than just the remedy that fit the largest totality of symptoms? Why did we talk of totality when only some symptoms were chosen and why were some cases chosen on the basis of something other than the symptoms? If we were allowed to use a remedy on some other basis than symptoms if the well-indicated remedy did not work, why could we not use this other remedy in the first place?

My questions were not very well formulated, but I had the sense that homeopathy was deeper than the commonly presented picture of symptoms – remedy – cure. I read every book I could lay my hands on looking for some elucidation. The discovery of cheaper editions of the classic texts from India allowed me to purchase books by the dozen. But as many dozens as I absorbed, I became all the more frustrated at finding in them little in the way of new insights or answers to my questions. It seemed as if everyone was just repeating the same thing over and over, with little new knowledge being added. I was particularly intrigued with a few areas from my reading – the work of Compton Burnett in the form of organ remedies and nosodes, the work of French homeopaths with isodes, and the emergence of psychological portraits of the main polychrests by such writers as Whitmont, Coulter and Herscu. However, things seemed to get more and more confused the more I read. I knew that confusion was part of the creative process, but where was the clarity to come from?

I had started my own practice using remedies chosen on the basis of the symptom picture. This worked reasonably well, but I noticed that there was much more hidden in the case than could be touched by the classical approach. I began to realise, in discussions with others, that the classical approach had a success rate that was not much better than placebo, if that!

In the midst of all this confusion and wondering, I wandered into a bookstore in Geneva one day on my way to the airport in search of a book to read on the long flight home. I went to the French homeopathy section. Nothing resonated, or offered the promise of new knowledge. Then I picked up a book called **La Médecine Retrouvée (Discovering Real Medicine)**, written by a Swiss doctor, Jean Elmiger. I did not have time to thumb through it, but it said it was about discovering the true basis of homeopathy and so I purchased it. I can still recall the depth of impact the book had on me. I read it from cover to cover and underlined many passages. What I read cast a ray of light into the relative obscurity of homeopathic philosophy. Here was an approach to treatment that seemed fully consistent with my own intuitive understanding of Hahnemann's writings, in particular his **Chronic Diseases**. Impassioned, I began to use the technique Dr. Elmiger called sequential therapy, at first with the most difficult cases, then later with almost all chronic cases, with consistently excellent results.

Wishing to share my good fortune, I began to speak to others about what I had found. Eventually, there not being a book on this sequential approach to the treatment of chronic disease in English, I found myself forced to write something to explain how it worked and how I saw that it was consistent with the spirit of Hahnemann's works. This book came to be called **Homeopathy Renewed**. I expected some resistance, but naively thought that if people could only try the method they would be convinced as I was of its power and its insights into Hahnemann's teachings on treating chronic disease. Instead, it was attacked sight unseen, simply because it did not conform to the traditional interpretation of these teachings. I was booted off of one homeopathic Internet discussion group. I was rejected for membership in a classical professional association because of my use of the sequential approach in chronic disease. There was no question as to the verity of the cured cases, but I was told that I had not shown the "requisite commitment to finding the simillimum." This was a polite way of saying that I had not cloaked my work in enough of a fig leaf to preserve the appearance of orthodoxy. I had forgotten the ritual admonition found in all homeopathic texts that strayed from the narrow confines of classical homeopathy, namely, to only use non-standard methods when all else failed. I was attacked because I didn't have enough experience, but no one told me how much was needed, and if I pointed to those with more experience who had said much the same thing, I was told that it might work, but it was not homeopathy. I was puzzled. If something worked, namely cured, then it could **only** do so on the basis of the law of similar resonance. It seemed that the maintenance of doctrinal purity was more important than curing the sick.

Undaunted, I continued my clinical work, achieving consistently good results, way beyond that possible with the classical approach. I also trained a few brave souls who were willing to risk criticism and who were able to achieve the same excellent results in serious cases as I had. However, I found myself continually on the defensive in terms of explaining the principles behind what I was doing and how it was consistent with Hahnemann's teachings. It was clear that the practical results were there, but that all this was rejected by the establishment as being un-homeopathic.

One day, I received an invitation out of the blue to speak to a group of homeopaths and students in Santa Barbara, California. My wife and I had often joked that we would have loved to have received an invitation from California to speak about what we had learned, but that it would be like going into the lion's den of classical homeopathy. So this invitation provoked some puzzlement and excitement. We went to Santa Barbara to give a lecture and discovered that the seminar was really only a cover for the real purpose of the trip, which was to sit down with Steven Decker, the scholar who had provided the translation and much of the glossary for the most significant, and moreover, until now only useful written published version in English of Hahnemann's genial **Organon der Heilkunst**. It was also an opportunity to meet a remarkable person, Anna Quinn, who had done much of the technical work in producing a unique personal interlinear translation of the **Organon**, which allowed one to do searches on words and concepts, revealing a depth of insight never before possible.

Unbeknownst to me, Steven had been following my various writings on the sequential approach to chronic disease and had found that my practical experience was congruent with his theoretical discoveries in translating Hahnemann's **Organon** and reading his other works in the original German. What Steven had in mind was a marriage of the practical and the theoretical so as to provide the world with the hidden treasures of Hahnemann's genius which have been obscured to date by the traditional interpretations.

My wife and I had gone down a week early to take a little holiday and spent several days wandering around Santa Barbara (an idyllic site) before finally meeting with Steven. We were a little unsure of what was going to happen next. Had we known the extent of the shift in understanding of Hahnemann's teachings that was to occur over the few days we spent together, we would gladly have foregone the few days of sitting on the beach. Steven opened our eyes to a wondrous new world of insights that helped to explain what we had been groping towards in our clinical work. However, to fully grasp the meaning and import of what Steven laid out for us, I had to learn many new concepts and re-learn many old ones. It was as if I had graduated from university and had gone out to work, but then discovered that I had to go back to kindergarten. It felt awkward, like learning a new language, but the sense of something truly significant unfolding helped me to get past this initial shock. Listening to Steven was (and still is) much like rediscovering a child-like sense of wonder and awe for the interconnectedness and meaning of life, while harnessing the intellect to gather the remarkable fruits of this harvest of deeper self-knowledge and to render them fully conscious and available to help mankind everywhere imprisoned by disease and ignorance of his true nature. The secret to the cure of disease lies in the answer to the age-old question, What is man?

I learn by writing, by transforming the insights of the emotional mind into language that the intellect can comprehend and hold onto. This book is the result of my efforts to bring into consciousness the profound insights Steven has gathered through his own voyages of discovery and has been gracious enough to share with me. Our collaboration consists of regular conversations, although with me mostly listening and taking notes, occasionally interjecting for clarification or challenging a concept. However, the objective has been to better understand, to refine the ideas, to discover any flaws. I would commit my understanding to print and Steven would then comment and expand on various aspects. I would re-write the thoughts based on our further conversations. Just when I thought I had an idea pinned down, Steven would introduce a new dimension, which had the effect of placing me back in kindergarten again to learn another stream of thought – and yet, with a sense of joy and enthusiasm for learning which I had not had for a long time.

This is a work in progress. I wondered about how best to express the insights I am learning. The normal narrative did not seem to be appropriate. Each new idea was linked to many others. What was needed was a structure that allowed the reader to jump about without losing the thread of a thought, but to also allow the reader to choose the particular thread of thought s/he wanted to follow at a given moment. It also needed to be a structure that could be expanded and amended easily as new insights and material came to light from our continued collaboration. It is very much a work in progress, but it also needed to be in sufficient form to be published and shared with others at a certain point of fruition.

As I was pondering the structure, I remembered those books that my kids had read which allowed you to choose your own ending to a story or mystery. You turned to a particular page depending on what option you decided on, which then led to further choices. You could also go back to any starting point and choose different options. This gave me an idea for structuring a book on the complexity of Hahnemann's genius using many concepts that would be new to the reader.

As you will see, the work has been structured such that you can read it from front to back until you come to a particular topic or concept that you do not understand, in which case you are directed to that concept discussed elsewhere in the book. Or you can simply choose a topic anywhere in the book, start there and follow a particular idea depending on what options you wish to choose at a given point. In either case, you should be able to maintain a consistent thread, while eventually coming back to your starting point all the wiser as to the inter-linkages of the many ideas. Hahnemann's language and theory is dynamic and it requires a dynamic approach to fully understand. The beauty of the electronic format is that it is eminently suited to this form of learning. You can search on a word and see all the ways in which it is used, gaining a much fuller and more rounded understanding of the meaning than possible from the more traditional and static glossary of terms. — RV

COMMENT BY ANNA QUINN

[When I asked Steven Decker to write a foreword, he humbly declined, wishing to leave the first visible fruit of our resonant collaboration, this book, to speak for itself. However, Anna Quinn, who has worked by his side for many years and helped with many of his creations, kindly provided the following comments -- RV]

The usual route one takes to discover Hahnemann winds its way through various forms of academic education. Along the way one participates in the medically-condoned therapeutics either as a student, and then practitioner, or simply as a patient. Then through some casual interest, lucky twist of fate, or perhaps a devastating disappointment, one is led to the realm of alternative therapies in general or homeopathy in particular. This route is mired in the traditional "cognitive infrastructure" that refracts the understanding of anything that is brought into its vision. If one approaches Hahnemann along this path, steeped in distorting cognitive forms (what Bacon called "idols"), he will appear in a certain way.

The allopath cannot help but see him with allopathic eyes, and the Kentian with Kentian eyes. Steven trained himself to have different eyes which, when he started his self-motivated course of study, had no intention of looking at Hahnemann. Over twenty years of traversing the mindscapes of American New Thought, Coleridge, Goethe, Steiner and Reich, among many others, he was afforded with a re-education that was not based on traditional tenets. The focus of his study was the evolution of consciousness and, at the time I met him in 1988, his inner light had just led him to Hahnemann. Being fluent in German, he realized that there were certain words that intended something different than the way in which they had been translated. At first it was only a few words such as "Inbegriff" which meant something more than just "totality." It if hadn't been for the persistence of Wenda Brewster-O'Reilly who came to "pick his brain" for her work on a study guide for the Organon, he probably wouldn't have gone to the trouble of translating the entire work and, through that process, seeing the great disparity that there actually was between the original and the received version.

I watched as these thoughts developed, I studied homeopathy both alongside him as well as formally taking a home-study course in the classical modality. I was constantly presented with the dilemma: "This is the way it is taught, but this is how Steven sees it." His theories and ideas were good and seemed sound, but over and over I objected: "Where is the credibility? You have no credentials, and most of all you have no cured cases."

This dilemma was solved for me in two ways: first because we had been patients of highly respected classical practitioners over a period of several years, and we had experienced no significant success. Secondly, at a homeopathic conference we met two women homeopathic students from Canada. We gave them a ride from Marin County to the San Francisco airport, and while waiting for their plane, they received one small part of Steven's developing insight, specifically on the use of dual remedies. As they listened and questioned in amazement, they turned to each other and said "That is why it works." They had been working with a homeopath who intuitively and routinely gave dual remedies without any reason other than that it worked. Then I knew that if the theory were true, the corresponding practice (that proved it) would be present somewhere in the world. That is exactly what Steven found in Rudi Verspoor, a supposedly unorthodox practice in search of a theory. Rudi had felt from his own experience and intuition that there was something wrong with the status quo and had gone about reconfiguring the way in which he practiced even though he had no accepted theory on which to base his practice. It is this theory that Steven provided him, right out of the pages of Hahnemann himself. In Rudi he found a rich soil in which to sow what he had already gleaned and in turn, the stimulation to think even more deeply.

Rudi and Steven are much like boys who can clearly see that the Emperor has no clothes despite the fact that so many have been "dumbed down" to accept the general consensus. They were not afraid of voicing their feelings, which understandably upsets the status quo.

This book was born out of their collaboration - an outpouring that is far from complete. It is only an expression of a process which has been consolidated in time for others who find themselves having to apologize for their "unorthodox" methods in spite of the fact that they intuitively work on the basis of Hahnemann's insights. It is to challenge those who think that they are working with dynamic medicines to think dynamically. One cannot truly be a dynamic practitioner if one is still using the unexamined tenets of the classical paradigm.

I feel privileged to be a part of this work, watching it grow, helping to put the pieces together and formatting it for the digital media.

"May the fruits of our labor prosper in the minds of as many as will."

INTRODUCTION

The nature of genius is that it is not fully brought into conscious thought. However, the nature of genius is that it permeates everything that is verbalised (usually in written form). To understand genius requires an effort of imagination, the use of a mode of consciousness that is holistic, not strictly analytical. It requires the active participation, the experiencing of that genius.

What we have in the secondary works on Hahnemann's teachings to date is mainly an analytical, intellectual interpretation; not one grounded in the wholistic mode of Hahnemann himself. This is because of a profound failure of almost all of his interpreters to fully understand the historical and theoretical context of his writings. This is reflected in the paucity of the translations to date where the richness of Hahnemann's terminology, which is concrete in nature, is rendered abstract. That Hahnemann was part of a development of thought that has been little understood in Western philosophy, called the dynamic system, made it all the harder for those steeped in the false dualism of "vitalist-materialist" to comprehend what he was trying to say. When Hahnemann referred to the Old School, he was not simply referring to allopathic medicine, but to a way of thinking that was grounded in the old materialist-vitalist dualist philosophy that has dominated Western (as well as Eastern) thought.

The mode of consciousness that one brings to bear on a work of genius largely dictates what one will "see." Goethe, Hahnemann's contemporary, provided the first full expression of this dynamic form of thought within science. Goethe was not so much interested in seeing new "facts," but in seeing old facts from a new perspective. The key to understanding is not so much the facts as the consciousness one brings to bear on them.

In this work, which is mostly the product of the remarkable apprenticeship of Steven Decker in the dynamic system of thought, which extends from Bacon, through to Coleridge, Goethe and Hahnemann, to Reich and Steiner to name only a few contributors, you will not so much see new facts as see them in a new light. You will be examining not only Hahnemann's conscious thoughts, but also his unconscious genius which was very much at work and which is present in his writings by what we might call "genial deposition."

When seen through dynamic lenses, Hahnemann's works take on a new depth and richness that is breathtaking. It also helps to clarify many seemingly confused aspects of traditional homeopathy. What we have is a living, breathing Hahnemann as opposed to the dry relic that has been left by almost two centuries of unidimensional interpretations.

What we see is that Hahnemann's genius laid down a blueprint for a grand framework to be built as a haven for mankind to enable it to become truly whole (Heil), truly resonant with nature and with fellow human beings. However, his conscious mind was not yet fully aware, even at his death, of all the implications of his "genial deposition." It is the nature of artists not to be fully conscious of what they have created. If we brought Hahnemann back today, he might be surprised at the meaning of what he had written, but pleasantly so, because his sub-conscious would be able to resonate with the meaning. His intuitive mind would recognise the truth of the meaning even where his conscious mind was still struggling to verbalise. It is in the nature of knowledge that we must first fathom with our emotional mind (holistic operation) before we can understand with our intellectual mind (discursive, analytical operation). And what we understand with our emotional mind takes a great effort to bring to consciousness; witness the labour pains of the creative process that each true artist experiences.

Hahnemann was perhaps only partly conscious of what he knew with his emotional mind, yet we can, by a similar act of artistic and historical imagination capture this knowledge and bring it more into consciousness. Indeed, it is the nature of knowledge that it emerges through the conscious participation of the knower. The wholism of meaning is an emergent whole, which must be experienced by each of us to come fully into its own. The wholeness of nature is not just the sum of the parts (resultant whole), nor is it a transcendent whole where the whole is somehow apart from and greater than the parts. The nature of knowledge is that it is contained in all of the parts and yet is not reducible to the parts. Knowledge is like a hologram, where all the pieces contain the whole, but to a sharper or fuzzier extent depending on the size of the piece or the number of pieces one has, knowledge emerges through the parts. Nature reveals herself through observation and conscious participation.

Artistic knowledge is not less valid because it is art. Goethe refused to see a separation between art and science, seeing only different modes of consciousness. Homeopathic provings are an example of what Hahnemann called pure experience, or the ultimate wholistic mode of consciousness. This is the engagement of the emotional mind (Gemüt) to achieve true knowledge of something within nature (erkennen).

Hahnemann's blueprint for a system of remediation, which he called Heilkunst, consists of various dimensions of disease, each with their principle of operation, but each linked to one of the two laws of nature for remediation: the law of similars or the law of opposites. Disease is multi-dimensional. It is not reducible to the constitutional remedy of Neo-Kentianism. Hahnemann, in his mortal lifetime, was only able to build a few of the rooms of the hospice and furnish them with some furniture (acute natural disease, chronic miasms, diet and regimen). Elsewhere we have only a few walls or rudimentary structures (homogenic and iatrogenic disease), and in others just the drawings of what should be (ideogenic, geogenic). It is our job to build and bring to life what Hahnemann's genius could only point to. There are many lifetimes of work yet in the building of Hahnemann's vision, a New Orientation in thought and practice.

This work is only a beginning. There is much more that remains to be explored so that Hahnemann's system can be used for the full benefit of humanity. As Hering stated: "It is the duty of all of us to go further in the theory and practice of homoeopathy than Hahnemann has done. We ought to seek the truth which is before us and forsake the errors of the past." And only then shall we witness, as Hering foresaw, "...those great days of harvest, when the tares shall be gathered in bundles and thrown into the fire." Aude sapere. Let the harvest begin. — RV

We welcome your comments on and criticisms of the ideas presented here.
They will help to expand our knowledge of Hahnemann's extraordinary genius.
Please contact us with your comments at:

1445 St. Joseph Blvd., Gloucester ON K1C 7K9 Canada, or: rudiverspoor@home.com

COMMENT ON THE STRUCTURE OF THE WORK

This work is divided into three parts, each of which can stand on its own, but each of which is intended to be seen through the other. In such a way the full reading will allow each section to cross-illuminate the another, a form of superimposition of thought that is at the root of generative (creative) knowledge. You will further note in the digital version that the color scheme is different so that you can visually recognize in which part you may be reading.

1. Heilkunst in Historical Context: The Origins and Development of the Dynamic System in the Evolution of Human Consciousness

Here we provide the history of the unfolding of Hahnemann's insights through the power of the historical imagination to generate knowledge. It is through such an imaginative re-enactment that we can gain a fuller appreciation for the unfolding of Hahnemann's genius and insights. We also seek to develop the roots of the dynamic system in terms of the evolution of human thought and to situate Hahnemann's system of medicine into this powerful and little understood stream of development in human history. We also seek to identify the various contemporary works that complement Hahnemann's insights as well as subsequent individuals who have further developed parts of Hahnemann's blueprint, **Heilkunst**. What the reader will find here is a true history of ideas, in keeping with Goethe's own **Wesensgeschichte**. 

2. Textbook of the Theory and Principles of Heilkunst

This part is intended to provide an interwoven and more comprehensive explanation of Hahnemann's complete system of medicine, **Heilkunst**, drawing from the new insights produced by a close analysis of Hahnemann's legacy, the **Extended Organon**. It should be used both by the beginning student as the start of a new textbook on **Heilkunst**, including its best known component, homeopathy, as well as by the existing practitioner. Practitioners will find this volume useful in providing the necessary constructive perspective of Hahnemann's medical system after having absorbed the detailed deconstruction of the prevailing tenets of so-called "classical" homeopathy in the third volume. This volume also reprises and adds to the therapeutic aspects of **Heilkunst**, first presented in partial fashion in the book, **Homeopathy Renewed**, by R. Verspoor and P. Smith.

3. Critical Analysis of the Tenets of Traditional Teachings on Homeopathy

A section intended to subject the tenets of homeopathy as commonly presented to date, and currently termed "classical homeopathy," to close scrutiny in the light of the actual works of Samuel Hahnemann (using the dynamic interlinear **Organon** translation by Steven Decker). This volume illustrates where the confusion often arises and where the fallacies in argument have been made over the almost two centuries of homeopathic teachings from secondary writings and poor translations from the original German, while also providing a detailed analysis of what Hahnemann stated on the subject, with specific quotes from the **Extended Organon**. We have chosen, in particular, the highest examples of the art, namely the philosophical works of James Tyler Kent, Stuart Close and Herbert A. Roberts.

From this analysis a number of new insights have emerged that are reflected in the first volume. This volume should be of particular interest to those students and practitioners already steeped in the tenets of classical homeopathy. The beginning student is advised to begin with the first volume.

THE EPISTEMOLOGY OF WHOLENESS

"The real voyage of discovery consists not in seeking new lands, but in seeing with new eyes." — Marcel Proust

The most puzzling thing about the thoughts and insights in this work is that they are based on material for the most part that has been read and re-read by countless others before. Everything is new and yet nothing is new; an apparent paradox.

How can it be that when we contemplate Hahnemann's writings we arrive at conclusions different from those of others?

We tend to think that what we know will be "seen" by anyone looking at the same material. This reflects a bias that what is knowable is so only through the senses (a world of solid bodies or objects), and then mainly that of sight. It also reflects a bias that there is only one way of organising and interpreting the data we see.

At issue are two things: the question of how we interpret a text and the issue of wholeness versus simple totality. The meaning of a text resides in the whole text, not in the totality of the text. In other words, we do not need the totality of the text to understand the meaning. This is the key to skimming or speed-reading. Understanding is not a matter of cumulatively storing the bits of data until we get to the end and the meaning is then produced. Instead, the meaning resides within each part and is grasped progressively as we read. We can even read backwards and forwards, or skip around and the meaning will still reveal itself.

In essence, meaning is hologrammatical. A hologram is an image that contains the whole image in each part. The smaller the parts, the vaguer the image of the whole, but it is there nonetheless. Thus, wholeness is like a hologram and totality is more like a photographic plate. If the plate is broken, the image of each piece is only of that part, not of the whole picture.

What then is the relationship of the whole and the totality? The whole can be said to emerge most fully through the totality. However, it is also true that a single, keynote passage can illuminate the whole meaning of a text. This is the basis for the knowledge of a case and for the knowledge of a remedy, what Hahnemann called the disease complex, the disease image and what others have referred to as the genius of a remedy or the essence of a remedy.

Thus, it is not possible to read a genius like Hahnemann purely discursively, or in other words, at the level of intellectual awareness. Analytical logic is necessarily in the world of parts, whereas meaning is in the world of wholes. The meaning of a text of genius can only be revealed by considering the text as a whole (not a totality) whereby the meaning is contained in each part. Meaning is not just a matter of putting together the parts in some logical fashion, because this implies that the whole is secondary to the parts. What the hologram teaches us is that the whole is more than just the sum of the parts. Indeed, the whole is apart from the parts.

Some derive from this the idea that the whole is a superpart, which dictates and controls the lesser parts. It is seen as something that predates the parts. However, this is a false dualism. Wholeness just is. It neither predates nor follows the parts. It is higher in importance, but it exists within the parts.

Let's take the act of writing for example. We write down the letters, words, and sentences. What we are trying to say is neither the cumulative result of this technical act, nor the result of a pre-conceived meaning. We may have some ideas before we start, but this is not the whole meaning. Writers often find that the meaning changes and develops as they write. We develop our meaning in the process of speaking. The meaning emerges through the words, but is not just the sum of the words. There is a functional relationship between the whole and the parts. The whole needs the parts to fully emerge, but the parts can only have meaning within the context of the whole. A part without a relationship to the whole is just noise. The art of creation, whether in writing, interpreting or casetaking, is the art of finding the "right parts." A part is right to the extent that it lets the whole come forth, or in other words, to let the meaning of a text emerge.

Thus, "...we have neither the resultant whole as a sum nor the transcendental whole as dominant authority, but the emergent whole which comes forth into its parts." (Henri Bortoft, *The Wholeness of Nature*, p. 11).

This has profound implications for how we can approach a text. We cannot just look at any part, but at parts that help to bring the whole into light. Not all parts are equal. At the same time, all parts of a work of genius have a meaning and are not accidental and to be ignored. The key is to find their relationship to the whole or their role in the emergence of the whole. Equally, we cannot step back and try to get an overview because this implies the whole is over and above, prior to the parts. The whole in the sense of the meaning of the text can only be understood by stepping into the parts.

This is what we do in communicating. The whole emerges through the parts. It is a process of unfolding of meaning, or a process of getting into the whole through the parts. As Heidegger stated, "What is essential in all philosophical discourse is not found in the specific propositions of which it is composed but in that which, although unstated as such is made evident through these propositions." (Bortoft, p. 13) Thus, authentic interpretation of a text must involve recognition of the interrelationship between the whole and the parts.

The only way we can grasp the whole is to approach it as a process. It is not a thing because this would mean it would only be another thing next to the parts. But we cannot grasp the whole except through the parts. Instead, we must be open to it, receptive to it in order to understand it.

We have two modes of knowing or modes of consciousness:

See: *Two Ways of Knowing*

1. that which involves the active exercise of the intellect. This knowledge, what Hahnemann called *wissen*, is logical, analytical, sequential and conceptual.

2. that which involves the capacity to experience a process, using our life energy. This knowledge, which Hahnemann called *kennen*, is holistic, non-linear, instinctual.

The former "mentation" has become dominant in the West, the latter is more emphasised in Eastern modes of meditation. Both are equally valid and form a functional pair, not a false dualism, so long as the latter irradiates the former, that is, they interpenetrate and enrich each other, revealing the richness of life functions.

Thus, the unity is not in the sensory experience, but depends on the act of figuration. The next question we face is whether the unity of the perception is subjectively imposed by the mind (according to Kant) or whether it emerges as a phenomenon in itself given the right prerequisites.

While understanding involves a form of participation in the work being studied, this participation is influenced heavily by the organising idea (or notion or belief) the person brings to bear on the thing being studied.

Science until recently has believed that the theory is only a framework for holding the facts together for convenience and that the facts are then observed independently of the theory. However, this viewpoint broke down with the emergence of quantum physics and the recognition that the observer influenced what he observed.

In science, this has been brought out most clearly in the past few decades thanks to the pioneering work of the historian and physicist, Thomas Kuhn, in his seminal work, the **Structure of Scientific Revolutions**. In this work, and those of the others that have followed, it has been clearly demonstrated that science is organised at any stage by a reigning paradigm or organising idea. All facts are interpreted in this light. It is only when anomalies emerge that are too numerous to ignore or explain in terms of the reigning paradigm that a revolution occurs, such as from the earth-centred universe to a solar-centred one in astronomy, or from classical physics to quantum physics. As such, it is outsiders, who have not been steeped in the ruling paradigm, that tend to bring about revolutions in science. It is not that all the previous pieces of information are invalidated, but that the information parts are now only valid to the extent they help to bring out the new whole that has been grasped (within a new field or context of meaningfulness).

When we look back on history, we find it difficult to imagine that anyone could not "see" what we can now understand. To us, it is obvious. We also tend to think that any other viewpoint is wrong. Instead, both viewpoints can be part of the whole, but to see one or the other requires a different organising idea.

Let's take an example from the history of science, Galileo's telescopic discoveries.

The popular account is that Galileo pointed his telescope at the sky and saw mountains and valleys on the moon, satellites around Jupiter and spots on the Sun. We then are puzzled as to how all the learned people before him missed the obvious. But the popular account is only partly right as it leaves out the role of the change of perception occasioned by the organising idea:

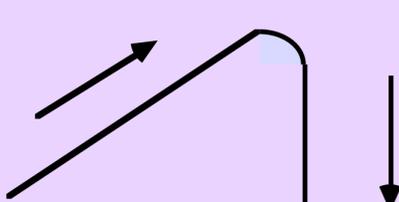
What Galileo's own account makes clear is that he did not see any of these features immediately on looking through the telescope. He only came to see them subsequently, and in each case doing so entailed a change in the way of seeing as a result of the action of an organising idea in perception. (Bortoft, p. 139)

What Galileo first "saw" was a series of spots or irregularities on the surface. It was only through a series of events that out of these random spots, mountains and valleys emerged. Let's take another example from Galileo.

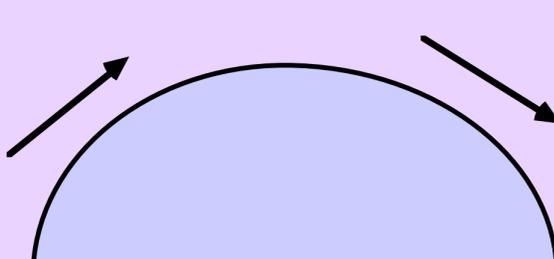
The role of the organising idea in cognitive perception is of such an active kind that if the idea changes, then what is seen changes. The new organising idea makes it possible to see what was not seen before. The transformation can be dramatic. An illustration of how dramatic this can be is also provided by Galileo, but this time from his work on the kinematics of projectiles. (Bortoft, p. 142)

While Galileo showed that the path of a projectile was a curve in the form of a parabola, "...it is only after he introduced the idea of this that people saw the path of a projectile, such as a cannonball or an arrow, to be curved. What is seen 'lights up' as 'what it is' in the light of an idea." (Bortoft, p. 142)

Before Galileo's discovery, pictures of the trajectory were drawn as follows:



The problem is that this drawing was not made to fit a preconceived notion, that is, that people saw something different, then adjusted it to fit their theory. "The organising idea of the Aristotelian theory of motion resulted in this trajectory being seen." (Bortoft, p. 143) Indeed, the trajectory above was often the one seen as most observers would be behind the projectile and in the same line, not seeing it from the side. However, certainly, once Galileo presented his discovery, people had a different organising idea and began to see and draw a different trajectory:



So what we "see" is determined by the organising idea. If we change the idea (the way of seeing) we change what we see. Indeed, it can be said that without an organising idea we cannot see. This is a common phenomenon we experience regularly. If we buy a car of a certain model and color, we suddenly notice how many others there are of that model who had not identified before. They were there, but we did not see them. For example, doctors who first identified an "illness" are often struck by how many they can then diagnose once they see the first, that is, once they have grasped the organising idea.

Oliver Sacks describes his experience of coming to recognise Tourette's syndrome. He was surprised, after first seeing one Tourette, to see three the next day in downtown New York within the space of an hour. He was surprised because he knew that Tourette's syndrome was said to be extremely rare. He recounts that he began to wonder if it was possible that he had been overlooking Tourette's syndrome all the time – perhaps just not seeing such cases. 'Was it possible that everyone had been overlooking them? Was it perhaps that Tourette's was not a rarity, but rather common – a thousand times more common, say, than previously supposed?' The next day, after seeing two more Tourettes in the street he supposed to himself 'that Tourette's is very common but fails to be recognised, but once recognised is easily and constantly seen.' (Bortoft, pp. 143-144)

The power of the organising idea is such that it can discover things which are not yet seen by many others, and indeed, which often goes counter to the existing evidence, which is based on the prevailing idea or belief. It is only later, under the impetus of the new organising idea, that nature reveals the evidence to the extent that it becomes accepted. In looking at the discovery of the sun-centred universe, we can see this.

The term 'discovery' is used here in the conventional way... The point here is that, contrary to what is so often believed, Copernicus's discovery was not based on observation. In fact, the observational evidence was not attained until 1838. When this 'discovery' was announced by the publication of Copernicus's book, not only was there no observational evidence for it, there was a considerable body of evidence against it. On top of which, there were other weighty reasons for rejecting what Copernicus said, which came from physics, philosophy, and theology (which were by no means separated from each other at the time). But, above all, there was (and is!) the inescapable fact that the movement of the Earth is plainly contradicted by the immediate experience of the senses. (Bortoft, pp. 146-147)

What emerges here is that the development of an idea is a socio-cultural event related to the times. In essence, the development of an idea is an historical one and must be understood historically.

It is not a matter of some supposed "scientific method" deciding one way or the other; criteria of falsification/verification do not enter into it. The progress of this initially most unlikely theory can only be understood historically and not scientifically – as this term is usually understood, i.e., referring to an ahistorical method for attaining "truths" which is autonomous and independent of all cultural factors.

What is all the more amazing is that on reflection, and at the time, Copernicus's system did not represent any advantage over that of the Ptolemaic one that had been in use for thousands of years. As Thomas Kuhn concludes:

His full system was little if any less cumbersome than Ptolemy's had been. Both employed over thirty circles; there was little to choose between them in economy. Nor could the two systems be distinguished by their accuracy. When Copernicus had finished adding circles, his cumbersome Sun-centred system gave results as accurate as Ptolemy's, but did not give more accurate results. Copernicus did not solve the problem of the planets. (Bortoft, pp. 150-151)

What then motivated the adoption of the new idea? It turned out to be the concept of wholeness. Copernicus was concerned with the mathematical model before him which was accurate but which lacked a harmony. By literally moving heaven and earth, despite the lack of any practical gain, Copernicus achieved a harmony and unity. As he himself stated:

I have discovered that, if the motions of the rest of the planets be brought into relation with the circulation of the Earth and be reckoned in proportion to the circles of each planet, not only do their phenomena presently ensue, but the orders and magnitudes of all stars and spheres, nay the heavens themselves, become so bound together that nothing in any part thereof could be moved from its place without producing confusion of all the other parts, and of the Universe as a whole. (Bortoft, p. 152)

Copernicus felt that the problem of planetary motion that bedevilled astronomy could only be solved by a new approach, not by further observation. So he went back to the history of ideas to find references to a moving earth. "The new theory emerged from a school of thought, not from new facts." (Bortoft, p. 153)

Copernicus's idea became accepted because it happened to coincide with the emerging Renaissance aesthetic. Ultimately, The Copernican revolution was an historical event. We must recognise, as did Goethe, that "the history of science is science itself."

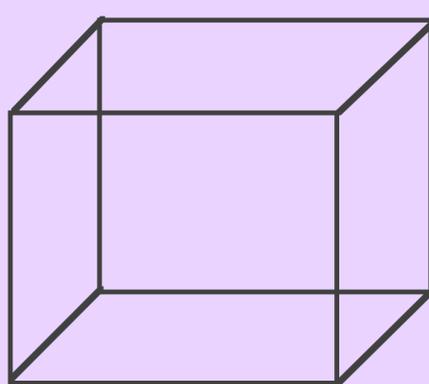
Once a new idea finds acceptance because of its resonance to a socio-cultural context, others are free to develop it further. The new idea becomes the basis for new observations and new interpretations of past data. Equally significant, many of the previous arguments against a new idea remain valid, except that they are no longer considered so in the light of the new belief system. In fact, the old objections are no longer even raised, or considered worthwhile to address.

This new interpretation of existing data is achieved not by simply reorganising the data, but giving it new meaning in the light of the new insight. Thus, the new idea is a genuinely creative process and we realise the primacy of meaning. Meaning precedes discovery and understanding. An example is Galileo's attempt to solve the new problem of motion on a now rotating earth. The moving body seemed to be indifferent to this motion. Others saw this as a problem. However, Galileo saw it as a solution.

In the way that he did this, Galileo exemplified Goethe's maxim that 'the greatest art in theoretical and practical life consists in changing the problem into a postulate; that way one succeeds.' The problem for Galileo was that bodies moving on the Earth are indifferent to the Earth's motion, and he took this as the fundamental postulate of a new science of motion. Thus, indifference to motion ceases to be a 'problem' and becomes instead a new way of seeing motion. Far from being an automatic step to take, when this inversion is first made it is an act of creative imagination. (Bortoft, p. 161)

As a result of this and various other steps, Galileo was able to reach "...one of his greatest achievements in the new science of mechanics," namely that the trajectory of a projectile was a parabola.

Let's take a graphic example from gestalt psychology to illustrate the power of the organising idea regarding the data we see:



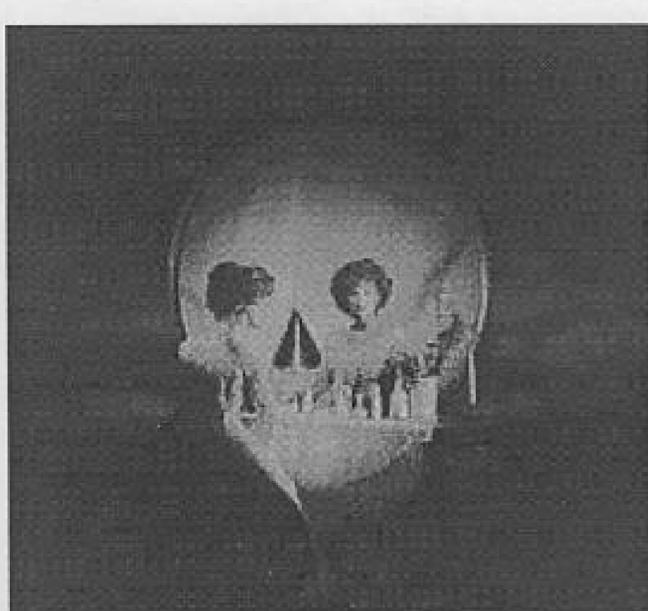
This is known as the reversing cube. Look at the cube and you will see it in one perspective. If you look at it long enough and are able to forget the previous image, that is, to meditate upon the image, you will eventually find that the perspective reverses.

We are looking at the same lines (facts), yet we manage to see something different in terms of image. How can this be? What changes here is the organisation of the facts. This organisation is not a thing, like the lines and shapes, but is crucial nonetheless to our ability to see the image (meaning). Otherwise the lines would be simply random, meaningless lines, like background noise. We need to bring organisation to the act of seeing in order to see! Thus, there is more to seeing than what meets the eye, or in other words, meaning is composed of sensory and non-sensory dimensions.

Here are some more examples of this ability to change what we see depending on the idea we have of what we see.



Old Woman...Or Young Girl?



Woman In Vanity... Or Skull?

hint: move farther a bit from the screen and blink to see the skull at the mirror)



Two Faces... Or One?

What we see is what we are conditioned to see. If our organising idea is rigid enough we will not see any other meaning. This is why Galileo's opponents could look into his telescope and not see what he saw. This is why many biologists (who are heavily influenced by the Pasteurian paradigm) can look into a microscope and not see the pleomorphic microbial forms of Bechamp, Enderlein, Rife, Reich and Naessens. Where the thought pattern is not too rigid, the ability to shift perspective by taking on another organising idea produces revelation. Some people have great difficulty in seeing the cube above from other than one perspective, the one they see when they first look. However, when the new perspective does come, it then temporarily becomes difficult to see the previous one. However, with practice, they can learn to move from one to the other.

A similar experiment can be conducted by using the recently computer-generated images built out of points which hide within them a three-dimensional image (meaning). At first, it is very difficult as the eye focuses on the points, the superficial reality. However, if one can temporarily suspend the intellect and let the mind wander, the image pops up. Children seem to be **able to** see the images better than adults, their intellect not yet being so dominant. Thus, what we understand, that is, what meaning we grasp, is related to our mode of consciousness.

Above, we referred to the intellectual mode that has dominated science. According to the intellectual mind, the intellectual process of unifying discrete bits of sensory data produces the unity of experience. There is no recognition that the scientist's organising framework in any way affects the experiment. Quantum physics, however, has put this view into serious question and physicists are now trying to grapple with the consequences, as can be seen in the works of David Bohm. This has led some of them to explore Eastern mysticism, the opposite pole to the intellect.

However, a more fertile field to plow would be that of the dynamic system of thought, two of whose principal proponents were Goethe and Coleridge. In the dynamic system, meaning is to be reached by a functional interaction of the intellectual and the intuitive mind. In this way, the unity that is seen is not one imposed by the intellectual mind, but one that emerges for the participative mind. The unity can only be seen if one experiences it by a change in mode of consciousness from the analytic to the holistic. In contrast to the synthetic unity of the intellect, the unison experienced directly is without synthesis. The unity is the theory, it does not emerge out of the theory. For Goethe, theory (theoria) had the original Greek meaning of "seeing."

In essence, if we take the computer-generated pictures, the analytical mode of consciousness produces just an image of random points and a meaningless pattern, or a two-dimensional pattern without meaning – interesting, but hardly meaningful. If we can divert the attention of the intellect and just meditate on the experience of seeing the points as such, we suddenly see the three-dimensional figure emerging from the random points. This experience of the whole event without trying to analyse any part gives a sense of dynamical simultaneity. The analytical framework is useful for measuring, for quantifying but not for understanding something as a mode of being – that is, its wholeness.

Goethe's mode of consciousness was different from that of Newton and Kant. Newton's work in the area of science was small compared to his work in the mystical domain, yet he is remembered as a scientist. Goethe, who did more scientific work than poetry, is remembered as a poet. This is because Newton's scientific work fit the prevailing paradigm and Goethe's did not.

Goethe developed his mode of consciousness from within the literary heritage of his day and gradually began applying his imaginative, formative power in the realm of nature. Anatomical, botanical and physical studies all yielded up dynamic secrets to his genial mind. He was the founder of the science of morphology and became interested in color because it was the one element of painting artists could not give rules for. This was anathema to Goethe, as he felt art and science were distinct yet related modes of knowing life. Nature had laws for both.

He initially accepted Newton's explanation that color was contained in light, but not having seen the experiments upon which the theory of color was based, decided to view the phenomenon for himself. He then saw something completely different. He assumed that others would see what he had seen, but he only experienced intense resistance and had to embark on a long journey of discovery of the history and philosophy of science to defend his position. He became aware that there were several ways of seeing things. He was, in this regard, a forerunner of Thomas Kuhn and the current philosophy of science. Goethe contrasted the "...atomistic, mechanical, and mathematical *Vorstellungsarten* [ways of apperceiving] with his own way of conceiving, which he thought of as more inclined to the genetic, the dynamic, and the concrete." (Bortoft, p. 192).

NEWTON'S WAY OF SEEING COLOR

Newton set out to try to quantify color. Since Galileo, science had been trying to quantify everything in order to control it. This is the basis and motivation for the analytical mode – to control and manipulate nature. Thus, Newton needed to find a means of linking color to a quantifiable quality. He did this through the degree of refrangibility (angle of refraction). Different colors have different angles of refraction. This allows us to manipulate color precisely to technical ends. However, this approach tells us nothing about the quality of color. It is useless to an artist. It has no meaning.

The problem is that Newton did not simply provide a means of quantifying color to allow it to be manipulated. He then drew the conclusion that the colors were already there in the light and that the prism simply separated them. The reason he did this is because Newton had a preconceived notion of what constituted light, namely the corpuscular theory of light. The corpuscular theory functioned as an organising idea. Rather than the pure experiment leading to pure observation (running light through a prism), Newton was part of a historical context that held certain views about light.

The organising idea of light as a stream of corpuscles requires that the difference in refraction of each color must be explained in terms of a difference in some quantitative property of the light corpuscles for each color.

With such a correlation in mind, thinking in terms of mechanical properties of corpuscles instead of qualities of colors, it would be much easier to conclude that the colors were all present already in the light (so-called white light, which is really colorless light), since we would only need to think of corpuscles differing in some mechanical magnitude all mixed together. Similarly, it is much easier to think of the action of the prism as being to order the corpuscles into sets according to the magnitude of the mechanical property in question. Hence it seems straightforward to conclude that the prism separates the light into component colors. (Bortoft, pp. 206-207.)

What is fascinating is that Newton himself did not think that color was in the light but rather that it was a result of the mechanical stimulation of the senses by different rays of light, each with a certain angle of refraction. However, the theory tended to be propounded that colorless light contains a mixture of colors, which are separated with a prism. It is this theory that Goethe was attempting to test and came to reject based on his own observations.

In essence, color for Newton did not exist outside the human senses. Color was not an independent reality or primary quality but rather a secondary quality of light. This is in keeping with mechanistic science which sees things that cannot be quantified as being secondary qualities of what can be quantified, which are seen as primary. In the terms primary (quantifiable) and secondary (qualifiable, but quantifiable through another quality), due to Galileo, science shows its strong bias and intellectual awareness.

So long as we are only concerned with color as a quantity, Newton's theory is plausible. However, when we wish to consider the quality of color as does an artist, then the problems arise. It is to Goethe's mode of consciousness that we must turn to have knowledge of this dimension.

GOETHE'S WAY OF SEEING COLOR

Whereas Newton was primarily interested in the abstraction of color within the domain of optics (in order to develop better lenses), Goethe was interested in color as a phenomenon in order to understand the necessary conditions for color to arise. Although he had borrowed a prism in order to repeat Newton's experiments, he did nothing until it was too late – he had to return the instrument. Just before he did, he took a quick glance through the prism and what he saw surprised him so much that he spent the next twenty years researching the phenomenon of color. As Goethe himself described it:

But how astonished was I when the white wall seen through the prism remained white after as before. Only where something dark came against it a more or less decided color was shown, and at last the window-bars appeared most vividly coloured, while on the light-grey sky outside no trace of colouring was to be seen. It did not need any long consideration for me to recognise that a boundary or edge is necessary to call forth the colors, and I immediately said aloud, as though by instinct, that the Newtonian doctrine is false. (Bortoft, p. 36).

It was false because, based on his observations, there must be boundaries between light and dark for color to emerge. Thus light, which is light alone, cannot contain the colors within it. Goethe then went on to actively meditate on the phenomenon in a way that used the emotional mind, what Hahnemann and he called the **Gemüt** or organ of meditative perception (contemplation) as opposed to the **Geist-Sinn** or intellectual mind.

As a result, Goethe was able to discern that certain colors belonged together. He was able to see relationships that are not visible in the way that colors are to the senses. He saw that black, violet and blue belonged together as did white, yellow, orange and red. Then he realised that the prism was a further distortion of nature and searched in nature to find an instance of color out of light and dark alone. He found this primal phenomenon in the color of the sky and sun. If you look up, the sky is a brilliant blue, which becomes lighter as the angle of vision decreases towards the horizon. If we climbed a mountain the color overhead would darken. What we see in the sky is the color produced by the boundary of the light of the sun (colorless light) against the dark of the universe, and the degree of darkness or lightness determined by the thickness of the atmosphere.

Goethe was able to explain why the sky is blue! The sky is blue because nature produces blue when dark (universe) is lightened by light (sun). Similarly, Goethe saw that yellow and red are the result of the darkening of light. The darker the light becomes, the redder it becomes. So, when the sun is overhead, it is yellow (some darkening of the light); when it sets, the thicker atmosphere darkens the light even more and it produces red. In effect, Goethe had discovered a dynamical or functional relationship between dark and light, which produced color. Color is not mechanical, although it can be construed that way in order to manipulate it, but color is a dynamic, and as such an intrinsic aspect of nature as any artist well knows. And by dynamic, we mean that light and dark determine each other, they are not separate. This is difficult for the analytical mind to understand as it sees opposites as separate and antagonistic. "The wholeness of polarity can only be perceived when the mind works in a more holistic mode; otherwise it is only an abstraction." (Bortoft, p. 46).

The differences in the two modes of seeing is profound:

When the prismatic colors are understood in Goethe's holistic way, the quality of each color becomes something which is intelligible in itself and not just an accident. In Newton's account of the origin of the colors there is no reason why the color 'red' has the quality of red, or why 'blue' has the quality of blue, or why the colors are in the order observed and not in some other order. The intelligibility of the colors in themselves disappears in the analytical approach, and what is left seems to be merely contingent. It is no answer to be told that the order the colors appear in is the numerical order of their wavelengths, and that red has the quality of red because its wavelength is seven-tenths of a millionth of a meter, whereas violet has the quality of violet because its wavelength is four-tenths of a millionth of a meter. There is simply no way in which these qualities can be derived from such quantities. But it is very different when the colors are seen comprehensively in Goethe's way. The order of the colors is now necessary instead of contingent, and hence the quality of each color becomes intelligible in itself instead of appearing accidental. (Bortoft, p. 48).

There is an interesting experiment that can easily be done that reverses the normal order of colors shown by Newton's experiments. This happens when light is placed on black, instead of the usual light on white. In Goethe's theory, this reversal is meaningful and intelligible, but in Newton's theory it is not mentioned. "But that is not surprising, since it would have to be called the 'spectrum of dark,'" (Bortoft) and this would be impossible if the colors were derived from light alone in the way that Newton believed.

Goethe's mode of consciousness involves two stages. First, instead of the passive observation of mechanistic science, we have active seeing, or participation in the experiment. This is important because it takes us away from the analytical mind, which seeks only uniformity (or what is common in things), to the intuitive mind which is open to the endless variation of nature and which seeks that which distinguishes itself within unanimity. Second, instead of abstraction, we have an attempt to contemplate the phenomenon through the imagination, not the intellect, that is, to experience it through the emotional mind. This is an attempt to behold the phenomenon as a whole. These procedures are actually ways of developing the phenomenal mind (Gemüt).

This seeing into the phenomenon (intuition) allows us to see the depth of the phenomenon that would not otherwise be available to our analytical mind. The blue of the sky and the yellow of the sun are the same at one level, whether seen analytically or holistically. However, seen holistically, we also have the depth of the phenomenon as revealed by Goethe. This depth is the wholeness of the phenomenon.

Thus, interpretation of Hahnemann's writings is not just an analytical exercise. We need to be able to discover the wholeness of his genius. Hahnemann gave us, in the Extended **Organon**, an epistemology, or theory of knowledge that was dynamic like Goethe's. It involved the functional dynamism of the **Geistes-und Gemüths-Organen** (mental and emotional organs) and had its concrete expression in the proving (pure experience), in the case-taking (participating the patient through the emotional or intuitive mind) and in the remedy selection (both in terms of the totality of characteristic symptoms at the pathic level and in terms of the discerning the tonic level of disease using the powers of imagination). We need to use this same dynamic thought process to fully understand Hahnemann's genius. Otherwise we will interpret Hahnemann allopathically by considering a specific content without the context in which it occurs.

READING HAHNEMANN'S ORGANON

[This section should be read, as the one on epistemology, both before and at the end of the work].

Hahnemann's **Organon der Heilkunst** is both an historical document and a core document containing references to various other works that need to be taken into account for a complete understanding.

As an historical document, we mean that the document evolved over time, reflecting the different stages of the emergence of truth within Hahnemann. It is the nature of genius that many of the seeds of all that is contained in the final edition were sown in the very first, and indeed even in the precursor or prototype, the **Friend of Health**. However, at various stages, different seeds (ideas) ripened and developed. Like the parable in the Bible, some landed on already fertile ground and grew rapidly, blossoming and providing much fruit. Others grew more slowly, less tended to and subjected to the everflourishing weeds of the Old School mentality. The blossoms are **fewer** and the fruit meager or less tasty. Some still remain dormant, waiting for the right conditions to germinate and develop.

In this context we have, as the first seeds to ripen, those relating to regimen. However, by the time Hahnemann came to record his efforts more formally these early bloomers, like spring flowering bulbs, had seemingly faded from the scene and little was said of them. Yet, like the perennial flowering spring bulbs of the garden, they remained part of the system and Hahnemann gave each patient a sheet on diet and advised on matters we would today call "lifestyle."

What was in full bloom when Hahnemann first set down his formal deposition on **Heilkunst** was the treatment of natural disease, and within this category the acute diseases. This treatment was essentially pathic in nature as few of the seemingly acute diseases of the day could be categorized as idiopathic, or constant diseases, for which Hahnemann had earlier stated there could be specific remedies (or if it was an idiopathic disease, the specific remedies had not yet been determined). Not knowing the disease, or yet the specific tonic remedy, Hahnemann focussed on the identification of the specific remedy through the disease expression, the pathic side.

Thus, much of the **Organon** proper (aphorisms) relates to the treatment of acute natural disease. This is made quite clear, in particular, in the section on the treatment of disease. It is interesting that the treatment of the homogenic dimension of disease takes place in the Introduction, written first for the 5th Edition.

The principles in the first part of the **Organon** proper can be taken to apply to disease more generally, but even here are more focussed on acute disease. Hahnemann subsequently developed a better understanding of the later flowering perennials in his garden of knowledge, the chronic miasms. He added a specific section in the **Organon** proper, but also made clear reference to his magnum opus on this topic, **Chronic Diseases**.

The **Organon** proper is written in legal-like language, in the manner of a formal deposition or pleading of a case before a court (in this case, his peers and the public at large). It is a basic principle of legal interpretation that any general principles or provisions must be considered against any more specific provisions, and the more detailed provisions take precedence if there is an apparent conflict. Thus, it is important to have a thorough understanding of all elements that comprise the **Organon**: the Preface, the Introduction, the Aphorisms, the related works, such as the **Chronic Diseases**, **Allopathy: A Word of Warning to All Sick Persons**, **Examination of the Sources of the Common Materia Medica**, etc. In this context, we can see the more accurate weight to be given each part.

We also need to understand that there is a history behind any given part of the **Extended Organon**, and where this is known, or comes to light, it must be used in the interpretation of the formal provisions. Again, there is a general principle of legal interpretation that the intent of the drafter, as revealed in other relevant documents around the time of or prior to the actual drafting of a provision, is important in revealing the fuller meaning of the particular provision in question. For this reason, we need to integrate the meaning of the occasional writings, which have been collected in the inappropriately named Lesser Writings collection, into the whole. By considering these writings in the historical context, we can more clearly illuminate the **Organon** proper, which itself, of course, must be considered in its unfolding over time.

Thus, if we are to properly understand the significance of any part of the **Organon** in its extended form, we must take all these factors into account in our analysis.

GLOSSARY OF TERMS

There is no glossary of terms provided. The work itself is one large glossary, providing the meaning of terms within a dynamic context.

The reader can easily search on a particular term to see how it is used throughout the text and thus gain a deeper appreciation of the meaning. There is much lost in the traditional definitions of terms given in books. These are static by nature and cannot give the full color and life of the concepts. This can only be derived from studying the term in all its various contexts.

The nature of this work is such that everything is interconnected and new terms may have been introduced in a narrow context (that is, one only indirectly related to the term) before the term is more fully unfolded in a more directly relevant context. In such cases, the reader is encouraged to use the search function to find other instances of the term that make it more meaningful.

NOTE ON THE USE OF THE TERMS HOMEOPATHY AND HOMEOPATHIC

Homeopathy or homeopathic (as in “homeopathic philosophy”) is generally taken to refer to the system of medicine that Dr. Samuel Hahnemann established between about 1790 and his death in 1843 as well as its subsequent practice around the world. As a reading of this work will quickly make evident, homeopathy, in its strict sense, refers only to that use of the natural law of cure, the law of similars as it is applied in variable, mostly natural diseases which manifest themselves in changes in feelings, functions and sensations, or pathology (suffering) of an individual. While what is called homeopathy today is more or less confined to this stricter meaning (but with much confusion and fallacy), at least in formal teachings, there are many elements and streams that are often referred to under the term homeopathy or homeopathic. However, these other elements are not homeopathy, although they could be part of Hahnemann’s wider system, which he called Heilkunst. This difference in the general and the specific meaning of homeopathy poses a problem in terminology.

Sometimes for convenience and understanding, where the context requires, the term homeopathy or homeopathic is used in the general sense as referring to that broad movement of thought and practice that is based on varying practical and theoretical interpretations of Hahnemann’s works. However, where possible the terms homeopathy and Heilkunst are generally used in their correct sense.

Homeopathic as applied to medicines is another term that is widely misused. It is popularly taken to mean any substance that has been diluted and succussed. However, its correct meaning is a substance, whether crude or potentised, that is chosen on the basis of the symptoms of the disease using the law of similars. No substance is homeopathic until it is applied successfully in this manner.

This refining of terms with regards to homeopathy and homeopathic then raises the problem of what to call the application of the law of cure in other cases.. This work provides some new terms, some used by Hahnemann directly as such, e.g., homogenic, others supplied from the context of his insights, e.g., iatrogenic or ideogenic.

For medicines applied on the basis of supersensible data (tonic diseases) and on the basis of fixed relationships between disease and medicine, we need to devise appropriate terms which arise from the terminology of the disease itself. Thus, a remedy supplied for a tonic disease is not strictly homeopathic, as this relates solely to pathic disease. We could say that the medicines might be homotonic (homogenic dimension), nosonic (pathogenic dimension), isotonic (iatrogenic dimension) and ideotonic (ideogenic dimension). This issue of terminology poses challenges in other areas where the new insights have altered our perception of what we see. For example, the various distinctions in disease that emerge demand a greater precision in the terms used to describe disease. Currently, we use illness, malady, disease, indisposition, etc. as if they were synonyms. However, there are meaningful differences in these terms and Hahnemann used them in different ways, something that bears closer examination and thought. So long as the unidimensional view of disease prevailed, all terms were seen as synonymous, and there was no meaning in the different terms for “disease.”

HEILKUNST IN HISTORICAL CONTEXT: THE ORIGINS AND DEVELOPMENT OF THE DYNAMIC SYSTEM IN THE EVOLUTION OF HUMAN CONSCIOUSNESS

HAHNEMANN'S DISCOVERY OF THE DYNAMIC NATURE OF DISEASE

History as Re-enactment in Imagination

In our Western society, history is seen as a rather boring recital or memorization of dead facts, or as Tolstoy once stated, history is a dead man answering questions no one put to it. However, history is a valid form of knowing ourselves and our world. The ancient Greeks considered history to be an important source of knowledge and a function of mind (historeo). What we call mind today consisted for the Greeks of several functions. Historia is a supersensible knowledge, involving what Hahnemann called kennen.

[ad. L. historia: narrative of past events, account, tale, story, Gr. - a learning or knowing by inquiry, an account of one's inquiries, narrative, history, f. gk. knowing, learned, wise man, judge : to know. (The form histoire was from F.) Cf. story, an aphetic form of history.]

Historical knowledge in the sense of a science of the historical imagination, did not really emerge until the 18th Century. Until then it had been more or less a chronicle of events, either of the gods or of man (usually kings and nobles). In more modern times, history has been seen as a matter of verifying facts, a kind of science of the past, using the positivist methods of natural science. However, history, as Goethe and the Greeks knew, was a valid knowledge of mind, a function of the true science of man. This is expressed in modern terms by R.G. Collingwood in his *The Idea of History*.

History is not simply the accumulating of facts or the verification of data, but an imaginative exercise of re-enactment of the internal life of mind and thought in order to express meaning. As Collingwood states, an event has an outer and an inner aspect. The inside means that which can only be expressed in terms of thought. The actions of man result from this internal unity of the internal and the external event. The historian must perforce participate the event, that is "discern the thought of its agent." (p. 213) Thus, history is about discovering the thought expressed in actions and an historical process is a process of thoughts.

And how does the historian do this? "There is only one way in which it can be done: by re-thinking them in his own mind." (p. 215)

Historical knowledge is the knowledge of what mind has done in the past, and at the same time it is the redoing of this, the perpetuation of past acts in the present. Its object is therefore not a mere object, something outside the mind which knows it; it is an activity of thought, which can be known only in so far as the knowing mind re-enacts it and knows itself as so doing. To the historian, the activities whose history he is studying are not spectacles to be watched, but experiences to be lived through in his own mind; they are objective, or known to him, only because they are also subjective [read supersensible], or activities of his own. (p. 218) (comments in square brackets added)

...history is the negation of the traditional distinction between theory and practice, that distinction being dependent on taking "the contemplation of nature, where the object is presupposed," as "our typical case of knowledge," whereas in history "the object is enacted and is therefore not an object at all." (Collingwood, *The Idea of History*, Revised Edition, 1993, pg. xxxix) 

In essence, to know the past in the sense of knowing the prior development of the human mind and consciousness, we must use the process of historical thinking. History is an important form of knowing about ourselves. To access this form of knowledge requires that we engage our faculty for imagination which is not a matter of fancy or illusion, but a valid function of the mind in the supersensible domain. Since consciousness is forever unfolding, the thoughts of the past cannot be understood simply through the state of mind of the present. The historian must use his organs of supersensible knowledge (what Hahnemann called the Geistes-und Gemüths-Organen) to re-enact the events in his mind within the context of the thoughts he is re-enacting. Thus, the act of imagination "is properly not ornamental but structural." (p. 241)

The historian's picture of his subject, whether that subject be a sequence of events or a past state of things, thus appears as a web of imaginative construction stretched between certain fixed points provided by the statements of his authorities [patients]; and if these points are frequent enough and the threads spun from each to the next are constructed with due care, always by the a priori imagination and never by merely arbitrary fancy, the whole picture is constantly verified by appeal to these data, and runs little risk of losing touch with the reality which it represents. (p. 242) (comments in square brackets added)

What prevents the process from becoming simply a false one where the truth is ready made in the data, a materialist notion, and the historian simply has to catalogue it to get the sum of the parts? The historian must use his critical, higher faculties of reason to ensure that the imaginative exercise is real and not an abstraction. There is in reality little material data as such. The process of deciding what is valid and what not is an active, creative one, engaging the underlying web of meaning by means of the imagination and its interplay with the intellect.

The critical historian... does it and can only do it, by considering whether the picture of the past to which the evidence leads him is a coherent and continuous picture, one which makes sense. (p. 245)

Thus, to look at Heilkunst historically is to examine the unfolding of Hahnemann's mind and thoughts, based on his written expressions of mind, whether the aphoristic Organon or the less formal, occasional writings for various publications, plus various letters written to and by him.

In addition to the well-known Organon der Heilkunst, Hahnemann produced a series of writings that represent a functional and essential duality to understanding the dynamism of his thought. The aphoristic Organon, with its legal formalism and constraint, represents the spirit pole (Geist) of Hahnemann. The more occasional writings, with their more conversational and looser style, less constrained, more direct and earthy, represent the earth (Wesen) pole of his being.

See: Members Affected

This essential duality of Hahnemann's work parallels the essential duality of nature, as reflected in the various dualities revealed by Hahnemann regarding the nature of life, health and disease revealed elsewhere in this work.

Some of the various other writings by Hahnemann have been collected in a book by R.E. Dudgeon, an American homeopath of the 19th Century, who gave it the title of Lesser Writings (1851). This carries a judgement of worth, implying that these writings are somehow less valuable than the aphoristic Organon itself. They are simply different, forming an essential aspect for the full understanding of Hahnemann's insights. They represent more of an historical perspective, allowing us to see the development of his insights over time, more than can be done with the aphorisms, they being more constrained and bounded. These occasional writings need to be studied in turn in order to better illuminate the more formal revelations of the aphoristic Organon. Just as the Introduction to the Organon has long been ignored, and even left out of some editions, the other writings have been similarly silently neglected.

To gain an appreciation of the genius of Hahnemann as it unfolded through his conscious works, we need to examine this development of his mind over time, in terms of the various writings that he undertook both before and after the aphoristic Organon as well as the various developments through the six editions of this work, supplemented by the correspondence available to us at this point. The dynamic interweaving of these writings will help to provide a multi-dimensional view of his insights, each work illuminating the other, casting a brighter light on the truth of what he had to say. It is the nature of genius that the seeds of truth are sown early on and can be found if one knows where and for what to look. It is a matter of seeking to trace the germination and unfolding of these sturdy plants through the vicissitudes of Hahnemann's life circumstances, to provide a clearer view of the maturing species, the mighty "oak of God" that Hahnemann speaks of.

Our science requires no political levers, no worldly decorations. At present it grows with slow progress amid the abundances of weeds which luxuriate about it; it grows unobserved, from an unlikely acorn into a little plant; soon may its head be seen overtopping the tall weeds. Only wait -- it is striking deep its roots in the earth; it is strengthening itself unperceived, but all the more certainly in its own time it will increase, till it becomes an oak of God, whose arms unmoved by the wildest storm, stretch in all directions, that the suffering children of men may be revived under its beneficent shadow. (Haehl, Vol. II, p. 104)



Hahnemann's Disenchantment with Medicine

The story begins with Hahnemann's growing disenchantment with the practice of medicine as he had been taught. He could not stand idly by and watch the practices of his day harm patients as it was clearly doing. His strong sense of justice and ethics led him as early as 1787 to criticise his colleagues in rather harsh language.

A number of causes, which I will not recount here, have for several centuries reduced the dignity of that God-like science, practical medicine, to a wretched breadwinning, a glossing over of symptoms, a degrading commerce in prescriptions - God help us! - to a trade that mixes the disciples of Hippocrates with the riffraff and medical rogues, in such a way that one is indistinguishable from the other.

How rarely does an honest man, occasionally, succeed in raising himself, by exceptional knowledge and talents, above this swarm of quacks... (Haehl, Vol. I, p. 33)

This deep and abiding sense of honesty and integrity would also eventually lead him into fierce conflict with the apothecaries (pharmacists). Hahnemann was as heavily critical of the problems of adulteration of medicines for greater profit by them as he was of the tendency of doctors to rush as many patients through their offices as possible.

Finally, when moving to Leipsic in September 1789, Hahnemann came to the decision to cease the practice of medicine the very next year. Because of his scruples, his allopathic practice had never been particularly large, and his growing concerns over the harm done by the medicine of his day finally led him to this difficult decision. He then felt obliged to move to a small village outside Leipsic for a year to save expenses and to provide his children a healthier environment.

What I now earn -- little as it is -- more than suffices here. I cannot reckon much on income from practice. This I know from fourteen years' experience, and my sensitive temperament forbids me to put myself forward; I am too conscientious to prolong illness, or make it appear more dangerous and important than it really is. Pity, or love of peace, make me reticent in my claims -- I am therefore constantly the loser, and I can only look upon my practice as food for the heart. (Haehl, Vol. I, p. 23)

Hahnemann was now relying solely on his translations and writings to feed his growing family (three children). However, he decided to move back to Leipsic in order to further his work once his children had become healthier. It was here that he wrote his first major work on a new approach to medicine, **Friend of Health**, which deals in detail with the matter of diet and lifestyle (what we can subsume under the term regimen).

He also continued to attack his colleagues for their continued use of injurious methods. We can see from a comment that he made in a translation of a medical book in 1790, that he had begun to discern that there was a problem with the material conception of disease which attempted to scour out the patient, even if this was by seemingly moderate means. Later, this material conception would lead to Pasteur's germ theory, in contrast to Hahnemann's more dynamic conception (involving the supersensible **Wesen** of the infectious microbe). We can see, as well, that Hahnemann must have had some foreshadowing of the one-sided view of the human being inherent in the idea of simply removing offending disease matter (that is, that this was an attempt to imitate nature's own crude efforts to remove disease matter, but an effort that was never successful in removing disease, as is shown in chronic disease - leading later to his conception of the dual nature of the Living Power that animates us.

Blood-letting, fever remedies, tepid baths, lowering drinks, weakening diet, blood cleansing and everlasting aperients and clysters form the circle in which the ordinary German physician turns round unceasingly.

One can only imagine the inner conviction required to abandon the safe confines of authority and to seek virtually alone and unaided a better manner of helping suffering humanity, this despite the heavy responsibility of providing for a growing family. Only a deep sense of compassion and commitment to the truth could have induced such behaviour and kept him faithful to his decision despite ever-present financial constraints and the enmity of his colleagues. This enmity increased all the more as Hahnemann intensified his criticisms of the excesses and fundamental theoretical bankruptcy of the existing system of medicine, backed by centuries of authority. Hahnemann could call on no authority other than his own conscience and the knowledge obtained from careful observation of nature coupled with the precise application of his reason to the results of his research.

The power of this Old School thinking, as Hahnemann labelled it, is identified in an article written in 1797 by Hahnemann. The mode of thinking which is derived from authority and not from nature herself, he labelled a disease, one that is extremely tenacious and dangerous to health (a foreshadowing of his later identification of moral diseases, namely those derived from ignorance and superstition).

Why should we complain that our science is obscure and intricate, when we ourselves are the producers of this obscurity and intricacy? Formerly I was infected with this fever; the schools had infected me. The virus clung more obstinately to me before it came to a critical expulsion, then ever did the virus of any other mental disease. (*Lesser Writings*, p. 320)

Did I not know that around me there are some of the worthiest men, who in simple earnestness are striving after the noblest of aims, and who by a similar method of treatment have corroborated my maxims, assuredly I had not dared to confess this heresy. Had I been in Galileo's place, who can tell but that I might have abjured the idea of the earth revolving round the sun! (*Lesser Writings*, p. 322)

An example of his fearless attack on that which he perceived as wrong was Hahnemann's acerbic comments on a bulletin issued after the death of Kaiser Leopold II of Austria. This monarch had come to the throne in 1790 and his wisdom in averting war with France gained him the admiration of many, including Hahnemann, who saw war as a grave threat to science and health. When the Kaiser died suddenly in 1792, suspicions were aroused. In order to allay these, the Kaiser's personal physician issued a bulletin. Hahnemann replied in public under his own name to the official explanation that effectively "everything had been done that could have been done."

The bulletins state: 'On the morning of February 28th, his doctor, Lagusius, found a severe fever and a distended abdomen' -- he tried to fight the condition by venesection [blood-letting], and as this failed to give relief, he repeated the process three times more, without any better result. We ask, from a scientific point of view, according to what principles has anyone the right to order a second venesection when the first has failed to bring relief? As for a third, Heaven help us!; but to draw blood a fourth time when the previous three attempts failed to alleviate! To abstract the fluid of life four times in twenty-four hours from a man, who has lost flesh from mental overwork combined with a long continued diarrhoea, without procuring any relief for him! Science pales before this!

'...but the following night was an extremely restless one, and reduced the strength of the monarch very much' (think of it! the night, and not the four times repeated venesection, reduced his strength so much and Dr. Lagusius could see so clearly --) 'so that on March 1st he began to vomit with terrible convulsions, and to return all that he took' (and yet his physicians left him! so that no one was present at this death, and one of them even declared him out of danger when they left him). 'At 4.30 p.m. he passed away while vomiting, in the presence of the Empress.' [Hahnemann here challenged the doctors to justify themselves publicly] (Haehl, Vol. I, p. 35-36)

Despite Hahnemann's attacks, he still saw some value in blood-letting and some other of the old practices in certain cases. It was not until around 1800-1803 that he came to the firm conclusion that this procedure, as others, was involved in simply seeking to remove disease matter (**materia peccans**) and did not lead to cure. At this point, he ceased completely their use and advocacy. As he told his students in 1833:

For forty years now I have not drawn a single drop of blood, opened one seton, used pain-producing processes, or applied vesicatories. I have never employed aquapuncture or cautery, weakened patients with hot baths, abstracted from them their vital humours by sudorifics, or scoured them out with emetics and laxatives. (Haehl, Vol. I, p. 304)

What seems to have caused this finality in his approach was his growing discernment of the dynamic nature of human life and the role of blood as a carrier of this dynamis at the physical level. Since the traditional approach was convinced that disease was material in origin, then the blood and lymph (according to the old humoral theory) were the locus of disease and any alteration of these fluids needed to be removed. Crude postmortems that found black blood in the heart or occult blood where it should not be, simply confirmed this view. In this light, venesection, phlebotomy or blood-letting as it was commonly called became the established medical procedure to the point that to neglect its use in treatment was tantamount to mal-practice. On such false bases is medicine often founded and harmful procedures continued despite evidence of harm. With such shibboleths doctors are able to wash their hands of death with the plaintive cry that "everything possible was done to save the patient."

Thus it becomes understandable that for centuries phlebotomy had been regarded as the chief instrument in rational treatment of the sick and had become as it were the main pillar of any medical treatment. To heal without the aid of blood-letting seemed to be impossible, and to attempt to heal whilst purposely omitting phlebotomy was a punishable offence, a crime amounting almost to murder. (Haehl, Vol. I, p. 303)

We can see here that the particular idea of disease very much dictates treatment even in the face of the evident failures. What Hahnemann first objected to was the evident excess of use, much as reform minded and caring doctors today tend to criticise excesses in the use of anti-biotics or chemotherapy. However, these efforts do not change the system nor the critic's adherence to them as "necessary," albeit in a more moderate way. What is required for radical reform (change at the root) is a change in the organising idea, and this is what happened to Hahnemann.

In 1796 he gives us an indication that chemistry, with which he had become most familiar and which was emerging as the base for medicine, could not furnish much in the way of answers as the living organism did not obey the same laws as that of the laboratory experiments.

These few examples show that chemistry cannot be excluded from a share in the discovery of the medicinal powers of drugs. But that chemistry should not be consulted with respect to those medicinal powers which relate, not to hurtful substances to be acted on immediately in the human body [poisons], but to changes wherein the functions to the animal organism are first concerned, is proved, inter alia, by the experiments with antiseptic substances, respecting which, it was imagined that they would exhibit exactly the same antiputrefactive power in the fluids of the body, as they did in the chemical phial. But experience showed that saltpetre, for instance, shows exactly opposite qualities in putrid fever and in tendency to gangrene; the reason of which, I may mention, though out of place here, is, that it weakens the vital powers. (Haehl, Vol. I, p. 252)

Initially, Hahnemann's criticism of medicine (drugs) was a practical one, namely that doctors gave drugs without knowing what their true curative powers were. What knowledge existed was for certain constant disease forms wherein the specific remedy (curative drug) had been discovered by chance and had been preserved in folk medicine. However, beyond these few diseases, there was no knowledge of the curative power of drugs, either singly or in the mixtures then commonly prescribed. When Hahnemann examined the existing *materia medica*, he found only hoary authority, careless recounting of successful disease cases (such that no one could ever reproduce the results), and fanciful recipes based on no solid knowledge of the curative properties of the medicines used.

Then he rediscovered the validity of the ancient law of similars in the famous experiment in 1790 with Cinchona bark (quinine). This led him to undertake more experiments (provings) with substances to discover their disease effects, which then became their curative properties. In this context, he also became aware of the dual nature of each medicinal substance in the form of a direct (initial) action and an indirect (counter-action). At that point medicine, using the law of contraries, had been mainly concerned with the direct effects of drugs, seeing the counter-action as a worsening of the disease. Thus, coffee would be used to stimulate the patient, and the later tiredness would simply be a call to repeat the crude dose. Hahnemann's discovery here, as we will see, is a profound one, still not fully recognised within homeopathy, much less medicine more generally.

Hahnemann was now able to put the two aspects (dual action of the medicine and the law of similars) together: the curative power of a drug, that is, its counter-action, could only be found by its disease effects (artificial) on a healthy person according to the law of similars.

Nothing then remains but to test the medicines we wish to investigate on the human body itself. The necessity of this has been perceived in all ages, but a false way was generally followed, inasmuch as they were, as above stated, only employed empirically and capriciously in diseases...They teach nothing and only lead to false conclusions. (*Lesser Writings*, p. 263-264)

It was here not a matter of authority, but pure experiment (**provings**) based on law and principle. However, it was critical that the physician be able to match the indirect or counter effects, not the primary effects, of the drug to the disease. We can then see a series of discoveries (1790-1801/2), based on careful observation of disease and clear thinking of what he was observing, directed by an emerging idea of disease, and all informed by his growing awareness of the functional duality of nature. What follows is an historical study of the ideas Hahnemann discovered and developed leading up to the publication of his formal call for medical reform, the **Organon**, in 1810, as well as the evolution of his thoughts between then and his death in 1843. Hahnemann's insights came mostly in the latter half of his life.

Laying The Foundations of a New System (1790-1805)

Between 1790 and 1805, Hahnemann laid the foundations of his new system of medicine.

1. He attacked the lack of concrete knowledge of disease and materia medica of his day. What was known was based on centuries of authority, speculation, poor observation, vanity and greed.
2. He attacked the large doses of drugs as well as repeated efforts to imitate nature's evacuations in disease as weakening the patient and often leading to their death.
3. He criticised the material notion of disease, seeing the internal workings of the human organism as being subject to laws other than chemistry and those disciplines relating to the science of matter.
4. He identified two types of disease. First, he identified those few diseases that were of a constant, simple nature, for which specific medicines had been discovered by chance over the centuries through the empiricism of folk medicine. Second, he tackled the problem of those remaining diseases, of great variety, which must be approached individually because their nature was ever changing and unique.
5. As a means of determining the specific individual remedy for these diseases of a variable nature, Hahnemann discovered that this could be done by means of provings - testing the medicines, which were largely poisons, on healthy persons and noting the derangement of their condition in the form of symptoms. Since the power of a medicine lay in its ability to derange the patient's state of health, its ability to cure also lay in this power. His knowledge of the ancient principles of opposites and similars, coupled with his close observation of the dual action of drugs (direct and indirect action), led him to a practical way to ensure that the law of similars could be applied in these numerous variable diseases.
6. He began to identify various jurisdictions for constant diseases, although he did not formulate these in any systematic manner: those deriving from improper regimen (e.g., scurvy, goiter), those deriving from accidents (e.g., **Arnica** for bruises, **Opium** for fear), those caused by improper use of medicines (mercury disease, arsenic disease), those due to an infectious origin (miasms, epidemics), and those due to ignorance and superstition (e.g., the prevailing system of medicine).
7. He began to discern the dynamic nature of disease and of medicines, diluting and shaking the substances to a point up to at least ten millionth that of customary doses in some prescriptions.

ESSAY ON A NEW PRINCIPLE (1796)

The first published result of Hahnemann's new observations on medicine was a lengthy and important work entitled, **Essay on a New Principle for Ascertaining the Curative Powers of Drugs** of 1796. Here we can find the initial insights that emerged from all the hard labors of the previous eight years, in particular the early discoveries of the dual nature of disease and medicinal action.

Hahnemann begins, as we noted, by discussing the contributions of chemistry to medicine. He stresses that chemistry may help find the medicinal powers of substances, but it cannot tell anything about its functions in the human body, which is of a living nature. For example, he stresses that the mixing of a drug with drawn blood in a test tube cannot tell us what will happen with that drug in the body itself, for

the drug must... first undergo an infinity of changes in the digestive canal, before it can get (and that only by a most circuitous method) into the blood. (*Lesser Writings*, p. 253)

He also points out the difficulty of ascertaining the value of drugs for people in terms of their action on animals, as what can kill a person (a large dose of **Nux vomica**) will not harm a pig, for example.

Hahnemann cautions against trying to find the medicinal value of drugs in their external appearance, this approach being, "as deceptive as the physiognomy is in indicating the thoughts of the heart." (*Lesser Writings*, p. 254) Botanical affinity is similarly to be used carefully as, "there are many examples of opposite, or at least very different powers, in one and the same family of plants, and that in most of them." (*Lesser Writings*, p. 255)

He summarizes the value of the botanical approach of natural science as being hints that can only, "help to confirm and serve as a commentary to facts already known." (*Lesser Writings*, p. 257)

Two Kinds of Sources for Materia Medica - Clinical and Provings

Here we see a clear recognition of the "high value" of clinical discoveries, but also a recommendation for the testing of substances on healthy human beings as being the only methodical way of more certainly discovering the therapeutic value of substances yet untested or unknown.

Nothing remains for us but experiment on the human body. But what kind of experiment? Accidental or methodical?

The humiliating confession must be made, that most of the virtues of medicinal bodies were discovered by accidental, empirical experience, by chance; often first observed by non-medical persons. Bold, often over-bold, physicians, then gradually made trial of them.

I have no intention of denying the high value of this mode of discovering medicinal powers - it speaks for itself. ...

[However] Such a precarious construction of the most important science ... could never be the will of the wise and most bountiful Preserver of mankind. How humiliating for proud humanity, did his very preservation depend on chance alone. No! it is exhilarating to believe that for each particular disease, for each morbid variety, there are peculiar directly-acting remedies, and that there is also a way in which these may be methodically discovered.

When I talk of the methodical discovery of the medicinal powers still required by us, I do not refer to those empirical trials usually made in hospitals, where in a difficult, often not accurately noted case, in which those already known do no good, recourse is had to some drug, hitherto either untried altogether, or untried in this particular affection, which drug is fixed upon either from caprice or blind fancy, or from some obscure notion, for which the experimenter can give no plausible reason, either to himself or others. Such empirical chance trials are, to call them by their mildest appellation, but foolish risks, if not something worse. (*Lesser Writings*, p. 258-259)

Hahnemann then summarizes the two sources of drug information in terms of their curative powers - provings and clinical trials.

The true physician, whose sole aim is to perfect his art, can avail himself of no other information respecting medicines, than -

First -- What is the pure action of each by itself on the human body?

Second -- What do observations of its action in this or that simple or complex disease teach us? (*Lesser Writings*, p. 264)

As for the second, Hahnemann states:

Would to God such relations [between a specific drug and a specific disease] were more numerous! (*Lesser Writings*, p. 264)

There is also a problem of having a standard

...whereby we may be enabled to judge of the value and degree of truth of their observations.

[And this standard] can only be derived from the effects that a given medicinal substance has, by itself in this and that dose developed in the healthy human body. (*Lesser Writings*, p. 264)

He refers to accidental poisonings or even deliberate trials that have been undertaken, often on criminals, which reports would form the foundation stone of a new materia medica.

Hahnemann realises that the problem he faces is one of a qualitative nature (to discover the value of the medicinal substances already in use), rather than simply one of finding more medicinal agents. It was the nature of his genius that he was able to look beyond the more superficial to the deeper issues.

As we already possess a large number of medicines ... but concerning which we do not rightly know what diseases they are capable of curing ... it may not at first sight appear very necessary to increase the number of our medicinal agents. Very probably all (or nearly all) the aid we seek lies in those we already possess (*Lesser Writings*, p. 259)

This issue of quantity (number of medicines) versus quality (theory and principle) will arise each time a significant problem emerges in terms of cure for his system, both in the context of his discovery of the chronic miasms and his use of dual remedies.

Two Types of Disease

Hahnemann goes on to explain two types of disease, a concept that he will continue to develop throughout his lifetime.

It is only the very great simplicity and constancy of ague and syphilis that permitted remedies to be found for them, which appeared to many physicians to have specific qualities...they are, however, probably specific in both diseases, when they occur **simple, pure and free from all complication**. Our great and intelligent observers of disease have seen the **truth** of this too well, to require that I should dwell longer on this subject.

Now, when I entirely deny that there are any absolute specifics for individual diseases, in their full extent, as they are described in ordinary works on pathology, I am, on the other hand, convinced that there are as many specifics as there are different states of individual diseases, i.e., that there are **peculiar specifics for the pure disease** [tonic], **and others for its varieties** [pathic], and for other abnormal states of the system." (*Lesser Writings*, p. 260-261, bold and parentheses added).

See: *Two Approaches to and Two Types of Specific Remedies for Disease*

I. Most medicines have more than one action; the first a direct action, which gradually changes into the second (which I call the indirect secondary action). The latter is generally a state exactly opposite of the former. [these refer to the "Erstwirkung" (initial action) and "Gegenwirkung" (counter-action) to be found later in the aphoristic *Organon*, viz. §64.] (*Lesser Writings*, p. 266)

Two Principles of Treatment

Hahnemann now introduces the three ways of restoring health, which is really a two-fold division: mechanical (removal of external cause) and internal medicine (based on two principles):

1. Removal of the cause, to the extent it is apparent: e.g., the convulsions produced by tapeworm are removed by killing the animal.

This object is above all criticism [Hahnemann calls it the royal road], though the means employed were not always the fittest for attaining it. (*Lesser Writings*, p. 261)

2. By the use of the principle of opposites:

By the second way, the symptoms present were sought to be removed by medicines which produced an opposite condition; for example, constipation by purgatives; inflamed blood by venesection, cold and nitre; acidity in the stomach by alkalis; pains by opium.

Hahnemann states that this approach can give temporary relief in acute, self-limiting diseases and is only justified where no other way is possible. But it is not to be tried in chronic disease as stronger and stronger doses are necessary to provide relief and it should be abandoned.

I beseech my colleagues to abandon this method (*contraria contrariis*) in chronic diseases, and in such acute diseases as take on a chronic character; it is the deceitful by-path in the dark forest that leads to the fatal swamp. (*Lesser Writings*, p. 262)

3. Treatment by the principle of similars

The better, more discerning, and conscientious physicians, have from time to time sought for remedies...which should not cloak the symptoms, but which should remove the disease radically, in a word for specific remedies; the most desirable, most praiseworthy undertaking that can be imagined...

But what guided them, what principle induced them to try such remedies? Alas! only a precedent from the empirical game of hazard from domestic practice, chance cases...

Nothing then remains but to test the medicines we wish to investigate on the human body itself. (*Lesser Writings*, p. 263)

Hahnemann goes on to venture the principle behind the value of provings, in order to provide a rational basis for medicine.

First he advances the axiom regarding the action of medicinal substances on healthy persons:

Every powerful medicinal substance produces in the human body a kind of peculiar disease; the more powerful the medicine, the more peculiar, marked and violent the disease. (*Lesser Writings*, p. 265)

Next he states the axiom that disease is cured in nature on the basis of the law of similars:

We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure, that medicine which is able to produce another very similar artificial disease, and the former will be cured; *similia similibus*. (*Lesser Writings*, p. 265)

Thus, one needs to know only three things:

the diseases of the human frame accurately in their essential characteristics... the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they usually excite...[then finally matching the two by] choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease. (*Lesser Writings*, p. 265)

This is summarised by Hahnemann into a further maxim:

...that in order to discover the true remedial powers of a medicine for chronic diseases, we must look to the specific artificial disease it can develop in the human body, and employ it in a very similar morbid condition of the organism which it is wished to remove.

This then leads Hahnemann to the analogous maxim:

...that in order to cure radically certain chronic diseases, we must search for medicines that can excite a similar disease (the more similar the better) in the human body. (*Lesser Writings*, p. 267)

It is interesting that Hahnemann is here concerned essentially with natural diseases, and also with what he calls chronic natural diseases (this category includes all those endless varieties of diseases that don't seem to resolve themselves). Elsewhere he clarifies this in a footnote (no. 1 on p. 265) as he considers the self-limiting natural diseases at this point can be handled easily enough by removing the original cause (if possible) or by removing any obstacles to cure (see p. 261-262). His concern was for those diseases that are not self-limiting and for which no "rapidly-acting specific" exists (this would seem to mean in the context, a tonic remedy determined from the constant nature of the self-limiting natural disease). Where the cause is unknown and there is no known specific based on the law of similars, Hahnemann here allows that a remedy based on opposites can be used. He admits, however, that it is purely palliative.

At this point we can see the early and important distinction Hahnemann makes between the constant specific remedies (mainly homogenic at this point in his discoveries), which are derived clinically, and those to be determined by the process of provings and then matching the proving (artificial disease) symptoms and the symptoms of the natural disease. This is an early form of the duality of disease that we witness coming to fullness in the dual remedy discoveries of Aegidi and Boenninghausen (followed by Hahnemann and later, Lutze).

See: [The Case for Dual Remedies](#)

Hahnemann also gives us in this seminal work a firm foundation to the famous experiment with **China** in crude dose that he undertook and commented on in his 1790 translation of the well-known English physician, William Cullen's *Materia Medica*.

In my additions to Cullen's *Materia Medica*, I have already observed that bark, given in large doses to sensitive, yet healthy individuals, produces a true attack of fever, very similar to the intermittent fever, and for this reason, probably, it overpowers and thus cures the latter. Now after mature experience, I add, not only probably, but quite certainly. (*Lesser Writings*, p. 267)

Two Actions of a Medicine:

Direct (Initial Action) and Indirect (Counter-action)

Hahnemann now comes to a lengthy and crucial explanation of the difference between the two actions of a medicine (which, we must remember is an artificial disease, such that the dual action of the medicine is mirrored in the dual action of disease, or vice versa). It is this difference, based on his close observations, that provides the solid and rational basis for his determination that the principle of similars cures and the principle of opposites only palliates or suppresses.

This axiom [*similia similibus*] has, I confess, so much the appearance of a barren, analytical, general formula [which it had been until Hahnemann!], that I must hasten to illustrate it synthetically. But first let me call to mind a few points.

Most medicines have more than one action; the first a direct action, which gradually changes in the second (which I call the indirect secondary action). The latter is generally a state exactly the opposite of the former.

Opium may serve as an example. A fearless elevation of spirit, a sensation of strength and high courage, an imaginative gaiety, are part of the direct primary action of a moderate dose on the system: but after the lapse of eight or twelve hours an opposite state sets in, the indirect secondary action; there ensue relaxation, dejection, diffidence, peevishness, loss of memory, discomfort, fear. (*Lesser Writings*, p. 266)

Thus, if one gives a substance that has a direct action opposite to the natural disease, this is followed by the indirect action which is similar to the disease.

Palliative remedies do so much harm in chronic diseases, and render them more obstinate, probably because after their first antagonistic action they are followed by a secondary action, which is similar to the disease itself. (*Lesser Writings*, p. 267)

However, if one gives a substance

whose direct primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body sought to be brought about... (*Lesser Writings*, p. 266)

Length of Direct and Secondary Actions of a Drug

Since we have now uncovered the secret of the dual action of a medicine and the need to match the initial action of both the medicine and the disease on the basis of principle (similar), it becomes important to know when the one action ends and the other begins. Hahnemann gives us various indications of the length of time of each action. We must remember here that he is using relatively large doses by today's standards, but moderate by the standards of his day.

[Coffee's] direct action, however, in such large doses, lasts for two days. (*Lesser Writings*, p. 272)

[Belladonna's] direct action lasts twelve, twenty-four, and forty-eight hours. (*Lesser Writings*, p. 275)

[Hyocymus's] direct action lasts scarcely twelve hours. (*Lesser Writings*, p. 276)

The direct action of large doses [of Stramonium] lasts about twenty-four hours; of small doses, only three hours. (*Lesser Writings*, p. 277)

[Tabacum's] direct action is limited to a few hours, except in the case of very large doses, which extend to twenty-four hours (at the farthest). (*Lesser Writings*, p. 278)

In cases where only the direct action as a cordial is necessary, it will be requisite to repeat the administration of it every three or four hours, that is, each time before the relaxing secondary action, which so much increases the irritability, ensues.

But if it is wished to depress permanently the tone of the fibre...we may employ opium with success...making use of its indirect secondary action...In such cases, a dose is necessary every twelve or twenty-four hours [because presumably, the counter-action ends around this time]. (*Lesser Writings*, p. 284)

The mania it causes is a gay humour alternating with despair. As a similarly-acting remedy, it will subdue manias of that sort. The usual action of its efficacy [this seems to refer to the total action - both direct and secondary] is from seven to eight hours, excepting in cases of serious effects from very large doses. (*Lesser Writings*, p. 292)

Camphor in large doses diminishes the sensibility of the whole nervous system...During the transition to the secondary action, there occur convulsions, madness, vomiting, trembling. In the indirect secondary action itself, the awakening of the sensibility; and the almost extinguished mobility of the extremities of the arteries is restored...The whole process is ended in six, eight, ten, twelve, or at most twenty-four hours. (*Lesser Writings*, p. 295-296)

The duration of [veratrum album's] action is short; limited to about five, at most eight or ten hours, inclusive of the secondary action; except in the case of serious effects from large doses. (*Lesser Writings*, p. 302)

...but sometimes, (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days. A somewhat too large dose of henbane is apt to cause, in its secondary action, great fearfulness; a derangement that sometimes lasts several hours. (*Lesser Writings*, p. 266)

Here we see the emergence of a concept of the direct (initial) action as being the most important from the point of view of the medicinal effect, since it is the symptoms of the direct action of the artificial disease (medicine) that must be matched to the symptoms of the disease. This action is generally a matter of hours, although possibly days in some cases, especially where there are large crude doses. The duration depends to some extent on the substance, but also on the dose, the larger dose, in terms of quantity of medicine, lasting longer.

The direct action of large doses lasts about twenty-four hours; of small doses, only three hours. (*Lesser Writings*, p. 277)

It must be remembered here that Hahnemann is still using crude doses in the form of grains (20 grains = 1 gram).

This linkage of dose and duration of direct action is interesting. In the *Organon*, the direct, or initial action of a medicine is generally a matter of minutes or hours, being visible in the homeopathic (medicinal) aggravation. In the use of dual remedies in mixtures later on (1833 and beyond), emphasis is placed on the use of mixtures only in very high potencies (dynamised doses). This raises an important question. Could it be that the higher the dilution the shorter the direct action, such that in the case of high potencies with substances that act symbiotically (mutually beneficial), the problem of giving one remedy at the same time as another is removed?

The secondary action is seen as less important than the direct action (at least at this stage), and generally of little importance in the total action of the remedy, so long as the dose is not too large, when it may cause a derangement.

If, in the case of chronic disease, a medicine be given, whose direct primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body sought to be brought about; but sometimes, (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days. A somewhat too large dose of henbane is apt to cause, in its secondary action, great fearfulness; a derangement that sometimes lasts several hours. (*Lesser Writings*, p. 266)

The complete time of the secondary action is seen as relatively short, possibly shorter than the direct action and certainly not longer. Later, Hahnemann will develop a very different view of the importance and timing of the secondary action in his discovery of the chronic diseases and miasms.

The length of time of the total action of the remedy is also relatively short, being a matter of hours or days, as can be seen from the above quotes.

Link Between Action of the Drug and Repetition of Dose/Second Remedy

We are informed of the length of time of "direct action" of Belladonna ("twelve, twenty-four, and forty-eight hours" - p. 275) and given the caution that a dose should not be repeated sooner than after two days, that is, it would seem, after at least the direct action has ceased. The reason for this is that

a more rapid repetition of ever so small a dose must resemble in its (dangerous) effects the administration of a large dose. Experience teaches this. (*Lesser Writings*, p. 275).

It is not clear what action Hahnemann is talking about when he speaks of waiting to give a subsequent dose until the action of the medicine has ended. At times it appears as if he is speaking of the direct (initial) action of the remedy only, not the full action (which includes the secondary or counter-action of the sustentive aspect of the Living Power). Thus, he warns against prescribing China during the direct action of Aconite. Presumably then, it is acceptable to give it after the direct action has ceased as he later went on to demonstrate in his final years, in Paris.

See: [The Case for Dual Remedies](#)

[Dual Remedy Concepts](#)

A dose [of purple foxglove] is necessary only every three, or at most every two days, but the more rarely the longer it has been used. (During the continuance of its direct action, cinchona bark must not be prescribed; it increases the anxiety caused by foxglove, as I have found, to an almost mortal agony.) (*Lesser Writings*, p. 281)

However, this concern relates to the cumulative power of the dose if given within the initial action. On other occasions, he simply refers to the action of the medicine, without specifying which action. Given his sensitivity to the dual action, as indicated by the directions for the giving of Opium, either for its direct or secondary action, he must have had some concern generally to wait for the full action. In a case using Veratrum album, which he had stated had a full action of 5-10 hours, he gave the patient a dose every day. The patient disobeyed and took two doses each day and had a strong aggravation, leading almost to death (*Lesser Writings*, p. 307). Later (1821), in reporting on treatment for the new disease of purpura miliaris, Hahnemann states:

Almost all of those, without exception, who are affected ...[will be] cured in a few days by aconite given alternatively with tincture of raw coffee...

The one will usually be necessary when the other has acted for from sixteen to twenty-four hours. Not oftener. (*Lesser Writings*, p. 695-696)

Another interesting observation arises in the discussion of Opium. Here Hahnemann states that to use its counter-action, "a dose is necessary every twelve or twenty-four hours." This reference to twelve hours or multiples thereof is often found in his occasional writings. In the one case we noted from this period, Hahnemann gave the patient a dose of Veratrum album every day (*Lesser Writings*, p. 300-302)

Is this the basis for the frequent taking of the liquid dose in the 5th edition of the aphoristic *Organon*, and the later LM or Q dosing? Is this also the basis for giving a second remedy only 12 hours or a day after the first that we find in the Paris case-books?

Hahnemann's earlier observation, that the repeated doses of a remedy in too close an order amounts to giving a large dose, is emphasised again in the Opium section where he states that one can use Opium palliatively if one continues the dose every three or four hours "each time before the relaxing secondary [counter] action." (p. 284) Thus, the antipathic use of a drug is maintained where the direct action is maintained.

This concern not to give a second dose or remedy before the full action of the first dose has completed itself is reiterated in the first to fourth editions of the *Organon* (1810-1829).

In the context of his comments on Opium, Hahnemann provides us with an interesting insight into the effect of a remedy on the Living Power, what Hahnemann here called the tone of the fibre of the patient (that is, "the power of the fibre to contract and relax completely").

The primary action of opium (*papaver somniferum*) consists in transitory elevation of the vital powers, and strengthening of the tone of the blood-vessels and muscles, especially of those belonging to the animal and vital functions, as also in excitation of the mental organs -- the memory, the imagination, and the organ of the passions... (*Lesser Writings*, p. 283)

Thus, Opium has the direct effect (initial action) of exciting the fibre and raising the tone ("disposition to work, sprightliness in conversation, wit, remembrance of former times, amorousness, etc."), but reducing the irritability, while the secondary effect (counter-action) is the opposite: "weakness, sleepiness, listlessness, grumbling, discomfort, sadness, loss of memory (insensibility, imbecility)". This continues until another dose is given to excite the fibre.

See: [Two Approaches to and Two Types of Specific Remedies for Disease](#)

[Disease Origins and Dimensions](#)

In the direct action, the irritability of the fibre seems to be diminished in the same proportion as its tone is increased; in the secondary action, the latter is diminished, the former increased. (*Lesser Writings*, p. 283)

Mercury is identified as a specific for syphilis. (p. 285) - "Experience has confirmed it as a specific." This is an example of a specific remedy for a constant disease (syphilis) that is based on clinical evidence (we shall see later that it is of the pathogenic variety of tonic diseases).

Until Hahnemann's time, medicines generally had been given for their opposing effects, because of the instant palliative effect, but little had been done to determine the actual properties of substances. What doctors and herbalists were interested in, and still are to this day, whether a medicine can remove one or more symptoms, not whether the principle of removal is palliative, suppressive or curative. This blind empiricism, or what Hahnemann termed "parempiricism," reflected the dominance of the Asklepiadean school, and the methodology of Galenic medicine.

The clarion call from Hahnemann for a rational system of medicine based on principle, namely the curative law of similars, and grounded in the knowledge of the dual action of medicines, was a signal departure from accepted procedures. As Hahnemann himself commented:

Before my time - and as long as there existed a medical science - all systems, all therapies, all directions for healing diseases, were included in the phrase, 'Contraria contrariis curentur!' And whenever a wise man did occasionally venture to argue, in gentle language and propose a 'Similia similibus,' this suggestion was never heeded. The basic dogma of all medical schools: 'To treat disease merely by opposing media (by palliatives)' remained quietly prevalent. (Haehl, Vol. I, p. 77)

ARE THE OBSTACLES TO CERTAINTY AND SIMPLICITY IN PRACTICAL MEDICINE INSURMOUNTABLE? (1797)

Regimenal Disease

In this article, Hahnemann gives us some insight into that realm of disease involving errors of regimen to be corrected by an alteration of regimen (law of opposites).

Hahnemann speaks of cure

effected by dietetic rules alone, which, if simple, are not to be despised... (*Lesser Writings*, p. 312)

[He gives the example of how a] deeply rooted scurvy [can be cured by] warm clothing, dry country air, moderate exercise, change of the old salted meat for that freshly killed, along with sour-cROUT, cresses, and such like vegetables, and brisk beer for drink. What would be the use of medicine in such case? To mask the good effects produced by the change of diet! Scurvy is produced by a system of diet opposite to this, therefore it may be cured by a dietetic course - the reverse of that which produced it... (*Lesser Writings*, p. 313).

On the other hand, he emphasises that diet is not very serviceable in the case of chronic disease.

Why should we render the syphilitic patient, for example, worse than he is by a change of diet, generally of a debilitating nature? We cannot cure him by any system of diet, for his disease is not produced by any errors of the sort. Why then, should we, in this case, make any change?

Since this occurred to my mind, I have cured all venereal diseases (excepting gonorrhoea), without any dietetic restrictions, merely with mercury (and when necessary, opium). (*Lesser Writings*, p. 313)

Here we can see a further emergence from observation of the idea of differing jurisdictions for disease. Disease, for Hahnemann, already is construed as multi-dimensional and hierarchical, rather than unidimensional in nature.

[Hahnemann warns against too drastic a change in diet, and] if it be necessary to make considerable changes in the diet and regimen, the ingenious physician will do well to mark what effect such changes will have on the disease, before he prescribes the mildest medicine. (*Lesser Writings*, p. 313)

Geographical Influences

There is a useful section where Hahnemann makes several things clear regarding geographical influences:

1. Any remedy works on the same disease regardless of geography.

What might be said of the Creator, who, having afflicted the inhabitants of this earth with a vast host of diseases, should at the same time have placed an inconceivable number of obstacles in the way of their cure...? (*Lesser Writings*, p. 316)

2. The best treatment is to strengthen the person by destroying disease, thus increasing one's ability to resist outside factors, often ones over which we have little or no control.

...I consider it much more practicable to dispel the morose ideas of the melancholic by medicine, than to abolish for him the countless evils of the physical and moral world, or to argue him out of his fancies. (*Lesser Writings*, p. 317)

3. It is true that a person living in a poor environment will be weaker than one residing in a better one, **mutatis mutandi**, but this is only a relative matter of health.

The sedentary man of business seeks at our hands only tolerable health, for the nature of things denies us the power of giving him the strength of the blacksmith, or the ravenous appetite of the porter. (*Lesser Writings*, p. 316)

Again, Hahnemann touches on the issue of knowledge (meaning) versus information (objects), and quality versus quantity when he states that:

I do not believe that it is the smallness of our knowledge, but only the faulty application of it, that hinders us from approaching, in medical science, nearer to certainty and simplicity. (*Lesser Writings*, p. 317)

The faulty application arises from the lack of knowledge of principles, that is, when to apply what rules and how.

ANTIDOTES TO SOME HEROIC VEGETABLE SUBSTANCES (1798)

One of the most immediate problems of medicine was the antidoting of accidental poisonings or even of medically applied poisons. Hahnemann criticised the tendency to a uniformitarian view of disease and the tendency of applying the rules of one jurisdiction of disease across others where they were not applicable.

From the time of Nicander to the 16th century...grand plans were formed by medical men for discovering nothing less than an universal specific for everything they called poison; and they included under the denomination of poison, even the plagues, philtres, bewitchment, and the bites of venomous animals...We now know how ridiculous these efforts were.

The more rational spirit of modern times did not, however, completely abandon this illusory idea of the possibility [of] an universal antidote for all poisons.

The efforts of our age to discover a peculiar antidote for each individual poison, or at least for particular classes of poisons, are not to be mistaken, and I give in my adhesion to them. (*Lesser Writings*, p. 322-323.)

Hahnemann then provided, based on careful observation, antidotes that must, by the category he gives in a footnote be dynamic in their effect.

There are at least four kinds of antidotes by means of which the hurtful substance may be --

I. Removed:

1. By evacuation (vomiting, purging, excising the poisonous bite).
2. By enveloping (giving suet for pieces of glass that have been swallowed)

II. Altered:

1. Chemically (liver of sulphur for corrosive sublimate).
2. Dynamically (i.e., their potential influence on the living fibre removed) (Coffee for opium).

(*Lesser Writings*, footnote, p. 323)

Hahnemann marvels at the ability of a dose of **Opium** to antidote completely the poisoning effects of a large dose of camphor taken by a small girl by mistake. He does not say so directly, but it seems that the effect was considered by Hahnemann to fall under the fourth category, namely dynamic, as later in the article he refers to these types of examples as such.

Alkalies probably destroy the drastic property of other purgative gum-resins... not as in other cases I have adduced, dynamically, by an opposite influence upon the sensitive and irritable fibre...(*Lesser Writings*, p. 827)

A PREFACE (1800)

Hahnemann translated an English medical text with a preface explaining that he did so in order to show the absurdity of polypharmacy. Given that the original was anonymous, Hahnemann kept his comments equally anonymous, and enjoins the reader to simply judge of the content.

However, as truth can neither be more true nor less true, whether it be said by a man with an imposing array of titles or by one perfectly unknown to fame, the indulgent reader will please to regard merely what is said. (*Lesser Writings*, p. 345)

Here we find one of the most descriptive attacks on the absurdity of the allopathic remedy mixtures, which situation seems but little altered to this day!

First, Hahnemann underlines that the past 23 centuries of medicine have revealed nothing new about the true action of single substances, much less remedy mixtures. Then he attacks in satirical terms the position of a presumed defender of polypharmacy, a tour de force in its revelation of the irrationality of this approach.

'In a mixed prescription the case is far otherwise,' methinks I hear it contended, 'for there the prescribing physician determines for each ingredient the part it shall play in the human body: this one shall be the *base*, this other the *adjuvant*, a third the *corrective*, that one the *director* and this one the *excipient*! It is my sovereign command that none of these ingredients venture to quit the post assigned to it in the human body! I command that the corrective be not backward in concealing blended to the base, that it cover! I command that the corrective be not backward in concealing the adjuvant, and direct them for the best; but to go out of its rank and situation and to take upon itself a part of its own contrary to the base, I hereby positively forbid it! Now, adjuvant! to thee I assign the office of Mentor to my base, support it in its difficult task; but mind, thou art only to take it by the arm, not to do anything else of thine own accord, or dare to act contrary to the order which I have given to the base to cause a certain amount of vomiting; but thou must by no means presume in thine ignorance to undertake any expeditions in thine own account, or to do anything different from the intention of the base; thou must, though thou art something quite different in concert with it; that I command thee! I assign to you all conjointly the highly important business of the whole expedition: see that you expel the impure humours from the blood, without touching in the slightest degree the good ones; alter, transform, what you discover to be in improper combination, in a morbid state. ' (*Lesser Writings*, p. 346)

Hahnemann goes on in this vein for several pages, satirising the presumed ability of the allopath to prescribe several remedies without knowing their effect on the organism, both individually and collectively.

We can see that Hahnemann's attack is essentially based upon the prevailing practice of taking the collective symptoms of a disease and dividing them up, according to arbitrary categories (vomiting, diarrhea, fever).

But what if all the symptoms proceeded from one cause, as is almost always the case, and there were one single drug that would meet all these symptoms? (*Lesser Writings*, p. 348)

See: Polypharmacy and Unipharmacy

FRAGMENTARY OBSERVATIONS ON BROWN'S ELEMENTS OF MEDICINE (1801)

In another article, Hahnemann provides a critical commentary on the view of disease propounded by John Brown of Scotland, who developed what became known as the Brunonian system, but does so again anonymously "as long as literary chouanerie makes the highways unsafe" (Lesser Writings, p. 350, footnote).

Brown's views had a strong influence on the tendency of the time to use a large mixture of drugs, leading many physicians to limit the number of drugs that they prescribed. The simplicity of his system, which reduced disease to either an excess or surfeit of excitability (life energy) was very attractive to many who were confused by the plethora of competing medical systems. Such views are similar to those today who would reduce disease to the presence of parasites, or to a toxic colon, or to the presence of fungi. Hahnemann seems to have been provoked by Brown's claim to have founded the first true science of medicine.

Brown claimed that each person had a certain quantity of excitability and that this may be depleted by some stimuli and increased by others. Emetics and purgatives, as much as fear and grief, debilitate. Hahnemann's commentary points out the logical inconsistencies of Brown's exposition. He also criticises the therapeutic system founded upon wine and opium (stimulant and debilitant). Hahnemann realised that Brown had the idea of the quantitative nature of Life Energy right (he later showed how this worked in what Mesmer was doing, in Aphorisms 288-290 of the 6th edition of the Organon). However, Hahnemann also saw that Brown was mistaken to think that this quantitative approach could be used to cure disease, which involved a qualitative (generative) aspect. The Brunonian approach could stimulate or lower the level of sustentive energy in the organism (regimen), thus, promoting healing, but could not alter the generative reality of disease, that is, cure.

An addition to the condition of life, be it ever so small (a weak simple stimulus), can never become a minus, can never debilitate. If, however, it do debilitate (as purgatives, fear, grief, and so forth do), whilst the sum-total of the usual means requisite for sustaining life (heat, food, &c.) remains undiminished, in that case its debilitating power must be owing to quite a different cause than the smallness of the stimulating power.

Who can fail to perceive the justness of these conclusions?

A healthy, excitable girl, in full possession of all stimuli requisite for health dies instantaneously on suddenly hearing the tragical intelligence that her lover has been stabbed. If this was merely a simple, but only a small stimulus, it must have been just a small addition to the not defective sum of all the other stimuli. How could this small addition do harm, how could it destroy life, and instantaneously as a simple stimulus and in no other manner. (Lesser Writings, p. 351-352).

Hahnemann then cites another person who dies from carbonic acid exposure and asks how this could kill if it is just a small stimulus. It must be due to something else.

It is evident that it was an agent that proved so excessively injurious to him, not in consequence of the smallness of its stimulating energy, but on account of its enormous power of quite a different nature. (Lesser Writings, p. 353)

Hahnemann also criticises Brown for ignoring the dual action of medicines. Hahnemann gives the example of Brown warning against the use of cold in asthenic diseases (chronic debility), which contradicts experience. Hahnemann gives the use of hydrotherapy (cool water) in restoring function, as the initial action is met with a counter-action of warmth.

Brown, like all short-sighted, unpractical physicians, always looked only to the primary and incipient action of the remedy, but not to the after-effect, which is, however, the chief thing. (Lesser Writings, p. 354)

AESCULAPIAS IN THE BALANCE (1805)

In this writing we start to gain a strong appreciation that the origin and destiny of man, as well as natural disease and its treatment, is divinely inspired, as is the knowledge that all seek to remedy disease. We also find a mature criticism of the prevailing system of medicine and its degeneration into polypharmacy due a profound misunderstanding of the nature of disease (a generative act).

See:

And yet, oh man! how lofty is thy descent! how great and God-like thy destiny! how noble the object of thy life! Art thou not destined to approach by the ladder of hallowed impressions, ennobling deeds, all-penetrating knowledge, even towards the great Spirit whom all the inhabitants of the universe worship? Can that Divine Spirit who gave thee thy soul, and winged thee for such high enterprizes, have designed that you should be helplessly and irremediably oppressed by those trivial bodily ailments which we call diseases?

Ah, no! The Author of all good, when he allowed diseases to injure his offspring must have laid down a means by which those torments might be lessened or removed....This art must be possible...it must not only be possible, but already exist. Every now and then a man is rescued, as by miracle, from some fatal disease. (Lesser Writings, p. 410)

At the same time it is undeniable, that even in such calamities, so humiliating to the pride of our art, but rare cures occur, effected obviously by medicine, of so striking a character, that one is astonished at so daring a rescue from the very jaws of death; these are the hints afforded by the Author of Life, "THAT THERE IS A HEALING ART. (Lesser Writings, p. 418)

In no other case is the insufficiency of our art so strongly and so unpardonably manifested as in those distressing diseases from which hardly any family is altogether free; hardly any in which some one of the circle does not secretly sigh over ailments, for which he has tried the so-called skill of physicians far and near. In silence the afflicted sufferer steals on his melancholy way, borne down with miserable suffering, and, despairing in human aid, seeks solace in religion.

'Yes,' I hear the medical school whisper with a seeming compassionate shrug, 'Yes, these are notoriously incurable evils; our books tell us they are incurable.' As if it could comfort the million of sufferers to be told of the vain impotence of our art! As if the Creator of these sufferings had not provided remedies for them also, and as if for them the source of boundless goodness did not exist, compared to which the tenderest mother's love is as thick clouds beside the glory of the noonday sun! (Lesser Writings, p. 415)

Then Hahnemann condemns the heroic measures used ("such modes of treatment are not very unlike murders").

This cannot be the divine art, that like the mighty working of nature should effect the greatest deeds simply, mildly, and unobservably, by means of the smallest agencies. (Lesser Writings, p. 417)

The history of medicine has been one of "...covering over the gaps and inconsistencies of their knowledge by heaping system upon system, each made up of the diversified materials of conjectures, opinions, definitions, postulates, and predicates, linked together by scholastic syllogisms." (Lesser Writings, p. 420.)

The true path of Hippocrates, simple observation of nature, led to increasingly complicated systems built upon confusion and lack of knowledge of remedies. At the same time, the original search for the universal remedy based on a uniformitarian notion of disease (commendable although misguided) degenerated into the indiscriminate use of many remedies to cover the case - the unipharmacy and polypharmacy axle of the failure to comprehend the true nature of disease.

See: [Polypharmacy and Unipharmacy](#)

Sophistical whimsicalities were pressed into service. Some sought the origin of disease in a universal hostile principle, in some poison which produced all maladies, and which was to be contended with and destroyed. Hence the universal antidote which was to cure all diseases, called *theriaca*, composed of an innumerable multitude of ingredients, and more lately the mithridatium, and similar compounds, celebrated from the time of Nicander down almost to our own day. From these ancient times came the unhappy idea, that if a sufficient number of drugs were mixed in the receipt, it could scarcely fail to contain the one capable of triumphing over the enemy of health - while all the time the action of each individual ingredient was little, or not at all known...

In this great period of nearly two thousand years, was the pure observation of disease neglected..." (Lesser Writings, p. 421)

What is more natural, what more appropriate to the weakness of man, than that he should adopt the unhappy resolution (the resolution of almost all ordinary physicians in similar cases!), 'that as he has nothing to direct his choice to the best, he had better give a number of the most celebrated febrifuge medicines mixed together in one prescription. (Lesser Writings, p. 426)

To return to our earlier question, as to why Hahnemann made a clean break with the Old School of medicine around 1800-1803, we may perhaps consider the growing understanding of the dynamic nature of disease and the nullity of any measures that simply seek to remove disease effects (*materia peccans*), plus the growing consciousness of the dynamic nature of medicine, being the aspect that cures (crude doses being themselves disease inducing). These two came together in the discovery of a remedy for scarlet fever, both preventatively and for any sequelae of that disease then afflicting Europe. The epidemic emerged in the middle of 1799 and Hahnemann, using his new maxims was able to examine the symptoms of the disease and find Belladonna to be the "specific preservative remedy." The results were all that could be expected of this new "medicine of experience."

What is also remarkable is the dose that Hahnemann was advocating. Prior to this, he had used relatively crude doses, but the medicinal aggravation caused initially in administering the similar substance (homeopathic aggravation), led him to attenuate the dose ever more. In 1798, Hahnemann recommends doses of several grains to 30-40 grains, depending on the substance. Later that same year, he is recommending the giving of small doses in liquid form (1-2 milligrams - 0.001-0.002 grains - in solution). The next year he announces with no apparent explanation even smaller (so-called infinitesimal) doses, being in the order of one ten millionth of a grain for Arsenic (0.0000001 grains) (Haehl, Vol. I, p. 312). However, the first clear statement of these infinitesimal diluted doses comes with the discovery of the remedy for scarlet fever.

If we now wish to prepare from this prophylactic remedy, we dissolve a grain of this powder (prepared from well preserved belladonna extract evaporated at an ordinary temperature) in one hundred drops of common distilled water, by rubbing it up in a small mortar; we pour the thick solution into a one-ounce bottle, and rinse the mortar and pestle with three hundred drops of diluted alcohol (five parts of water to one of spirit), and we then add this to the solution, and we render the union perfect, by diligently shaking the liquid. We label the bottle strong solution of belladonna. One drop of this is intimately mixed with three hundred drops of diluted alcohol by shaking it for a minute, and this is marked medium solution of belladonna. Of this second mixture one drop is mixed with two hundred drops of the diluted alcohol, by shaking for one minute, and marked weak solution of belladonna; and this is our prophylactic remedy for scarlet-fever, each drop of which contains the twenty-four millionth part of a grain of the dry belladonna juice. (Haehl, Vol. I, p. 381)

Hahnemann gave the weak solution in drop form (up to 40 drops according to age), one dose every 72 hours "well stirred for a minute in any kind of drink." (Haehl, Vol. I, p. 381) He seems to have favoured the liquid dose, as it had more points of contact (although he thought the contact was in the stomach).

Very different [from the hard grain-pill] is it with a solution, and particularly with a thorough solution. Let this be as weak as it may, in its passage through the stomach it comes in contact with many more points of the living fibre, and as the medicine does not act atomically but only dynamically, it excites much more severe symptoms than the compact pill... (Lesser Writings, p. 387).

This reference to thorough solutions is to those well-shaken, which Hahnemann here found to make the solution "very intimate." (Lesser Writings, p. 386)

Such small doses now brought forth criticism as to its possible effectiveness. Hahnemann answered publicly in an edition of Hufeland's journal of 1801. While Hahnemann continued to experiment with dosage in order to better understand the effects, and while he only came to more fully grasp that weak was active was the dynamic of medicine (referring to potency rather than dilution only around 1814 - see Haehl, Vol. I, p. 317), he now came to realise the power of medicine to cure without the need for other aid, which simply often worked to weaken the life force of the patient. Where other measures were needed, Hahnemann provided these in the form of regimen to build up the life force. He imitated nature in the context of health, not disease (which was what the allopaths sought to do).

Another interesting aspect of this small work is the understanding that a constant disease can develop from its initial, primary (tonic) form into other disease forms that are more variable. Thus, while Belladonna seems to work for prevention (initial contact) and the early stages (as well as the sequelae), the later stages require other remedies according to the symptoms. This provides an early basis for what Hahnemann later discovered with the chronic diseases, namely that there were some remedies that seemed almost specific for simpler stages of the chronic miasms, but that the number of remedies for later variable states of chronic disease increased as time went on.

THE MEDICINE OF EXPERIENCE (1805)

Out of this ripening reflection emerged the first cohesive statement of the new system of medicine, **The Medicine of Experience**, written in 1805.

1. Hahnemann identifies the divine nature of the human mind and its ability to discern the curative powers of nature. He sees that the divine design was “**to bring to unlimited perfection our whole being, as also our corporeal frame and the cure of its diseases.**” (*Lesser Writings*, p. 438)

2. He states clearly that man must not imitate nature in its efforts to get rid of disease, as these methods are crude and ineffective.

The great Instructor of mankind did **not** intend that we should go to work in the same manner as nature...

I am therefore astonished that the art of medicine has so seldom raised itself above a **servile imitation** of these **crude processes**...Never, **never** was it possible to compel these spontaneous endeavours of the organism by artificial means (the very notion implies a contradiction), never was it the Creator's will that we should do so.” (*Lesser Writings*, p. 435-437)

3. The object of medicine and the knowledge of the physician:

Medicine is a science of experience; its object is to eradicate diseases by means of remedies.

The knowledge of diseases, the knowledge of remedies, and the knowledge of their employment, constitute medicine. (*Lesser Writings*, p. 439)

4. The Creator permitted diseases, but he also “revealed” to man a “distinct mode” to know these diseases, plus the curative properties of medicines. This knowledge is not to be found in discovering invisible internal changes in the organism in disease or in searching for proximate causes (e.g., the person is sick because their liver is inflamed).

5. We must seek, however, the exciting cause, even if this may be hidden in most diseases.

We observe a few **diseases** that always arise from one and the same **cause**, e.g., the miasmatic maladies; hydrophobia, the venereal disease, the plague of the Levant, yellow fever, smallpox, cow-pox, the measles and some others, which bear upon them the distinctive mark of always **remaining** diseases of a **peculiar character**; and, because they **arise from a contagious principle that always remains the same**, they also always retain the **same character** and pursue the same course, excepting as regards some accidental circumstances, which however do not alter their **essential character**.

These few **diseases**, at all events those first mentioned (the miasmatic), we may therefore term **specific**, and when necessary **bestow** upon them **distinctive appellations**.

If a **remedy** have been discovered for one of these, it will **always** be able to **cure** it, for such a disease always remains essentially **identical** in its manifestations (the representatives of its internal **nature**) and in its **cause**. (*Lesser Writings*, p. 440)

All the **other** innumerable **diseases** exhibit such a difference in their phenomena that we may safely assert that they arise from a combination of several **dissimilar causes** (varying in number and differing in history and intensity).

Hence it happens that with the exception of those few diseases that are always the same [tonic], **all others** are dissimilar [pathic], and innumerable, and so **different** that each of them occurs scarcely more than once in the world, and each case of disease that presents itself must be regarded (and treated) as an **individual** malady that never before occurred in the same manner, and under the same circumstances as in the case before us, and will never again happen precisely in the same way! (*Lesser Writings*, p. 441-442)

6. The problem then is essentially those diseases of variable nature, those individual diseases, which cannot be discovered by means of speculation or examinations of the organism in disease, but only through the symptoms. Thus, this type of disease is identified in name only through the remedy that will cure it in contrast to those few constant diseases that can be given a distinctive name, such as measles.

The internal essential nature of every malady, of every **individual** [versus typical] case of disease, as far as is necessary for us to know it, for the purpose of curing it, expresses itself by the **symptoms**, as they present themselves to the investigations of the true observer in their whole extent, connection and succession.

When the physician has discovered all the observable symptoms of the disease that exist, he has discovered the disease itself [that is, the individual disease or the constant disease for which no remedy has yet been discovered clinically], he has attained the complete conception of it requisite to enable him to effect a cure. (*Lesser Writings*, p. 443)

7. Regimen is necessary to prevent a relapse where there are predisposing or exciting causes, both of a physical and of a moral nature.

8. Instruction is given in how to take the symptoms of the patient.

9. Two dissimilar diseases cannot remove each other, but two similar ones cannot occupy the same organism and the stronger annihilates the weaker. Medicines are stronger (being artificial diseases) than the natural disease.

Equally astonishing is the truth that there is no medicinal substance which, when employed in a curative manner, is weaker than the disease for which it is adapted -- no morbid irritation for which the medicinal irritation of a positive and extremely analogous nature is not more than a match. (*Lesser Writings*, p. 455)

10. Dual nature of medicine in its action: direct (here termed the “positive primary effect” and indirect (“opposite (negative) symptoms constituting this secondary effect”).

Thus, to the abnormal irritation present in the body, another morbid irritation as similar to it as possible (by means of the medicine that acts in this case positively with its primary symptoms) is opposed in such a degree that the latter preponderates over the former, and (as two abnormal irritations cannot exist beside each other in the human body, and these are two irritations of the same kind) the complete extinction and annihilation of the former is effected by the latter. (*Lesser Writings*, p. 454)

11. The new, artificial disease now expires “in a shorter time than any natural disease.”

12. The duration of the direct action, the primary medicinal symptoms, is “the first few hours, which are the duration allotted by nature.”

13. The remedy produces, in the first few hours, a

...kind of slight [homeopathic] aggravation (this seldom lasts so long as three hours), which the patient imagines to be an increase of his disease, but which is nothing more than the primary symptoms of the medicine, which are somewhat superior in intensity to the disease, and which ought to resemble the original malady so closely as to deceive the patient himself in the first hour, until the recovery that ensues after a few hours teaches him his mistake.” (*Lesser Writings*, p. 455)

14. Too large doses of the remedy will produce a greater disease than already present.

15. The sensitivity or receptivity of the body to medicine (medicinal irritations) is increased remarkably in disease. What would not affect a healthy person can have strong effects in disease.

The **Medicine of Experience** represents the culmination of this period of Hahnemann's searching for a new system of medicine (1790-1805). Five years later we see the emergence of that seminal document, the aphoristic **Organon der Heilkunst**, whose seeds lay in the earlier occasional writings. He had developed, by this time, sufficient certainty of insight and experience that he could present his discoveries in the form of a formal argument, highly structured and legalistic, as if a presenting his submission to the high court of truth and wisdom.

CONSOLIDATING HEILKUNST AND PRELUDE TO DUAL REMEDIES (1805-1833)

FIRST EDITION OF THE ORGANON: PREFACE (1810)

Hahnemann here decries the lack in medicine of serious investigation, unfettered by prejudice and authority, since its inception and appeals to physicians to act according to their conscience and sense of humanity and to take up the truth, grounded in experience and principle. He sees this true system of medicine as “**the most sacred of all human occupations**” and its practice an integral part of the divine.

The physician who enters on his work in this spirit becomes directly assimilated to the Divine Creator of the world, whose human creatures he helps to preserve, and whose approval renders him thrice blessed.

Of the 245 aphorisms, approximately 100 can be traced to the **Medicine of Experience** and many of the thoughts find their source in his earlier writings.

Given the legalistic nature of the **Organon**, it is important, as with any set of laws or principles expounded, that we understand the context in which it is written. Hahnemann had importantly determined that only a few diseases (those of constant nature or **Wesen**) could be clearly identified and through centuries of trial and error, folk medicine had discovered the specific medicine in most cases. These were diseases that had a readily identifiable cause, either in terms of errors of regimen (scurvy), accidents (bruises or fright) or infection (scarlet fever, measles, smallpox).

However, as regards the remaining disorders afflicting humanity, which had a variable, individual nature or **Wesen**, there was no sure way to determine (diagnose) the disease or its cause. Hahnemann stated the problem clearly: men had tried to discover the hidden cause of disease in the morbid alterations of the organism, like diviners. However, these changes in the visible physical body were only the result of disease. Disease, being something that obeyed non-physical laws, being dynamic in nature, could only be discovered through the symptoms, the sensible expression of the disease. The divine nature had expressly kept hidden from man this more supersensible cause. Thus, other than trial and error, which only works for diseases of constant nature in any case, the only rational route open to medicine was to approach the remaining diseases of variable nature through the symptom expression (pathology) of the disease in the patient. The curative remedy, selected on the basis of the law of similars, then becomes the true diagnosis of the disease.

In 1813 Hahnemann further emphasised this argument in **Spirit of the Homoeopathic Doctrine of Medicine**:

It is impossible to divine the internal essential nature of diseases and the changes they effect in the hidden parts of the body...it is impossible to divine the medicinal properties of remedies from any chemical theories of from their smell, colour or taste... (*Lesser Writings*, p. 617)

These abnormal matters that shew themselves in diseases are consequently merely products of the disease itself, which, as long as the malady retains its present character, must of necessity be secreted, and thus constitute a portion of the morbid signs (symptoms); they are merely effects, and therefore manifestations of the existing internal ill-health, and they do certainly not react (although they often contain the infecting principle for other, healthy individuals) upon the diseased body that produced them, as disease-exciting or maintaining substances, that is, as material morbid causes... (*Lesser Writings*, p. 619)

What lay behind the prevailing approach of medical tradition was a materialistic conception of disease, linked now to the science of matter and its exploration of the sensory world. Hahnemann realised that disease was dynamic, that is, that it was supersensible in nature.

See: *Disease: Material or Dynamic in Origin?*

In the above argument, Hahnemann also made this eminently clear, although it would not be until the 5th and 6th editions of the **Organon** that he would feel sufficiently comfortable to put it into the more legalistic (law-making) text of that work.

To the explanation of human life... the principles by which we explain other phenomena are quite inapplicable. ..Human life is in no respect regulated by purely physical laws...they are regulated by the laws peculiar to vitality alone, they are themselves animated just as the whole system is animated. Here a nameless **fundamental power reigns omnipotent**, which suspends all the tendency of the component parts of the body to obey the laws of gravitation, of momentum, of the vis inertiae, of fermentation, of putrefaction, &c, and brings them under the wonderful laws of life alone, -- in other words, maintains them in the condition of sensibility and activity necessary to the preservation of the living whole, a condition almost **spiritually dynamic**. (*Lesser Writings*, p. 618)

...it is impossible that [the morbid injurious agencies] can immediately either mechanically disturb or derange... The exciting causes of disease rather act by means of their special properties on the state of our life (on our health), only in a dynamic manner, very similar to a spiritual manner, and inasmuch as they first derange the organs of the higher rank and of the vital force, there occurs from this state of derangement, from this **dynamic alteration of the living whole**, an altered sensation (uneasiness, pains) and an altered activity (abnormal functions) of each individual organ and of all of them collectively [leading to changes at the tissue level]. (*Lesser Writings*, p. 618-619) 

Hence it is obvious that the diseases excited by the dynamic and special influence of morbid injurious agents can be originally only **dynamical** (caused almost solely by a spiritual process) **derangements** of the vital character of our organism. (*Lesser Writings*, p. 619)

Now because diseases are only dynamic derangements of our health and vital character, they cannot be removed by man otherwise than by means of agents and powers which also are capable of producing dynamical derangements of the human health, that is to say, **diseases are cured virtually and dynamically** by medicines. (*Lesser Writings*, p. 620)

We can now clearly see that Hahnemann is linking the human being, health, natural disease, and medicines in the higher reality of the supersensible realm, which is also connected with the spirit of god and the spirit of nature. However, this dynamic view, based on the essential duality between mind and nature (**Geist and Wesen**), was clearly misunderstood by most of his followers and still is by most homeopaths since.

Today we have an abstract notion of disease which predominates in homeopathy, a notion based on a profound misunderstanding of what Hahnemann was saying. Disease is simply the derangement of the Living Power (so-called vital force in most translations), but since the derangement is seen only in terms of the efforts of the life-sustaining (sustentive) side of the Living Power to maintain health, the job of the homeopath is seen as supporting these efforts, essentially a quantitative exercise. There is no conception that disease is a real, supersensible entity unto itself (a **Wesen**). Instead, disease, since restricted to the reaction of the sustentive power, becomes one-sided and unidimensional (disease essentially equals the symptoms of the patient, such that disease effectively becomes an abstraction, and the patient becomes the only reality). What predominates in homeopathy is not a dynamic view, but an abstraction called **vitalism** that sees disease as one-sided and unidimensional whereas Hahnemann was developing a more sophisticated hierarchical view of disease derived from the dual nature of the Living Power (pathic layers and tonic dimensions - homogenic, iatrogenic, regimenal, geogenic, pathogenic, ideogenic).

**See: *Two Sides of the Living Principle
Disease Origins and Dimensions***

On the other hand, we see the materialist tendency in homeopathy in those who accept the law of similars but not the so-called "spiritual" view of disease, mostly those with an allopathic training. We find a good example of this in the translator of the **Lesser Writings** and the **Organon**, R.E. Dudgeon, M.D. He writes in a footnote to the last quote above,

Unfortunately for this vital or dynamic theory of Hahnemann, the examples he has cited absolutely disprove his position in regard to dynamic or spiritual causes of disease... It is now a general practice among surgeons, when a suspicious ulcer is presented to them, to inoculate another part of the same individual with the matter, for the purpose of ascertaining whether the chancre can be reproduced. This test is now deemed conclusive. In these instances, surely no dynamic or spiritual influences can be recognized as causes of the maladies under consideration, but manifestly the actual contact of morbid material substances with other healthy material structures. We cannot, therefore, with any degree of propriety term these causes or their effects upon the organism, either dynamic or vital. (*Lesser Writings*, p. 620 footnote #3).

It was the approach to the discovery of the many individual diseases through the symptoms and their curative remedies that Hahnemann made the initial subject of his **Organon** and called it homeopathy (use of the law of similars according to the pathology).

The **Organon** went through four editions between 1810 and 1829. The changes between the fourth and fifth editions are particularly significant because of the publication in 1828 of the discovery of the chronic miasms. To understand these changes we need to examine the historical and theoretical context surrounding this discovery.

Hahnemann, as we have seen, was fully cognisant of the fact that disease was of two types. Because of the confusion that reigned regarding the second type (the variable, individual diseases), compared to the greater clarity of the first (the constant diseases), he focussed his efforts on trying to identify the individual diseases. Rather than using clinical means and more direct diagnosis through the cause (whether disease irritation, pathogen or drug, for example), Hahnemann found a means of identifying these individual diseases through the remedy, by means of the image of disease produced by the provings. He writes of this again, for example, in 1816, when addressing venereal disease (syphilis).

See: *Provings: The Basis for Homeopathy*

Two Approaches to and Two Types of Specific Remedies for Disease

...the venereal disease is one of those happy few that remain always the same with respect both to their origin and nature (and consequently cannot be mistaken at its commencement), and the specific remedy for which (mercury) was discovered by a lucky hit in domestic practice shortly after the invasion of the disease, now 323 years ago...although their treatment of all other diseases might have remained, as indeed, it has mere subjective and objective delusion; which might to a certain extent be excused, since almost all other diseases differ so widely from each other and among themselves, and the appropriate remedy for each several case remained an eternal problem until homeopathy solved it. (*Lesser Writings*, p. 647)

We find it again in an article written a year later (1817) on the sources of the materia medica:

By an infinite number of trials of all imaginable simple substances used in domestic practice, in a well-defined disease, which shall constantly present the same characters, a true, certainly efficacious, specific remedy for the greater number of individuals and their friends suffering from the same disease might certainly be discovered, though only *casu fortuito*. (*Lesser Writings*, p. 687)

Hahnemann says that for these diseases of constant nature, it was not necessary to use “reason and mature knowledge” only “mere experimenting.” But this would not suffice for the variable diseases, although the doctors tried to seek a specific constant remedy for them, not understanding their variable nature.

‘But if specific remedies, which were always serviceable in the above [constant] diseases, were discovered in this way, why could not some remedies against all the remaining innumerable diseases be discovered by similar experiments?’

Because all other diseases only present themselves as individual cases of disease differing from each other, or as epidemics which have never been seen before, and will never be seen again in exactly the same form. The constant specific remedies in these few [constant] diseases were capable of being discovered by means of trying every imaginable medicinal substance, only because the thing to be cured, the disease, was of a constant character;--they are diseases which always remain the same; some are produced by a miasm which continues the same through all generations, such as the venereal disease; others have the same exciting causes, as the ague of marshy districts, the goiter of the inhabitants of deep valleys and their outlets, and the bruises caused by falls and blows. (*Lesser Writings*, p. 689) (comments in square brackets added)

Here we have the illustration of the hierarchy of these constant diseases involving the pathogenic (infectious), the regimenal (goiter), and the homogenic (bruises) dimensions, leading to the constant states of mind (ideogenic) later on. Hahnemann then sets out the principle for the first type of disease and the means of treatment of the second:

See: *Disease Origins and Dimensions*

Only for a want of a constant character can we suppose a supply of a constant character. (*Lesser Writings*, p. 689)

In order to treat successfully the other cases of disease occurring in man, and which, be they acute or chronic, differ so vastly among each other, if they cannot be referred to some primary disease which is constant in its character, they must each be regarded as peculiar diseases, and a medicine which in its pure effects on the healthy body shows symptoms similar to those of the case before us, must be administered. (*Lesser Writings*, p. 693-694)

Hahnemann calls this improved curative art for these “other cases” “homoeopathic.” It refers specifically to the diagnosis of variable, individual diseases based on the symptoms of the disease in the patient and the matching of this picture to the image of the medicines (artificial diseases) obtained from the provings..

It can also refer, on the other hand, to the discovery of pathic remedies for what appears to be constant diseases. At this point, Hahnemann had not fully developed in his consciousness the nature of the two sides of disease and as a result he had not yet developed a distinction between remedies for the pathic and tonic sides. Instead, he tended to assume that the remedy discovered through the symptoms that largely worked for most cases of the constant disease was actually the remedy for the constant disease, rather than for the closest and least differentiated pathic disease variation. As we will later see, this method produced medicines for the pathic diseases originating from the constant diseases, such as Belladonna for scarlet fever, instead of Scarlatinum, or Sulphur for Psora, instead of Psorinum. The discovery of the use of isodes and nosodes, mainly by others as we will see, eventually brought Hahnemann to the dawning realisation that there could be a rational, methodical (clinical) approach to discovering medicines for the tonic diseases, based on the principles of fixed relationships between medicine and disease dimension.

See: *Isopathy and Isodes/Nosodes: Tonic Medicines*

The above comments on the dual nature of disease were published by Hahnemann in 1817, then again in 1825, and form part of the documents referred to explicitly in the 6th edition of the aphoristic Organon. If we look a little further, around 1825 again, we find the following references to the two types of disease:

As long as accurate observation, unwearied research, and careful comparison have failed to demonstrate really constant original types of disease for the amazing number of morbid phenomena and cases of disease occurring in the human subject, which nature appears to produce in endless variety and very dissimilar to one another, so long will it be manifest that every single morbid phenomenon must be homoeopathically treated, just as it presents itself, according to the array of symptoms that show themselves in every case... (*Lesser Writings*, p. 712-713)

As in the previous work, Examination of the Sources of the Common Materia Medica, Hahnemann here puts his finger on exactly where the Old School medicine went wrong, namely in misunderstanding disease. Faced with the variable diseases, and not knowing how to proceed according to the rules of nature (discovered by Hahnemann in terms of the provings), it imagined that they could arbitrarily reduce a number of such disease states to a common form by using only one common symptom and to give these imaginary pictures a name, pretending that they were constant, distinct diseases. They called this pathology and therapeutics, both falsely used.

Seeing the impossibility of efficaciously treating every case of disease according to its individuality, they imagined that their business was to select from the apparently infinite variety of different morbid phenomena which nature displays, a number of diseased states, all resembling each other in having some particular prominent symptom in common, as fundamental forms and, having assigned to them general symptoms that were of not unfrequent occurrence in diseases and bestowed on them special names, to give out for constant, distinct diseases, that always remain the same. The collection of these forms of disease manufactured by themselves, they asserted to constitute the whole range of the world of disease, in other words, pathology, in order that they might be able to lay down special modes of treatment for these their imaginary morbid pictures, and this constituted the science of therapeutics. (*Lesser Writings*, p. 713)

And lest some reader would think that Hahnemann was here saying that all diseases were of the individual (pathic) type, Hahnemann clarifies this in a footnote:

...every unprejudiced person must at once perceive that, as careful observation finds every individual case of disease to differ from every other*

*With the exception of such diseases as are caused by a miasm of constant character, or by an always identical cause. (*Lesser Writings*, p. 720)

We can see here a deepening understanding of the two types of disease, even though Hahnemann’s focus by 1810 was on the variable (pathic) type, which posed such immediate problems for medicine. We can also see that the discovery of the homeopathic method of determining specific medicines (e.g. Belladonna for Scarlet Fever), based as it was on the symptoms, even in the case of constant diseases, created some confusion as to the distinction between constant medicines for constant diseases and individual medicines for individual (variable) diseases.

And accordingly, since the only trustworthy way, the homoeopathic, has been pursued with honesty and zeal, the specific remedies for several of the other constant diseases have already been discovered.

In this homeopathic way...I found the specific curative and prophylactic remedy for [scarlet fever]...

So, also, from a thorough consideration of the symptoms presented by the purpura miliaris...I found that aconite must be the specific remedy...

The symptoms of 1810 are to be found in the pure materia medica, among the symptoms produced by burnt sponge and hepar sulphuris; and see! these two alternately, and in the smallest dose, cure...

No known medicine is so capable of producing a state similar to that of the epidemic hooping-cough as the sundew... (*Lesser Writings*, p. 733)

Hahnemann, as we have seen, was fully cognisant of the fact that disease was of two types. Of course, he focussed his efforts on the second type (the variable, individual disease), as opposed to the first, the constant diseases. In this second type so much confusion reigned and where the specific remedy could not be found by clinical means, but wonderfully so through the means of matching proving and disease images. He writes of this again, for example, in 1816, when addressing venereal disease (syphilis).

...the venereal disease is one of those happy few that remain always the same with respect both to their origin and nature (and consequently **cannot be mistaken at its commencement**), and the **specific remedy** for which (mercury) was discovered by a lucky hit in domestic practice shortly after the invasion of the disease, now 323 years ago...although their treatment of all other diseases might have remained, as indeed, it has mere subjective and objective delusion; which might to a certain extent be excused, since almost **all other diseases differ** so widely from each other and among themselves, and **the appropriate remedy for each several case remained an eternal problem until homeopathy solved it.** (*Lesser Writings*, p. 647)

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Hahnemann calls this improved curative art for these “other cases” “homoeopathic.” It refers specifically to the diagnosis of variable, individual diseases based on the symptoms of the disease in the patient. It can also refer, on the other hand, to the discovery of pathic remedies for what appears to be constant diseases. At this point, Hahnemann had not fully developed in his consciousness the nature of the two sides of disease and as a result he had not yet developed a distinction between remedies for the pathic and tonic sides. Instead, he tended to assume that the remedy discovered through the symptoms that largely worked for most cases of the constant disease was actually the remedy for the constant disease, rather than for the closest and least differentiated pathic disease variation. As we will later see, this method produced medicines for the pathic diseases originating from the constant diseases, such as **Belladonna** for scarlet fever, instead of **Scarlatinum**, or **Sulphur** for Psora, instead of **Psorinum**. The discovery of the use of isodes and nosodes, mainly by others as we will see, eventually brought Hahnemann to the dawning realisation that there could be a rational, methodical (clinical) approach to discovering medicines for the tonic diseases, based on the principles of fixed relationships between medicine and disease dimension.

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Seeing the impossibility of efficaciously treating every case of disease according to its individuality, they imagined that their business was to select from the apparently infinite variety of different morbid phenomena which nature displays, a number of diseased states, all resembling each other in having some particular prominent symptom in common, as fundamental forms and, having assigned to them general symptoms that were of not unfrequent occurrence in diseases and bestowed on them special names, to give out for constant, distinct diseases, that always remain the same. The collection of these forms of disease manufactured by themselves, they asserted to constitute the whole range of the world of disease, in other words, pathology, in order that they might be able to lay down special modes of treatment for these their imaginary morbid pictures, and this constituted the science of therapeutics. (*Lesser Writings*, p. 713)

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And accordingly, since the only trustworthy way, the homoeopathic, has been pursued with honesty and zeal, the **specific remedies** for several of the other **constant diseases** have already been discovered.

In this homeopathic way...I found the specific curative and prophylactic remedy for [scarlet fever]...

So, also, from a thorough consideration of the symptoms presented by the purpura miliaris...I found that aconite must be the specific remedy...

The symptoms of croup are to be found in the pure materia medica, among the symptoms produced by burnt sponge and hepar sulphuris; and see! these hit alternately, and in the smallest dose, cure...

No known medicine is so capable of producing a state similar to that of the epidemic hooping-cough as the sundew...(*Lesser Writings*, p. 733)

THE DISCOVERY OF THE CHRONIC MIASMS AND THE CHRONIC DISEASES ARISING THEREFROM

The shift in focus to the variable diseases (pathic side) in the **Organon**, from the initial focus on the constant (tonic) diseases, would now shift back again, helping to set the stage for a remarkable chapter in the history of the dual nature of disease, the use of dual remedies.

According to his own account, Hahnemann began to have doubts about the efficacy of the homeopathic method around 1816 despite its success in the acute, epidemic and sporadic diseases, as well as in the chronic ones. He describes the process in his second seminal work, **Chronic Diseases**, which properly forms part of his occasional writings (the language and length - except for the materia medica - is more in keeping with these).

36.1 Using the more natural treatment, homeopathic physicians have frequently been able in a short time to remove the present chronic state of suffering which they had before them, after examining it according to all the symptoms perceptible to the senses... These improvements indeed far excelled all that allopathy had ever—in rare cases—been able to effect by a lucky grab into their medicine chests.

37.1 The complaints yielded for the most part to very small doses... and, if the malady was not altogether too old and had not been too much and in too great a degree spoiled by allopathy, it often yielded for a considerable time, so that mankind had good reason to deem itself fortunate even for that much help, and, indeed, it often proclaimed its thankfulness.

37.2 A patient thus treated might and often did consider himself in pretty good health, when he fairly judged of his present improved state and compared it with the far more painful one before Homeopathy had afforded him its help.*)

37.^{2.1} Of this kind were the cures of psoric disease not yet fully evolved, which had been treated by my followers with remedies which did not belong to the number of those which, later, proved to be the chief anti-psoric remedies, because these remedies were not yet known. They had been merely treated with such medicines as homeopathically best covered and temporarily removed the then apparent moderate symptoms, thus managing a kind of a cure which brought back the emerging psora into a latent state, thus achieving a kind of well-being, lasting for many years, especially in young, vigorous persons, such as would appear as true health to every inaccurately investigating observer.

37.^{2.2} But with chronic cases of fully evolved psora, the medicines which were then known never sufficed for a complete cure, any more than these same medicines suffice presently.

38. Often even somewhat gross dietary sins, colds, the onset of especially rough, wet and cold or stormy weather, or even of autumn, however mild, but, more yet, winter and a wintry spring, and then some violent mental or physical exertion, but particularly some shock to the health caused by some severe external injury, or a very sad event that bowed down the mind, repeated fright, great grief, sorrow and continuous vexation, often brought forth in a weakened body (if the apparently cured disease had an already advanced psora at its base) the **re-appearance of one or more of the sufferings which seemed already conquered, often aggravated by some quite new occurrents, which, if not more serious than those formerly dispatched homeopathically, were often just as onerous and now more obstinate.**

39. Sometimes a joyous lot, or an external situation of circumstances improved by fortune, a pleasant journey, a favorable season or dry, uniform weather conditions, might produce a remarkable pause of shorter or longer duration in the chronic malady of the patient, during which the Homeopathist might consider him as fairly well recovered; and the patient himself, if he good-naturedly overlooked some passably moderate maladies, might consider himself as healthy. Still such a favorable pause would never be of long duration, and the **return and repeated returns of the maladies** in the end left even the best selected homeopathic remedies then known, and given in the most appropriate doses, the less effective the oftener they were repeated. They served at last hardly even as weak palliatives. But usually, after repeated attempts to conquer the disease which appeared in a form always somewhat modified, residual maladies appeared, which the homeopathic medicines hitherto proved, though not few, had to leave uneradicated, yea, often undiminished. Thus there followed **more and more complaints ever more troublesome, and as time proceeded, more serious**, and this even with blameless regimen and punctual observance of directions on the part of the patient. The **chronic sickness could be but little delayed in its progress by the homeopathic physician while worsening from year to year despite all efforts.**

40. This was, and remained, a quicker or slower process in such treatments of all non-venereal, severe chronic diseases, even when these were treated in exact accordance with the teachings of the homeopathic art as hitherto known. **Their beginning was promising, the continuation less favorable, the outcome hopeless.**

What Hahnemann is saying here is that so long as the chronic miasm, the primary disease, was latent, it could not yet cause the many secondary (pathic) chronic diseases, and the patient could be brought to an apparent state of health with treatment of the self-limiting diseases. However, this only rendered the chronic miasm latent in the patient, which could then be aroused into action by seemingly minor occurrents and circumstances. This caused a crisis of confidence for Hahnemann, as he realised that the treatment to date, based on the prevailing symptoms, did not constitute a full cure; there remained hidden diseases not visible in any symptoms. He knew that the problem lay not in the lack of known medicines but in his lack of knowledge of disease. Homeopathy had proved efficacious against many diseases so the problem lay deeper, in nosology.

41 And nevertheless this teaching itself was supported upon the most unassailable pillars of truth and will evermore be so. The attestation of its excellence, yea (so far as this can be predicated of human affairs), of its infallibility, has been laid before the eyes of the world through facts.

42. Homeopathy alone taught first how to cure the great self-contained diseases, the old, smooth scarlet fever of Sydenham, the more recent purples, whooping cough, croup, sycosis, and autumnal dysenteries, by means of the specifically aiding homeopathic remedies. Even acute pleurisy, and typhous contagious epidemics must now allow themselves to be speedily turned into health by a few small doses of rightly- selected homeopathic medicine.

Hahnemann was aware that he faced a qualitative problem, that the problem could not simply be addressed by increasing the number of remedies in the materia medica. Only if the theoretical issue of a better understanding of disease could be overcome, then could the quantitative issue of additional remedies be usefully explored. The organising idea must come first, only then can the search for remedies be organised meaningfully.

43. Whence then this less favorable, this unfavorable, result of the continued treatment of the non-venereal chronic diseases even by Homeopathy? What was missing in the thousands of failed endeavors to cure the remaining diseases of protracted nature so that lasting recovery might proceed therefrom?

44 Perhaps by the still **too small number** of homeopathic remedial implements so far proven as to their pure actions!

45 Students of Homeopathy have hitherto thus consoled themselves [and still do today!]; but this **excuse**, or so-called consolation, **never satisfied the founder** of Homeopathy — particularly because even the ever increasing store of proved powerful medicines has not advanced the cure of chronic (non-venereal) diseases by a single step, while acute diseases (unless these, at their commencement, threaten unavoidable death) are not only passably removed, by means of a correct application of homeopathic remedies, but, with the assistance of the never-resting, living, Sustentive Power in our organism, find a speedy and complete cure.

Hahnemann quickly realised that the problem lay in a hidden constant disease (“arch malady”) that could not be detected by the presenting symptoms of the patient. Where he and his students had been treating the chronic diseases as if they were stand alone, idiopathic diseases, he discovered that they were but fragments of a deeper disease, a chronic miasm.

49. ...and that consequently he would first have to come to know as far as possible the whole extent of all the occurrents and symptoms belonging to the **unknown arch malady** before he might hope to discover **one or more medicines homeopathically capable of covering the whole of the fundamental malady** by means of its peculiar symptoms, by which means he would then be in a position to curatively conquer and extinguish **the sickness in its whole extent, consequently also its single members** - that is, all its disease fragments appearing as so many variously disease cases.

50. But that the **arch malady** sought for must also be of a **miasmatic, chronic nature** clearly showed itself to me from this circumstance, that after flourishing and evolving to a certain height, it is never lifted by dint of a robust constitution, or overcome by the most wholesome diet and regimen, nor does it quench itself. Rather it is evermore aggravated, from year to year, by transition into other more serious symptoms, right up to the end of life, like every chronic, miasmatic disease, e.g., the venereal bubo which has not been cured from within by mercury, its specific remedy, but has passed over into venereal disease that likewise never quenches itself, but increases from year to year (despite the best regimen and most robust bodily constitution), evolving new and worse symptoms, again right up to the end of life.

What now emerged was that under the various chronic diseases, which seemed to be idiopathic diseases (that is, self-contained), there existed more fundamental, primary chronic maladies of a constant nature (Wesen), called chronic miasms (tonic diseases). These could be cured in their early stage easily by a specific, and if not so cured or if suppressed by allopathic treatment, they would give rise to all manner of other (pathic) diseases.

See: *Two Approaches to and Two Types of Specific Remedies for Disease*

13.2 ... The Chronic Diseases, which spring from miasms ...

14.1... the chronic diseases arising from miasms directly ...

57.1 All chronic diseases of mankind ... must therefore all have for their origin and foundation static chronic miasms...

49.1 The continually repeated fact that the nonvenereal chronic diseases, after being time and again removed homeopathically in the best way by the remedies fully proved up to the present time, always returned in a more or less varied form and with new symptoms, or reappeared annually with an increase of complaints, first disclosed to me:

that the homeopathic physician in such a chronic (non-venereal) case, yea, in all cases of (non-venereal) chronic disease, is not only dealing with the disease appearance before his eyes, and should not view and treat it as if it were an idiopathic disease, to be speedily and permanently expunged and cured homeopathically (which empirical results refuted) but that he was always dealing with some separate part of a more deep-seated original malady, whose great extent is shown in the new occurrents emerging from time to time;

that the homeopathic physician may not hope to permanently cure single disease cases of this kind under the presupposition, hitherto entertained, that they were idiopathic, self-contained diseases which would never again sprout forth with other, new, troublesome symptoms;

and that consequently he would first have to come to know as far as possible the whole extent of all the occurrents and symptoms belonging to the unknown arch malady before he might hope to discover one or more medicines homeopathically capable of covering the whole of the fundamental malady by means of its peculiar symptoms, by which means he would then be in a position to curatively conquer and extinguish the sickness in its whole extent, consequently also its single members - that is, all its disease fragments appearing as so many various disease cases.

50.1 But that the arch malady sought for must also be of a miasmatic, chronic nature clearly showed itself to me from this circumstance, that after flourishing and evolving to a certain height, it is never lifted by dint of a robust constitution, or overcome by the most wholesome diet and regimen, nor does it quench itself. Rather it is evermore aggravated, from year to year, by transition into other more serious symptoms, right up to the end of life, like every chronic, miasmatic disease, e.g., the venereal bubo which has not been cured from within by mercury, its specific remedy, but has passed over into venereal disease that likewise never quenches itself, but increases from year to year (despite the best regimen and most robust bodily constitution), evolving new and worse symptoms, again right up to the end of life.

53.1 Gradually I learned of more helpful means against this arch malady engendering so many sufferings, that is against that which may be called by the general name of Psora (the inner itch disease with or without its skin eruption). It then dawned on me, due to the subsequent aid afforded by using these medicines in similar chronic diseases for which the patient was unable to identify such an infection, that also these cases, in which the patient recalled no infection of this kind, nevertheless had to have stemmed from a Psora contracted perhaps already in the cradle, or communicated in some other unrecalable fashion; and this often found corroboration upon more careful inquiry with the parents or aged relatives.

54.1 Exacting observation of the aid afforded by the antipsoric means added in the first of these eleven years taught me evermore how frequently the moderate, as well as the more severe and the most severe, chronic diseases were of this origin.

58.1 In Europe and also on other continents so far as is known, according to all investigations, only three chronic miasms are found, whose diseases emerge as local symptoms, and from which most, if not all, the chronic diseases originate; namely, first, SYPHILIS, which I have also called the venereal chancre disease; then SYCOSIS, or the fig-wart disease; and finally the chronic disease which lies at the foundation of the eruption of itch, the PSORA, which shall be spoken of first as the most important of them all.

183.1 ...then the slumbering psora awakes and shows itself, by the heightened and augmented symptoms following below, in its transition to the formation of severe maladies; one or another of the nameless (psoric) chronic diseases breaks out ...

243.1 Now if, as experience teaches, not even the fresh itch-disease — the easiest of all to cure, i.e., the internal, freshly arisen psora together with the external, fresh eruption — can be thoroughly cured by external expulsives accompanied with the internal use of large quantities of sulphur powder, it may easily be realized, that psora, after it has been deprived of its eruption and has become internal and inveterate, having gradually developed secondary maladies and thus having changed into chronic diseases of various kinds, for the same reason can be just as little cured by a quantity of sulphur powders, or by a number of baths in sulphurous mineral waters, or on the other hand by simultaneously drinking the same or a similar water; in a word, it can never be cured by a superabundance and frequent repetition of this medicine, although it is of itself antipsoric.*

243.1* Applied in small dosage, sulphur, as one of the antipsoric medicines, will not fail to make a brief beginning of a cure of the chronic (non-venereal and therefore psoric) diseases. I know a physician in Saxony who acquired a great reputation by merely adding to his prescriptions in nearly all chronic diseases flowers of sulphur, and this without knowing why he did it. This in the beginning of such treatments is wont to bring about a strikingly good effect, but naturally only at the outset— then his help is at an end.

243.2 It is true that many such chronic patients by the first bath treatment of this kind seem to get rid of their original disease symptoms for some time (therefore we see an incredible throng of many thousands, suffering from innumerable different chronic maladies at Teplitz, Baden, Aix-la-Chapelle, Nenndorf, Warmbrunn, etc.); but they are not on that account by any chance healthy, but instead of the original chronic (psoric) disease, they have for a time come under the dominion of a sulphur-disease (another, perhaps more bearable, indisposition). This in time passes away again, when the psora again lifts its head, either with the same disease symptoms as before, or with others similar but gradually more troublesome than the first, or with symptoms germinating in nobler parts. The ignorant rejoice in the latter case, because at least their former disease (the former group of psora symptoms) has passed away, and they hope that the new disease will wholly subside by a return trip to the same baths. They do not know, that their changed disease state is merely a transformation of the same psora, but they ever and again find out by experience, that their second bath treatment of this sort provides even less alleviation, or, indeed, if the sulphur-baths are used in still greater number, they bring considerable aggravation as a consequence.

244.1 Thus it is partly the excess of sulphur in all its forms, and partly the frequent repetition of its employment both inwardly and outwardly by allopathic doctors that have dispossessed it of all value and use for the homeopathic physician in the treatment of a multitude of chronic diseases (the secondary psoric maladies), and we may well maintain, that, to this day, hardly anything but harm has been inflicted with the same by allopathic doctors through its use.

245 But even supposing anyone would want to make the only correct use of sulphur in this kind of disease, as is taught below, it will seldom be possible to do this with the same outlook of success as when the homeopathic physician is presented with a recently arisen itch-disease with its eruption still present. Even when, due to its undeniable anti-psoric virtues, sulphur is able of itself to make the beginning of a cure after the external expulsion of the eruption, either with the still hidden and dormant psora or, when this has already more or less developed and broken out into its varied chronic diseases, it can nevertheless be but rarely made use of in all these states,

Hahnemann was now obliged to return again to the constant (static) disease types. He had met with them in the form of folk medicine and traumas (bruises and fright), regimen (scurvy), ideas (allopathy),

See: Hahnemann's Case-taking of the Old School Mentality - Ideogenic Disease

infection (acute miasms, such as measles) and drugs (mercury and arsenic poisonings). Then he had concentrated on the vexing problem of the variable diseases, achieving brilliant results by means of the homeopathic approach. Now, he again encountered another aspect of the infectious diseases in the form of chronic miasms (tonic in nature), constant in nature and the engenderers of countless chronic diseases (pathic in nature).

CONTRAST OF THE OLD AND THE NEW SYSTEMS OF MEDICINE (1825)

In 1825, Hahnemann wrote this work, setting out the basic truths of medicine and reiterating the underlying principle of duality in his system, in contrast to the one-sided approach of the Old School. Based on the success of domestic medicine in finding certain specific medicines for the few constant diseases, the allopaths sought to constitute constant diseases out of the many individual ones, creating fictitious disease entities they called pathology.

As long as accurate observation, unwearied research, and careful comparison have failed to demonstrate really constant original types of disease for the amazing number of morbid phenomena and case of disease occurring in the human subject ... so long will it be manifest that every single morbid phenomenon must be homeopathically treated ...

The adherents of the old school of medicine imagined that they would best succeed with the treatment of that great variety of morbid phenomena, if they arbitrarily drew up upon paper a list of types of disease... They gave the name of pathology to this work of theirs.

... they imagined that their business was to select from the apparently infinite variety of different morbid phenomena which nature displays, a number of diseased states, all resembling each other in having some prominent symptom in common, as fundamental forms, and ... to give them out for constant, distinct diseases, that always remained the same. (*Lesser Writings*, p. 712-713).

... therefore every unprejudiced person must at once perceive that, as careful observation finds every individual case of disease to differ from every other,* no name borrowed from a pathological system of man's fabrication which falsely alleges diseases to possess constant unvarying characters, should be attached to morbid states, which in reality differ so much among themselves ...

*With the exception of such diseases as are caused by a miasm of constant character, or by an always identical cause. (*Lesser Writings*, p. 719-720)

Hahnemann seems incredulous that this truth would be denied, despite his having published it almost three decades earlier, but recognises the power of prejudice (belief) and authority.

Do old, antiquated untruths become anything better -- do they become truths -- by reason of their hoary antiquity? Is not truth eternal, though it may have been discovered only an hour ago? Does the novelty of its discovery render it an untruth? Was there ever a discovery or a truth that was not at first novel? (*Lesser Writings*, p. 724)

Thus, we can now see what was becoming clearer to Hahnemann, namely that there existed constant, primary diseases out of which emerged a variety of diseases. This variety increased over time due to varied constitutions, climate and other factors. Thus, we see early on that Hahnemann, in his discovery of a specific for scarlet fever (a constant acute miasm), found that it worked in prevention and the very early stages, but that later stages needed other remedies. We find that he also identified several remedies as being near specifics for the constant chronic miasms (Sulphur for Psora, Thuja for Sycosis, and Mercury for Syphilis). These were the immediate pathic forms of disease arising from each of the primary (tonic) forms. However, as time goes on, other varieties of psoric, syctic and syphilitic diseases develop, requiring other remedies for these varieties (based on the symptom picture),

We find that this discovery of the chronic miasms as the origin of the many variable chronic diseases brought the duality of disease, which he had always known, back into his active consciousness. He now included reference to the chronic miasms in the 4th edition and he added a lengthy introduction to the 5th edition of the *Organon*, bringing many ideas from his earlier writings on the fallacies of allopathy and the Old School of thinking, writings he had by now fully matured in concept. In the introduction we find that he brings back into the *Organon* more formally the idea of homogenic (traumatic) prescribing, involving constant disease.

Duration of Action of the Remedy

In the first four editions of the **Organon** (1810-1829), Hahnemann took the position that one should prescribe a single dose and allow the full action to be completed, which is consistent with his earlier position. As he wrote in a footnote to the 5th edition, this was done to avoid the deleterious effects of large doses (repeated small doses in too close proximity amounting to the same thing, as he had earlier pointed out).

In the former editions of the *Organon* I have advised that a single dose of a well-selected homoeopathic medicine should always be allowed first fully to expend its action before a new medicine is given or the same one repeated -- a doctrine which was the result of the positive experience that neither by a larger dose or the remedy, which may have been well chosen (which has been again recently proposed, but which would be very like a retrograde movement), nor, what amounts to the same thing, by several small doses of it given in quick succession, can the greatest possible good be effected in the treatment of diseases, more especially of chronic ones...As long as no more efficacious mode ... was discovered ... the homoeopathic practitioner ... [should only allow] a single dose at a time, and that the very smallest of the carefully selected remedy to act upon the patient, and moreover to exhaust its action. (Dudgeon translation of the 5th and 6th Editions of the *Organon*, p. 123)

But it happens, moreover, that a number of the smallest doses given for the same object in quick succession accumulate in the organism into a kind of excessively large dose, with (a few, rare cases excepted) similar bad results... (Dudgeon, p. 124)

It is hard to escape the conclusion that Hahnemann initially laid down a strict rule in this regard as he was continually struggling against the materialist tendency of his day which felt that if a little was good, then more was better. One of the issues in his dispute with the Leipsic homeopaths after the publication of the **Chronic Diseases** and the 4th edition of the **Organon** was that of the size of the dose. As Hahnemann became more and more aware of the increasing therapeutic power of the potencies (dynamic), this reinforced his concerns over the use of large doses, and he began to switch from the liquid doses to a single drop in sugar, such as is suggested for the treatment of typhus in 1814.

... we give him on a piece of sugar a single drop from bottle No. 12 [12C potency]...(Lesser Writings, p. 633)

In contrast to earlier writings which focused on the initial action (involving mostly self-limiting diseases), Hahnemann now began to observe that the nature of protracted diseases (diseases of long duration) was such that there was a much greater counter-action. The strength and length of this counter-action led him to reinforce his rule of one dose and the awaiting of the complete action of the remedy before prescribing a second dose or remedy. This we can see clearly in the following quotes from **Chronic Diseases**.

296.1 No! the homeopathic antipsoric medicine having been chosen as well as possible to suit the morbid symptoms, and given in the appropriate dynamized preparation and in the proper dose, the physician should as a rule allow it to **completely finish its action** without disturbing it by any intervenient remedy.

297.1 For if the occurments eventuating during the action of this medicine have also been present, if not in the last few weeks, at least now and then some weeks before, or well even some months before, in a similar manner, then such an occurrence is merely an homeopathic excitation arising from the medicine of some symptom not quite unusual to this disease, or of a symptom which had perhaps been more frequently troublesome before, and a sign that this medicine is intervening deeply into the very essence [Wesen] of this disease, and that consequently it will be all the more helpful in the future. The medicine, therefore, should be allowed to continue and **exhaust its action** undisturbed, without giving the least medicinal substance in-between.

303.1 In general, the physician can make no worse **mistake**, besides the unhomeopathic selection of the remedy, than first, to deem as too small the doses indicated with every antipsoric remedy which I (compelled by experience) have scaled down after manifold trials, and secondly, the incorrect choice of a remedy, and thirdly, the hastiness which does **not allow each dose to sufficiently work itself through**.

309.1 But if once a medicine, because it was selected in a correct homeopathic manner, is working well and advantageously, which is apperceived by the eighth or tenth day, then an hour or even half a day may come when a moderate homeopathic aggravation again sets in. The **better results** will nevertheless not fail to appear but, in very protracted maladies, only show themselves in their best light after the **twenty-fourth or thirtieth day**. The dose will then in all probability have **completely exhausted its favorable action only around the fortieth or fiftieth day**, and before it has run its course it would be injudicious, and an obstruction to the progressive improvement, to give another medicine already. Let it not be imagined, however, that we may just barely wait out the indicated approximate duration of the action before hurrying on to the next antipsoric medicine in order to accelerate the treatment. Experience contradicts this opinion entirely, and teaches on the contrary, that the **cure cannot be accelerated more quickly and surely than by allowing the suitable antipsoric to continue its action so long as the improvement continues** (even if this should be several, yea, many days beyond the assigned, supposed time of its duration), and giving a new medicine as late as possible in such cases.

310.1 If we consider the great alterations which must be effected by the medicine in the many, variously composed and incredibly delicate parts of our living organism, before a chronic miasm so deeply inrooted and, as it were, parasitically interwoven with the economy of our life as psora is, can be extirpated so that a healthy state can arise again, then shall we see how natural it is, during the **long-continued action of a dose** of antipsoric medicine correctly selected homeopathically, for assaults on the organism to happen due to it at various periods, coming in **wave-like fluctuations during this protracted disease**. Experience shows that when for several days there has been an improvement, half hours or whole hours or several hours will again appear when the improvement seems to reverse itself; but these periods, so long as only the original ailments are renewed and no new, severe symptoms present themselves, only show a continuing improvement, being homeopathic excitations which do not hinder but advance the cure, as they are only **renewed beneficent assaults** on the disease, though they are wont to appear at times **sixteen, twenty or twenty-four days** after taking a dose of antipsoric medicine.

At this point, Hahnemann reflects on his earlier work with the self-limiting diseases using the asporic remedies. From this he derives a rule relating the length of action of a remedy to the length of duration of the disease.

311.1 As a rule, therefore, the antipsoric medicines in chronic diseases continue their action the longer, the more protracted the diseases are. But vice versa also those medicines which in the healthy body show a long period of action act only a short time and quickly in acute diseases which speedily run their course (e.g. belladonna, sulphur, arsenic, etc.) and their **periods of action are shorter, the more acute the diseases**. The physician must, therefore, in chronic maladies, allow each antipsoric remedy to act thirty, forty or even fifty and more days alone, as long as it continues, though only gradually, to noticeably improve the disease case for the exact observer; for just so long do the good effects continue with the indicated doses, and should not be disturbed or abrogated by any new remedy.

From this emerges the rule regarding the treatment of disease, but particularly chronic disease, where the secondary or counter-action is so important (in contrast to self-limiting diseases, where the initial action seems to predominate), to await the full action of the medicine before proceeding.

309.1 But if once a medicine, because it was selected in a correct homeopathic manner, is working well and advantageously, which is apperceived by the eighth or tenth day, then an hour or even half a day may come when a moderate homeopathic aggravation [healing reaction] again sets in. The better results [improvement following the healing reaction] will nevertheless not fail to appear but, in very protracted maladies, only show themselves in their best light after the twenty-fourth or thirtieth day. The dose will then in all probability have **completely exhausted its favorable action only around the fortieth or fiftieth day**, and before it has run its course it would be injudicious, and an obstruction to the progressive improvement, to give another medicine already. Let it not be imagined, however, that we may just barely wait out the indicated approximate duration of the action before hurrying on to the next antipsoric medicine in order to accelerate the treatment. Experience contradicts this opinion entirely, and teaches on the contrary, that the cure cannot be accelerated more quickly and surely than by allowing the suitable antipsoric to continue its action so long as the improvement continues (even if this should be several, yea, many days beyond the assigned, supposed time of its duration), and giving a new medicine as late as possible in such cases.

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311..3 * The importance of avoiding the above-described two mistakes will hardly gain acceptance by doctors. These great, pure truths will even be called into doubt for years by most of the homeopathic physicians, and will not be exactly carried out in practice, due to theoretical reflection and the reigning thought: "It requires quite an effort to believe that such a prodigiously small dose of medicine might effect the least thing in the human body, especially in coping with such enormously great, protracted diseases; but the doctor would have to cease reasoning altogether to believe that these prodigiously small doses can act not only two or three days, but even twenty, thirty and forty days and longer still, and produce, even to the last day of their operation, important, beneficent, irreplaceable effects."

313.1 In this respect, it is a **fundamental rule in the treatment of chronic diseases**: To let the dose of the remedy, selected in a mode homeopathically appropriate to the case of disease which has been carefully investigated as to its symptoms, **come to an undisturbed conclusion**, so long as it visibly advances the cure and while improvement of the malady noticeably increases. This process **forbids any new prescription**, any **interruption by another medicine** and **forbids as well the direct repetition** of the same remedy. Nor can there be anything more desirable for the patient than to see the improvement of the patient being a completion unhindered and noticeably. There are not a few cases, where the practiced, careful Homeopath sees a single dose of his remedy, selected so as to be perfectly homeopathic, even in a very difficult chronic disease, **continue uninterruptedly to diminish the malady for several weeks, yea, months, up to recovery** — a thing not to have been expected better in any other way, and not to have been replaced by treating with several doses or with several remedies.

What appears to have happened is that Hahnemann became acutely and deeply aware of the power of the higher potencies as well as the different reactions of the remedies in protracted chronic disease versus true acute (self-limiting) diseases.

309.4 Whoever can moderate his rashness as to this point, will reach his goal the more certainly and the more quickly. Only when the old symptoms, expunged or very much diminished by the last (and the preceding) medicine, finally begin to come up again for a few days, or to heighten themselves again noticeably, only then is it the most certain point in time to give a dose of the medicine most homeopathically fitting. Experience and careful observation alone can decide; and it always has decided in my manifold, exact observations, so as to leave no remaining doubt.

310.1 If we consider the **great alterations which must be effected** by the medicine in the many, variously composed and incredibly delicate parts of our living organism, before a chronic miasm so deeply inrooted and, as it were, parasitically interwoven with the economy of our life as psora is, can be extirpated so that a healthy state can arise again, then shall we see how natural it is, during the **long-continued action of a dose of antipsoric medicine** correctly selected homeopathically, for assaults on the organism to happen due to it at various periods, **coming in wave-like fluctuations during this pro-tracted disease**. Experience shows that when for several days there has been an improvement, half hours or whole hours or several hours will again appear when the improvement seems to reverse itself; but these periods, so long as only the original ailments are renewed and no new, severe symptoms present themselves, only show a continuing improvement, being **homeopathic excitations** [healing reactions] which do not hinder but advance the cure, as they are only renewed beneficent assaults on the disease, though they are wont to appear at times **sixteen, twenty or twenty-four days** after taking a dose of antipsoric medicine. (*Chronic Disease* - bold and square brackets added)

There is a further injunction not to use alternation or intervenient remedies, again in contrast to the practice hitherto with respect to the self-limiting, acute diseases.

From Chemical Action to Dynamic Action

The discovery of the importance of the secondary (counter-action) of the remedy in protracted disease occurred along with a fundamental shift in Hahnemann's views on dose, involving a qualitative change in his understanding from that of the small dose to that of the dynamized dose. Initially, Hahnemann was interested in diluting the dose so as to avoid unnecessary aggravations (homeopathic) whilst still retaining some degree of medicinal action (still conceived largely in this context as a chemical action of sorts).

See: Homeopathic Aggravation

This may explain why he often went down the scale of dilutions in prescribing for a case.

It has to be admitted that development of his theory achieved an entirely different object from what Hahnemann had originally in his mind's eye. In the initial stages it is very easily perceived that he was astonished at the striking effect produced by highly diluted substances and that he was always in doubt whether the aggravation consequent upon stronger doses really had any connection with the remedy administered. He was therefore continually retrogressive, prescribing a remedy, which he had diluted to 1/25,000 of a grain, in larger fraction, until the recurring aggravations compelled him to weaken the dose again [that is, from the chemical perspective]. (Haehl, Vol. I, p. 337) (square brackets added)

Thus, Hahnemann's purpose was at first merely to weaken the medicine to such an extent that it was able to stimulate therapeutic action in a diseased organ without burdening this organ unnecessarily with medicine. (Haehl, Vol. I, p. 338)

However, he eventually came to the realisation that what he was working with was something in the order of a supersensible power (dynamis). By 1825, he had even used a remedy in the 60C potency. In his **Chronic Diseases**, he now thinks that the dilution actually strengthens the medicine.

344.1 ...The medicine in the numbered paper*

344.1* Numbering the powders continuously has the convenience that the physician when the patients render their daily report (especially those living at a distance) putting first the date and the number of the powder taken that day, can recognize the day when the patient took his medicine, and can judge of the progress of its action according to the report of the following day.

(as also all that succeed), if it is intended to act most weakly, should be taken dry and allowed to dissolve on the tongue, or be moistened with two or three drops of water on a spoon, and by itself (in both cases), without drinking anything after it or eating anything within half an hour or a whole hour. If the dose is to act more strongly it must be stirred in a little more water until dissolved before taking it, and in still more water if it is to act still more strongly, and the physician should order the solution taken a portion at a time.

This view leads him to also recommend giving the remedy by means of olfaction (smelling) for very sensitive patients.

322.1 In addition, a dose of homeopathic medicine for extremely sensitive patients lends itself to moderation and diminution in no better way than by way of smelling a fine globule moistened with the selected remedy in a high potency which lies in a stoppered vial the mouth of which is held in the nostril of the patient who draws in only a momentary little whiff of it.

322.2 The power of any potentized medicine may in general be communicated to the patient in all degrees of dosage by a similar inhalation. One or more such medicated globules, and even those of a larger size can be in the smelling-vial, and by allowing the patient to take longer or stronger whiffs, the dose may be increased a hundred fold as compared with the smallest mentioned before. The active duration of the penetrating power of a potentized medicine taken in by such inhalation and spread over so large a surface (as that of the nostrils and of the lungs) lasts for no less of a time than that of a small dose of mass taken in through the mouth and the fauces.

Here we can see another principle emerging, namely that of the power of the dose being related to the surface area of contact. The just-noted increase in strength of the remedy through dilution must then occur because of the greater surface area contacted, just as in the case of inhalation.

Up to about 1832, Hahnemann generally advocated giving the remedy in the form of a moistened powder, then further dissolved in some water. He later began to use globules of lactose, but these, too, were to be given in dissolved form, as he felt that the dry dose was too weak, touching only a few of the nerve fibres.

Other than the instructions from the **Chronic Diseases** (1828) noted above we also have similar instructions for the use of the few intervenient remedies allowed.

317.3 When the remedy is thus modified, the Living Power of the patient will allow itself more willingly to be further affected by the same medicine, so that it is able to render all that may be expected of this medicine for this malady.**

317.3* In cases where the physician is certain as to the homeopathic specific to be used, the first finest dose can also be dissolved in about four ounces of water by stirring it, and one-third may be drunk at once, and the second and third portions on the following days; but each time it should be again stirred so as to enhance the potency and thus to alter it. Thereby the remedy seems to take a deeper hold on the organism and hasten the cure in persons who are vigorous and not too sensitive.

In an article written in 1827, Hahnemann expresses his wonderment at the therapeutic power unleashed in the diluted/triturated medicine.

... by the *succussion* and *trituration* employed, a change is effected in the mixture, which is so incredibly great and so inconceivably curative, that this development of the spiritual power of medicines to such a height by means of the multiplied *trituration* and *succussion* of a small portion of medicinal substance with ever more dry or fluid unmedicinal substances, deserves incontestably to be reckoned among the greatest discoveries of this age. (*Lesser Writings*, p. 729-730)

But ... these attenuations are so far from being diminutions of the medicinal power of this grain or drop of the crude medicinal substance keeping pace with its extreme fractional diminution as expressed by figures, that, on the contrary, experience shews them to be rather an actual exaltation of the medicinal power, a real spiritualization of the dynamic property, a true, astonishing unveiling and vivifying of the medicinal spirit. (*Lesser Writings*, p. 734)

By 1832, Hahnemann had come to favour the olfactory method much more, writing a quite glowing account of it in the 1832 Preface to Boenninghausen's List of Symptoms of the Anti-psoric remedies. (Haehl, Vol. I, p. 322). At that point, he tried the method exclusively for 9 months, as he notified Boenninghausen in April of 1833 (Haehl, Vol. I, p. 323)

This method, along with the long-favoured liquid dose, is reinforced in the 5th edition of the **Organon**. The use of the olfactory method provided Hahnemann with a deeper understanding of the dynamic nature of the potentised medicines, as he felt that the patient was inhaling the "aura" of the medicine, rather than anything material. The olfactory method also provided Hahnemann with an appreciation of the ability to fine-tune the dose to the patient's sensitivity.

322.1 In addition, a dose of homeopathic medicine for extremely sensitive patients lends itself to **moderation and diminution** in no better way than by way of smelling*

322.1* Even persons born without the sense of smell or who have lost it through disease may expect equally efficient help by holding the mouth of the open vial in one nostril or the other and drawing in the unnoticeable vapor as those do who are gifted with the finest sense of smell. From this it follows that even just the nerves of touch assume the salutary impression and propagate it unstoppably to the whole nervous system.

a fine globule moistened with the selected remedy in a high potency which lies in a stoppered vial the mouth of which is held in the nostril of the patient who draws in only a momentary little whiff of it. The power of any potentized medicine may in general be communicated to the patient in all degrees of dosage by a similar inhalation. One or more such medicated globules, and even those of a larger size can be in the smelling-vial, and by allowing the patient to take longer or stronger whiffs, the dose may be increased a hundred fold as compared with the smallest mentioned before. The active duration of the penetrating power of a potentized medicine taken in by such inhalation and spread over so large a surface (as that of the nostrils and of the lungs) lasts for no less of a time than that of a small dose of mass taken in through the mouth and the fauces.

The work with the olfactory dose led Hahnemann to change his approach in the 5th edition of the **Organon** (1833). Here he feels compelled to consider the problem of the slowness of cure using the single dose and wait method. Already with the olfactory method, he claims that he is able to cure more rapidly. Since he states that the duration of action is no less than for the oral dose, he must have been repeating the dose more frequently, within the full action of the remedy at this point, a significant departure from the past.

Hahnemann, writing on 21 August 1832:

It is impossible for me to impart anything to the world unless I am convinced of it. I was convinced of the reasonableness of the contents of this interpretation [olfactory dose] only quite recently, so that I can not only obtain the mastery of the severest cases of chronic diseases by letting the patient smell -- but I can do it in an **incredibly short space of time**. (Haehl, Vol. I, p. 323) (square brackets added)

In the 5th edition of the **Organon** (1833), he now imparts this knowledge to others in the form of a suitable amendment to his single dose and wait position set down formally as late as 1828-29 in the 4th edition and in the **Chronic Diseases**.

His concern was still to avoid the errors of the large dose still prevalent amongst many homeopaths, much less allopaths, but also to allow for a more rapid cure of the chronic diseases. The solution lay in the use of small dynamic doses (olfaction or liquid) repeated moderately, every week or so, rather than the months of waiting used previously.

Now, therefore, in order, whilst avoiding the erroneous method I have here pointed out [small doses in quick succession, i.e., within the initial action of the prior dose/remedy], to attain the desired object more certainly than hitherto, and to administer the medicine selected in such a manner that it must exercise all its efficacy without injury to the patient... I have latterly adopted a peculiar method.

I perceived that, in order to discover this true middle path, we must be guided as well by the nature of the different medicinal substances, as also by the corporeal constitution of the patient and the magnitude of his disease, so that -- to give an example from the use of sulphur in chronic (psoric) diseases -- the smallest dose of it (tinct. sulph. X) can seldom be repeated with advantage... oftener than every seven days, a period of time which must be proportionately lengthened when we have to treat weaker and more excitable patients of this kind... We thus find... that in psoric diseases seldom fewer than four, often, however, six, eight, and even ten such doses... are required to be successively administered at these intervals for the complete annihilation of the whole portion of the chronic disease that is eradicable by sulphur in the case. (*Dudgeon Organon*, p. 124)

What is noteworthy here as well is that Hahnemann recommends basically the 30C potency (what he calls the X dilution) and does not yet speak of the adjustment of the dose in the form of potency. His solution to the resistance of the Life Force to repetition of the same potency is to use **Nux-v** or **Pulsatilla** as an intercurrent.

But it not infrequently happens that the vital force refuses to permit several doses of sulphur, even though they may be essential for the cure... to act quietly on itself... In such cases, it is sometimes advisable to administer a small dose of nux vom. X, allowing it to act for eight or ten days... In those cases for which it is adapted, puls. X is preferable. (Dudgeon, *Organon*, p. 125)

The 5th edition (1833) then provides us with the summary of the rule, earlier encountered in the **Chronic Diseases**, regarding the relationship between the duration of disease and the duration of action of the remedy. However, he introduces a new factor, namely the intensity of the disease action. The greater the intensity, regardless of the nature of the disease (self-limiting or protracted), the shorter the intervals between repetition of dose or second remedy.

#247 Under these conditions, the smallest dose of the best selected homoeopathic medicine may be repeated with the best, often, with the incredible results, at intervals of fourteen, twelve, ten, eight, seven days, and, where rapidity is requisite, in **chronic diseases resembling cases of acute disease, at still shorter intervals**, but in acute diseases at very much shorter periods -- every twenty-four, twelve, eight, four hours, in the very acutest every hour, up to as often as every five minutes, -- in every case **in proportion to the more or less rapid course of the disease** and of the action of the medicine employed... (Dudgeon *Organon*, p. 126)

The olfactory method is reserved for particularly sensitive patients (see footnote to Aphorism 246 in the 5th edition of the **Organon**).

Between 1833 and 1837 Hahnemann moved from the giving of the single dose in the form of a poppy seed pellet (either to be smelled or to be crushed in a small amount of milk sugar to then be dissolved in a small amount of water) to the use of liquid doses.

382.1 A fine **pellet** of one of the highest dynamizations of a medicine laid **dry** upon the tongue, or the **moderate smelling** of an opened vial wherein one or more such pellets are contained, proves itself the **smallest and weakest dose** with the **shortest period of duration in its action**, although there are indeed patients of so excitable a nature, that they are sufficiently affected by such a dose in slight acute maladies to be aided by it if the remedy is homeopathically selected. Thus one can easily see the incredible variety among patients as to their irritability, their age, their spiritual and bodily development, their vital power and especially as to the nature of their disease, **necessitates a great variety in their treatment**, and also in the administration to them of the medicinal doses. For their diseases may be of various kinds: either a natural and simple one but lately arisen, or it may be a natural and simple one but an old case, or it may be a complicated one (a combination of several miasms), or again what is the most frequent and worst case, it may have been spoiled by a perverse medical treatment, and loaded down with medicinal diseases.

383.1 I can here limit myself only to this latter case, as the other cases cannot be arranged in tabular form for the weak and negligent, but must be left to the accuracy, the industry and the deliberation of able men, who are masters of their art.

384.1 Experience has shown me, as it has no doubt also shown to best of my followers, that it is more helpful in diseases of any magnitude (not excepting even the most acute, and still more so in the half-acute, in the protracted and most prolonged) to give to the patient the powerful homeopathic pellet or pellets **only in solution**, and this solution **in divided doses**. For example, we give the patient a solution of 7-20 tablespoons of water, without any additions, in acute and very acute diseases every six, four or two hours; where the danger is urgent, even every hour or every half-hour, a tablespoonful at a time; with weak persons or children, only a small part of a tablespoonful (one or two teaspoonfuls or coffee-spoonfuls).

385.1 In **protracted diseases** I have found it best to give a dose (e.g., a spoonful) of a solution of the suitable medicine **at least every two days**, more **usually every day**.

387.1 Before proceeding, it is important to observe, that our Living Principle does not well bear taking the same unchanged dose of medicine even twice in succession, let alone having the patient take it more frequently.

We can see that Hahnemann has moved on to adjusting the dose with the liquid solution, using the succussion or stirring of the liquid solution to alter in small degrees the potency so that the resistance of the Living Principle does not occur in the repeated dose scenario. Later, this would be refined even further into the LM or Q scale of dilution.

Dual Nature of Living Power

Here we have in the **Chronic Diseases** an earlier recognition of the fact that the sustentive side of the Living Power cannot act against disease (being involved with the engendering aspect), requiring medicine (an artificial disease potency that has the same generative capacity) to remove this degenerative disease using the law of similars.

19.1 Of itself this our enlivening Principle, being only an organic Living Power intended to sustain an undisturbed health, opposes only a weak resistance to the invading morbid enemy; as the illness grows and increases it opposes a greater resistance, but, at best, it is only an equal resistance; with weakly patients it is not even equal, but weaker. This Power is neither capable, nor destined, nor created for an overpowering resistance.

SUMMARY OF HAHNEMANN'S VIEWS ON DOSE AND REPETITION

So, by about 1833, we can see the following situation emerge:

1. Hahnemann had started to use the law of similars, prior to 1805, in the form of crude doses, but smaller than those generally prevailing.
2. He identified the dual action of medicines (artificial disease) as well as of disease in the form of an initial (direct) action and a counter-action (indirect).
3. This insight allowed him to see the practical means, through provings, of ensuring that the law of similars was operating (that is, it is the direct action of the medicine that must be matched to the symptoms of the disease in order to produce the opposite counter-action - restoration of health).
4. The concern was mainly with acute self-limiting or protracted diseases (or at least, such diseases in their early stages) where the initial action is most predominant and the counter-action less so.
5. Hahnemann's concern was initially with the use of too large doses. He saw that the giving of small doses in short succession (that is, generally within the initial action of the previous dose) is equivalent to a large dose of the same remedy. Also, the giving of a second remedy under such conditions (within the initial action of the first remedy) is also dangerous. All of this flows from the fact that the law of similars is dangerous in large doses (a fact explained more clearly in the Introduction to the 5th Edition of the **Organon**, and the reason that medicine largely had abandoned it in the past).
6. Hahnemann gradually came to the realisation that there is a dynamic action of the remedies beyond the chemical action and that this action operates outside the normal laws of chemistry and the other "natural" sciences (for example, the dynamised doses last for years, whereas the cruder forms are rendered ineffective in a short time). While he used the term dynamic almost from the beginning, the full impact of the meaning of this term emerged over time as he started to work with the potencies beyond 12C and in the use of the olfaction method.
7. Hahnemann also started to investigate the true nature of protracted diseases, as opposed to the self-limiting diseases, particularly the ones that arise from a chronic infectious origin (miasm). This resulted in the deeper insight into the importance of the counter-action of the disease process as well as of the remedy.
8. He established the principle that the length of duration of full action of the remedy is proportional to the length of time the disease had been in effect.
9. Initially, still concerned for the use of too large a dose by his followers, he prescribed a policy of one dose and no repetition of dose until the full action of the remedy has been exhausted (which could be weeks and even months in complicated cases).
10. However, concern for the length of time for cure under these conditions, led Hahnemann to consider the repetition of dose more frequently, roughly once a week in protracted disease and once a day or more frequently in self-limiting diseases, or in any case where the intensity of the disease demands more immediate aid. This was done by means of olfaction or the use of globules dissolved in water.

SUMMARY OF HAHNEMANN'S VIEWS ON DISEASE PRIOR TO 1833

1. Hahnemann discovered that there are diseases that have a constant **Wesen** (nature) which also can be treated by the same remedy each time they appear. These are mainly the acute miasms (childhood illnesses, yellow fever, cholera, etc.) - the diseases of infectious nature (pathogenic type); accidents and traumas, of a physical and emotional nature (bruises, fright) - the diseases of a homogenic type; diseases due to faulty regimen (scurvy); and those engendered by the false use of medicines (poisons) - iatrogenic disease types. The number of such diseases is limited in nature, though the number of those in the iatrogenic category is only limited by the conscience of the allopath.

2. The remedy for such constant diseases had largely been discovered through trial and error by common people (domestic or folk medicine) and required little work on his part except as regards the dose, which in crude form, was highly dangerous. Other remedies could also be discovered this way, that is, through clinical practice. The constant disease can be identified by a specific appellation or name, such as measles or scarlet fever (although this provided only the nearest pathic remedy, rather than the tonic remedy).

See: Disease Diagnosis

3. He also discovered that there is a larger category of diseases that are of a variable **Wesen** and that the remedy for such diseases can only be determined through provings, as each disease incidence is individual to the patient. The remedy determines the disease name (e.g., *Sulphur* disease). Equally, he felt that the provings provided a means of finding the remedy for constant diseases not yet discovered, as he did with scarlet fever. 

4. The **Organon** (1810) was initially the formal statement of rules regarding the treatment of these variable (pathic) diseases by the law of similars (homeopathy). At the same time, in his practice, Hahnemann prescribed regimen (physical and moral) for his patients, treated the accidents and shocks, and used the specifics for the infectious diseases of constant **Wesen** according to his earlier discoveries.

5. Several years after (1816) the initial publication of the **Organon**, the formal rule book for the pathic diseases, Hahnemann was forced to return to the domain of the constant diseases, discovering that underneath the many protracted diseases, there lay a few (three, later five) constant diseases (chronic miasms). What he had previously considered self-contained chronic diseases he now realised were separate, individual diseases derived from the chronic miasms.

6. All of this increased Hahnemann's conscious understanding of the dual nature of disease (constant - tonic - and variable/individual - pathic).

ISOPATHY AND ISODES/NOSODES: TONIC MEDICINES

Before we move on to examine the remarkable confluence of these gathering streams of knowing, all flowing towards the seminal event of 1833 on dual remedies, we need to consider one more such contributory stream. This is the discovery and development of isodes and nosodes, namely medicines made from and prescribed for a particular infectious disease.

The terms “isopathy” and “isodes” encapsulate the development of the tonic side of disease. Hahnemann criticised the use of the principle of equality on which isopathy is based, rightfully seeing it as only a variant of the law of similars (as true isopathy is what allopaths use, such as in vaccinations, with all its attendant disease effects). He accepted that the remedies chosen on the basis of their relationship to the disease material (containing the disease potency) were a valid application of the law of similar resonance and were the missing link to the treatment of the tonic diseases.

So-called isopathic remedies represent another dimension of disease and treatment involving a relationship to disease agent, whether infectious (natural, i.e., existing in nature) or poisons, both natural (e.g., snake bites or toxic metals) or medicinal (synthetic, i.e., man-made). The use of such remedies is a variant of the law of similars.

History of Isopathic Remedies

The use of disease material to treat certain diseases of known etiology (cause) has a long history. In a chapter by Dr. Marc Haffen, in O.A. Julian's *Treatise on Dynamised Micro-Immunotherapy*, the following examples are cited:

- Use by Bohemians of venom introduced near a snake bite; by Columbian Indians of a serum made from the liver of a serpent.
- People in China were made to wear the clothes of smallpox patient who was in full suppuration stage or by introducing the dried pustule into the nostrils.
- Hippocrates: the use of the slime of a rabid dog to guard against rabies.
- Dioscorides: recommends the use of the liver of the dog that has bitten a person, grilled earthworms to get rid of worms, the flesh of the viper and crushed scorpion that have bitten one. He also stated the principle that where there is the disease, there is also the remedy.
- Paracelsus: “The similars cure the similars, the scorpion cures the scorpion, mercury cures mercury. The poison is mortal for man except, if in the organism there is another poison with which it may fight, in which case the patient regains his health.” (*Compendium philosophiae*, 1568). Paracelsus used very weak doses of the poisons.
- Robert Fludd in the 17th Century treats tuberculosis with the dilution of the sputum of the patient, prepared spleen to prevent enlarged spleen and kidney stone to prevent kidney stone formation.
- Athanasius Kircher: “The poisonings in general are cured by their proper counterpoisons. Thus, the bite of the spider will be cured by the application of a spider, the biting of a scorpion by the application of the scorpion, the poison of a rabid dog is drawn out of the body by the furs of the same dog.” (*Magna sive de arte magnetica*.) “**Ubi morbus, ibi etiam medicamentum morbo illis opportunum** (There where there is disease, there also is the proper remedy of the disease).” (*In mundus subterraneus*, 1645)
- Lady Montague has her child vaccinated by an extract of smallpox pus. Prof. Phillipus Nettr of Venice (1718) recommends the use of dried pus from the plague eruption against the plague. Frances Home of Edinburg used the blood of the patient suffering from measles against that disease (**Homoeo medical facts and Experiments**, 1754).

Hering and Isopathic Remedies

Constantine Hering, who was a contemporary of Hahnemann and carried on a close correspondence with him, is perhaps the father of isopathic remedy use. Hering used the venom from the Bushmaster snake, creating the remedy **Lachesis**. He also used the saliva of a rabid dog. Later he developed the use of the potentised pus of scabies (**Psorinum**), smallpox (**Variolinum**) and speculated that there was a principle allowing the use of disease agents to treat and prevent against acute diseases (sporadic and epidemic diseases such as the plague and anthrax).

It is interesting that Hering's wide-ranging research and inquiries led him into other areas such as the use of organ remedies and tissue salts. Hering speculated that some products of the human body and some parts of the healthy organism had a more particular action on the parts from which they are derived (Stapf's *Archiv für die homöopathische Heilkunst*, 14-2, pp. 98-99). Hering also speculated that various chemical elements found in the organism would have a particular effect on the organs in which they can be principally found (*Archiv*, 13-3, p. 65 and 14-3, p. 14).

Lux and the Thesis of Equality

Johann Wilhelm Lux was a well-known veterinarian who taught and wrote extensively. In 1820, he came across the writings of Hahnemann and started to apply this new approach to medicine. He could be said to be the Father of Veterinary Homeopathy. He founded many homeopathic associations and started the first periodical devoted to homeopathic veterinary. He dedicated his first volume of the periodical, **Zooiasis**, to Hahnemann.

Lux was asked at one point (1831) what remedy could be used against anthrax and *Lues bovum pestifera* (rinderpest), but not otherwise knowing a remedy, advised the use of the 30th dilution of the nasal mucous of the animal suffering from rinderpest and of the blood of an animal suffering from anthrax. This led to success in treatment of this disease and in 1833 Lux published his results in a small pamphlet, **Isopathik der Contagionen**. In this work, Lux proposed an idea not unusual given the history noted above, namely that “...all diseases carry in them the means of their cure.” In the context of his time, this implied the use of diluted and dynamised morbid agents such as:

- Scabby of sheep
- Tinea of animals
- Itch (psora) of man
- The blood of the spleen of animals suffering from anthrax
- Pus of syphilis
- Serum taken from vesicles of Marochetti in rabid persons
- Lymph of anthrax and of the plague and cholera
- Products from secretions of men and animals (dynamised fecal matter, foot sweats, saliva of epileptics, etc.)
- Drugs used to excess (e.g., diluted Sulphur against the abuse of sulphur)

Lux then went further by suggesting a new principle – **aequalia aequalibus curentur** – to replace the principle of **similia similibus curentur**. Hering and Lux's work, set against a medical backdrop of experimentation with disease material for medicinal agents, triggered a greater use of such remedies.

The main proponents at the time were Attomyr, a German homeopath; Gross, one of Hahnemann's original provers, and co-editor with Stapf of the first homeopathic periodical, **Archiv für die homöopathische Heilkunst** (**Archive for the Homeopathic Remedial Art**); Herrmann, a homeopath in Austria; Jolly, a dentist in Istanbul; Theuille, a homeopath in Moscow who made remedies from leprosy and the bubonic plague; and Weber, a German homeopathic veterinarian who conducted trials with anthracinum.

Attomyr and Gross spread the knowledge about **Psorinum** produced by Hering. Weber wrote a serious and scientific study of his work on the treatment of anthrax using a potentised nosode (30C of the blood of a diseased spleen) (**Der Milzbrand und dessen sichersten Heilmittel**, Leipzig, 1836). Jolly wrote to Hahnemann about work that Theuille was doing in Moscow regarding the plague using the 30th dilution (*Archiv*, 1837, v.6, p. 289). Herrmann took up Hering's ideas on organ remedies and felt that the real scope of isopathy was “the medicinal power of substances of homonomus organs” (**Allgemeine Hom. Zeitung**, 1844, Bd. 27, p. 187). He then published a book on organotherapy in 1848, which is the origin of later work in this direction, such as by German and French researchers, but also that of Compton-Burnett in England.

See: *Nosodes*

The Modest Author (Lux's Pamphlet)

History of Isopathy

DOCUMENTARY No. 3

JOHANN JOSEPH WILHELM LUX

ISOPATHY OF CONTAGIONS

or

All the diseases carry in their substance even the means of their cure.
Proposed to the Congress of Homoeopathy for their strict experiment.

Published at Leipzig, 1833 at Christian Ernest Kollmann.

Translation: Doctor J. Askenasi (Paris) [This is the first French translation.]

M. Valentin Zibrik of Szarvaskend, proprietor of the Comitatus Rauber in Hungary asked me by writing on the 11th December, 1831, for a homoeopathic medicine against Lues boum restifera or bovine plague (Loeserdurre) and against anthrax, (milzbrand).

My reply was negative, because I did not yet know the homoeopathic means for these epidemics. Nevertheless in order to honour the confidence of this proprietor, I explained to him the mystery of the nature by the highest principle of medicine which may be expressed as follows. "All the contagions carry in their substance, even the means of their cure."

At the same time I told him, knowing that he has ideas about Homoeopathy, how a drop of blood of an anthrax and a drop of the nasal mucus of the bovine plague, diluted thirty times, should be used. The basis of this fundamental law was unknown at that time.

Patients suffering from frostbite find amelioration by the snow. Apples and potatoes peeled cause to diminish their coldness by cold water. Burns are best treated by the fire. Serpent bites are treated by the venom of the same serpent. Hydrophobia in man, even very grave, is treated in Russia by the saliva of rabid dog, as is related by General Boroden in June 1829, with a rapid and certain result.

In these cases that may be multiplied easily, the natural force seems not to cure by the simillimum but by aequale (although in another dynamisation).

The inoculation of the cows by the lymph of the mammary pustules protects them from psora and syphilis. This vaccination remains identical.

One should potentise with a drop of blood of the spleen of some animals suffering from anthrax or other pustules like it or syphilitic chancre, in short product of every contagious disease of cows, sheeps, cats, dogs in order to obtain a real homoeopathic cure.

It is in 1831 that Lachesis was experimented by Dr. Hering, then in another experiment was carried out on healthy man by Dr. Grisselich in 1832 with Psorinum (Psoricum)—the itch. Against latent herpes, I will prescribe three grains of the latter (psorinum) with success, even for herpes squamosa.

Four members of my family were definitely cured of their toothache (dental arthritis) by the same Psorinum.

One must be very careful while treating the Ozena of horses by isotherapy, by changing the dynamisation (Potenz) between 15 to 30.

Some epidemics of the year 1832 were eradicated with Isopathy helped by some remedies in the 30th dilution like Mercurius, Spiritus sulphuratum, China, Natrum muriaticum.

I may be allowed to mention that the numerous prizes that I have obtained for my works in England, Holland, Germany, Austria and Turkey go to the Homoeopathic school.

Very often it is found that Homoeopathy is realised perfectly in Isopathy, because we cure contagious disease by their own infecting substance.

STRENGTH AND DILUTION

Homoeopathy acts on the nervous system and on each organ according to its totality through the energy liberating out the gross substance of the medicine, which is a force obtained by some particular process.

The more the substances are potentialised, the more the dormant power (energy) is liberated. Thus mineral substances that have neither smell nor taste like Silica, Gold, Lycopodium, change their qualities by diluting them to 30th, 40th or 50th potency.

Copper, Iron, Lead need to be of such high dilutions.

Roots, barks and grains that have however smell and taste, act in lower dilutions, like Asafoetida, Chamomilla, Valeriana, Castoreum, Moschus etc.... 12th to 15th dilutions are enough.

Contagions require higher dilutions. Contagious bites of horses require 30th dilutions.

I gave my brother-in-law O... on the 1st December, 1830 for hemorrhoids 24th dilution of Bryonia. Instead of one drop he took on a piece of sugar much more which developed in him thoracic pains and constipation. As Bryonia was indicated in his case I gave him Bryonia 15 and everything was cured. I have seen, with other experiments that a high dilution is more powerful than a lower one; this means that the medicinal power augments according to the gradual diminution of the matter. Since then I call it "Dilution" but "increasing the power."

THE POTENCY, CAN IT BE EXPERIMENTED WHEN ONE TAKES THE MEDICINE?

Reply: As a rule No.

From each tube, with the medicine of which one experiments, a part of the medicinal power of the medicine, which is mixed with lactose, is lost and this the experimenter absorbs through his mouth and nose while inhaling.

He who possesses a small pharmacy or he who takes many remedies a day, finds himself in a state of constant vibration, like glasses in an almirah that resound by music, only according to their own totality and not by other sounds.

I call "essences," the extracts from vegetables and animals – Tintura fortes – these are strong extracts. The word tincture recalls futilely the high colour of wine or myrtilles or aierolles and which are called essences by doctors – Essentia saturator tinctura – it is the whole power of the medicine. Everything that nature and chemistry concentrate with the end to cure, may be called "essences" concentrated of the curative power as well as the acids like Arsenicum Album, Camphora, Petroleum, Baryta acetica, Mercurisum solubilis etc...

I will also call "essences" the lower dilutions of Silica, Aurum, Mercury etc...

I mix the dry drugs with 1 parts of alcohol and a drachme of medicine.

I thought at the beginning of my practice of veterinary Homoeopathy to make the medicines more active, by taking 2 drops from the phial of the 29th power and mixing it with 100 drops of alcohol, and by jerking strongly and counting from 1 to 30 and I am convinced that I obtained not a simple dilution but a development of the forces of my pharmacopoeia.

I mark on the corks of my tubes the potency from 1 to 30 so as that my future readers would have not to calculate in quintillions or in decillions. The power indicated is found with me in inverse proportion to the degree of the disease; if an organism reacts strongly I give the lower dilutions only in a very small quantity, as for example in toothache in man. If the organism is sensitive or of phlegmatic or lymphatic constitution and has become weak by chronic diseases, I use higher dilutions which I renew and thus I avoid homoeopathic aggravations.

DIET, REGIMEN, CONFIDENCE, BELIEF, FANTASY

If regimen means famine cure, one may say that Homoeopathy does not know it because it allows every patient to eat according as he is hungry.

On the contrary Homoeopathy does not advise the food and drinks which are exciting like condiments, seasoned foods that resemble much more to drugs than to foods.

As a veterinarian I do not care for the regimen.

The kitchen salt has very little action on man. The high dilution of the antipsorics as well as of other medicines are not disturbed by food in man. It is not necessary to change one's habit. I do not forbid meat and sausages to dogs that they have the habit to take with their masters at table.

If the ill animals have faith in the small doses of homoeopathic medicines more than in any other medium, or if they have only an idea of their doctors and their medicines, that question should equally be put to child specialists.

It is a dangerous ignorance to attribute the homoeopathic cure alone to regimen, faith, phantasy or mysticism.

The success of Homoeopathy in animals is constant and surprising which is a supplementary proof of the excellence of the system.

I practised since 1795 and up to 1822, and have treated the animals allopathically with some fortunate results. The curiosity is to a certain extent the discontinuedness, as is seen in a number of doctors, and this directed me towards homoeopathic study.

In the beginning I had to meet with difficulties, some paradoxical ideas and some doubts.

For more than 10 years, I treated all the animals by Homoeopathy and I continue to follow with success this marvellous means.

Moreover, I continue experiments of new doses of different medicines which are more suitable to animals.

The positive results are so much attractive that I feel the necessity to tell them to others and it is for this reason that I have founded the review Zooiassiss or "Homoeopathic cure destined to the diseases of animals." The first issue is going to be published, during the Easter of this year.

Hahnemann's Views on Isopathy and Isopathic Remedies

Where does Hahnemann fit into this debate?

Hahnemann must have been knowledgeable about Lux's work and ideas. These were not too far from the ideas Hering was generating. However, the bold challenge put forward by Lux as to the principle of cure forced Hahnemann to react. In the 5th Edition of the Organon, which came out in the Fall of 1833, Hahnemann published his reply:

93.^{al1} On these examples from domestic practice Mr. M. Lux erects his so-called remedial mode by "equal and same," called by him Isopathy, which some eccentric heads have even already assumed as the "last word" of remedial methodology, without being aware of how they could realize this.

93.^{al2} It is quite a different matter, however, if one judges these examples precisely.

93.^{al3} The purely physical powers are of a different nature than the dynamic medicinal ones in their impinging action on the living organism.

93.^{al4} Warmth or cold of the surrounding air or water or of foods and drink do not in themselves (as warmth or cold) cause absolute noxiousness for a healthy body; warmth and cold belong in their alternations to the sustainment of a healthy life and, consequently, are not medicinal in themselves.

93.^{al5} Thus, warmth and cold do not act as remedies in bodily ailments by virtue of their nature [*Wesen*] (therefore not as warmth and cold per se, not as things detrimental in themselves, as are perhaps the medicines rhubarb, China, etc., even in the finest doses) — rather, merely by virtue of their greater or lesser quantity; that is, according to their degree of temperature, just as (in order to give another example of purely physical forces) a great lead weight painfully bruises my hand, not by virtue of its nature [*Wesen*] as lead, but due to its quantity and weight in bulk, whilst a thin lead plate would not bruise me.

93.^{al6} Therefore if cold or warmth prove to be helpful in bodily ailments like frostbite and burns, they prove so solely because of their degree of temperature, just as they also, due to extremes in their degree of temperature, inflict damage on the healthy body.

93.^{al7} Accordingly we find in these examples of help from domestic practice that the limb was not restored isopathically by the persistent employment of that degree of cold wherein the limb froze (it would have become quite lifeless and dead thereby), but rather by a cold which, only approximating it (Homeopathy), gradually tones down to a comfortable temperature, as frozen sauerkraut applied to a frozen hand at room temperature soon melts away and gradually warms up from 32° to 33° [Fahr.] and so on up to the temperature of the room, be it even only 50°, thus restoring the limb again by physical homeopathy.

93.^{al8} So also a hand scalded with boiling water is not restored isopathically by application of boiling water, but only by a somewhat lesser heat: e.g., when one holds it in a dish with a liquid that is heated to 140° [Fahr.], the liquid becomes somewhat less hot every minute and finally assumes the temperature of the room, whereupon the scalded part is again restored by Homeopathy.

93.^{al9} Water which is still in the process of freezing will not draw the frost out of potatoes and apples isopathically, but only water near the freezing point.

93.^{al10} Thus, to give another example of physical impinging action, the damage resulting from a blow to the forehead by a hard object (a very painful bump) is quite soon diminished in pain and swelling when one vigorously presses the site with the ball of the thumb and ultimately always more gently, homeopathically; however, not by an equal blow with an equally solid body, isopathically, that would add insult to injury.

93.^{al11} What is likewise adduced in that book in the way of Isopathic 'cure', that muscular contractions in humans and lower spinal paralysis in a dog, both arisen by means of cold, have been rapidly remedied by cold bathing — this event is falsely explained by Isopathy.

93.^{al12} Cold ailments have only the name of cold, but come about in bodies prone thereto even with a sudden draft, which was not at all cold.

93.^{al13} The various effects of a cold bath on the living organism in the healthy and diseased state are not to be encompassed at all with a single concept, so that one immediately thereupon could found such an audacious system!

93.^{al14} That snake bites, as stated there, would be cured most surely by snake parts will remain a fable from the days of yore until such an improbable assertion has been confirmed by indubitable observations and experiences, and it will probably never come to that.

93.^{al15} Finally, that the saliva of a mad dog administered to a man already raving from hydrophobia (in Russia) is supposed to have cured him -- this 'supposed to' will lead no conscientious physician astray, however, into dangerous imitation or into the erection of a so-called Isopathic system (as dangerous as its expansion is highly improbable), which it has been passed off for (not by the modest author of the little book: *The Isopathy of Contagions*, Leipzig: Kollman, but) by its eccentric devotees; especially by Dr. Gross, who cries Isopathy up as the only correct remedial principle, and insists on seeing Similar Things by Means of Similar Things only as a stop-gap measure, thanklessly enough, however, seeing as how he owes his fame and fortune solely to this principle of Similar Things by Means of Similar Things.

Hahnemann is here responding not so much to Lux's pamphlet, as to the apparent excesses of others. He is clearly worried that some are taking the matter far beyond what Lux himself had proposed. Dr. Gross bears the brunt of the criticism for seeming to promote the principle of identities as the only one. Dr. Lux, the "modest author of the little book: *The Isopathy of Contagions*," is apparently not included in those who wish to raise a new system of medicine on this new principle. Given that Lux uses the term "isopathy" in the title and text, this may seem surprising. However, if we look to what Lux actually wrote, it becomes clearer.

In these cases that may be multiplied easily, the natural force seems not to cure by the simillimum but by aequale (although in another dynamisation)...

Some epidemics of the year 1832 were eradicated with Isopathy helped by some remedies in the 30th dilution like Mercurius, Spiritus sulphuratum, China, Natrum muriaticum... [Are these the tonic and pathic sides coming out?]

Very often it is found that Homoeopathy [that is, the law of similars] is realised perfectly in Isopathy, because we cure contagious disease by their own infecting substance...

For more than 10 years, I treated all the animals by Homoeopathy and I continue to follow with success this marvelous means...

The positive results are so much attractive that I feel the necessity to tell them to others and it is for this reason that I have founded the review Zooiassiss or 'Homoeopathic cure destined to the diseases of animals.' The first issue is going to be published during the Easter of this year [1833]. (from Julian, *Treatise on Dynamised Micro Immunotherapy*, pp. 61-66) (bold and square brackets added)

Lux presented the concept of isopathy, or more correctly the concept of deriving remedies in potency from disease matter, as a variation of the law of similar resonance. This explains Hahnemann's exception of him from the criticism of those trying to erect a new system of medicine on the concept. For Hahnemann, the use of such remedies was consistent with the idea of specific remedies related to diseases of common origin or constant nature. In the realm of disease irritation, homogenics applied. In the realm of disease agents, isopathics were valid. What was not valid was the argument that this dimension of the law of similars was somehow a new law. It was simply a principle within the law of similar resonance. 

Hahnemann also created a footnote to §56 in the 5th Edition of the Organon. By the time Hahnemann had written the Introduction (1833), he had become aware of efforts to take what Hering and Lux were doing to create a false system of medicine (Gross in particular) and made an addition to address this:

A fourth mode of employing medicines in diseases has been attempted to be created by means of Isopathy, as it is called - that is to say, a method of curing a given disease by the same contagious principle that produces it. But even **granting this could be done**, which would certainly be a **most valuable discovery**, yet, after all, seeing that the miasm (virus) is given to the patient highly potentised, and thereby, consequently, to a certain degree in an altered condition, the cure is effected only by opposing a **simillimum to a simillimum**.

Again, the language of Hahnemann's criticism makes clear that Hahnemann supports the use of isopathic medicines (to cure a given disease by the same contagious agent that produces it), but through the use of potentised remedies, which only underscores the fact that this is a variation of the law of similars. There is no new law of identities. In the context of homogenic remedies, the use of such remedies in crude, unpotentised form is highly dangerous, as would be the case here due to chemical toxicity (and also with vaccinations).

See: Homogenic Disease

Hahnemann also dealt with the issue raised by Lux and Hering in his Chronic Diseases, second edition (1835-39):

379.1 The antipsoric medicines treated of in what follows contain no so-called isopathic medicines, since their pure actions, even those of the potentized miasma of itch (Psorin) have not been proved enough, by far, that a safe homeopathic use might be made of it. I say homeopathic use, for it does not remain idem (the same); even if the prepared itch substance should be given to the same patient from whom it was taken, it would not remain idem (the same), as it could only be useful to him in a potentized state, since crude itch substance which he already has on his body as an idem is without effect on him. But the dynamization or potentizing changes it and modifies it; just as gold leaf after potentizing is no more inactive crude gold leaf in the human body, but in every stage of potentization it is more and more modified and changed.

380.1 Thus potentized and modified, the itch substance (Psorin) when taken is also no more an idem (same) with the crude original itch substance, but only a simillimum (thing most similar). For between IDEM and SIMILLIMUM there is no intermediate [stage] for any one that can think; or in other words between idem and simile only simillimum can be intermediate. Isopathic and æquale are equivocal expressions, which if they should signify anything reliable, can only signify simillimum, because they are not idem (tauton).

What is Hahnemann saying here? Again, Hahnemann clearly accepts the use of remedies made from disease material. For Hahnemann, however, it is incorrect to state that there is a new law to explain the use of such remedies. When disease material or disease agents are potentised, they are no longer the same (idem), but similar. Thus, their use falls under the domain of the law of similar resonance.

Hahnemann modified the footnote in the 6th Edition:

§56.4.^{a1} There are those who would gladly create a third application of medicines against disease by means of Isopathy, as it is called, that is to say, cure a present disease with the same miasm.

§56.4.^{a2} But even granted they could do this, so would Isopathy nevertheless only effectuate a cure by opposing the Simillimo with a Simillimum, since Isopathy only presents the miasm to the patient highly potentized and consequently altered.

§56.4.^{a3} But this intending to cure by means of an **entirely identical [crude] disease Potence** contradicts all healthy common sense and therefore all experience also.

§56.4.^{a4} Those who first broached the subject of so called Isopathy presumably had hovering before them the benefaction which humanity learned by the employment of the cowpox inoculation, by which the inoculated one remained free from all future smallpox infection and was cured of the disease in advance as it were.

§56.4.^{a5} But both the cowpox and the small pox are only very similar, in no way entirely the same disease; they are in many respects divergent from one another, in particular by the more rapid course and the gentleness of the cowpox, but especially by virtue of the fact that cowpox never infects the human being by proximity, and so by means of the general distribution of this inoculation an end has been made to all epidemics of that deadly, terrible smallpox to such an extent that the present generation no longer has any graphic conception whatever of that former horrible smallpox plague.

§56.4.^{a6} Thus, to be sure, certain animal diseases will proffer medicinal and curative Potences of their own for very similar, important human diseases, and accordingly, supplement our homeopathic medicinal stock happily even further.

§56.4.^{a7} But meaning to cure a **human disease** (scabies or maladies arisen therefrom) with an **identical [crude] human disease matter** (e.g. with a Psoricum taken from scabies) — that is going too far!

§56.4.^{a8} Nothing results from it but calamity and aggravation of the disease! (bold and square brackets added)

Hahnemann's modifications address another argument raised, namely the use of cowpox to protect against smallpox. He also underscores the danger, as in the case of homogenic remedies, of using the remedy in crude doses. The text makes clearer that Hahnemann accepts the value of isodes (as he was now using Psorinum), but not the use of a system of medicine based on true identity, that is, from the use of crude disease matter, which is highly dangerous, even deadly.

However, Hahnemann's attempts at dealing with this issue were not well understood, not surprising given the general lack of understanding of the dual nature of disease. On Hahnemann's death, Griesselich, the editor of the journal, Hygea (1834-1848), who had considerable influence in homeopathic circles at the time, followed in Hahnemann's footsteps and attacked isopathy as a system, even though he was sympathetic to the use of sarcodes and nosodes (and had earlier developed the use of Psorinum which Hahnemann and Hering took up).

The result was confusion and the casting of isodes and nosodes into a shadowland of continued use without any clear understanding of the basis for this use. On the one hand, they do not strictly conform to the prevailing idea that remedies should be prescribed solely on the basis of symptomology (provings). On the other hand, they are clinically effective when used on the basis of a direct relationship with a known and constant disease (such as measles, whooping cough, smallpox, chronic miasms, etc.).

THE CASE FOR DUAL REMEDIES

AEGIDI'S FAMOUS LETTER ON DUAL REMEDIES: 1833

The above analysis is the complex setting for the momentous receipt by Hahnemann in the Spring of 1833 of a letter from one of his followers, Dr. Julius Aegidi, regarding the use of dual remedies in mixture (aqueous solution).

Aegidi was an Italian doctor converted to homeopathy through Hahnemann's cure of his psoric disease in 1823. Aegidi subsequently became an enthusiastic convert to homeopathy and a confidant of Hahnemann, perhaps the closest, next to Boenninghausen, in the intimacy of letters exchanged and the personal relationship developed with the founder of homeopathy. At the time of the letter on dual remedies, Dr. Aegidi was working in Düsseldorf, Germany due to Hahnemann's personal interventions with some of the aristocracy in that city.

Dr. Aegidi wrote to Hahnemann on 15 May 1833 reporting on 233 cured cases by the use of two highly potentized substances at the same time, each from a different side.

Hahnemann replied in a letter a month later, 15 June 1833, no doubt having carefully considered it and the cases, that he welcomed the approach and considered it entirely consistent with his previous teachings.

Dear Friend and Colleague,

Do not think that I am capable of rejecting any good thing from mere prejudice, or because it might cause alterations in my doctrine. I only desire the truth, as I believe you do too. Hence I am delighted that such a happy idea has occurred to you, and that you have kept it within necessary limits; 'that two medicinal substances (in smallest dose, or by olfaction) should be given together only in a case where both seem Homoeopathically suitable, but each from a different side.' Under such circumstances the procedure is so consonant with the requirements of our art that nothing can be urged against it; on the contrary, homoeopathy must be congratulated on your discovery. I myself will take the first opportunity of putting it into practice, and I have no doubt concerning the good result. I am glad that von Bönninghausen is entirely of our opinion and acts accordingly. I think, too, that both remedies should be given together; just as we take Sulphur and Calcarea together when we cause our patients to take or smell Hepar sulph, or Sulphur and Mercury when they take or smell Cinnabar. Permit me then to give your discovery to the world in the fifth edition of the 'Organon,' which will soon be published. Until then, however, I beg you to keep it to yourself, and try to get Mr. Jahr, whom I greatly esteem, to do the same. At the same time I there protest and earnestly warn against all abuse of the practice by a frivolous choice of two medicines to be used in combination." (Haehl, Vol. II, p. 85) (emphasis added)

Hahnemann then wrote to his friend Boenninghausen, who had already been doing similar work with dual remedies in mixtures, two days later, on 17 June 1833, stating that:

I too have made a beginning with smelling two suitably combined remedies, and hope to have some good results. I have also dedicated a special paragraph in the fifth edition of the 'Organon,' to this method, and in this way introduced it to the world. (Haehl, Vol. II, p. 253)

The new paragraph on the use of two remedies together was to have been as follows:

"Section 274b. There are several cases of disease in which the administration of a double remedy is perfectly Homoeopathic and truly rational; where, for instance, each of two medicines appears suited for the case of disease, but each from a different side; or where the case of disease depends on more than one of the three radical causes of chronic disease discovered by me, as when in addition of psora we have to do with syphilis or sycosis also. Just as in very rapid acute diseases I give two or three of the most appropriate remedies in alternation; i.e., in cholera, Cuprum and Veratrum; or in croup, Aconite, Hepar sulph. and Spongia; so in chronic disease I may give together two well-indicated Homoeopathic remedies acting from different sides, in the smallest dose. I must here deprecate most distinctly all thoughtless mixtures or frivolous choice of two medicines, which would be analogous to Allopathic polypharmacy. I must also once again particularly insist that such rightly chosen Homoeopathic double remedies must only be given in the most highly potentized and attenuated doses." (Thomas L. Bradford, *The Life and Letters of Hahnemann*, p. 486) (emphasis added)

Aegidi's letter of 15 May 1833 marks the formal beginning of the history of dual remedies. However, the origins of the matter can be discerned several years earlier. Both Hahnemann and Boenninghausen were aware of what Aegidi was doing well before Aegidi wrote to him in 1833 about the 233 cured cases. According to Boenninghausen (writing to Hahnemann), a certain Dr. Stoll of Cologne:

...had suggested dividing the remedies into two classes, the one of which should act upon the body and the other upon the soul. He thought that these two kinds of medicine should be combined in a prescription in order to supplement each other.

His method making some noise in Cologne, and Dr. Aegidi, then at Düsseldorf, having in vain endeavoured to discover the essential secret of this novelty, the latter induced me to endeavour to find out. I succeeded in doing so. (Bradford, p. 492)

Hahnemann indicates his awareness of the matter in an earlier letter to Aegidi of 28 April 1833. At this point, Hahnemann is cautious about the use of mixtures given his general criticisms of polypharmacy and his wariness over the ability of others to undermine the hard fought gains he had made in medical reform.

Do not cease from announcing publicly in great detail your work in the Düsseldorf institution. But do cease to pay any attention to Dr. Stoll's mixtures; otherwise I might fear that you were not yet convinced of the eternal necessity of treating patients with simple unmixed remedies. I have seen even shepherds and hangmen do some wonderful things now and then. Are we to chance to luck in the same way? (Haehl, Vol. I, p. 393)

In this same letter, Hahnemann indicates his general concern to maintain the purity of his system against allopathy, echoing the struggles he was having in this regard:

The purifying and separating of the true from the false which I undertook with the highest motives and which has the unmitigated approval of the best and most dependable of my students, must draw the world's attention to real values. What have you to fear from a frank and earnest separation of pure homoeopathy from that humbugging which must be the grave of homoeopathy if it is allowed to continue advertising itself as genuine and gradually insinuating allopathy again -- a very convenient resource for the sluggards? The science and I have need of fewer but truer adherents. I do not wish to see my colleagues increased by a large number of those false coiners. I wish to count as mine only a few good men and true. (Haehl, Vol I. p. 256)

The events leading up to Aegidi's letter of 15 May 1833 were serious indeed. Hahnemann had just announced to the world in 1828 his discoveries of the chronic miasms, in particular psora. This had not been well accepted by many homeopathic doctors, as Hahnemann had feared. At the same time, as a result of his concern over the introduction of allopathic methods of treatment (e.g., blood-letting, crude drugs, emetics, etc.) by those who did not have full confidence in the curative and healing powers of his new system, Hahnemann felt the need to intervene in a dispute between homeopaths in Leipsic attendant on the opening of the first homeopathic hospital in the world in that city. This dispute was highly public and unusually bitter.

As Hahnemann himself reported the matter to Boenninghausen towards the end of 1833:

Already four years ago, I wrote a friendly but forcible pastoral letter to the Leipsic Society, in which I showed them my displeasure at the unscrupulous and criminal behaviour of some of them, who treated their patients with homoeopathic and allopathic measures simultaneously, to the detriment and shame of our science. But I saw no signs that these arbitrary fellows, who boasted of being the most distinguished of all the homoeopathic physicians, took any heed of it.

...Yet, what happened? Of course after Müller's public declaration of intentions, they dared not be so bold as to use venesection, leeches, emetics, laxatives, etc. in the Homoeopathic Hospital...But now there anger against me became loud...an open revolt against me signed by the whole of the Society...

...This is how I am treated by these ungrateful ones... (Haehl, Vol. II, p. 289-291)

When Aegidi urged Hahnemann to reconcile with the Leipsic homeopaths, Hahnemann reiterated his position against false homeopathy in the letter of 28 April 1833 already referred to above.

You have not judged my proceedings against the pseudo-homeopaths from a right point of view. How can you advise me to offer these public cheats my conciliatory hand?

It is just this purging and this division of the true from the false, that I have undertaken from higher motives, and which has met with the unanimous approval of the best and the most reliable of my pupils, that will point out to the world, what is genuine. What do you fear, from a public and serious separation of pure homoeopathy from that imposture, which is bound to become the grave of true homoeopathy, if it were to continue to proclaim itself as the genuine article, and at the same time, overshadow it with allopathic practices, which of course would be very opportune for the lazy ones?

I, and our art, have only need to a few true followers; I do not wish to have as colleagues that large crowd of forgers of base coins. I only wish to number among my own a few good men. Do speak to our worthy Bönninghausen on that subject; he will enlighten you and make you understand what I cannot accomplish by letter owing to the overwhelming amount of other work. Let it suffice that your opinion on this subject, I regret to say, is erroneous... (Haehl, Vol. II, p. 282)

Here is one example of the reaction of those "moderates" who saw much good in homeopathy but also wished to see a union of it and the prevailing medical system, the one thing Hahnemann most feared (that is co-option by the Old School, leaving homeopathy gutted and lifeless).

With this extravagance Hahnemann's homoeopathy had reached the highest summit, and would have undoubtedly gone under, if sensible physicians had not taken the matter in hand, and protected the great discovery which this genius had made, and saved it for the benefit of humanity. There is indeed something tragic in it, if we consider how Hahnemann himself moved by hatred against the older medical school, developed his own creation more and more one-sidedly, and drove it even to a sharper point, until he nearly destroyed it. (von Brunnow, Haehl, Vol. II, p. 164).

Hahnemann remained faithful to his strict dogma in spite of all these letters, and spoke most violently against the behaviour of the more moderate school of homoeopathy... I had prefaced this second translation [in French of the *Organon*], which came out in 1832, with a new detailed introduction, in which I declared myself a follower of the new moderate ideas, and ...he was very irate about it, and demanded from me a repudiation of all the heretical parts that displeased him, in some homoeopathic periodical." (von Brunnow, Haehl, Vol. II, p. 165)

The Psora Theory, which brought clearly to Hahnemann's consciousness the supersensible (phenomenal) nature of the constant (tonic) diseases, as opposed to the more sensible dimension of the pathic diseases (symptoms), was difficult for many, still ensconced in the material world of the Old School, to accept. Haehl writes that the Psora Theory "...aroused the criticism of friend and foe to a tremendous extent" right from the start and that these views "seemed to be even more idiotic than the high dilution medicines." (Vol. I, p. 137) Already, in Hahnemann's lifetime, once he had moved to Paris for the final stage of his life, the German Central Association (of homeopaths) formally rejected the doctrine of psora, but "recognised fully the efficacy of the psora remedies in chronic diseases," (Haehl, Vol. II, p. 163) thereby rejecting the concept that had led to the discovery of the medicines themselves.

Here we can see the seeds of a dominant attitude to Hahnemann's deeper insights, particularly as relate to the tonic side of disease (supersensible domain) in the form of rejection by both followers (reject the theory of disease, but accept the use of the remedies in practice on the basis of the law of similars) and critics (ridicule). His earlier works, on *materia medica* and on the law of similars leading to the *Organon*, had been criticised, but had also garnered many followers who saw here a useful and necessary reform of medicine. However, such followers and supporters, headed by Hufeland and his influential medical journal, never ceased to think that the reformers could eventually be reconciled with the mother church of prevailing authority in medicine. If Hahnemann at any time thought this might be possible (and there is no evidence that he did), such thoughts would have been entirely banished by his work between 1810 and 1830 which brought fully to his consciousness the dynamic (non-material), dual (constant and variable) and hierarchical (jurisdictions and layers) nature of disease and medicine.

These new insights, however, could not be grasped by those without the proper capacity to "see" them. For those living in a different paradigm or organising idea, these new insights were ridiculous indeed. They felt that they could use the practical results of the theory without needing to accept the theory itself, a form of empiricism that Hahnemann rejected. Without the strong foundation of the theory, the practical results would simply lead to the absorption of the practice into the all-encompassing power and authority of the Old School.

It is no wonder that Hahnemann felt the need, because of the public nature of the operations of the Leipsic Homeopathic Hospital and its symbolic importance for the advance of homeopathy with the authorities and the public, to attack the Leipsic Homeopathic Society for using allopathic methods simultaneously with homeopathic ones. Hahnemann also warns Aegidi against straying from the true path, telling him that he has nothing to fear from a separation of true from false homeopathy (knowing, already at this point that Aegidi and Boenninghausen are looking into Dr. Stoll's "mixtures."). At the same time, Hahnemann is becoming ever more conscious of the dual nature of disease (constant and variable diseases).

His great enthusiasm for Aegidi's communication of the 233 cured cases using dual remedies in mixture as being "fully consonant with the homeopathic art," is, in the light of the history of the idea of duality in disease, not at all surprising.

Hahnemann had gained a renewed appreciation for the duality of disease. He was now also more fully cognizant of the dynamic dimension of disease and medicine, and he had begun using remedies in quick alternation in acute self-limiting diseases. While he may have formally considered or intended that such use of two remedies be after the full action of the first remedy, it is conceivable that in practice Hahnemann may have found the need to use remedies in close enough proximity that there was the possibility of overlapping action (that is, that the second remedy was prescribed and ingested while the secondary action of the first remedy had not yet exhausted itself).

In a letter to Dr. Stapf of 24th April 1830, Hahnemann wrote how he had cured himself using Staphysagria and Arsenicum in short alternation. Also, during the cholera epidemic of 1831, we find a recommendation for the use of several remedies in alternation.

This evidence comes from a paper written by Dr. O.A. Julian in 1984, who also lists ten more examples of Hahnemann's use of remedy combinations. Clearly, the concept of using more than one remedy within the time frame of action of another remedy was starting to form in his consciousness. Certainly, in the new paragraph on dual remedies proposed for the 5th Edition, Hahnemann refers to the use of dual remedies as being similar in concept to his previous use of two remedies in quick alternation in acute diseases. Dr. Julian's evidence is discussed in an article in Homeopathy On-line:

Homeopathic Polypharmacy

When Hahnemann started to develop his homeopathic treatment, orthodox doctors often used many drugs in combination. Hahnemann severely criticized this polypharmacy. In order to study the effects of each homeopathic remedy Hahnemann did not use combinations of remedies in the early years and objected to the use of remedy combinations by other homeopaths. Hahnemann's warnings against using combinations of homeopathic remedies have become an entrenched doctrine in some homeopathic quarters.

However, combinations of homeopathic remedies have been used successfully for well over a century by homeopaths on the European Continent.

Continental homeopaths have known for over a century that Hahnemann did in fact sometimes use remedy combinations, despite what he wrote in the *Organon*. This was confirmed by Dr. D. Demarque during the 41st Congress of the International Homeopathic League in Rio de Janeiro in 1986. Dr. Demarque's statement caused great controversy at the congress and it was alleged that he was advocating 'polypharmacy.' However, Dr. P. Fisher, editor of the British Homeopathic Journal, wrote in his report on the congress that: 'Demarque's historical evidence appeared to be irrefutable.' (BHI 1987, pp. 6-7)

The late Dr. Julian showed clearly in a paper in 1984 that Hahnemann did in fact use remedy combinations. In a letter to Dr. Stapf, Hahnemann wrote on 24th April 1830 how he cured himself during a serious illness by taking Staphysagria and Arsenicum alternatively at short intervals. During the cholera epidemic of 1831 Hahnemann recommended the use of several remedies, among them Bryonia and Rhus Toxicodendron, taken in alternation. (Julian 1984, p. 42)

In the paper referred to, Julian gave ten more examples, with references, showing that Hahnemann did use remedy combinations. Many of the references were to Dr. Richard Haehl's German biography, Samuel Hahnemann, sein Leben und Schaffen, which was published in 1922. An English translation of this book has only been published quite recently.

The most recent reference to Hahnemann using polypharmacy is the following: 'Another extremely interesting feature of Hahnemann's practice at this time is his use of two remedies at once.' (Handley, 1988)

Continental homeopaths have known from Hahnemann's own time that he did use combination remedies, and the material in the German biography of Hahnemann by Dr. R. Haehl has been available to homeopaths who can read German for 74 years. But these historical facts have not been easily accessible to English speaking homeopaths who do not read German. So it is not surprising that Anglo-American homeopaths have believed for a long time that Hahnemann never used remedy combinations. The documented historical fact, however, is that he did.' (see *Homeopathic Drainage Treatment According to Vannier*, Dr. Eddy De Ruyter, Homeopathy On-line, Vol. 6).

Hahnemann had further developed a dual conception of the Living Power of the human being as well as a duality between the Spirit (**Geist**) pole and the nature (**Wesen**) pole. Thus, he had come to realise the profound duality of life.

See: [Disease: Material or Dynamic in Origin?](#)

BOENNINGHAUSEN'S DUAL REMEDY CASE

Boenninghausen, who along with Aegidi, had started to explore the use of dual remedies with Hahnemann's knowledge and tacit consent, provides us with a striking example of the dual remedy concept from this period.

Boenninghausen fell ill in April 1833 with a serious intestinal blockage, and was, he felt, on the verge of death when he found almost instant relief in **Thuja**. He then wrote to Hahnemann about this incident and received a reply dated 28th April 1833. Hahnemann relates that he too had fallen ill on or about 3 April 1833 for 2 weeks from an illness that had threatened his life. He had been saved only by the use of several remedies in a short period of time. What is interesting is that Boenninghausen had also had to use two other remedies, approximately eight days apart, to complete the cure begun by **Thuja**, and that these were precisely the two remedies Hahnemann had suggested he take not knowing that Boenninghausen had already taken both, each one well-indicated for the case.

In spite of the great care I took, some vexation... may have contributed to my getting a suffocative catarrh, which for seven days before the 10th of April, and for fourteen days afterwards, threatened to choke me ...Only since the last four days I feel myself saved. First by smelling twice of Coffea cr. X-o, then of Calcarea; also Ambra contributed its share... 

I was sorry to hear from all my heart, that you have been so sick ... Now if you would have an additional advice for the restoration of the activity of your bowels, I would call your attention to Conium and to Lycopodium, and to take daily walks in the open air. (Boenninghausen, *Lesser Writings*, p. 205-206)

Boenninghausen at this point in the article comments on Hahnemann's suggestion of two remedies:

I would add here that a few days after sending off my letter [likely the 15th of April] in which I had neither asked for his advice nor spoken of any additional treatment I had taken the homeopathically indicated Lycopodium, and so also about eight days before receiving the letter  ["first days of May"] from our Hahnemann Conium, each in a minimal and single dose, and nothing else at all... What a mass of observations and of experience was required, together with what a rare divining power, in order to give in advance (in a disease which had only been communicated as to its leading characteristics and as to the mere naming of the first remedy used), two remedies which only subsequently, through their symptoms, were so distinctly and determinedly indicated, as homeopathically suitable, that of all the other remedies none could come into competition and the result had already proved the correctness of the advice before it had become known to me! (Boenninghausen, *Lesser Writings*, p. 206)

We need to note that this was two medicines (Boenninghausen emphasizes "two remedies"), each indicated for the case, presented by Hahnemann as the medicines to be used, not as possible ones from a long list. Why were two needed to complete the case treated first by **Thuja**? How did Hahnemann know which medicines were needed with only the leading characteristic symptoms? From observation (of symptoms) on the one side and (clinical) experience on the other, joined by "a rare divining power?"

We should at this point indicate that Hahnemann, despite his illness, was seen to be in full health. The illness that he succumbed to briefly was an example of an idiopathic disease caused by constant vexation (homogenic dimension) due to the dispute with the Leipsic half-homeopaths.

But in spite of everything the old man, almost eighty years of age, was physically and mentally fit and cheerful, as Griesselich has so realistically described in his 'Sketches' taken in Köthen. Here was, indeed, remarkably blessed old age, full of keen vigour and unquenchable zeal. (Haehl, Vol. I, p. 183) 

THE IMPORT OF AEGIDI'S LETTER OF 15 MAY 1833

We may reasonably ask at this point, what was so remarkable about Aegidi's letter of 15 May 1833? What was new and important in Aegidi's letter was the cure of cases using remedies concordantly to address the dual nature of disease, each from a different side. And to do so in mixture, which would appear, at least on the surface to the uninitiated, to go counter to Hahnemann's long standing opposition to polypharmacy. However, despite this apparent novelty, Hahnemann greeted the news by Aegidi with tremendous enthusiasm. He further decides to try the use of dual remedies in mixture himself and immediately writes a new paragraph for the 5th edition of the *Organon*, then at the printer, without the need to change anything else in the work, and stressing the link between his earlier use of two remedies in alternation and this new approach.

What seems to have assuaged Hahnemann's earlier concerns over the mixtures of Stoll is the "happy idea" stated by Aegidi that each remedy in the mixture would approach a different disease (each is based on the law of similars and each treats disease from a different side) and that each would be in "the smallest dose". This harkens back to Hahnemann's own earlier discovery that there is a relationship between the size of the dose and the length of the initial action of the medicine. The implication here is that the dynamic dose (in dilutions beyond any chemical laws) is not subject to the same stricture as chemical doses, such that the giving of two suitable (that is, each from a different side) remedies in mixture does not create a problem for cure, but rather enhances it. Earlier, Hahnemann had found that the dynamised doses increased in therapeutic power despite increased dilution.

See: [Laying the Foundations of a New System](#)

Was he now realising that the dynamised dose in mixture, treating the duality of disease (that is the two diseases in the patient - tonic and pathic), actually enhanced the therapeutic power of treatment as well? Certainly, the experience of Aegidi, Boenninghausen, and later Lutze would confirm this.

Aegidi's letter comes as a culmination of several streams of thought each moving towards this high water mark in prescribing by the law of similars. We see the discovery early on of the dual nature of medicinal action, though the emphasis is on the initial form of self-limiting and acute cases. We see the discovery of the dual nature of disease in the initial form of constant and variable diseases, with the early focus in the aphoristic *Organon* on the many individual, variable types of disease for which no effective specific remedies had yet been found. We see the concern to dilute the crude doses then in vogue so as to minimise any negative effects and yet to retain some therapeutic action, followed by the dawning of the realisation of the hidden (dynamic) power in such small doses.

We then see the movement of dilution past the bio-chemical laws into a supersensible (spiritual) realm, into the world of potencies (as opposed to dilutions), coupled with the discovery of the hidden constant chronic miasms (phenomenal in nature). A schism emerged in the ranks over these two moves into the supersensible realm of nature and Hahnemann became concerned over the movement back (reaction) to the materialism of allopathy. This triggered an otherwise embarrassing and uncharacteristically bitter public feud with the Leipsic homeopaths. Hahnemann, at the characteristically bitter use of olfactory nature of the specialised medicines and tested this by another seemingly embarrassing use of olfaction to the exclusion of other methods. He moved from the single dose and wait method of previously, to repeated doses (both through olfaction and the liquid dose), though cautiously (every week in chronic cases) to trying to speed up the time of cure. He arrived at a profound insight into the dynamic and dual nature of disease and of medicinal action and commended the use of overlapping doses. He apparently began the use of overlapping action of remedy in the case of self-limiting diseases (at least in his own case). Now Aegidi appears and suggests to Hahnemann the use of two remedies in mixture, each from a different side, in high potency (and Hahnemann adds, through olfaction as well). From all that has gone before this appears as the culmination of Hahnemann's ideas. And that is exactly how Hahnemann reacted.

The Kothen Peace Conference

At this point, Hahnemann's enthusiasm, beyond leading him to try this method himself and to write a new paragraph for the 5th edition of the *Organon*, then already at the printers, propelled him to present the new discovery of dual remedies to a gathering of the Leipsic homeopaths. These were the same doctors he had only recently chastised as being half-homeopaths. They had agreed to meet in Köthen, on 10 August 1833, to resolve their differences with Hahnemann.

The gathering was intended to be a peace conference following his lengthy, acrimonious and very public dispute with the Leipzig homeopaths over the running of the first homeopathic hospital in that city.

An editorial in the British Journal of Homoeopathy of July 1865 explains what happened:

"Dr. Aegidi proposed to Hahnemann to administer a mixture of two highly-potentized remedies each corresponding to different parts of the disease. **In the potentized state the medicines thus mixed would be incapable of chemical reaction, but would each act separately in its own sphere.** Dr. Boenninghausen approved of the idea and Hahnemann was induced to present the matter to the meeting of the Central Society for 1833. Hahnemann was persuaded that this would probably lead to the polypharmacy of the old school, and he decided to exclude this doctrine from the new edition of the '*Organon*.'" (emphasis added)

Despite the strong negative reaction of the other homeopaths, Hahnemann nonetheless wrote to Aegidi on 19 August 1833, thus, only a week after the meeting, repeating his approval of the use of dual remedies in mixture and confirming that he had indeed written a new paragraph for insertion in the 5th edition of the *Organon*. The letter notes that this truth (the use of dual remedies) should not be withheld from the world even though he, Hahnemann, had not necessarily discovered it. This was, perhaps, a reference to his earlier delay in publishing the discoveries relating to the chronic miasms because of concern that others might not appreciate it or acknowledge its source (see Haehl, Vol II, p. 154)

I have devoted a special paragraph in the fifth edition of the *Organon* to your discovery of the administration of **double remedies**. I sent the manuscript yesterday evening to Arnold and enjoined him to print it soon and put the steel engraving of my portrait as a frontispiece. The race for priority is an anxious one. Thirty years ago I was weak enough to contend for it. But for a long time past my only wish is that the world should gain the best, the most useful truth, be it through me or others. (Haehl, Vol. II, p. 85) (emphasis added)

HAHNEMANN'S DECISION TO WITHDRAW THE DUAL REMEDY PARAGRAPH

However, we find that on the 15th of September 1833, Hahnemann wrote to Boenninghausen that he had now decided to withdraw the paragraph on political grounds as he had earlier been urged to do.

What finally forced his hand was a rumour that Hufeland, an influential allopath who had strong sympathies for homeopathy, was greeting the news of the new paragraph on dual remedies as presaging the return of homeopathy to the folds of orthodox medicine, something that he strongly wished and Hahnemann strongly feared. As he wrote to Boenninghausen on 15 September 1833:

I was told a short time ago that it had become known to Hufeland (probably through the printer) from my manuscript of the fifth edition of the '*Organon*' that I have taken up treating with two medicines, and he is already rejoicing at the fact that homeopathy will have to return at last into the bosom of the only saving church, and would again have to join the old science. As it is never, as we know, absolutely necessary (although at times advantageous) to prescribe for the patient a double remedy, and the advantage gained from the exposition of this sometimes useful method, is, as I see, greatly overbalanced by the disadvantage which would certainly arise from a misinterpretation by the allopaths and allo-homeopaths, I have, with your approval I feel sure, had the manuscript sent back to me, and have put everything back integrum, and also added a reprimand against such a proceeding, so that the orthodox pope of the old school will be considerably upset when he sees in the '*Organon*' a publication which will make his rejoicing melt away. I know you approve of my action... (Haehl, Vol II, p. 253)

THE SINGLE REMEDY AND THE MAIN PILLARS OF HOMEOPATHY

Given the concerns over polypharmacy and the related issue of the use of a single remedy, it is interesting to examine the "peace agreement" signed by Hahnemann and the other participants at the August meeting in Cöthen. The agreement consistently deals with the allopathic treatment modalities that Hahnemann had so criticised in his communications with the Leipsic homeopaths, but no mention is made of the single remedy issue. This might have been expected if the use of dual remedies in mixture had been an issue of philosophy rather than simply a political problem (how to promote it without falling into polypharmacy - the false use of remedy combinations - or leading to the ineffective use of the law of similars due to misunderstanding and ignorance on the part of the majority of homeopathic followers). The peace agreement only reinforces the fact that dual remedy prescribing was not considered by Hahnemann and the others as being inconsistent with the rules up to that point.

Hahnemann's Pillars

As a result of the Leipzig affair and after the disclosure of the discovery of dual remedies, Hahnemann set down a series of principles relating to the foundations of homeopathy which he and the Leipzig doctors signed at the meeting in Cöthen on 11 August 1833 as a form of peace treaty after the cessation of hostilities:

Agreement on the 11th of August 1833

The main pillars of homeopathy are:

1. Strict and unqualified adherence to the principle of Similia similibus and consequently
2. Avoidance of all antipathic methods of treatment, wherever it is possible to attain the objective by homeopathic remedies; and therefore the greatest possible
3. Avoidance of all positive remedies and those weakening by their after-effect; consequently, the avoidance of all bleeding, of all evacuation upwards or downwards, of all remedies causing pain, inflammation or blisters, of burning, of punctures, etc.
4. Avoidance of all remedies selected and destined only to stimulate, whose after-effects is weakening in every case.

Whoever has acknowledged as his own these tenets, which are the main pillars of homeopathy, let him sign his name below. S.H. (Haehl, Vol. I, p. 200)

As can be seen, the main pillars are the giving of remedies on the basis of similar resonance and the avoidance of measures that only weaken the vital force (all antipathic and allopathic measures).

A further indication that the use of dual remedies, even in mixture, was consonant with the principles of his system, as Hahnemann had earlier communicated to Aegidi, is a letter to Hering, dated September 13, 1833. Hahnemann writes to him of the Leipsic dispute. He also makes a reference to the single remedy at a time issue:

On August 10th I had with me here, upwards of twenty of my best pupils from all parts (including Bönninghausen) and they all agreed again on the one point, that a true homoeopathist should administer only **one** carefully selected homoeopathic remedy at a time, after accurate investigation into the condition of the morbid state; he should avoid all palliatives, all kinds of weakening processes, all stimulation with so-called tonics, and all external painful applications. (Haehl, Vol. II, p. 288)

Here we are led to the realisation that Hahnemann saw in the dual remedy issue what Boenninghausen and Aegidi must have seen, and what Lutze would later clearly see, even if not fully articulated: that the issue of the single remedy is linked to the single disease (morbid state). There can be only one remedy for each morbid state and only one remedy can, thus, be prescribed at a time for any given morbid state (disease).

Polypharmacy is the giving of more than one remedy for the unity of the morbid state, that is, the breaking down of this unity into arbitrary parts. Thus, the issue of the single remedy ultimately comes down to a true understanding of disease.

The concern of Hahnemann and his followers was polypharmacy. We have seen that the use of dual remedies was not considered by Hahnemann and his close followers as constituting polypharmacy. Rather the concern was with the appearance of propriety for the untutored public. Thus, polypharmacy can only have meant and means the use of more than one medicine at a time for a given disease. What the allopaths did was to confuse a few common symptoms for the disease and then decide to treat this false unity (disease) by means of different medicines for different individual symptoms (e.g., one for the inflammation, one for the cramps, one for the bleeding, etc.). Hahnemann's criticisms of polypharmacy also make clear that part of the problem involved the use of large, crude doses.

See: Polypharmacy and Unipharmacy

Hahnemann's final decision to withdraw the new paragraph on dual remedy mixtures was based on purely political considerations, namely a concern that the allopaths not be able to take advantage of this development in order to discredit homeopathy.

However, in doing so, Hahnemann had to wrestle with his own conscience. He expressed his problem in writing to Boenninghausen. Boenninghausen apparently urged him, despite his own success with dual remedies, to not only remove the disputed new paragraph, but to amend the existing text to include a criticism of the use of dual remedies because of the political risks:

Your eloquence would have easily persuaded me, if I had been in your position, that is, if I had been as much convinced as you are from a large experience of the possibility and even great utility of giving double remedies. But from many attempts of this kind only one or two have been successful, which is **insufficient** for the **incontrovertible establishment of a new rule**. I was therefore, too inexperienced in this practice to support it with **full conviction**. I required only slight momentum to induce me to alter that passage in the new '*Organon*,' which results in this, that I **concede the possibility** that two well chosen remedies may be given together with **advantage** in some cases but that this seems to be a very **difficult** and doubtful method. And in this way I believe I have done justice to truth on the one side and to my inner conviction on the other. (Haehl, Vol. II, pp. 253-54)

Hahnemann felt in the face of strong opposition that his own experience was still too limited for "the incontrovertible establishment of a new rule." Under strong attack from the others, he did not have enough of his own intimate knowledge of the new concept of two sides and the use of two substances ("this practice") to "support it with full conviction." However, he concedes that a new rule is possible as "two well-chosen remedies may be given together with advantage." Hahnemann had both closed the door on those who might abuse the discovery and re-introduce polypharmacy on the one hand and left it ajar for those who could understand the legitimate use of dual remedies in mixture. He also left open the possibility that eventually a new rule could be established with full conviction.

Thus, instead of the proposed new paragraph, Hahnemann altered the existing paragraph by adding a footnote to the existing Aphorism 272. Far from being a condemnation of the double remedy approach, Hahnemann here repeats essentially what he had written to Boenninghausen on 16 October 1833, that the footnote "...concede(s) the possibility that two well chosen remedies may be given together with advantage in some cases but that this seems to be a very difficult and doubtful method."

Some homeopaths have made the experiment, in cases where they deemed one remedy homeopathically suitable for one portion of the symptoms of a case of disease, and a second for another portion, of administering both remedies, which can or cannot be at the same time; but I earnestly deprecate such a hazardous experiment, which can never be necessary, though it may sometimes seem to be of use. (Dudgeon, *Organon*)

Hahnemann faced a difficult choice. On the one hand, he knew the truth of what Aegidi had presented, and knew that Boenninghausen (another of his few close and faithful followers) had also had very good, indeed "surprising" results. On the other hand, he faced the reality of his many followers who could not really be trusted to leave behind the corrupting framework of the Old School (using suppressive means with homeopathy), much less grasp the new insights into disease (Psora Theory) and his many critics who were seeking ways to assimilate the practical aspects of his new system of medicine, if not to destroy it altogether, leaving at best a hollow shell of reform.

No wonder Hahnemann, after his experiences with the schism occasioned by the Psora Theory and the higher dilutions, sought only those few “good men and true” who really understood, rather than the many who would simply distort his teachings. As he expressed it to Aegidi just prior to receiving the landmark letter on dual remedies,

I, and our art, have only need of a few true followers; I do not wish to have as colleagues that large crowd of forgers of base coins. I only wish to number among my own, a few good men. (Haehl, Vol. II, p. 283)

Despite the “happy idea” of the two sides of disease, Hahnemann still did not have, from his own understanding and experience a means of explaining and of defending the practice of dual remedies against both attack and misuse. Without such a base, how could this approach be distinguished from the false use of mixtures in allopathy (polypharmacy)?

See: Polypharmacy and Unipharmacy

So, Hahnemann apparently ceased the use of this particular practice (dual remedies in mixture), but continued the use of dual remedies in another form, the one he was more familiar with, at least from his development of the multiple dose method between 1829 and 1837 (that is, the use of two remedies within the full action, but not within the initial action of the first remedy). All this was consistent with what he had written in the aphoristic **Organon** and occasional writings, as well as letters.

In writing to Aegidi on 9 January 1834, Hahnemann was at pains to ensure that only those who really understood the new insights continue the use of dual remedies in mixture, and then not in the full public glare. This is an echo of earlier concerns expressed in his **Chronic Diseases**:

305.1 As to the second main mistake in the treatment of chronic diseases (the unhomeopathic choice of the medicine), the homeopathic beginner (many, unfortunately, remain such beginners all their lives) sins mostly through inexactness, carelessness and indolence.

Given the difficulty of grasping the principles behind such use, any work is “hazardous” and to be left to only a “few good men.” Thus, he wrote to Aegidi to try to bring some degree of order to the process, so that it did not get out of hand.

In my opinion you have proceeded somewhat too speedily in the matter of administering double remedies, since you are generally an impulsive man. I cannot and will not prevent you from talking about it in public; I don't do it myself.

You presuppose that imitators could easily find the correct Simillimum in such a case of illness not only for the one part of the symptoms but also the other part and in such a way that they could always achieve good results. Ah! If most homeopaths could or would discover only ONE remedy, exactly suitable in accurate similarity to the characteristic symptoms, we would gladly excuse them the necessity of finding the nearest suitable one!

For my part, I find the discovery of the right remedy difficult and laborious in every case. Therefore, I do not see how they would hit upon the first, to say nothing of the second twin remedy so easily! Pardon me for being so incredulous in this matter. However, I leave it to you to write about as you think fit – but I beg of you to use only the ‘Archiv,’ as both the homoeopathic periodicals appear before the public; it will be a delight for the allopaths. (Haehl, Vol. I, pp. 393-94) (emphasis added).

In this letter, Hahnemann first gently chastises Aegidi for having acted too quickly, presumably before the way could have been better prepared (theoretically and practically), as it had been by Hahnemann in the case of the psora theory – 12 years of careful research. This is in keeping with Hahnemann's rude reception in Leipsic and his retraction of the new paragraph.

He then goes on to say that he will not prevent Aegidi from discussing the issue discreetly, although he, Hahnemann, will not do it. This is further evidence that Hahnemann had not condemned the method, but had only beaten a tactical retreat. His concern was a practical one in the face of allopathic manoeuvring to discredit or assimilate homeopathy: to expect that others would be able to find two suitable remedies, much less just the one. The reputation of his radical challenge to the prevailing system rested on the finding of the correct remedy for each disease. This was difficult enough for the first disease, and to expect others to find the second remedy for the second disease was perhaps more than the system could demand at this point. Clearly, more work needed to be done before a rule could be made and defended. The wording of the letter also suggests that Hahnemann was at that point still using, or at least thinking about the use of, double remedies in mixture, but would work in private.

THE PARIS PERIOD

Shortly after the dual remedy affair, on 8 October 1834, Hahnemann re-married (his first wife having died in 1830). His second wife was an aristocratic, emancipated Frenchwoman, Melanie d'Hervilly, some 40 years his junior. This was, by all accounts, a remarkably resonant and passionate relationship. He moved with his new wife to take up residence in Paris, the cultural capital of the world. Expecting to retire, he found himself entering a final, exciting phase in his long career.

The second marriage and the move to Paris began an “extraordinarily productive” period (Handley, **Homeopathic Love Story**, p. 94). These events also marked a watershed in Hahnemann's life. Hahnemann now began to work in tandem with his new wife and to explore at the same time the dimension of the two sides that had so fascinated him when brought to his conscious attention by Aegidi in 1833.

The record of the Paris period remains as yet partially researched. What has been examined (in Handley's two books) shows that the Hahnemanns were working in a particular direction in their analysis and prescriptions:

- Regular opening of the case with Sulphur (to treat the psora Hahnemann had clearly identified), interspersed with remedies that related to one or a few particular characteristic symptoms that emerged, then return to the use of Sulphur.

From the earliest days of the Paris practice it was common for Hahnemann to prescribe Sulphur at the outset of a case, and to continue to do so until other symptoms more characteristic of other remedies manifested themselves. (*In Search of the Later Hahnemann*, p. 44)

- Use of remedies at the same time, although divided by a few hours to half a day (usually to be taken one in the morning and one at night). Again, the one remedy tended to be Sulphur and the other a more acute remedy related to the particular symptoms of the moment that emerged.

In these Paris cases, however, we find numerous occasions when Hahnemann clearly prescribed two remedies at the same time. He did this, however, in what appear to be clearly-defined circumstances; he might, for instance, use a remedy in response to a new, acute symptom, while still continuing to prescribe the basic Sulphur... (*Homeopathic Love Story*, p. 131).

- The use of Sulphur in many cases even though the well-indicated remedy based on the symptoms of the patient pointed to another remedy (see above quote).

- The use of different potencies or methods of delivery for the two remedies for the two sides when given in tandem.

It appears to have been important to Hahnemann to prescribe Sulphur and the associated remedy, when taken in tandem or in alternation, in different potencies, at what we might now call different resonant frequencies. It was usual for him to prescribe Sulphur (or the bass remedy) in a higher potency than the subsidiary (or melodic) remedy, or else to instruct that one of them be inhaled rather than taken orally. (*In Search of the Later Hahnemann*, p. 69)

What we have is a picture of the Hahnemanns, based on his insights into chronic disease and stimulated by the Aegidi cases, striving to treat for the underlying nosological process, which his observation had taught him was larger in scope than just the pathic state registered in the suffering of the patient, while also dealing with the more acute manifestations of that underlying disease process in terms of the suffering of the patient. They would treat for any disease expression based on only one or two characteristic symptoms (**See: Keynotes**), while ignoring other symptoms that pointed to other remedies (supposedly the totality).

It is hard to escape the conclusion that this is very much an approach of treating disease from the two sides, of the tonic and the pathic (with the musical connection of different resonances as is reflected in Hahnemann's use of the root “stimm” or tone when speaking of curing).

Towards the end, however, Hahnemann began to use a new method of preparation of the potencies, responding to the greater sensitivities of his urbanised Paris patients. He gradually moved from the more frequent use of the centesimal potencies, in the form of the liquid dose and from the olfactory method for the most sensitive patients, to the LM or Q scale. Here he had the patients take the same remedy daily and then where needed, would switch the remedy to another almost immediately, repeating it daily as well.

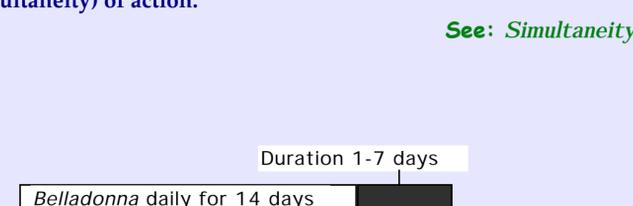
Two Cases from Hahnemann's Final Year

Two examples from the year 1842 and communicated to Boenninghausen by Hahnemann on 24 April 1843, shortly before his death, are given here (see **Lesser Writings**, p. 773-776).

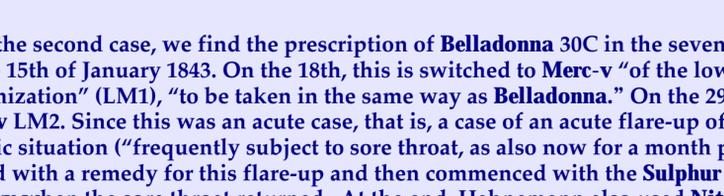
The evidence in the first case reveals that Hahnemann also used the daily dosing method with the C-scale. It further reveals in both cases the use of dual remedies.

In the first case, the patient is given **Belladonna** 60C (for over-exposure to sun) on 12 September 1842, dissolved in seven tablespoons of water, one of these to be put in a glass of water and a teaspoonful to be taken each morning for seven days. On 20 September, she is to repeat the dose for another seven days. On the 28th she is given **Hyoscyamus** 30C in the same manner as the **Belladonna**, for seven days. This is followed by **Sac lac**. Here we can see an obvious overlapping (simultaneity) of action.

See: Simultaneity of Ingestion and Action



In the second case, we find the prescription of **Belladonna** 30C in the seven tablespoon method on the 15th of January, 1843. On the 18th, this is **Merc-v** “of the lowest new dynamization” (LM1), “to be taken in the same way as **Belladonna**.” On the 29th, this is changed to **Merc-v** LM2. Since this was an acute case, that is, a case of an acute flare-up of an underlying chronic situation (“frequently subject to sore throat, as also now for a month past”), Hahnemann started with a remedy for this flare-up and then commenced with the **Sulphur** (LM2) on 30th January when the sore throat returned. At the end, Hahnemann also used **Nitric acidum** by smelling.



Melanie Hahnemann continued to use the method they had jointly worked on after his death. However, part of her reluctance to immediately release Hahnemann's last changes plus the casebooks to the **Organon** to the public, must have been due to Hahnemann's initial experiences in trying to communicate to his followers this new world of the two sides. There was still much controversy and misunderstanding about his earlier insights into the chronic miasms, an area where Hahnemann had felt on much surer ground. To expect great understanding of this new concept of the two sides seemed almost too much. As it was, events conspired to prevent the release of the 6th Edition of the **Organon** until almost a century later. However, the concept of the underlying, mostly invisible side of disease as compared to the sentient side of the disease symptoms of the patient continued to emerge within homeopathy, albeit in various disguises, because it is grounded in reality.

DUAL REMEDY TIMELINE

- **1796:** Hahnemann starts with the discovery of specific medicines for constant (tonic) diseases (homogenic and pathogenic), borrowed from folk medicine, and distinguishes these from the variable, individual (pathic) specifics for variable diseases. He also discovers the dual nature of treatment (cure and healing = heilen, involving the initial action and the counter-action), as well as of disease. Concern over the repetition of dose within the initial action of the first (too strong a dose) and waiting for the full action of the first remedy to exhaust itself before giving a second remedy/dose. Establishment of the principle of a direct relationship between the length of initial action of a remedy and the dose, as well as the intensity of the disease and nature of the remedy, which insights he developed over the next decade, and beyond.
- **1816-28:** Discovery of the chronic miasms (tonic side) and chronic diseases (pathic side). Growing realisation of the dynamic nature of the succussed dilutions (potencies as opposed to medicines). Awareness of the length of action and importance of the counter-action with increased emphasis on waiting for the action of the single dose to exhaust itself before the repetition of dose.
- **1825-43:** Use of the olfaction method and repetition of dose within shorter timeframes.
- **1830:** Hahnemann uses two remedies in short intervals on himself. 
- **1831:** Hahnemann uses two remedies in short intervals in the cholera epidemic.
- **1831-32:** Aegidi, Boenninghausen, Stoll begin with dual remedies in mixture.
- **1833 (April):** Hahnemann uses many remedies in short order to treat himself. Hahnemann prescribes two remedies, each perfectly indicated, for Boenninghausen's illness.
- **1833 (May):** Dr. Aegidi communicates 233 cured cases using double remedies to Hahnemann.
- **1833 (June):** Hahnemann writes a new paragraph sanctioning the use of double remedies for insertion in the 5th Edition of the Organon.
- **1833 (August):** German homeopaths at a conference in Köthen reject the new paragraph for the 5th Edition for political reasons (fear it will weaken homeopathy as it will open the door to polypharmacy). Hahnemann resists and the "peace agreement" of 11 August 1833 as to the pillars of homeopathy makes no mention of the matter.
- **1833 (September):** Hahnemann writes to Aegidi re-confirming his intention to add the new paragraph on dual remedies to the 5th edition of the Organon.
- **1833 (October):** Hahnemann decides to withdraw the disputed new paragraph from the manuscript of the 5th Edition after reading an article by Hufeland seeing (falsely) the use of dual remedies in mixture as a return to polypharmacy.
- **1833 (Fall):** Hahnemann, Boenninghausen, Aegidi enter into an agreement not to continue practising with dual remedies in mixture (or at least not to do it publicly).
- **1836 (September):** Hahnemann writes to Boenninghausen about his surprise to learn that he, Boenninghausen was still prescribing dual remedies.
- **1836 (November) - 1843:** Hahnemann's casebooks record the continuing use of dual remedies (simultaneity of action).
- **1846:** Boenninghausen's publication of his repertory with the section on Concordances.
- **1856-57:** Lutze learns of the dual remedy from Aegidi and Boenninghausen and undertakes thousands of successful cures.
- **1865:** Dr. Lutze publishes his version of the 6th Edition of the Organon (after apparent fruitless attempts to have Hahnemann's version published). It includes the disputed paragraph on the use of double remedies.

The concept of two sides seems to disappear at this point in the hue and cry elicited by Lutze's publication of the disputed paragraph on dual remedies. However, if an idea has enough energy, it will embody itself in some form. The history of homeopathy since has seen the following, which reflect the Wesen of the idea of dual remedies:

- The use of "intercurrent" remedies, supposedly sequential, but often in fact concurrent.
- The growing use of nosodes (mostly based on clinical experience) as well as remedies chosen more on the symptomology.
- Keynote prescribing, which attempts to focus on the underlying, less changeable disease process rather than the more voluble symptoms.
- Boenninghausen's Repertory organised around the pathic aspect of disease (grounded in the Wesen as opposed to the Geist) with the underlying sub-duality or functional pair of psychic and somatic.
- Kent's Repertory with its emphasis on the mental image of the disease (drug picture or portrait, involving the Geist). This organising idea, which has come out more in his followers, addresses the underlying aspect of disease because it is little based on the workings of the Wesen (which is the side that primarily produces the symptoms or pathology, i.e., suffering of the patient) and more interested in the underlying workings of the Geist.
- Boger combines the two sides (Kent and Boenninghausen) in his own person by his dual contributions to the essence of both repertories.
- Eizayaga focuses more on the pathology (suffering) of the patient, although he also emphasises the need to treat for the chronic miasms underlying the disease expression using nosodes related specifically to the miasms. He also describes a full spectrum of disease.
- European medical doctors (Hughesian tradition) focus more on the material changes (and reject the psora theory). While miasms can be seen simply in their expression (pathology), they also introduce the concept of a latent or hidden side.
- Various homeopaths carry on the Kentian approach, developing the idea of constitutional prescribing further (Borland, Tyler, Coulter, Herscu, Vithoulkhas).
- Sankaran develops the idea of participating in the suffering of the patient at the psychic (delusional) level directly, effectively de-emphasising the symptomology and achieves a genuine concept of "dia-gnosis." 

BOENNINGHAUSEN'S REPERTORY:

CONCORDANCES AND DUAL REMEDY PRESCRIBING

We will find the first chapter in the history of dual remedy prescribing after Hahnemann's death in Boenninghausen's repertory of 1846.

Boenninghausen's 1832 repertory of the anti-psoric remedies was the first comprehensive repertory produced for homeopaths (Hahnemann had published a limited repertory earlier in Latin). Hahnemann praised it highly. Several other works of a repertorial nature were then undertaken, but it was only after Hahnemann's death that Boenninghausen produced the most significant one. Despite Boenninghausen's earlier praise from Hahnemann and his own high reputation within homeopathic circles, the 1846 repertory was criticised by Hering and Kent and gradually fell into disuse, particularly in North America. Its current use seems to be primarily in India, despite efforts by H.A. Roberts in the 1930's to reacquaint homeopaths with its value, and Boger's re-working and augmentation of Boenninghausen's work.

Hering, Kent and others directed their criticism mainly at the lack of particular symptoms and the introduction of the use of general modalities derived from particular ones. Boenninghausen, however, realised that very often the particular modality for one part could be taken to be valid for all the parts, even though the provings had not fully brought this out. This helped to simplify the vast amount of particular detail, though it came at a small cost of accuracy in some cases. Boenninghausen was fully supported by Hahnemann in his endeavours. 📖

The later introduction by Boger of more particulars into Boenninghausen's repertory does not seem to have increased the value, according to one of the main users and teachers of the Boger version of the repertory, M.L. Dhawle:

The exhaustive listing of the 'Particulars' should satisfy any critic of Boenninghausen's Therapeutic Pocket Book. The student, after he has repertorized a few cases will, however, be convinced of the limited utility of these elaborate 'Particular' Sections and will come to rely more and more on the General Sections dealing with Sensations and Complaints in General and Aggravations and Ameliorations in General. (*Principles and Practice of Homoeopathy*, Part 1, p.236).

Hering, Kent and others criticised Boenninghausen for his failure to include much in the way of mental rubrics. Boenninghausen agreed with Kent and others that mentals were the most important aspect of the person. However, he worried that the division of each mental symptom into the artificial construct of the repertory (the translation from *Materia Medica* to Repertory) would destroy their value for prescription because of the innate nature of wholeness of the mental level. Of course, the structure of Boenninghausen's repertory was such that symptoms had to be reconstructed out of parts. Kent's structure overcame this problem to a large degree.

Boenninghausen's repertory was intended to suggest several remedies from the study of the physical symptoms and to force the homeopath to then check the *Materia Medica* of the mind for each indicated remedy based on the modalities and generals (see Roberts).

However, the reason for the lack of acceptance of the repertory probably lies more in the last section, which has remained confusing to homeopathy.

The purpose here is to examine the history and importance of this one section of the repertory, which Boenninghausen entitled "Concordances," although Allen and others preferred to call it "Relationships," not understanding its origins and use.

We can only begin to understand this section in the light of the history of the use of double remedies and Boenninghausen's own extensive experience in this area.

HISTORY OF THE REPERTORY

H.A. Roberts attempted in the 1930's to resurrect Boenninghausen's repertory because of its practical usefulness. As noted above, in an extensive introduction to a re-issuing of Allen's translation, Roberts acknowledged that this section had been, to the majority of homeopaths, "...a complete mystery." (p. 37). Roberts, writing as the Head of the Department of Homoeopathic Philosophy, American Foundation for Homoeopathy Post-Graduate School, and as the Editor of *The Homoeopathic Recorder*, argued, however, that homeopaths could not simply dismiss this section because they didn't understand it.

He cited Boenninghausen's painstaking work on the repertory and his acknowledged expertise and concluded, "we cannot believe that any part of this book would be for merely casual use; it was the accumulation of practical knowledge of many years' experience." (p. 37) In other words, it had a purpose.

What was it about this section that has so puzzled everyone since and why has it remained such a mystery? Roberts' own attempts at explanation were not wholly successful, but they contained a germ of the truth. He attempts to explain it in terms of the overlapping of remedies, a clear enough fact. However, he then goes on to introduce a curious notion, that of the common origin of remedies and the increasing differentiation through the individual bodily constitutions of man, much as Hahnemann described the process of the chronic miasms. We will see that this concept is part of functional analysis and lies behind the concept of the two sides – tonic (base) and pathic (differentiation).

The pathogenesis of every remedy seems to be made up of symptoms that touch closely upon those of other remedies. Herein lies one of the dangers in key-note prescribing. It is as if the remedies had all evolved from one common original substance, becoming modified and individualised and therefore differentiated in varying proportions, so that when they become activated by potentization their effects are exhibited as in a varying scale through that complicated and exceedingly delicate laboratory of the living man. Here we can see the symptoms held in general by a number of remedies – the original symptoms, as it were, – as well as their individually developed personalities. (p. 39, *Introduction to Allen's Therapeutic Pocket Book*)

Roberts also highlights the distinction between the general symptoms and the peculiar or particular ones. Homeopaths usually consider the general ones as being of no use, in favour of the peculiar or distinguishing ones. However, Roberts, consciously or unconsciously, in coming to grips with Boenninghausen's **Concordances** provides us here with the value of the general symptoms – they represent the tonic side. They are not necessarily to be prescribed upon, but their disappearance represents the removal of the underlying disease process by the correct tonic remedy.

We need to look deeper into this matter of concordances in the light of what we now know about the functional nature of Hahnemann's medical system, **Heilkunst**.

INITIAL FACTS

Boenninghausen wrote his first repertory, **Repertory of the Antipsoric, Antisyctic and Antisyphilitic Medicines**, with a preface by Hahnemann, in 1832. This would have involved remedies described by Hahnemann in **Chronic Diseases**.

In 1835, he published his next repertory, **Repertory of the non-Antipsoric Medicines**, based on the remedies in the **Materia Medica Pura**.

In 1836 he issued a smaller work entitled, **Attempt at Showing the Relative Kinship of Homeopathic Medicines**.

Then, he published a new repertory in 1846. This new repertory was different. It had started out being simply a compendium of information scattered in many places in one handy volume. However, as Boenninghausen explains in the Preface, matters changed:

Fearing to divide symptoms more than has been done hitherto, it was my first intention to retain the form and arrangement of my original repertory, which Hahnemann repeatedly assured me he preferred to all others, and to condense it into one volume. But after finishing about one half of the manuscript, I found it had increased on my hands beyond all expectation to such size that, at last, I gave it up, as I saw it was extremely probable that a similar object might be obtained in a more simple and satisfactory manner, if, by bringing out the peculiarities and characteristics of the remedies according to their various relations, I opened a way into the wide fields of combinations which hitherto had not been trodden. (Allen, Preface, p. vi).

Boenninghausen first tried the method out on the polychrests using his experience as a guide. As he reports, "...the most satisfactory results were attained, and the late-honoured founder of the new school pronounced my idea 'excellent and eminently desirable,' so I had no more misgivings about finishing the work which I now present to the homoeopathic public in the form of the present Pocket-book with the hope of a friendly reception." (Allen, Preface, p. vi).

Thus, Boenninghausen developed a new approach to the repertory, which went beyond the artificial listing of information from the *Materia Medica*. And he specifically states that he, thereby, "...opened a way into the wide fields of combinations, which hitherto had not been trodden."

To what is he referring here?

From the earlier account of the dual remedies, we have seen that Boenninghausen gained extensive experience in the use of combinations starting at least sometime in 1832. We also know that he continued this use at least to 1836, when Hahnemann wrote to him somewhat surprised to learn this was the case.

In 1836, after his successful experience with double remedies, he published his piece on the "kinship" of remedies. He had been in close contact with Aegidi and must have been aware of the principle that he, Aegidi, had proposed to Hahnemann in 1833 to explain the clear effectiveness of the use of combinations (for Aegidi gave the two remedies in a mixture, like Dr. Stoll).

In 1846, we find Boenninghausen creating a repertory with a new basis in "...the peculiarities and characteristics of the remedies according to their various relations." This, according to him, "...opened a way into the wide fields of combinations, which hitherto had not been trodden."

Hahnemann pronounced the idea as "...**excellent and eminently desirable**."

Can it be possible that the repertory, and in particular, the final section, that has caused so much puzzlement, is derived from Boenninghausen's experiential "success" with double remedies which harks back to Aegidi's "report of 233 cases of cure" (Haehl, Vol. II p. 85) and complements Hahnemann's "...quite frequent prescription of two remedies simultaneously" (Handley, **Homeopathic Love Story**, p.132) recorded in his Parisian case books? And did Hahnemann not sanction this repertory in his praise?

SECTION ON CONCORDANCES

Boenninghausen, in the original preface to the repertory, has this to say of the section, **Concordances**:

The seventh and last section under the rubric 'Concordance,' presents the results of the comparative action of the various remedies mentioned in this work, This laborious and time-taking work, will supply the place of the 'Relationships' which were published in 1836.

I therefore hope that no one will consider this section useless and superfluous in this improved, and as far as possible, corrected form. For myself, this concordance has been of extreme importance, not only for the recognition of the genius of the remedy, but also for testing and making sure of its choice, and for judging of the sequence of the various remedies, especially in chronic diseases. (Allen, Preface, p. ix-x).

The term used by Boenninghausen originally to refer to the connections between remedies is variously translated into English as "relationships" or "kinships." Boenninghausen at this stage deliberately chose another word, "concordances" (which is the same in German and English).

The term, he says, reflects the "results of the comparative action of the various remedies." Is he here referring to his experience with double remedies, which is founded on a particular relationship between remedies, that of the two sides?

He worries that the section might be judged superfluous. Which, of course, would not be the case if it concerned remedies that simply follow well. Is the worry due to the controversy surrounding the use of remedy combinations and the subsequently agreed politically-correct position (not to deny the value of the approach but to keep other, less committed and trained homeopaths from straying into allopathy)?

It appears that Boenninghausen could not entirely suppress the truth of his own extensive and successful experiences with double remedies. He attempted to meet the dictates of truth and his conscience much as Hahnemann had earlier attempted to do in writing the footnote to Aphorism 272 in the 5th Edition of the *Organon* dealing with this issue (not rejecting the effectiveness of the approach, but stating it was not “necessary”). So he published the results of his observations in carefully couched language, but the title revealed the truth of what he had to say.

Boenninghausen noted that this section on **Concordances** presented the “...results of the comparative action of the various remedies” and that it was useful for “...judging of the sequence of the various remedies, especially in chronic diseases.” (Preface to the Original Edition). While Boenninghausen used the term sequence, it must be borne in mind that this is after Hahnemann’s own use of two remedies in close time sequence (overlapping action), much different from the commonly understood sense of sequence in homeopathy at the time (a second remedy only after the first had exhausted its complete action)

Webster’s New World Dictionary defines concordance as “agreement, harmony,” from the Latin *concordia* (with agreement, union). The *Oxford English Dictionary* defines it as:

- concordance [ME., a. F. *concorde*-r:ŪL. *concorda*-re to be of one mind, f. *concor*, *concord*-:
2. Of things: Agreeing, consistent, correspondent.
1. The fact of agreeing or being concordant; agreement, harmony.

- 1450 Castle Hd. Life St. Cuthbert (Surtees) 3686 Aythir to othir haue concordans.
1481 Caxton Myrr. i. v. 27 They fonde the science of musyque for to sette alle thynges in concordance.
1576 Fleming Panopl. Epist. A ij b, By a concordance or agreement of circumstaunces.
1602 Warner Alb. Eng. Epit. (1612) 365 Hardly find I heerein a concordance in any two Authors.
1855 E. Forbes Lit. Papers vi. 166 There should be a concordance in the arrangements of the recent and fossil collections.
1865 Cornh. Mag. XI. 512 Such a concordance of opinion in the representatives.

- b. (with pl.) An instance of agreement or accord.
1605 Bacon Adv. Learn. ii. i. 10 The nature of this great Citie of the world...must bee first sought in meane concordances, and small portions.
1851 Carlyle Sterling ii. i. (1872) 89 Contrasts, and yet concordances.
1885 R. L. Stevenson in Contemp. Rev. Apr. 557 The art of rightly using these concordances is the final art in literature.

Boenninghausen uses the plural, “**Concordances of the Homeopathic Medicines,**” not the singular, which latter could be taken to mean merely an alphabetical listing of the remedies.

A concord in music is “...a combination of simultaneous and harmonious tones; consonance.” This is interesting given the musical underpinnings of Hahnemann’s term for similarity (*stimm*, or tone). Both music and homeopathy work at the dynamic level.

See: *Medical and Musical Dynamism*

It is hard to escape the conclusion that Boenninghausen was consciously trying to direct his fellow homeopaths to see the links between remedies based on approaching disease from two sides. Despite the fact that he supported the withdrawal of the new paragraph on double remedies from the about to be printed 5th Edition of the *Organon* in 1833, Boenninghausen could not, any more than could Hahnemann or Lutze, deny the curative results from the use of double remedies, as is proved by his having continued the practice after 1833.

However, Boenninghausen was careful enough to respect in public the agreement, made in 1833 on political grounds, effectively to deny the approach. There could be no direct references to double remedies. Yet the valuable information derived from experience could also not be completely hidden. Boenninghausen was too committed to homeopathy and its power to help suffering humanity to keep the information to himself.

Boenninghausen further developed this concept of the two aspects or sides of disease in his celebrated **A Contribution to the Judgement Concerning the Characteristic Value of Symptoms**. (*Lesser Writings*, pp. 107-108). For Boenninghausen, these two sides were the psychic and the somatic sides, which reflect the similar use of terms in the *Organon* in Aphorisms 224, 225 and 226, and which reflect the approach of Dr. Stoll, who had provided the impetus for Aegidi and Boenninghausen in their use of double remedies (see above).

1. Quis? – As a matter of course, the personality, the individuality of the patient, must stand at the head of the image of the disease, for the natural disposition rests on it.

The greatest and most important variations are here found mostly in the state of the mind and spirit [psychic state]. In all such cases we have all the more cause to fathom these states with all possible exactness, as in them frequently the bodily ailments recede to the background.

The spiritual [*Geist*] and dispositional individuality [*Gemüt*] of the patient here gives the most important, often the only deciding points for the selection of the remedy, where the disease involved is one of the mind or spirit, and generally the two disturbances [of mind and spirit] present themselves so conjoined into one [psychic] that the signs of the one [*Gemüt*] only receive their full and definite character from the other [*Geist*]. Hahnemann indeed, recognised the importance of these two moments from the beginning, but the necessity of weighing the two in their connection with one another [functional polarity] he only recognised later on in its full measure; and he then placed the symptoms proper to the two, which in the first provings had been separated, one after the other, an improved arrangement.

Many other things belonging to this [psychic] rubric, but concerning the bodily [somatic] individuality and presenting, as it were, the chief features in the portrait of the patient, are contained in those books under the heading of ‘general.’ It would be desirable and would greatly facilitate the use if everything not pertaining thereto should be excluded, and the former [psychic] be brought under a particular rubric denominated either ‘Individual’ or ‘Personal,’ in such a way that the corporeal [somatic] would present a separate image, as has been done with respect to the spiritual and mental [psychic]. [comments in square brackets added]

Here we have two definite conceptions of two images or sides to be held distinct for some purpose. And what might that purpose be? Concordant prescriptions?

It is instructive to note that Boenninghausen talks in this section of “the image of the disease.” The patient is sick, but it is the disease for which a remedy must be found. He refers the reader to Aphorism 104 of the *Organon*. It is to the disease that the totality of symptoms must be matched, not to the patient. In determining this totality, the individuality of the patient must be considered. The disease represents the focus, and the individuality of the patient may modify the selection of the remedies suitable for the disease.

Paragraph 104 of the *Organon* makes it the duty of the homeopath to make a written scheme of the image of the disease. For as every man presents an individual nature different from every other one, and as every medicine must be exactly adapted to this individuality, in agreement with the symptoms, which it is able to produce in the total man so, at once, at this first investigation as to the Quis? a great number of medicines are thrust aside, just because they do not correspond to the personality of the patient.”

§104.1. Once the totality of the symptoms principally determining and distinguishing the disease case, or in other words, the image of any kind of disease has been exactly recorded, the most difficult work is done.

§104.2. During treatment, the Remedial Artist then has the image always before him, especially in cases of chronic disease, and can behold it in all of its parts and make out the characteristic signs in order to oppose to it a well-aimed similar, artificial disease Potence directed against the malady itself in the form of the homeopathically chosen medicament selected from the series of symptoms of all medicines which have become known according to their pure actions.

It is interesting that in an article for the **Allgemeine hom. Zeitung (General Homeopathic Journal)**, Vol. 49 (likely published in 1847), Boenninghausen wrote about the duration of action of remedies. He states that the duration is variable, being affected by many factors, but is nonetheless important for “concurrent remedies.”

...the duration of action of no one remedy remains altogether the same under all circumstances; so that when it is spoken of only a relatively longer or shorter period can be understood, which is still subject to great modifications.

Nevertheless, it is of considerable importance for the practice and treatment of acute and chronic diseases, to know this duration of action of concurrent remedies even though ... we may, in cases of threatened danger, bring the quickest possible assistance... (*Lesser Writings*, p. 51)

Some may still argue that the section of Boenninghausen’s **Repertory on Concordances** is nothing more than a listing of remedies that follow well. If this were the case, it would not explain why, despite Boenninghausen’s careful work, subsequent generations of homeopaths would remain puzzled as to the value of this section. It has lain essentially unused, as with much of the repertory itself, because it is little understood.

Roberts tries to explain the value of the chapter, but does this in terms of its ability to illustrate how remedies are related, e.g., how *Pulsatilla* is related to *Silicea* and *Kali sulph*. He provides no therapeutic use of the section in general terms.

What Roberts sees in Boenninghausen’s section on concordances, however, is the unity and diversity of remedies, and, thus, of disease. As noted earlier, he comes to a remarkable insight:

It is as if the remedies had all evolved from one common original substance, becoming modified and individualised and therefore differentiated in varying proportions, so that when they become activated by potentisation their effects are exhibited as in varying scale through that complicated and exceedingly delicate laboratory of the living man. Here we can see the symptoms held in general by a number of remedies – the original symptoms, as it were – as well as their individually developed personalities. (Allen, Introduction, p. 39)

This is surprisingly close to the two sides of disease discussed earlier. The tonic side at one level represents the less particularised, the common, general symptoms that link the remedies (and diseases) at a deeper level. However, the tonic is distinguished from the pathic not so much by lack of particularisation, but more because of the greater abstruseness of the information used in trying to discern it. The pathic encompasses the language of accessibilities (sickness and infirmity) while the tonic encompasses all that goes beyond this more accessible plane, namely the phenomenological aspects of the underlying disease process, the arch phenomenon in Goethe’s conception. The pathic side represents the more fully developed and specific remedies (and diseases) coloring in the lineaments with their myriad personalities. Roberts’ reference to “scale” betokens the link with tone and music inherent in Hahnemann’s writings and thinking.

See: *Medical and Musical Dynamism*

Identification of Disease: Pathic Side

Disease State and Other Tonic Elements

Roberts does give an example of how the section on **Concordances** can be used therapeutically. He does this in the very first case presented in an effort to show the value of Boenninghausen’s **Therapeutic Pocket-book**. This case illustrates how a remedy, which does not normally present itself through the symptom picture (the pathic side), shows itself through the clinical experience (the tonic side) as distilled into Boenninghausen’s concordances.

Roberts cites a case where **Belladonna** was indicated and prescribed, but “failed to hold.” **Belladonna** still seemed indicated in terms of the presenting complaints. A few symptoms seemed to contraindicate it, yet there were no other remedies the symptom picture pointed to.

After the child was looked over carefully and no definite outstanding indications were secured, the case was analysed by the chapter on Relationships, under the remedy Belladonna. (Introduction to Boenninghausen’s Therapeutic Pocket Book, p. 55)

As a result of this analysis, **Pulsatilla**, which nowhere figured in the analysis of the presenting symptoms, was selected and given.

In three days the temperature was normal, having fallen gradually in the interval, the glands were normal in size and sensations, and the child was rapidly gaining strength and his normal lively interest in the world.

This was particularly pleasing in that one of the specialists at a well-known Eastern university had given a prognosis of an eight to ten weeks’ run of fever inasmuch as ‘nothing could be done’ for these cases. (p. 57)

DUAL REMEDIES VERSUS ALTERNATION AND INTERCURRENT REMEDIES

SIMULTANEITY OF ACTION VERSUS SIMULTANEITY OF INGESTION

The history of the use of dual remedies has now been laid out in this book for the first time in its fullest possible extent using published sources.

See: *The Case for Dual Remedies*

Previous accounts of homeopathic philosophy and history have either ignored or dismissed the story, or have told only selected aspects of it, according to the prevailing prejudice regarding the “single remedy.” The history of dual remedies is a pivotal one in understanding the essential duality that pervades nature and is interwoven throughout Hahnemann’s insights. It is this understanding of duality that makes Hahnemann’s complete system of remediation, Heilkunst, so powerful in practice.

Within the pivotal history of dual remedy prescribing, we find in turn two aspects that are confused in any accounts to date, namely simultaneity of action and simultaneity of ingestion.

Simultaneity of ingestion refers to the taking of more than one remedy in a mixture or one pellet of each under the tongue. Simultaneity of action refers to the taking of a second remedy while the full action (Wirkung) of the first remedy continues to work. Dual remedy prescribing (a function of mutual action, as pointed out by Aegidi and Lutze, two of the main users of this approach, in addition to Hahnemann and Boenninghausen) involve both of these aspects.

As we shall see, some alternation of remedies (reciprocal action) involves this overlapping of action, as Hahnemann came to discover and there well may be elements of intercurrent prescribing that includes overlapping action. Intercurrent prescribing, as is examined elsewhere by us, seems to be distinguished by the fact that the “well-indicated” remedy did not (apparently) act and another remedy is needed to remove an apparent blockage which then allows the previous remedy to now act. This could involve overlapping action, as the non-action of the first remedy is only apparent. Its later repetition with clear action confirms its homeopathicity to the disease for which it was given. In the case of alternating remedies, each acts more clearly than either one alone.

All of this dual remedy use needs, finally, to be distinguished from the simple giving of one remedy after another in sequence without any overlapping action, based on the diseases that exist in sequence.

There are some who would contend that when Hahnemann’s initial use of two remedies in mixture (simultaneity of ingestion) ended, to the extent we can determine, towards the end of 1833, the use of dual remedies by Hahnemann ended as well. It is closer to the truth to say that the use by Hahnemann, on a regular basis, from at least 1836 (if not from 1833) to his final years in Paris, of two remedies in close approximation (often only 6-12 hours apart) is a continuation of dual remedy prescribing in the form of simultaneity of action, without simultaneity of ingestion. As such, dual remedy prescribing, which began in 1830 by Hahnemann, did not end in that year, but continued for at least a dozen years, if not until his death in 1843.

This remarkable change in practice by Hahnemann, namely the use of dual remedies, is not, as some would contend, simply the continuation of the prescribing of alternate and intercurrent remedies that Hahnemann had done since the beginning of his homeopathic career, but represents a profound shift in his conscious understanding of nature and medicine.

To understand the issue of dual remedies versus the use of intercurrent and alternate remedies we have to recall the main facts of the history of dual remedy use:

1. Boenninghausen and Aegidi worked for a year or more with two remedies in mixture, “each from a different side.” Hahnemann was likely aware of what they were doing, but cautious as to possible misuse. He may also have been responsible for the concept, as he had been using two remedies on himself in alternation at short intervals as early as 1830. Since he had been using alternating remedies much earlier, it is possible that these involved at some point the overlapping of action. When Aegidi wrote to Hahnemann in the Spring (likely April or May) of 1833 providing strong evidence of the efficacy of this approach in the form of 233 cured cases, Hahnemann welcomed the news with great enthusiasm: “I am delighted that such a happy idea has occurred to you and that you have kept it within necessary limits.”

2. Hahnemann then immediately did two further remarkable things: he began to use two remedies in mixture himself and he wrote (both before June 17, 1833) a new paragraph for the 5th edition of the Organon, already at the printers ready to be published. What is even more remarkable is that he intended to insert the new paragraph on dual remedies without feeling the need to alter any other aspect of his tightly interwoven text.

3. Hahnemann’s continued enthusiasm next took this seemingly heretical idea of dual remedies and presented it to a homeopathic Congress in Köthen in August of 1833. What is remarkable here is that this congress had been called to settle a long and acrimonious dispute between Hahnemann and his followers over the issue of the purity of homeopathy. The evidence shows that Hahnemann did not consider dual remedy prescribing to be part of his very strong attack on “half-homeopaths” or “mongrel homeopathy.” On the contrary, this prescribing was now being advocated by him.

4. Instead of support, Hahnemann met with resistance. The resistance was not over the fact of the cured cases and the medical value of dual remedies for the cure of disease, but over fear of loss of face with respect to allopathic detractors and fear of misuse by homeopathic practitioners. Publicly, in a simplistic way, homeopathy had distinguished itself from the polypharmacy of the Old School of medicine. There was fear that this use of dual remedies would seem like a return to the condemned polypharmacy and open the way for many to slip back into allopathic prescribing (that is, the prescribing of medicine with no connection to true disease). There were calls for the removal of the new paragraph from the 5th edition of the Organon.

5. Hahnemann, nonetheless, resisted these politically motivated efforts by his followers to remove the disputed paragraph until, in early September 1833, he learned that his main adversary (Hufeland) was trumpeting the use of the new practice of dual remedies to suggest that homeopathy could now return to the allopathic fold, something that Hahnemann bitterly opposed. Hufeland saw the dividing issue between homeopathy and allopathy, as did so many others then and even now, as being that simply of the number of remedies used. Hahnemann knew that the issue was not so simplistic. There was polypharmacy (based on the use of more than one substance against a false disease) and there was the use of two mutually symbiotic remedies against true disease, each approaching disease from a different side, that is each approaching a different type of disease. He also knew that the use of overlapping action in the form of alternating remedies was not polypharmacy, as he referred to this in the proposed new paragraph on dual remedies for the 5th edition of the Organon.

6. Aegidi and Boenninghausen, between them, had developed hundreds of successful cases up to September of 1833. Hahnemann, for his part, had not yet tried it enough medically to develop other than a couple of successful cases before he felt forced to withdraw the dual remedy paragraph from the 5th edition of the Organon purely for political reasons. Hahnemann’s preference was to continue work in the homeopathic community on dual remedies even after the opposition from the Köthen conference. He did not decide to withdraw the new paragraph for reasons other than the politics involved, given that he did not yet fully understand the principle behind dual remedy prescribing. As a result, he did not feel comfortable enough personally to defend publicly the use of a practice (simultaneity of ingestion) that was misunderstood by most and could consequently be used against homeopathy by his enemies. In the case of the discovery of the chronic miasms, Hahnemann had withstood the combined opposition of most of the homeopaths and the ridicule of the allopathic community because he had been more certain of his ground in terms of the principles involved due to his many years of research.

7. While Hahnemann ceased the use of two remedies in mixture, he was sympathetic to Aegidi continuing this prescribing. We further know that Boenninghausen also continued the practice. What could not be done publicly was now done in private.

8. For his part, at least starting in 1836, if not sooner, and until his final years, Hahnemann continued the use of dual remedy prescribing, not in mixture but now within the same day or within relatively close approximation (entailing simultaneity of action).

HAHNEMANN'S CONTINUED USE OF DUAL REMEDIES

Much has been made of the contention that Hahnemann no longer used two remedies in mixture after his withdrawal of the new paragraph from the 5th edition of the Organon. However, for those who have taken the trouble to investigate the dual remedy issue, they cannot escape the conclusion that Hahnemann was now prescribing in a manner fundamentally different from his previously stated views, as set out in Chronic Diseases, for example, that one should not give a second remedy as long as the action of the first remedy was still continuing.

A study of the Paris case-books, as was done by Rima Handley in her two books, *A Homeopathic Love Story* and *In Search of the Later Hahnemann*, reveals all too clearly that the time frame between giving a remedy, usually Sulphur, in the morning and another remedy in the afternoon, for chronic disease cases involved simultaneity of action, if not of ingestion.

Simultaneity of action occurs, as we have stated, when a second remedy is given within the range of action of a prior remedy. So, for example, one remedy is given on Day 1 at 10:00 am and a second remedy is given several hours, days or even weeks later. However, the full action of the first remedy has not yet been completed when the second is introduced.

Let’s look at one example from Hahnemann’s own casebooks from his Paris period (1836-43), given in Rima Handley’s *In Search of The Later Hahnemann*, p. 69:

“So, for example, when M. de Simencourt came with his sight badly affected following a cerebral cause by a fall in a horse, Hahnemann treated him with Sulphur in a high centesimal potency and Arnica in a low centesimal potency in alternation, until his eyesight and other after-effects of the cerebral fever improved.”

We can reasonably assume that the time frame for the “alternation” is approximately 12 hours, as can be seen in the following case commented on by Handley.

“When Mme. Chueleher consulted Hahnemann about her palpitation, she was told to inhale Sulphur in a high centesimal potency in the evenings and to take Aconite orally in a low centesimal potency in the mornings. It always seem to have been important to him to maintain this difference in frequency.”

Ms. Handley shows that this 12 hour rule was very common in Hahnemann’s prescribing during the Paris period.

If we look at Gibson Miller’s listing of the duration of action of remedies, to be found with Kent’s Repertory and known to all prescribers, we would find that Sulphur has a duration of action of between 60-90 days. Thus, to give Aconite, a shorter-acting remedy (Miller gives no duration, but it is commonly considered to be shorter-acting than Sulphur) in this case, probably later in the day, is a case of simultaneity of action.

Thus, we have the following situation in terms of the duration of action of the two remedies:



The darker area shows the duration of the combined effect of the two remedies given their respective time of action.

POLYPHARMACY AND UNIPHARMACY

To fully understand the above and what follows, we need to understand what is meant by polypharmacy. However, to understand polypharmacy, we need first to understand what is meant by unipharmacy, its counterpart. Both terms are based on the same presumption regarding disease, namely “both presume a unidimensional presentation of disease.” (Steven Decker - private communication). This presumption is not articulated, but exists nonetheless.

The unipharmacists simply argue that one should be able to find one remedy for the totality of symptoms of the patient (the patient equalling disease here, which is a unidimensional view of disease). The polypharmacists argue that this is not always possible nor desirable and divide up all the symptoms of the patient into various parts, assigning different remedies for different parts. Both sides, while seemingly opposed, are but two wheels on the same axle, starting from the same assumption regarding disease: that all disease is of one kind and takes place on the same plane.

As we have seen, Hahnemann had a multidimensional view of disease, with a fundamental polarity between pathic and tonic diseases.

With this understanding of the false view of disease held by both camps, it becomes easy to see why the unipharmacists fear any move from the strict one remedy rule (no second remedy until the action of the first has been completed). Without it, there remains no barrier to polypharmacy. This was the fear that drove the opposition to Hahnemann's paragraph on dual remedies in 1833. His opponents had a unidimensional view of disease, and Hahnemann did not understand the principle behind the dual nature of disease sufficiently to articulate it in order to remove the fear.

What is lost in the debate over polypharmacy is the reality that both camps (the unipharmacist and polypharmacists) are both proceeding from a false conception of disease. They are like two wheels on the same axle. Dual remedy prescribing, in contrast, is founded on Hahnemann's multi-dimensional and hierarchical view of disease and has nothing to do with polypharmacy.

Thus, we have an orthodoxy that remains grounded in a unidimensional view of disease (symptoms of the patient = symptoms of the disease) and seeks to deny the dual remedy history because it represents a challenge to their unipharmacy. The unipharmacy is vital to prevent the opening of the floodgates to undifferentiated use of remedies. It is almost a case of noblesse oblige or, as the French king Louis XVI predicted prior to losing his head in the revolution, “Après moi, le déluge.” (After me, disaster.)

Generally, the strategy has been, in the face of this fear, to deny the evidence, to obfuscate the facts or to seek to treat the whole matter as an aberration of a few months one strange summer, arguing that Hahnemann, quickly coming to his senses, finally rejected dual remedy prescribing, returning to the unipharmacy fold.

However, this strategy is a study in ignorance of the evidence available. Anyone who takes the trouble to examine the dual remedy story, will quickly see that Hahnemann used a second remedy within the action of the first in the Paris period. This presents a major difficulty for supporters of unipharmacy.

DUAL REMEDIES VERSUS ALTERNATING AND INTERCURRENT REMEDIES

The most recent attempt to deal with this difficulty (for the classical tenet school) has been to argue that Hahnemann's use of two remedies in this way was ‘nothing more’ than alternation and intercurrent use of remedies, which had been used by Hahnemann since the early days of homeopathy and has been part of homeopathy ever since. Thus, there is nothing new under the sun, according to the proponent of this position, David Little. What Hahnemann was doing, so the argument goes, was not dual remedy prescribing, but only a continuation of alternation and intercurrent prescribing. Let's look at the formulation of this recent position:

2. Yes, Hahnemann did sometimes alternate two remedies but at different times.

3. Now with no more double talk or back door polypharmacy terms, we should speak of the fact that during alternations the actions of two remedies are effecting [sic] the vital force although they were introduced at different times. This is also true with the use of chronic intercurrents for removing obstacles to the cure and at times, acute intercurrent remedies. So if we can get past all the myths, agendas, and confusion, and straighten up our homeopathic terms, we might be able to learn something from each other. (Communication of 10 December 1999 on the Internet discussion group, homeopathy@lyghtforce.com)

I'm sorry for the confusion here - sloppy writing. My use of the term dual remedies in this context was explained in the last part of the statement, "giving another remedy whilst the first was working."

This is not a double remedy. They [i.e., giving another remedy whilst the first was working] are alternations and intercurrents which are techniques of classical homeopathy." (Little responding to the above comment in a communication of 13 December, 1999 on lyghtforce.com)

The attempt by David Little here to separate dual remedies from alternation and intercurrent prescribing is a linguistic sleight of hand. It tries to hide the importance of the change in Hahnemann's prescribing in the Paris period under the guise of a familiar term. It is much like the allopathic doctor, as Hahnemann noted, giving a new disease manifestation (condition) a name so that both he and the patient are under the delusion that they know what they are dealing with!

However, Little's statement represents nothing less than a radical change in the doctrine of classical homeopathy. At least to our knowledge, the idea of giving one remedy within the action of the first has so far not been acceptable formally as a basis for prescribing, however much honored perhaps in the breach.

So, the simultaneity of action by Hahnemann becomes simply alternation and intercurrent prescribing for Little and the simultaneity of ingestion can be characterized as the hated dual remedy prescribing. This seems like a way to resolve the unpleasant facts, but a few problems present themselves.

First, this new view does not accord with the record of Hahnemann's use of alternation and intercurrents. Second, if we admit simultaneity of action, we are left with the problem of deciding when exactly between the point of ingestion and the point of ending of the complete action of a remedy we are justified in giving another remedy if the case calls for it. What is the principle (or principles) involved?

In considering the plain meaning of the terms, alternation and intercurrent, we find that they involve the ending of one action before the beginning of another. If we alternate two tasks, we take turns at doing them. We do not do them at any time together. If we use an intercurrent process, something is begun and set aside to be returned to later, while something else is done; both are not active at the same time.

alternate: *OED* 1. trans. To arrange, do, or perform (two sets of things) each after the other continuously; to do (a thing) in two ways alternately; to cause to occur or succeed in alternation. 4. intr. Of two or more things: To succeed each other by turns, in time or space.

Or we could say that Mary and John alternated watching the sick child. While one was watching, the other was sleeping. Intercurrent is not as clear, but has the meaning of something being inserted between two definite events. Farmers often plant rye as an intercurrent crop, namely a crop planted between crops of corn in a given field in order to let the soil replenish itself.

It would be a revelation to know where in Hahnemann's writings the use of remedies in alternation or intercurrently sanctioned, as Little claims, the simultaneous action of two remedies. If we examine the aphoristic Organon and the Chronic Diseases, we find that the terms that Hahnemann uses are *Abwechselung* (alternating) and *Zwischen* (best translated perhaps as “interveniend, coming in-between,” rather than intercurrent). The use of *Abwechselung* is mainly confined to alternating fevers. Nowhere can we find any basis for Little's claim that Hahnemann used alternating and intercurrent remedies in the sense of overlapping (simultaneous) action.

§40.1.⁹¹ After exact experiments and cures of this kind of complicated diseases, I am now firmly persuaded that they are not a *meld*, but that in such cases the one only exists beside the other in the organism, each in the parts that are suitable for it; their cure is completely effectuated through a timely alternation of the best anti-syphilitic means with those means for curing the itch, each of them in the most appropriate dose and preparation.

§220.1. If we yet add to these symptoms the psychic state, accurately observed by the relations and the physician himself, then a complete disease image is put together, for which a medicine, capable of arousing aptly similar symptoms and, especially, the similar mental derangement, can then be sought out among the (antipsoric, etc.) medicaments for homeopathic cure of the malady, if the mental disease has already lasted for some time.

§220.1.⁹¹ Which appears not seldom to alternate periodically; e.g. after several days of stormy insanity follow other days of wistful, quiet sadness, etc., even indeed only returning at certain months of the year. [here there is no overlap]

§231.1. The intermittent diseases deserve their own consideration, both those which return at definite times -- like the large number of intermittent fevers and the apparently non-febrile ailments recurring like intermittent fevers -- as well as those in which certain disease states alternate at indefinite intervals with disease states of another kind. [no overlap]

§232.1. These latter alternating diseases, likewise very diverse,⁹¹ but numbered together with the chronic diseases, are mostly just the engenderment of evolved Psora, and only occasionally, although seldom, complicated with a Syphilitic miasm; they are therefore cured in the former case with anti-psoric medicines, but in the latter case alternately with anti-syphilitic medicines, as is taught in the book on the chronic diseases.

§232.1.⁹¹ Two and even three states can alternate with each other.

§232.1.⁹² For example, in cases of two-fold reciprocal states, certain unremitting pains in the feet, etc., can appear as soon as an eye inflammation subsides, which then comes up again as soon as the pain in the limb has passed for the present -- clonic spasms and cramps can directly alternate with any other suffering of the body or one of its parts -- also in cases of threefold reciprocal states, in a persistent infirmity, [no overlap]

rapid periods of apparently heightened health and a tense heightening of the mental and bodily powers can set in (an exaggerated hilarity, an all too active liveliness of the body, excess of comfort, inordinate appetite, etc.), whereupon there then appears just as unexpectedly, a somber, melancholic temper, intolerable, hypochondriacal emotion [*Gemüt*] - mistunement with disturbance of several vital functions (in digestion, sleep, etc.), which then in turn, revert just as suddenly to the customary moderate indisposition, and thus several other manifold reciprocal states can set in.

§232.1.⁹³ Often there is no longer any noticeable trace of the previous state when the new one sets in.

§232.1.⁹⁴ In other cases there are but few traces of the preceding reciprocal state still present; there is little left over from the symptoms of the first state upon emergence and continuation of the second.

§232.1.⁹⁵ Occasionally the reciprocal morbid states are fully opposed to one another according to their nature, as for example, melancholy periodically alternating with jovial insanity for lengthy.

Here we can see that the issue of alternating states, whether of disease or of remedies is not one of a hard and fast division between them, much as there is no hard and fast division between the sea and the land. Nonetheless, they are distinct states and there is very little in the way of overlapping manifestation/action, as it were.

73.1 The Psora, which is now so easily and so rashly robbed of its ameliorating and cutaneous symptom, the eruption of itch, which acts vicariously for the internal disease, has been producing within the last three hundred years more and more secondary symptoms, and indeed, so many that at least seven eighths of all the chronic sicknesses spring from it as their only source, while the remaining eighth springs from syphilis and sycosis, or from a complication of two of these three miasmatic chronic diseases, or (which is rare) from a complication of all three of them. Even syphilis, which on account of its easy curability with the smallest dose of the best preparation of Mercury, and sycosis, also not difficult of cure through a few doses of Thuja, used in alternation with Nitric acid, only pass over into a protracted sickness difficult to cure when they are complicated with Psora...

189.71 Epistaxis, more or less profusely, more or less frequently. The nostrils as it were stopped up.*

* Either one or both, or alternately, first one, then the other; often there is only the feeling of being stopped up, while the air can be freely drawn in through it.

189.416 Intermittent fever of several weeks' duration, followed by a moist itching eruption lasting several weeks, but which heals up again during a like period of intermittent fever, and alternating thus for years.

318.1 To adduce an example: a freshly arisen eruption of itch belongs among others to such diseases which might soonest permit the direct repetition of the doses (sulphur), and which does permit it the more frequently, the sooner after the infection the itch is received for treatment, since it then borders on the nature of an acute disorder, and demands its remedy at shorter intervals than when it has been standing on the skin for some time. **But this repetition is to follow only when the preceding dose has largely exhausted its action** (after six, eight or ten days), with the new dose being not just as small as the preceding one, but also given at a different potency. Nevertheless it is in such a case often serviceable, in answer to a slight modification of the symptoms, **to interpose between the doses of pure sulphur**, a small dose of Hepar sulphuris calcareum. This also should be given in various potencies, if several doses should be needed from time to time. Often also, according to circumstances, a dose of nux vomica X (C 30) or one of mercury X (C 30)* may be used in between.

193.1 The gonorrhoea dependent on the figwart-miasm... as well as the above-mentioned excrescences (i.e., the whole sycosis), are cured most certainly and most thoroughly through the internal use of the juice of the arborvitae (Thuja)... and when these have **exhausted their action** after fifteen, twenty, thirty, forty days, **alternating** with just as small a dose of nitric acid, diluted to the billionth degree [C6], which **must be allowed to act as long a time**, in order to remove the gonorrhoea and the excrescences; i.e., the whole sycosis...

194.1 But if the patient was at the same time afflicted with other chronic sufferings, as usually happens after such aggressive treatments of figwarts by allopathic doctors, then we often find developed psora* complicated with sycosis... when the psora, as is often the case, was latent before in the patient. At times, when a badly treated case of venereal chancre disease had also preceded, both these miasms are conjoined in a threefold complication with syphilis. Then it is necessary first to come to the assistance of the most afflicted part, namely the psora, with the specific anti-psoric remedies given below, and then to make use of the remedies indicated for sycosis, before the proper dose of the best quicksilver preparation [Mercury], as we shall soon see, is prescribed for the syphilis; the same **alternating treatment** is to be resumed, when necessary, until a complete cure is effected. **However, each one of these three kinds of medicine must be given the proper time to complete its action.**

401.1 The limb, therefore, on which the solution is to be rubbed in, must be free from cutaneous maladies. In order to introduce also here change and variation, when several of the limbs are free from cutaneous ailments, **one limb after the other should be used, in alternation**, on different days, (best on days when the medicine is not taken internally).

§234.1. The above-mentioned, apparently non-febrile disease states recurring typically at certain times in a single patient (--they are not wont to occur sporadically or epidemically --) belong always to the chronic diseases, for the most part purely Psoric, only seldom complicated with Syphilis, and receive the same treatment with success; occasionally, however, the **intercurrent [intervenient]** use of a very small dose of potentized cinchona bark solution is necessary in order to entirely extinguish their intermittent fever-like Type.

295.1 Let it not occur to him, during the working action of a well-chosen antipsoric medicine, if on one day a moderate headache, or some other moderate ailment arises, to let the patient immediately intercalate some other medicine, whether it be an antipsoric or not; or if perchance a sore throat should arise, to allow another remedy, or yet another on account of diarrhea, or another on account of some sufferable pain in one location or another, etc.

296.1 No! the homeopathic antipsoric medicine having been chosen as well as possible to suit the morbid symptoms, and given in the appropriate dynamized preparation and in the proper dose, the physician should **as a rule allow it to completely finish its action without disturbing it by any intervenient remedy.**

315.1 But if any errant effects eventuate by the present dose of medicine —troublesome symptoms not belonging to this disease—, and if the mind of the patient becomes dejected [mistuned], if only a little at first, but increasingly, then the next dose of the same medicine, given directly after the former, likewise cannot but become very detrimental to the patient. Yet when a sudden unusual and striking improvement of a protracted great malady follows immediately upon the first dose of a medicine, there justly arises much compunction that the medicament has only acted palliatively, and therefore may never be given again, even **after intervenient medicaments.**

329.1 The intelligent homeopathic physician will soon realize the point in time where his remedies have completed the cure of the **epidemic intercurrent [intervenient] disease** [Zwischenkrankheit] and when the peculiar course of the chronic (psoric) sickness recommences.

330.1 The symptoms of the original chronic disease will, however, always be found somewhat altered **after the cure of such a prevailing intercurrent disease.** Also another part of the body will be found to be suffering more, whereupon the homeopathic physician will choose his antipsoric remedy exactly according to the now remaining disease image, and will not simply give the one he intended to give before the onset of the intercurrent [intervenient?] disease [Zwischenkrankheit].

346.1 The dose of antipsoric medicine must not be taken by females shortly before their menses are expected, nor during their flow; but the dose can be given, if necessary, four days, i.e., about ninety-six hours after the menses have set in. But in case the menses previously have been premature or too profuse, or dragged on too long, it is often necessary to give on this fourth day a small dose of nux vomica (one very small pellet, moistened with a high dynamization) to be smelled, and then, on the fourth or sixth day following, the antipsoric. But if the female is very sensitive and with weak nerves, she ought, until she comes near her full restoration, to smell such a pellet once almost every time seventy-two hours after the beginning of her menses, notwithstanding her continued antipsoric treatment. **[an exception to the rule implying an underlying rationale, but not the rule itself.]**

340.1 **The cito, tuto et jucunde (quickly, safely and pleasantly) of Celsus, the patient may fairly demand from his physician; but from the homeopath he can rightly expect this in acute disease cases springing from occasional causes, as well as in the separate [intervenient] (so-called intercurrent) diseases prevalent at times.**

Das Cito, Tuto et Jucunde des Celsus fordert der leidende Kranke billig vom Arzt, vom homöopathischen aber kann er es mit Recht erwarten bei akuten Krankheits-Fällen aus gelegentlichen Veranlassungen, sowie bei den abgesonderten, zu Zeiten herumgehenden (sogenannten interkurrenten) Zwischen-Krankheiten.

The term Hahnemann uses here is Zwischen which means “intervening” or “in-between”, and is particularly used by Hahnemann as regards disease. For Hahnemann, a new disease intervening in the treatment of the patient, invariably of an epidemic or sporadic and self-limiting nature, must then be treated with the appropriate apsoric remedy. This use of such a remedy is referred to as the “in-between use” or Zwischen-Gebrauch. The action of the previous remedy, used against the chronic disease, then ceases when the intervening disease Wesen impinges on the human Wesen. Once the intervening disease has been cured, then the chronic disease re-emerges in terms of symptom expression and the homeopathic remedy for it is given once again.

§38.7. When measles and smallpox reign at the same time and both have infected the same child, the measles which have broken out are usually halted in their course by the somewhat later outbreak of smallpox, which does not resume again until the smallpox is healed; not seldom, however, smallpox, broken out after inoculation, was also suspended for four days by the meanwhile emergent measles, after whose desquamation the smallpox then continued its course up to the end, as Manget noticed.

§38.8. Even six days after the smallpox inoculation had already taken, when the measles broke out, the inflammation of the inoculation stood still, and the smallpox did not break out until the measles had completed their seven day course.

§38.9. The fourth or fifth day after the smallpox inoculation during a measles epidemic, many broke out with measles and impeded the smallpox outbreak until the measles had completely run its course; only then did the smallpox come forth and run its course well.

§38.10. The true, smooth, erysipelas-like Sydenham's a] fever with sore throat was checked on the fourth day by the outbreak of cowpox, which ran its course fully to the end, whereupon the scarlet fever only then set in again; but also, since both appear to be of equal strength, on the eighth day the cowpox was suspended by the outbreak of true, smooth Sydenham's scarlet fever, and the red areola of the former cowpox disappeared until the scarlet fever was over, whereupon the cowpox at once continued its way up to the end.

§38.11. The measles suspended the cowpox; on the eighth day, since the cowpox was near to its fullness, the measles broke out, the cowpox now stood still and, only after the measles desquamated, again continued its course to completion, so that it looked on the sixteenth day like it would otherwise on the tenth, as Kortum observed.

§38.12. Even after measles had broken-out, the cowpox inoculation still took effect; however, the inoculation ran its course only when the measles were past, as Kortum attests likewise.

§38.13. I myself saw mumps disappear at once as the cowpox inoculation had taken and had approached its fullness; only after a full course of the cowpox and the disappearance of its red areola did this glandular swelling of the feverish ear [parotid] and lower jaw [submaxillary] emerge again from its own miasm (the mumps) and went through its seven-day period.

So here we have a model from nature of alternating actions of diseases for our instruction in the case of alternating prescription.

DUAL REMEDY PRESCRIBING: A WATERSHED FOR HAHNEMANN

Thus, the period of the dual remedy affair represents a watershed of sorts in Hahnemann's own consciousness in terms of prescribing. Before at least 1833, Hahnemann maintained the formal position that the action of the first remedy should be extinguished before a second remedy, intercurrent or alternating, could be sanctioned. The practice of giving two remedies in fairly close approximation in the Paris case-books can only be seen as being a matter of overlapping action (simultaneity of action), not alternating action.

This then brings us to the second problem raised by Little's argument that simultaneity of action is fine, whereas simultaneity of ingestion is not. This position sounds a bit like the pigs in George Orwell's *Animal Farm* and the simplistic slogan they made up for the other animals to justify their continued rule after the farmers had been driven away: Two legs bad, four legs good. The problem is: where is the principle for deciding when to give the second remedy? Conceivably, we could give it only nano-seconds apart from the first and still be consistent with Little's position.

Hahnemann faced the same problem in dealing with dual remedies. The only principle that we can see in Hahnemann's writings derives from Hahnemann's distinction between the initial action (curative) of the remedy which involves the generative power and the counter-action (healing) of the sustentive power.

It is instructive to note that this distinction, the dual nature of disease and remediation (Heilkunst), has existed in Hahnemann's genius from the very beginning. His seminal work, *Essay on a New Principle for Ascertaining the Curative Power of Drugs of 1796* contains references to both of these dualities:

It is only the very great simplicity and constancy of ague and syphilis that permitted remedies to be found for them, which appeared to many physicians to have specific qualities...they are, however, probably specific in both diseases, when they occur simple, pure and free from all complication. Our great and intelligent observers of disease have seen the truth of this too well, to require that I should dwell longer on this subject.

Now, when I entirely deny that there are any absolute specifics for individual diseases, in their full extent, as they are described in ordinary works on pathology, I am, on the other hand, convinced that there are as many specifics as there are different states of individual diseases, i.e., that there are peculiar specifics for the pure disease [tonic], and others for its varieties [pathic], and for other abnormal states of the system." (*Lesser Writings*, p. 260-261, emphasis added).

I. Most medicines have more than one action; the first a direct action, which gradually changes into the second (which I call the indirect secondary action). The latter is generally a state exactly opposite of the former." (*Lesser Writings*, p. 266). [these refer to the *erst wirkung* (initial action) and *gegenwirkung* (counter-action) to be found later in the aphoristic *Organon*, viz. Aphorism 64.]

Here we can see the seed for the later fuller flowering of the idea of duality in nature in the form of dual remedy prescribing.

Hahnemann's Paris prescribing seems to have been designed to avoid giving a second remedy until the initial action of the first had been completed. Of course, since homeopaths then and now have not grasped this distinction, being ignorant of the dual nature of the Living Power (falsely translated in a uniformitarian manner by the unidimensional vitalist term, vital force), this insight has escaped them. It is such distinctions, however, that form the basis for Hahnemann's functional use of dual remedies consistent with the law of similars. Dual remedy prescribing, if done correctly, is not polypharmacy. If it is to be so considered, then Hahnemann was a polypharmacist, something that he vehemently, and rightly opposed.

Hahnemann's battle against allopathy was centered on its false view of disease. The allopaths saw disease in only a few common symptoms of the patient, that the patient shared with other patients with a similar condition. Thus, the disease state was reduced to an abstract and fabricated condition. They then gave (false) disease names to these partial conditions in the belief that they had identified a constant disease (and for which they could then prescribe a specific).

See: Hahnemann's Criticism of the Old School of Medicine

What Hahnemann did, in contrast, was to provide us with a true insight into disease, grounded in a clear observation of nature. On the one hand, he identified those diseases that were constant in nature, such as the acute and chronic miasms, identified the principle that allowed the true physician to identify a constant remedy for each constant disease, and sketched out the hierarchy of these disease dimensions (iatrogenic, homogenic, pathogenic, ideogenic, geogenic and regimenal). This search for diseases of a constant nature had been a path tread earlier by medicine, but abandoned, as Hahnemann pointed out, because of the damage done by the crude dose using the law of similars. Hahnemann, with his diluted and later dynamised doses, was able to return this approach to the cure of disease to medicine to a rightful and safe basis. Here we learn significantly that the wrong dose using the law of similars can be highly dangerous, a lesson reinforced by Hahnemann.

See: From Two Specifics to Two Sides of Disease

On the other hand, for those diseases that were variable in nature, he provided a means to identify the disease through the substance that would cure it, by using the totality of characteristic symptoms of the disease exhibited by the patient, not just some of the symptoms as the allopaths were doing and continue to do. This is what he called homeopathy, namely the treatment of disease on the basis of the patient's characteristic pathology (suffering) using the law of similars. And, as we have discovered, Hahnemann discerned a principle for determining what is characteristic in the pathology, namely the thermotic principle. It is the unique thermal pattern of a disease (both the natural disease and the artificial one of the remedial agent) that must be matched. This is a far cry from the "classical" approach which is based on varying authority and the one-sided use of the "strange, rare and peculiar" symptoms. Beyond saying that what is characteristic is what is "strange, rare and peculiar" (which is not what Hahnemann stated), the choice of what symptoms to include in the repertorisation is based on much opinion and not on principle.

The problem we face here and elsewhere is that homeopaths have misunderstood what Hahnemann was saying. They have simplistically understood that Hahnemann was attacking the treatment of disease as a separate entity, taking this to mean that there are no diseases, only the symptoms of the patient. Thus, we end up with a uniformitarian view of disease (disease becoming an abstraction and the reality being the patient) and a unipharmacist view of prescribing based on this fallacy. If the prescription is limited to the symptoms of the patient, then there can logically be only one remedy from this analysis.

Hahnemann had long known of the two types of disease. He started with the identification of the diseases of constant Wesen (nature), thanks to the empiricism of folk medicine (clinical evidence) over the centuries, but these were few in number. He then discovered through the provings a means of approaching the cure of the vast number of variable diseases. He returned to the constant disease type when he discovered the chronic miasms (1816-1828), notably psora. In this period, he became more and more conscious of the two types, the chronic miasms (constant diseases) giving rise to the more variable type of chronic disease pathologies. We have one psora, but hundreds of psoric disease pathologies (identified by their remedy, e.g. Sulphur).

339.1 About half way through the cure, the diminished disease begins to recede into the state of a latent psora; the symptoms grow weaker and weaker, and in the end the attentive physician will only sense traces of it, which he must pursue however with the antipsoric treatment until they entirely disappear, for the smallest remnant retains a germ for a renewed proliferation of the old malady.*

* So from a water-polypus which had several of its arms lopped off there sprouted forth new ones in time.

339.2 If one were to proclaim the cure already completed and imagine what the common man (and also the higher class of the non-medical public) is wont to say in such cases: "It will now likely get right by itself," one would greatly err— for in time there would be spun (especially upon occasion of great untoward events in life), out of this little vestigial remnant of an only diminished psora, a new chronic disease, which would gradually but inevitably rise of itself, according to the nature of diseases from unexpunged chronic miasms as taught above.

There is evidence brought out by O.A. Julian in a 1984 article (referenced by Dr. De Ruyter in an article for Homeopathy On-line, Vol. 6) that Hahnemann had begun to use alternating remedies at short intervals on himself in 1830. Hahnemann apparently wrote to Dr. Stapf on 28th April 1830 that he had cured himself during a serious illness by taking *Staphysagria* and *Arsenicum* alternatively at short intervals. If this is correct, then there must have been overlapping of action as the duration of action of *Arsenicum* is 60-90 days by Gibson Miller's table and 20-30 days for *Staphysagria*.

Thus, Hahnemann was ready by 1833 in terms of his insight and practice, namely the experience stemming from alternating use, to receive with enthusiasm the formal use of dual remedies when presented to him by Aegidi (and Boenninghausen) in 1833.

What Hahnemann did not have, nor Aegidi for that matter, was a theoretical underpinning for the use of two remedies. There was a resonance with the idea and practice, but not yet a conscious working out of the principle. When the approach of dual remedies was challenged by the Leipzig homeopaths, Hahnemann could not yet defend it publicly as he had done with his theory of chronic miasms in the face of equally vociferous opposition. He retreated to consider the problem and then continued with dual remedy prescribing on the basis of the one principle he felt comfortable with at this point, namely the distinction he had earlier drawn between the initial action of a remedy (the curative action, involving the generative aspect of the Living Power or Dynamis) and the counter-action (the healing reaction, involving the sustentive aspect of the Dynamis). He must have reasoned or surmised, although he does not tell us directly, that there would be no interference between remedies so long as the second remedy was not given until after the curative (initial) action of the first had been completed. This is the only explanation that seems plausible given the facts of the matter.

How long is the initial action of a remedy? Hahnemann does not tell us directly, but he does tell us that the homeopathic aggravation, which is caused by the initial action of the remedy, occurs within minutes or several hours of the taking of the remedy, which gives us a clue as to the likely time frame in most, if not all cases. The half day that Hahnemann had the patient wait to take the second remedy would be well outside the initial action of the first remedy.

ADDITIONAL EVIDENCE FOR HAHNEMANN'S RECEPTIVITY TO DUAL REMEDY PRESCRIBING

Little's argument that Hahnemann's use of simultaneity of action is nothing more than alternating or intercurrent prescribing is not, as we have shown, founded in fact. We should thank David Little, however, for his attempt to resolve the issue of dual remedy prescribing by Hahnemann. His efforts (reproduced in its entirety below) does provide us with an added insight into a question raised earlier, namely, why Hahnemann was so receptive to the idea of using dual remedies in 1833. We have already provided the history of the work that Hahnemann had done regarding the dual nature of disease, making him aware of the fact that disease conceptually had two sides as Aegidi pointed out in his initial letter. Hahnemann resonated with this characterization by Aegidi, even if the principle behind dual remedies was not thereby provided. However, we had not yet become fully aware of the extent to which Hahnemann had already begun dual remedy prescribing in the sense of simultaneity of action and how this related to the Aegidi Affair. Now the evidence, noted above, provided by Dr. De Ruyter in his article for Homeopathy On-line, Vol. 6 that Hahnemann used two long-acting remedies in short intervals fits into a larger picture. Why? Because of the germinating realization generated by the slowly dawning fact that a certain percentage of his alternating and intercurrent use of medicaments was indeed 'concurrent' in action and effective in practice.

When Hahnemann had cases that required the use of two remedies in sequence, it is entirely feasible that in actual practice he ended up inadvertently giving the second remedy within the action of the first at times, and that he found that this, nonetheless, worked. Hahnemann would then have gradually realized, after numerous such cases over the years, that he was working in terms of simultaneity of action. This would also help to explain why he used his alternation of remedies in acute prescribing as a means to explain the dual remedies in his proposed insertion for the 5th edition of the Organon.

The dilemma that Hahnemann, and the others who use dual remedy prescribing (Aegidi, Boenninghausen and Lutze), faced was: how could one distinguish this new and real relationship of remedies, based on a real relationship of diseases (the two sides, the tonic and the pathic), from the false relationship of remedies based on a false concept of disease (uniformitarian), called polypharmacy? As Aegidi has pointed out, the dual remedies, each treating for a disease from a different side (tonic and pathic), involved a type of symbiotic relationship that comes from the intrinsic duality of disease.

See: Symbiosis

In conclusion, Little's new argument against dual remedy prescribing by Hahnemann provides us with added evidence to the contrary. Indeed, if Hahnemann himself, according to report, first practiced on himself in 1830 with two medicaments, then it is conceivable that he himself is the real progenitor of the dual remedy concept if he verbally communicated this to any of his followers. It would be interesting to know where Dr. Stoll got the idea of dual remedies from. Hahnemann was aware of Dr. Stoll's work, as evidenced by his correspondence with Boenninghausen (see Bradford, p. 492). And where did Aegidi get the initial idea? It is at least plausible that some tentative remark on Hahnemann's own part set the whole thing in motion. The latter is speculative, but the fact of his own original experiment upon himself, if fact it be, lends credence to the metamorphosis from 'alternation' (being simultaneous in some instances) in self-practice (1830, if not sooner) to enthusiastic reception and use of dual remedies in mixtures (May 1833), to public paragraph (May 1833), to continued use of simultaneity of action in prescribing (1836 into his Paris period).

LITTLE'S ARGUMENTS AGAINST DUAL REMEDY PRESCRIBING

The following quotes sections from the extensive comments by David Little on the issue of dual remedy use by Hahnemann. It represents the most extensive effort of the classical viewpoint to try to explain this fact within the accepted tenets.

THE EXPERIMENTS OF THE 1830'S

Overcoming Obstacles to the Cure

by David Little (posted on homeopathy@lyghtforce.com in December 1999)

[our commentary is in square brackets]

The epoch around the publication of the 5th *Organon* was one of great experimentation. In the Chronic Diseases Hahnemann introduced the theory of infectious miasms and became the founder of modern epidemiology. By 1830 he had recorded the symptoms of the prodrome, primary, latent, and secondary stages of several acute, half-acute, and chronic miasms. Now that the Founder knew he was facing auto immune disorders and immuno-deficiency syndromes, he felt restricted by his limited materia medica. How could one always find a simillimum that fit the complete case with less than 100 remedies in 30c potency? The first area where Samuel looked for an answer was in the medicinal solution and the repetition of the remedy to speed the cure, if and when necessary. At the same time, Hahnemann ran trials using double remedies, alter[n]ations, intercurrents, and a series of remedies in an effort to remove the seed, roots, and branches of the chronic miasms.

[Comment: Little makes it sound as if the main problem was one of a lack of remedies. If this is true, why would the medicinal solution and remedy repetition be an answer to this? Little also implies that Hahnemann's use of double remedies is in the same league as his use of alternating and intercurrent, as well as sequential remedies. This argument is dealt with in the full analysis above.

Indeed, the problem is a much more profound one than simply that of the number of remedies. Hahnemann himself dealt with this argument of numbers (quantitative aspect) in his treatise on the discovery of the chronic miasms. He stated that the problem he faced was one of quality (understanding of the nature of disease and its manifold dimensions), not one of quantity (the number of remedies available). Hahnemann made this statement at a time when the number of remedies he had to work with was less than one hundred, compared to the at least ten-fold number of substances available to practitioners today. The solution to the problem of disease, Hahnemann understood here and elsewhere, required a deeper insight into the dynamic polarity of the nature of disease.

That it is useful to have an enlarged Materia Medica is not at issue. However, the problem of disease, namely how to cure the many difficult and seemingly unresponsive cases of disease that remain, cannot be reduced, as it is in "classical" homeopathy, to a problem of quantity (the need for more proved substances). In the uniformitarian world of disease = patient = one remedy, the problems of disease are reduced to the search for more medicinal substances, rather than to a search for a better understanding of disease in its hierarchical and dynamic nature. Where Hahnemann searched for a multidimensional, qualitative solution, his presumed heirs only search for a unidimensional, quantitative one.

43.1 Whence then this less favorable, this unfavorable, result of the continued treatment of the non-venereal chronic diseases even by Homeopathy?

43.2 To what were the thousands of failed endeavors due to so cure the other kind of protracted diseases that lasting recovery might proceed therefrom?

44.1 Perhaps by the still too small number of homeopathic remedial implements so far proven as to their pure actions!

45.1 Students of Homeopathy have hitherto thus consoled themselves; but this excuse, or so-called consolation, never satisfied the founder of Homeopathy—particularly because even the ever increasing store of proved powerful medicines has not advanced the cure of chronic (non-venereal) diseases by a single step, while acute diseases (unless these, at their commencement, threaten unavoidable death) are not only passably removed, by means of a correct application of homeopathic remedies, but, with the assistance of the never-resting, living, Sustentive Power in our organism, find a speedy and complete cure.

46.1 Why, then, cannot this Living Power, efficiently affected by homeopathic medicines, bring to pass any true and lasting recovery in these chronic maladies even with the aid of the homeopathic medicines which best cover their present symptoms, especially since this same power, created for the restoration of the integrity of our organism, is nevertheless so indefatigably and successfully active in completing the recovery even in severe acute diseases? What prevents this?

47.1 The answer to this so very natural question led me to the nature of these chronic diseases.

48.1 To find out then the reason why all the medicines known to Homeopathy failed to bring a real cure in the above-mentioned diseases, and to gain an insight more nearly correct and, if possible, quite correct, into the true nature of the thousands of chronic diseases which still remain uncured, despite the irrefutable truth of the Homeopathic Law of Cure, this very serious task has occupied me since the years 1816 and 1817, night and day; and behold! the Giver of all good things permitted me within this space of time to gradually solve this sublime problem for the welfare of humanity through unremitting cogitation, indefatigable research, faithful observation and the most accurate experiments.*

Such a view only leads to the statement told on occasion to patients that "your remedy has not yet been proved." The patient is then placed in a similar situation to the patient waiting for an organ transplant or for the latest allopathic research on synthetic drugs. That the problem is reduced to one of quantity is consistent with unresolved allopathic thinking extant in classically homeopathic philosophy.]

Throughout Samuel Hahnemann[']s long career he performed countless experiments with the use of homoeopathic remedies. With the publication of the miasmatic theory in the Chronic Diseases in 1828 a new era of homoeopathy began. In line with the new doctrine of the chronic diseases the Founder began a radical set of experiments to try and overcome the limitations imposed by his materia medica of around 100 remedies.

[See comments above regarding this argument of numbers.]

The most controversial of these experiments was the double remedy experiments carried out in the early 1830's.

[The changes in method by Hahnemann were not experiments in the sense of trials with sick patients just to see what might happen, but were grounded in a deeper understanding of disease or informed by insight, imagination and intuition - valid aspects of knowledge Hahnemann called kennen.]

LITTLE DOUBLE REMEDY EXPERIMENTS

The double remedy method originated with Dr. Aegidi, one of Hahnemann's disciples, who forwarded the Founder 233 case[s] of his new method.

[The method originated with Dr. Stoll and possibly was the result of work and comments Hahnemann himself undertook in using two remedies in short intervals. Drs. Aegidi and Boenninghausen, based on the evidence of correspondence between them, likely used such methods in difficult cases for at least a year prior to 1833 with Hahnemann's knowledge and tacit support.]

In cases where he could not find a single remedy, which match[ed] the complete symptoms, he combined two homoeopathic remedies that fit the symptoms.

[There is no evidence that the issue was one of lack of a single remedy that covered the complete symptom picture, as is alleged here. Aegidi, quoted in Hahnemann's reply of 15 June 1833, stated that he gave the "two medicinal substances ... only in a case where both seem Homoeopathically suitable, but each from a different side." Hahnemann calls the practice a "discovery." If both remedies are homeopathically indicated, they must both correspond to a disease (the different sides here are not a pathically symptomated picture of one disease). This cannot be the same situation covered by Hahnemann's section in the Organon, which had been there since the beginning, dealing with cases where there is no one remedy homeopathic to the disease (Aphorisms 162-170). If it were, Hahnemann would not have greeted it as a new "discovery."]

Hahnemann wrote [a] passage on the double remedy experiments that was removed from [sic] before publishing the 5th *Organon*. This is confirmed by a letter he wrote to Aegidi in 1833.

"Do not think that I am capable of rejecting any good thing from mere prejudice, or because it might cause alternations in my doctrine. I only desire the truth, as I believe you do too. Hence I am delighted that such a happy idea has occurred to you, and that you have kept it within necessary limits; "that two medicines substances (in smallest doses or by olfaction) should be given together only in a case where

both seem homoeopathically suitable to the case, but each from a different side." Under such circumstances the procedure is so constant with the requirement of our art that nothing can be urged against it; on the contrary, homeopathy must be congratulated on your discovery. I myself will take the first opportunity of putting it into practice, and I have no doubt concerning the good results. I think too, that both remedies should be given together; just as we take Sulphur and Calcearia together when we cause our patients to take or smell Hepar sulph, or Sulphur and Mercury when they take or smell Cinnabar. I am glad that von Boenninghausen is entirely of our opinion and acts accordingly. Permit me then, to give your discovery to the world in the fifth edition of the '*Organon*' which will soon be published."

[Note:There is a missing section, which we reproduce here: "Until then, however, I beg you to keep it to yourself, and try to get Mr. Jahr, whom I greatly esteem, to do the same. At the same time I there protest and earnestly warn against all abuse of the practice by a frivolous choice of two medicines to be used in combination."]

Samuel Hahnemann

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[Aside from the numerous errors of transcription, we note that parts of the letter are missing. The missing section emphasizes Hahnemann's concern that others will not understand the difference between dual remedies and polypharmacy. The missing section is placed between square brackets in the letter. Hahnemann's concern is the same terminology used by Little above, but he completely misunderstands the context, taking it as a means of suppressing, through confusion, a valid, dynamic approach to the cure of disease.]

Many of Hahnemann critics constantly say that the Founder was close minded, dogmatic, and against any innovations in his new medical system, Homoeopathy. The above letter puts such myths to rest. He was so open to Aegidi[s] idea that he offered to publish this method without even trying it first in the clinic.

[This last statement seeks to fix as fact that Hahnemann had little or no experience with dual remedies before making his decision to write a new paragraph on this clear departure from past teachings. However, this opens Hahnemann to the charge that he was acting precipitously and unwisely (possibly even being senile at this time as some have alleged, which the full history belies). Hahnemann makes clear in a subsequent letter of 17 June 1833 that he had started to use the method of dual remedies, the same letter in which he notes that he had written a special paragraph. In a letter of 19 August 1833, after the peace conference in Köthen, Hahnemann confirmed that he sent the completed 5th edition, with the new paragraph on dual remedies, to the printer with orders to "print it soon." Hahnemann has now had several months of trials before making his formal decision to include the new practice in the *Organon*. Of course, we see later, when he decides to remove the new paragraph on dual remedies, that Hahnemann does not feel that this clinical evidence of his is yet sufficient to base a new rule on in the face of political concerns and the concern that others will misuse the new insight. Thus, he is convinced of the truth of dual remedy prescribing, including in mixtures, but is not yet in a position to defend it against opposition because his clinical work has not yet allowed him to fully grasp the principle behind the practice so as to explain it in a manner to protect against misuse.]

He was hopeful it would help him to overcome the obstacles to the cure that he faced curing the miasms. Lutze published an aphorism on the double remedies called * 274b* in his spurious publication of the "6th edition of the *Organon*." Lutze claimed that the reason Hahnemann removed the passage was that his colleagues dis[ap]proved but Boenninghausen wrote that it was "condemned by a unanimous vote." The following is Lutze's aphorism 274b. We do not know at this time if this paragraph is authentic or fraudulent at this time. It seems to be quite in line with the [sic] Hahnemann's letters and comments on the methodology of the double remedies. It is not wildly incorrect as to the information.

[This is a rather convoluted approach to a paragraph that has not been proven invalid. Perhaps the attempt here is to sow doubt where none is justified based on the evidence at hand. As for the first sentence, why would Hahnemann be hopeful unless the approach provided a qualitative therapeutic discovery to match the qualitative discovery of the chronic miasms? He had rejected the problem in his treatise, Chronic Diseases, as being one of quantity - number of medicinal substances - for this was a technical matter, not one of "discovery." The only obstacle, given a full understanding of the history of Hahnemann's life work, was that of coming to grips with the dual nature of disease. This was the basis for Hahnemann welcoming Aegidi's announcement on dual remedies in early 1833 as "a happy idea." Lutze, who had an association with Aegidi dating from 1853, must have been made aware of the new paragraph, as Aegidi would have had a copy of its contents. Indeed, we can rightfully ask where else would he have gotten it from?].

"There are several cases of disease in which the administration of a double remedy is perfectly Homoeopathic and truly rational; where, for instance, each of the medicines appears suited for the case of disease, but each from a different side; or where the case of disease depends on more than one of the three radical causes of the chronic disease discovered by me, as when in addition to psora we have syphilis or syccosis also. Just as in very rapid acute diseases, I give two or three of the most appropriate remedies in alternation; i.e. in cholera, Cuprum and Veratrum; or in croup, Aconite, Hepar sulph and Spongia; so in chronic diseases I may give together two well indicated Homoeopathic remedies acting from different sides in the smallest dose. I must here deprecate most distinctly all thoughtless mixtures or frivolous choice of two medicines, which would be analogous to allopathic polypharmacy. I must also, once again, particularly insist that such rightly chosen Homoeopathic double remedies must only be given in the most highly potentized and attenuated doses."

This paragraph, of course, is pointed to by some as proof that Hahnemann used polypharmacy. They claim that Hahnemann, Boenninghausen, and Aegidi's dual remedy experiments were a "great success", but they kept them secret solely for political reasons. Of course, there was serious political considerations concerning the misuse this information, but is that the whole truth?

[The claim that the dual remedy use was a great success is made by Boenninghausen and Aegidi themselves! Hahnemann had less time to work on cases let alone to fathom the principle before political circumstances led him to retract the disputed paragraph on dual remedies in mid-September 1833.]

HAHNEMANN'S PERSONAL LETTERS

In 1833 Hahnemann and Boenninghausen performed a set of clinical experiments to test Aegidi's hypothesis in the clinic.

[Boenninghausen had started to use dual remedies prior to 1833, as had Aegidi.]

The following is a personal letter from Samuel Hahnemann to Baron von Boenninghausen on the subject of the double remedies, i.e., the administration of two remedies at the same time. The letter finds the Founder offering the Baron his opinion of how well the dual remedies really worked in the clinic now that he had personally tried them, and the nature of the comments he wrote for the 5th *Organon*. Let's let Samuel Hahnemann speak for himself.

[What is important here is that the letter was written after Hahnemann's decision to withdraw the new paragraph on dual remedies for political reasons, which decision he communicated on 15 September 1833 to Boenninghausen. At this point, the issue being raised by Boenninghausen cannot be whether or not there should be a new paragraph in the new edition of the *Organon*. What was it about then? Boenninghausen, in a letter to Dunham of 1865 (disputed letter as the date is after Boenninghausen's death) claims that he urged Hahnemann to express disapproval of the method. This, again, is done for political reasons. The issue must then be the addition of critical language to the existing text of the 5th edition. However, Hahnemann had already told Boenninghausen in his 15 September 1833 letter that he had done so, though not the language he had written. The reference to Boenninghausen's eloquence must then be related to trying to convince Hahnemann to include a strong condemnation. Hahnemann, in effect, replies that he doesn't need Boenninghausen's eloquence as he is not as convinced as Boenninghausen of the "great utility" of dual remedies in mixture. Thus, he is saying that Boenninghausen's eloquence is not necessary to induce him to do what Boenninghausen is urging. He only needs a small "momentum" to alter the existing language of the 4th edition on the single remedy for the 5th. However, Hahnemann also still admits the utility of the dual remedy approach, despite all this, in order to do "justice to truth."]

Hahnemann to Boenninghausen:

C[ö]then, October 16, 1833

"Your eloquence would have easily persuaded me, if I had been in your position, that is, if I had been as much convinced as you are from a large experience of the possibility or even great utility of giving double remedies BUT FROM MANY ATTEMPTS OF THIS KIND ONLY ONE OR TWO HAVE BEEN SUCCESSFUL, WHICH IS INSUFFICIENT FOR THE INCONTROVERTIBLE ESTABLISHMENT OF A NEW RULE."

Hahnemann experiments with the dual remedies proved a failure because they did not work as well as his single remedies. If the Founder thought there was a need for a two remedy he preferred alternations to mixing the two remedies together. He was even more critical of the double remedy experiments than Boenninghausen, who is often blamed by the polypharmacist for talking Hahnemann into removing the passage. The following quote offers more clues.

"I was therefore, too inexperienced in this practice to support it with full conviction. Consequently it required only a slight momentum to induce me to alter that passage in the new '*Organon*' which results in this, that I concede the possibility that two well chosen remedies may be given together with advantage in some cases BUT THAT THIS SEEMS TO BE A VERY DIFFICULT AND DOUBTFUL METHOD. And is, this way, I believe I have done justice to truth on the one side and to any inner conviction on the other."

Samuel Hahnemann.

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[the all caps are added by Little]

In the beginning, Hahnemann was open to the idea of the double remedy, in the middle he could not support it we [with?] full conviction, and in the end he found it a "very difficult and doubtful method."

[Hahnemann all along had warned against abuse of the practice of dual remedies. (See the letter of 15 June 1833 to Aegidi.) It is disingenuous to argue that this practical problem is a condemnation of the approach itself. First, the reason for retraction is political (namely loss of face with the allopaths and likely abuse of the method, as the principle underlying it has not yet been discerned). Second, Hahnemann also made clear that the finding of even one remedy homeopathic to a disease was not an easy matter. (See his letter to Aegidi of 9 January 1834): "For my part I find the discovery of the right remedy difficult and laborious in every case." Such a statement is not here to be taken as a condemnation of the use of the single remedy, just because of practical problems! Also, we should note that he said that he was "too inexperienced" to support dual remedies in mixture "with full conviction." His "too inexperienced" to support dual remedies in the practice of dual remedies to the world as the principle was yet unknown to him (too inexperienced), but not to cease work on dual remedies altogether. He had already begun his exploration of dual remedies in terms of overlapping action and had a profound appreciation of the dual nature of disease.]

On August 10th at Coethen, 1833 Samuel Hahnemann held a meeting to discuss the double remedy experiments, and the offer the Founder had made to include reference to Aegidi's double remedies in the 5th *Organon*.

[The meeting of 11 August 1833 was not held to discuss the dual remedies, but to conclude a peace treaty with the Leipzig homeopaths after a long and acrimonious public debate over what was true homeopathy. Notably, the peace agreement between the pillars of true homeopathy did not cover the issue of dual remedies at all. Indeed, Hahnemann had raised the matter at the meeting out of his enthusiasm for the approach after Aegidi's letter with the 233 cured cases earlier that year. If the dual remedy approach had been counter to Hahnemann's conception of homeopathy, why would he then have proposed the idea to a group he was just patching up a quarrel with over being "half homeopaths?"]

The following was written by Richard Haehl in 1921:

"When, however, his followers congregated around him on 10th August in Coethen, they voiced their objections. Hahnemann could be convinced by their arguments that it was necessary to remove the paragraph in question from the 5th edition then in print; all the more easily, since he himself had made but few experiments with double remedies and only in very special cases had given them any validity. The allopathic doctors, foremost Hufeland, who very likely by a leak through one of the type setters, had got to know about the recommendation of double remedies thus planned, had triumphed already: "Hahnemann and his crew are about to return to allopathy."

Haehl writes that Hahnemann was easily convinced because he only made a few experiments, and considered them of only a limited use in the clinic. Hahnemann clearly writes that out of the MANY ATTEMPTS ONLY ONE OR TWO WERE SUCCESSFUL and he was going to write in the *Organon* THAT THIS SEEMS TO BE A VERY DIFFICULT AND DOUBTFUL METHOD.

[Of course one would wonder how ANY successes could be had, let alone hundreds, except on some principle. At the same time, Haehl's views are themselves suspect as he does not provide all the evidence available from all sources (and gives no connected account of the whole story), and we have to question what other evidence available in Hahnemann's correspondence to which Haehl had access he effectively left out. It is true that Hahnemann had not made as many successful experiments as Boenninghausen and Aegidi, but they had started earlier and he never questioned the cures from these two followers closest to him. He must have wished to continue his own experience with dual remedies, witness his delay in acceding to the political concerns of the Leipzig homeopaths. Haehl makes it sound as if Hahnemann had agreed right away. The time frame is more nuanced here. The issue of "difficulty" is dealt with in the comment immediately above. It is reasonable that under attack and with yet no clear understanding of the principle for dual remedy prescribing, Hahnemann would agree to forego a public declaration. However, this did not mean that he ceased dual remedy prescribing, shifting only to simultaneity of (overlapping) action from simultaneity of ingestion (mixture).]

From this letter it "seems" that the Baron had more hope in the method than the Founder! Yes, if Hahnemann 'had been as much convinced', as him, "of the possibility or even great utility of giving double remedies." The Founder goes on to say clear that from the "MANY ATTEMPTS" only "ONE OR TWO" have been successful, and that this is INSUFFICIENT for the ESTABLISHMENT OF A NEW RULE. This is the Founder's real reason for removing his reference! The double remedies did not work very well when compared with the single remedy, two remedies in alternation, and remedies in a series over time. It was the [sic] fact that Hahnemann's clinical trials failed to produce good results!

[And is this why he decided to continue and then resumed the successful aspect of this method in his Parisian period? Boenninghausen must also have had many cured cases, perhaps as many at least as Aegidi, having used the method with great success, by his own admission, likely as long. He had more than "hope!" But the issue here is not the number of cured cases, which Hahnemann hardly disputed, but Hahnemann's own experience, which had not yet provided the needed insight into the principle behind dual remedy mixtures, thus, not providing sufficient basis for the establishment of a rule. This is far from a condemnation of dual remedy prescribing!]

During the meeting at Coethen in 1833 all at the meeting agreed on removing the passage as the clinic trials had failed, and the method had become a liability to homeopathy rather than an asset.

[There is no evidence that the clinical trials had failed at this point or at any point. Aegidi had 233 cured cases, Boenninghausen had "been convinced ...from large experience...of the possibility and even great utility of giving double remedies," (written in October of 1833, thus several months after the August meeting!) and Hahnemann was highly enthusiastic about the method by his own admission (otherwise he would undoubtedly not have raised it, given that the meeting was called to deal with divisions within homeopathy - why would he raise a method that went seemingly counter to the single remedy orthodoxy of that period in such a meeting if "the clinic trials had failed" as Little contends?). It is true that the others at the meeting, having just come through an acrimonious debate over the allopathic tendencies in homeopathy, feared that this new approach could be abused, leading to the condemned polypharmacy. They had a uniformitarian view of disease, and thus, feared that dual remediation was the beginning of a slippery slope from unipharmacy to polypharmacy. Hahnemann, for his part, had allowed his enthusiasm (based on kennen) to run ahead of his conscious understanding of the method and could not assuage their concerns. Thus, the reason that the disputed paragraph was withdrawn had nothing to do with the supposed clinical failure or medical dangers. Indeed, Hahnemann himself continued dual remedy prescribing but in a different format, moving from mixture (simultaneity of ingestion) to overlapping action (simultaneity of action), with which he felt more comfortable given his insights into the dual nature of the disease and remedial process involving the initial and counter actions. The reason for the withdrawal of the disputed paragraph was political and no other reasons are included in the record.]

They were very concerned that the pseudo-homoeopaths would try to imitate the failed double remedy experiments, and introduce polypharmacy to homoeopathy. This, of course, has happened and we have combination practitioners who claim they are practice [sic] the way Hahnemann really intended.

[See note above. It should also be noted again here that dual remedy prescribing is not limited to simultaneity of ingestion.]

The Baron wrote a letter to Dunham in the USA about this meeting in which he stated:

"But this novelty [the double remedies] appeared to [sic] dangerous for the new method of cure, and it was I who induced Hahnemann to express his disapproval of it in the fifth edition of the *Organon* in a note of [to] paragraph 272."

[The reference by Boenninghausen is to "combined doses" not to all dual remedy prescribing in the full letter here only partially quoted.]

Note that the Baron is not speaking about the 'removal of the paragraph' but the addition of critical comments about the double remedy experiments to aphorism 272. He say[s] he induced Hahnemann to express HIS disapproval in this footnote. Vide the 5th edition of the *Organon*.

"In no case is it requisite to administer more than ONE SIMPLE medicinal substance at one time." 2 (a)

[all caps are by Little]

2 (a) Some homoeopaths have made the experiment, in cases where they deemed one remedy homoeopathically suitable for one portion of the symptoms of a case of disease, and a second for another portion, of administering both remedies at the same time; but I earnestly deprecate such a hazardous experiment, which can never be necessary, though it sometimes may be of use.

[The reference here is to two remedies at the same time, that is, in mixture, what Boenninghausen referred to as "combined doses." Again, Hahnemann cautions against the procedure because of its practical difficulties, not because it is condemned in principle. The use of combined doses is not necessary as one can resort to simultaneity of action. The use of combined doses is hazardous precisely because, as Hahnemann states earlier, it is difficult enough to find just one remedy that is homeopathically indicated in a case, much less two. Better to give the one and wait to see a clearer image of disease emerge on which to prescribe a second.]

This footnote express the thoughts Hahnemann wrote in his letter to the Baron in Oct 1833. He still did not wish to say that all of Aegidi's work never got 'any results', but he knew that a fully trained homoeopath could do much better with just one single remedy at a time.

[The implication here is that Hahnemann continued with the single remedy, and yet we have already seen Little admit that Hahnemann continued to give two remedies within the same period of action (simultaneity of action). This is quite a departure from Hahnemann's previous position of waiting until the full action of the first remedy had exhausted itself or had somehow come to an end, as in intercurrent diseases, before giving a second. The position here also begs the issue of what "at a time" means. If it means no overlapping action, then this is contrary to what Little says elsewhere. If it allows for overlapping action, then we face the problem of how much time must elapse and what is the principle for deciding. Without this, a nano-second would suffice just as much as a day, for example.]

He also realized that there were inherent hazards in given [sic] a double remedy, and wanted everyone to be very careful with their patients so he advised against the method.

[And where exactly does Hahnemann state these "inherent hazards" that are referred to here?]

A concern was that those who used the double remedies would 'never' learn how to use a single remedy correctly. It would become a self-defeating process in homoeopathic education.

[Yes, without the requisite principle of application. This paragraph by Little reinforces the practical basis for the opposition to dual remedies, or at least for not promoting it publicly in a formal statement, which was Hahnemann's position in the Fall of 1833. Presumably, if the practical concerns were removed, this argument would fall by the wayside. The concerns will remain so long as the secondary teachings of the classical school fail to grasp the dual nature of disease and the promulgators fail to give up their uniformitarian view of prescription which cannot conceive of dual remedies without seeing it as a slide into polypharmacy. That the use of dual remedies is "self-defeating" is because the homeopathic teachings to date have hobbled themselves with faulty tenets rather than the truth based on Hahnemann's own writings and insights.]

For these reasons the aphorisms on the single remedy was then strengthen [sic] further in aphorism 273 of the 6th *Organon*.

"In no case of cure is it necessary to employ more than A SINGLE SIMPLE medicinal substance at one time with a patient. FOR THIS REASON ALONE, it is INADMISSIBLE TO DO SO. It is inconceivable that there could be the slightest doubt about whether it is more in accordance with nature and more reasonable to prescribe only A SINGLE SIMPLE, well know medicinal substance at one time in a disease, or a mixture of several different ones. In homoeopathy-the only true and simple, the only natural medical art-it is absolutely prohibited to administer to the patient, AT ONE TIME, two different medicinal substances."

[We have provided a full analysis of the meaning of Aphorism 273 in the light of dual remedy prescribing by Hahnemann elsewhere in this work. The only other place that Hahnemann uses this term is in the context of the initial action. Thus, "at a time" means not within the initial action of another remedy, which is consistent with Hahnemann's practice between 1836 and the final years of his practice in Paris.]

Hahnemann now was so confident in the methods he developed between 1833-1843 that he removed all reference to the double remedy experiments, and strengthen [sic] the aphorisms on the single remedy further.

[Hahnemann's changes to the 5th edition and his rewrite of the 6th edition on the issue of the "single remedy" show, on close analysis within the overall context of the dual nature of disease, that he explicitly linked prescribing to disease and that he allowed for dual remedy prescribing in the form of consideration for the initial action of the first remedy. There is no evidence that Hahnemann removed all reference to dual remedies as alleged by Little. On the contrary, Aphorism 273 fully allows for the giving of dual remedies in terms of simultaneity of action.]

He replaced the critical note about the double remedies with a comment which reminds us that mineral compounds like, Hepar sulph, are single remedies as they are prepared and then proved as one substance.

The four cardinal principles [tenets] of [classical] homoeopathy are the similars cure similars, the single remedy, the minimum dose, and the potentised remedy. These principles [tenets] are the checks and balances that make homoeopathy a safe and effective healing art. Without them the use of similars can be quite dangerous. [Where is the justification for this?] Hahnemann was of the opinion that it was never really necessary to give two remedies at the exact same time once a healer mastered the Homoeopathic Gestalt.

[Little interprets "at a time" as meaning the exact same time. If this is the case, then waiting a nanosecond to give a second remedy would cover any objection. Prescribing becomes only a matter of technical details, not principle. There is no evidence for the supposed cardinal principles of homeopathy here alleged. Indeed, other than the first, they do not appear in the statement of the main pillars of homeopathy produced by the Köthen meeting of 11 August 1833, nor are they supportable in the *Organon* as shown elsewhere. The final statement is an example of Little imposing on Hahnemann positions that have no basis in fact, an all too common practice in much of the homeopathic literature.]

Hahnemann's experiments with the double remedies were a clinical failure.

[The truth is rather that the results did not lead to many successes, “only one or two” before the political considerations led to Hahnemann continuing his work with dual remedies behind closed doors. The results between May 1833 and October 1833 were simply “insufficient to support the establishment of a new rule,” a reasonable enough position in light of the political concerns, but they hardly amount to an admission of clinical failure. As we have seen, Hahnemann continued the dual remedy work, albeit in the form of simultaneity of action, not ingestion.]

He and his colleagues all realized that the 'pseudo-homoeopaths' would abuse the dual remedies, and the allopaths would call it a return to the polypharmacy. For these reasons the passage was removed from the manuscript of the 5th *Organon* and the aphorism on the single dose strengthened. The Hofrath wrote about the originator of the dual remedies:

"Dr. Aegidi (who introduced the idea), after much reflection, abandoned such an abominable hearsay [sic] which gives the death blow to true homeopathy, and throws it back to blind allopathy"

Dr. Aegidi the creator of the double remedies, wrote in 1865 "I loudly and publicly made known the disapproval of the administration of the so-called double remedies, as an abuse and mischievous procedure.

[Little fails to note the careful reference by Aegidi to “so-called double remedies.” This means that Aegidi is being careful to distance himself from the abuse of dual remedies, very much consistent with the reason why the disputed paragraph for the 5th edition was eventually withdrawn by Hahnemann and why Hahnemann continued the dual remedy approach in terms of simultaneity of action rather than simultaneity of ingestion. Little also fails to note that it was Aegidi who made the use of dual remedies known to Lutze in 1853, who then went on to achieve thousands of successes of his own.]

Yes, nature cures with single simple remedies given at the right time. When one has not mastered homoeopathy it seems like everyone needs so many remedies. After one has mastered homoeopathy they all only need 'one'.

[The first statement is consistent with what Hahnemann stated. The last statement is not consistent with what Hahnemann taught. Hahnemann makes clear that in chronic diseases there is a need for a sequence of remedies. Hahnemann moved from the “one remedy fixes all” model to the need for dual remedy prescribing and for a series of remedies over time. The abstract notions of classical homeopathy, derived from the uniformitarian notion of disease (patient = disease) drives them to this fancied notion of the silver bullet with no grounding in reality.]

To use combination medicines is *unnecessary* for a trained Homoeopathician. Aegidi himself realized this as he gained more experience, and returned to the single remedy.

[Aegidi’s condemnation was of “so-called double remedies”, that is the wrong use of this concept. There is no evidence that he turned to using only one remedy or to even using only a second remedy when the full action of the first had been completed, whichever meaning of the term “single remedy” Little intends here.]

The are those who have not mastered a return [to] polypharmacy with potentized remedies as a short cut. Some of them become the biggest critics of classical homoeopathy only because they did not learn it correctly. One [sic] the other hand, there are some who are working toward mastering classical homoeopathy who use a double remedy or combination on occasions. We would suggest that they experiment with alternations, intercurrents, or series of remedies rather than mixing remedies together. I[n] this way they will grow beyond this stage of practice. If this is done carefully, they will soon see better results than mixtures.

[Given Little’s views that the simultaneity of action is acceptable, it would be useful to have his view as to the principle behind the concept promoted here (“experiment with alternations, intercurrents, or series of remedies”) and what time frame is also to be respected regarding the giving of two remedies within such overlapping action.]

I will close with the words that Baron von Boenninghausen expressed toward the end of his life about those early days, and the double remedy experiments.

"If consequently in our day, a homoeopathican takes it into his head to act according to experiments made thirty years ago, when our science was still in its infancy, and which were subsequently condemned by a unanimous vote, he clearly walks backwards, like a "crab", and shows that he has neither kept up with, nor followed the progress of our science.

[This letter is highly suspect given that its date is after the death of Boenninghausen. Even if the year ascribed to the letter is wrong (1865), and it is dated a year earlier to March of 1864, this still does not explain how it came to be written two months after his death. Further, this is the final paragraph of the letter and the tone is inconsistent with the record, namely that Boenninghausen continued to use dual remedies even after it was “unanimously condemned” - presumably a reference to the 10 August 1833 meeting in Köthen. Since Hahnemann had resisted withdrawing the paragraph, it is doubtful that the vote was unanimous. The only view that perhaps could be considered to be unanimous was one that worried about the political hay their allopathic enemies would make of it and the abuse it might be put to by some.]

Today we have many "Crustaceans" in healing who claim they are advancing homoeopathy by going straight backwards 170 years! Some cry "Hahnemann, Hahnemann, Hahnemann" and claim they are doing the work that Hahnemann really intended but they are actually polypharmacists They can not master homoeopathy, so they must change it to suit their own self made concepts.

[The record is clear: Hahnemann used dual remedies starting around 1830 and continuing into his Paris period, close, if not right to the very end. There is no record of his having denounced the practice in any of his writings. The only evidence we have is his concern to denounce its possible abuse by those less knowledgeable, a reasonable concern. If the record is being changed, it is by those who deny this fact.]

They must use combination remedies because they do not have the experience to see the single remedy in every case. Such a short cut completely stunts their growth, and makes it impossible for them to become real homoeopaths. Some have now decided to not only "walk backwards", but now they wish to rewrite the history of homoeopathy in their own image. The true homoeopathic community will not let this disinformation stand unchallenged by documented material based on eyewitness accounts, personal letters, Hahnemann's casebooks, and his writings.

[Yes, let the record stand based on ALL the evidence, not just parts of it!]

Summation of the double remedy experiments.

1. As Hahnemann pointed out that the dual remedies *DID NOT WORK VERY WELL* He found the double remedy experiments a failure! [rather simply a puzzle yet to be solved] He said out of his many attempts, "IT ONLY SEEMED TO WORK IN *1 OR 2 CASES.*" The Founders left the dual remedies behind because they did not work as well as the single remedy in their hands. As the materia medica expanded they found that it became easier to find a remedy that matched the complete symptoms. In those rare cases where two remedies seemed needed, they found that alternations and intercurrents worked better than combinations. [verbal legerdemain]

2. Secondly, the Founders knew the pseudo-homeopaths and allopaths would misuse his comments in the text and say Hahnemann approved of polypharmacy. Today there are teachers who are spreading this misinformation throughout the healing community. The single remedy is one of the four cardinal principles [tenets] of [classical] Homeopathy. Some are using the term, polypharmacy, to describe Hahnemann use of alterations and intercurrents but this is also incorrect. In most cases one find that these 'scholars' use combination remedies and have an agenda. Today's pseudo-homoeopaths are now trying to resurrected the double remedy experiments as a means to support their own combination practice. Their material is agenda driven as they wish to use Hahnemann good name as a cover for their own new methods. Such Hubris Knows No Bounds.

The dual remedy experiment was a clinical failure and a political liability, so they were discontinued and the paragraph m removed and replaced cautions about their hazards [??] in manuscript of the 5th *Organon* (1833). Some others are confusing the method of alternation with the double remedies and saying that Hahnemann did not publish the method of alternation because of political reasons. This is untrue as the information was published in Hahnemann's Chronic Diseases (1828) and the 5th *Organon* (1833). For a historical review with documentation please refer to the companion document, Hahnemann on Alternations and Intercurrents. It is for serious historians and practitioners to set the historical record straight.

[The arguments used above have been responded to in the main body of the paper. To the extent that the call is made for the historical record, it is instructive to compare the evidence presented to date by Little and ourselves - see comparative table. If the historical record is to be set straight as Little calls for, then it must be done on the basis of all the evidence available, not fanciful interpretations based on prejudice.]

COMPARISON OF EVIDENCE PROVIDED

David Little's Evidence in his Dual Remedy Account

[Evidence in Verspoor/Decker Account]

1. Provision of **part** of published letter by Hahnemann to Aegidi on 15 June 1833 (but provides us only with the year).

[Full published text of 15 June 1833 letter from Hahnemann to Aegidi.]

2. Provision of the disputed paragraph on dual remedies for the 5th Edition of the *Organon* as published by Lutze (no date given for the publication).

[Full published version from Bradford and from Lutze of disputed new paragraph on dual remedies for the 5th edition of the Organon.]

3. Provision of letter of 15th September 1833 from Hahnemann to Boenninghausen (but no mention of date).

[Provision of letter of 15th September 1833 from Hahnemann to Boenninghausen with date.]

4. Provision of letter of 16 October 1833 from Hahnemann to Boenninghausen.

[Provision of letter of 16 October 1833 from Hahnemann to Boenninghausen.]

5. Quote from Haehl on meeting of August 1833 which telescopes various critical events.

[Full sequence of events relating to events before, during and after the August 1833 meeting in Köthen.]

6. Provision of part of the published letter by Boenninghausen to Dunham (no acknowledgment that date of letter is after writer's death).

[Full published text of the published letter by Boenninghausen to Dunham (with analysis of problem with date being after writer's death).]

7. Part of published comments from Aegidi in 1865 regarding dual remedies.

[Full published text of comments from Aegidi in 1865 regarding dual remedies.]

8. Part of letter by Hahnemann to Boenninghausen of 18 September 1836 (but no date given).

[Full published text of letter by Hahnemann to Boenninghausen of 18 September 1836.]

Assertions by David Little with no Evidence

1. that the use of dual remedies in mixture began with Aegidi (no date given and no evidence).

2. that Hahnemann held a meeting in August 1833 in Köthen to discuss dual remedies (no evidence that meeting was called for this purpose).

3. that meeting agreed that clinical trials on dual remedies had failed (no evidence).

4. that Boenninghausen did not start until after Hahnemann wrote to him in 1833, and both started to use dual remedies at the same time (no evidence provided).

Additional Evidence in Verspoor/Decker Account (but Not in David Little's Account)

1. Full published text of 17 June 1833 letter from Hahnemann to Aegidi.

2. Full published text of 19 August 1833 letter from Hahnemann to Aegidi.

3. Full published letter from Boenninghausen to Hahnemann from Bradford (p. 492)

4. Full published letter of 28 April 1833 from Hahnemann to Aegidi.

5. Full published text of Hahnemann's letter to Boenninghausen of 28 April 1833.

6. Full published text of Boenninghausen's case of dual remedies of April 1833 (Lesser Writings, p. 205-6)

7. Editorial in British Journal of Homeopathy of July 1865 on the Aegidi affair (from Haehl).

8. Reference to Hahnemann's use of two remedies in short intervals on himself in 1830 (paper by O. A. Julian in 1984 referred to in article by De Ruyter, Homeopathy On-line, Vol. 6).

9. Full text of agreement signed by Hahnemann and other homeopaths at 11 August 1833 meeting on Pillars of Homeopathy.

10. Full published text of 13 September 1833 letter from Hahnemann to Hering.

11. Full published text of 28 April 1833 letter from Hahnemann to Aegidi.

12. Full published text of 30 April 1833 letter from Hahnemann to Aegidi.

13. Full published text of 9 January 1834 from Hahnemann to Aegidi.

14. Full published text of letter from Hahnemann to Boenninghausen of 18 September 1836.

15. Full text of Aegidi's article on dual remedies for Stapf's Archives of 1834 (translated from the German by SRD)

16. Full text of chapter on dual remedies from Lutze's book on homeopathy of 1865 (translated from the German by SRD).

AEGIDI AND LUTZE ON DUAL REMEDIES

AEGIDI'S ARTICLE ON DUAL REMEDIES (1834)

It is curious that Haehl, in his otherwise fairly comprehensive history of homeopathy in Hahnemann's time, left out this important, seminal article by Aegidi. Was it because of the political machinations of then and later homeopaths regarding the issue of dual remedies, attempting to suppress the true history and insights of this most advanced method of applying the law of similars?

Aegidi wrote this article, it seems, because he wished to leave the information to posterity in order to leave a record of his side of the matter. You will recall that Hahnemann asked Aegidi, after the conflict of 10 August 1833 with the Leipzig homeopaths, not to speak publicly of the issue for political reasons, but did authorize him to publish in the *Archive* of Stapf, which would be read by the cognoscenti. This Aegidi eventually did, prodded it seems, by a reference Jahr made in his Handbook to an upcoming presentation by Aegidi. Aegidi implies that this forced his hand and that he is publishing the article against his will.

However, the important content of the article and the confident manner in which it is presented contrasts with the seeming reluctance and with the other ritual bows to the orthodoxy then already established regarding homeopathy. Aegidi's fortitude was somewhat less than his discoveries. He also did not have the strong backing of Hahnemann on the issue, who was himself wrestling with the issue and its ramifications. This tendency to bow to authority turns up again later, when the dual remedy controversy re-emerged in 1865, with the publication by Lutze of Hahnemann's dual remedy paragraph for the 5th edition of the *Organon*, shattering the uneasy compromise reached in Leipzig. Under pressure from the establishment to disavow dual remedies, Aegidi provides a seeming recantation. However, the wording of his "recantation" is much in the nature of a Galileo, who conforms outwardly, but offers neither refutation to the substantial medical arguments of his earlier essay nor any additional medical arguments to support his "politically correct" attitude. Indeed, the full text, when properly read in the context of the issue, reveals Aegidi's concern, rightly so, that the dual remedy method would be abused by those less knowledgeable. Without a clear understanding of disease, particularly in its dual nature, there can only be an allopathic use of the dual remedy approach.

The protest of the honoured representatives of the Homoeopathic press, of Germany, against the alleged sixth edition of the 'Organon of the Healing Art,' whilst including the mention of my name... yet omitted to mention that... years ago, I loudly and publicly made known my disapproval of the administration of so-called double remedies, as an abuse and mischievous proceeding. (Haehl, vol. II, p. 86)

We can also see clearly that Aegidi provided several important ideas beyond the dual remedy issue, which seem later to have been taken up by Hahnemann in the 6th edition (which was not published until 1921, and the changes related to dose were not fully realized for their importance until several decades later) and even now are still not part of mainstream homeopathic practice and teachings.

Aegidi could not have known the extent to which Hahnemann would adopt many of these ideas, and if he did, the failure of publication of the 6th edition of the *Organon* did not allow him to garner any support from Hahnemann posthumously so as to improve his standing within the homeopathic community in dealing with the contentious dual remedy issue. The call for his compatriots to provide a deeper and more detailed analysis of remedy relationships in the context of concordance can be seen as the seed for Boenninghausen's chapter on *Concordances*, which has bedeviled homeopathy ever since, because completely misunderstood.

See: Boenninghausen's Repertory: Concordances and Dual Remedy Prescribing

We can safely say that this article represents a watershed of sorts, in that it is the first substantial critique of certain idealistic (i.e. static) tendencies in homeopathy, listing various issues that remained open to question and admitting of the practical lack of success in many cases, despite the ideal of cure set up by Hahnemann in Aphorism 2 of the *Organon*. Many homeopaths, as Aegidi points out, were already acting as if the ideal had been reached and there was nothing new to be learned. This tendency, to cast into canon and creed on the basis of selected scripture that which is still evolving, is common to history. We can see the results even today in the effort to limit Hahnemann's medical system to the simplistic tenets of "classical" homeopathy.

Many of the things Aegidi writes about, in terms of the practical problems in finding the correct remedy and the use of dose and potency, were ones that Hahnemann, too, must have been grappling with and led him earlier to dual remedy prescribing in practice (overlapping action), if not in theory. We can see the seeds of the later formal prescribing by Hahnemann of repeated doses along the LM or Q scale.

Hahnemann, Boenninghausen, Aegidi and Lutze represent the inner circle of the most advanced homeopaths, those who had sufficient knowledge (gnosis) to grasp the insight of the dual nature of disease and of cure, mirroring the duality within nature itself, which is to be found everywhere. Their insights on this duality were suppressed for almost 150 years, preventing the full development of the power of the dynamic medical system revealed by Hahnemann. Instead, we have a system, called homeopathy, which is limited in scope and one-sided in understanding.

Suggestions for the Extension of Homeopathic Technique

by Dr. Julius Aegidi, Personal Physician to Princess Frederica of Prussia
in Düsseldorf. 1834
(translated by Steven R. Decker)

As long as the exercise of Homoeopathy is made more or less difficult due to **faulty technique**, every suggestion for its improvement, even if it should be superseded later on by more fortunate efforts, is worthy of consideration. Such attempts stem only from a deeply felt need, not from an addiction for innovation, nor as many an objector would have it, from an inclination towards the old miscreant, heretical practices. That our present day Homeopathy unfortunately **does not yet correspond to the ideal**, which it might appear to blind enthusiasm to do, and **is yet wanting with regard to positiveness [results]**, which is very noticeable on a daily basis, its unbiased friends, notwithstanding and always thankfully mindful of its great advantages, will therefore gladly confess, because this candid acknowledgment not only leads away from the delusion that Homeopathy were already infallible and needed no further improvement, but even more calls for a united effort to perfect the new teaching in such a manner that insufficiency of the same may no longer serve as an excuse for those who see themselves compelled to deviate from their/its course now and again. But until our art shall have achieved this happy height of sanctioning the boldest expectations, we, who are in all honesty but poor Sinners falling more or less short of the glory, should not want to hastily cast stones against our brother who practices otherwise and arguably as well as we do. Even the master has already published the fifth improved edition of his *Organon* and thereby made clear to all that it is still improvable. In this consciousness, everyone should be free to state his opinion frankly and to scrutinize those of others.

However thankfully the strivings from many sides to improve the technical aspect of the new theory are to be acknowledged, there is **nonetheless much to be desired**. It almost seemed as if the rules governing repetition of the medicines were exhaustive, **but exceptions are continually found which prove the rule insufficient. Just as little clarity governs the use of different potencies, as well as the duration of the remedial action and the time it takes to develop its powers unimpededly before further medicaments may be called upon.** Whatever the *Organon* may teach in this regard, experience shows manifold results, and so much is certain, that **the general rules given still lag behind practice in this respect**, and that in each concrete case the **search for such rules of application must be left to the insight of the Remedial Artist.**

Thus I too have sincerely striven to prosper this good cause in various ways, spurred on by the need which a comprehensive sphere of action commanded. The dissolving of medicines in rain water, which I first used with success, garnered approbation from those physicians who put it to the test. In acute sufferings I found giving the medicinal solution in tablespoons every 2, 3, 4, 8 hours to be very successful, whereby the precaution is not to be left out of account, that in repeating the medicinal solution, it is to be made up fresh daily, since it is not uncommon that after 24 hours decomposition sets in. Hahnemann has this to say about such a procedure: "A pellet dissolved in a lot of water brings a true improvement when taken, if the medicinal solution is used or used up on the same day." But the way it was first put in the Archive, that from the same (solution) one tablespoon full was to be given daily over an extended period of time, I could never approve of, since even distilled water undergoes a chemical alteration already after 24 hours, not to mention decomposing over several days more and more into a kind of fermentation whereby the medicine is destroyed."

For **chronic maladies** I found the following procedure more expedient: **One pellet up to a full drop** (from the **1500th potency down** to concentrated tincture, as need demands) is mixed with a certain quantity of rain water (from a cup to a quart or tankard) by vigorous shaking in a completely clean bottle. The patient is now to drink the **smallest amount at one time** herefrom in the early morning on an empty stomach, the larger portion by and by at **fifteen minute intervals** a cupful at a time, whereby I have the patient exercise, if he is able, in the open air in good weather. Some time after drinking I have the **patient rest**, if he shows any inclination to drowsiness, and have often observed very beneficial effects therefrom. Not all patients can stand such large quantities of water, so there must be a gradual transition to larger portions, or when such is not possible without deleterious effects, the usual treatment method is to be employed, as is the case in general when different situations demand one or the other of these methods and **frequently admit of olfaction** only and nothing else.

Just as little is one of the differing potencies to take precedence. All of them are useful, from the first to the 1500th, according to the demand of the concrete case. A periodically recurring migraine attack of unusual severity, which began in the morning and escalated all during the day till night, disappearing however the next morning leaving a torpid feeling in the head, could not be interrupted by any medicine; Nux vomica x however, even when used only by olfaction, brought about not only an awful aggravation, but occasioned an even longer duration of the attack. One time I gave the patient during the attack an olfactory vial, wherein Nux vomica pellets of the 1500th potency were to be found, and behold! the pains immediately subsided and disappeared, after a one time repetition by olfaction, entirely. The more specifically suitable the remedy is, the more careful one must be with reference to the amount and repetition of the dose.

With regard to the repetition of the dose, Hahnemann has quite recently said: "the repetition is certainly only seldom necessary, and only serviceable, if the previous one (due to some circumstance) has played out too quickly and the same remedy is still indicated."

But giving a patient several doses of the same remedy all at once to take along for future use sight unseen, come what may, does not befit a good Homeopath, even if he were a great master with many reasons to do so. Normally this bit of derring-do is rewarded with bad results. **It is also best, when the repetition is necessary, to give it in a different degree of potency each time.** The latter is very important and to be well heeded! The surest way to a visible reaction would be to begin with let us say the 30th potency and to continue on down a degree at a time while observing the necessary intervals. If no reaction is forthcoming hereby, so would there have been all the less from having repeated the remedy at the same potency, and one can rest assured under such circumstances that the responsiveness in the organism for this remedial substance is lacking, hence the remedy for the concrete case does not specifically pertain, i.e., does not stand in any homeopathic relation thereto. And there's the snag usually! All too often, most unsuccessful treatments are to be attributed to ever and again not finding the right remedy, which is due in turn on the one hand to frequently overlooking the pathological appearances of the suffering or valuing their worth too little; on the other hand to placing the general symptoms which express the whole spirit and character of a remedy, the main and predominant signs, behind the special and curious ones, and to utilizing the former in their coherence and reciprocal behavior too little.

And nevertheless, even taking into account what was just said, the greatest difficulty and effort comes from descrying the right remedy in each case. How much time is often needed to come to a clear choice, and frequently the demand is so urgent that we have to forego the expenditure of time due to dire pains. After the failure of several medicines in a row, the increasing ill-humor of the patient is not to be blamed when he resorts to whatever comes his way willy-nilly from his environment, nor is the physician to be labeled a heretic in such a case if he deviates from the norm. In cases of intense toothache I often experienced that giving several means every two to three days (changing more frequently seemed an offence against giving the medicines enough time to develop their effectiveness) was not to the purpose, and that the patient, after taking two or three powders, lost his courage, when after the lapse of 8 or 9 days no favorable change transpired, and cursed Homeopathy for having only hindered him from employing apparently far more helpful inner and outer palliative means taken from domestic practice. What physician who is fairly busy doesn't run afoul of similar irksome cases on a regular basis! Such pressing needs led to giving the patient **3 or 4 different means** corresponding to his suffering with instructions to **take one every hour or two**. Very often I achieved success in this manner. That brought me to the thought of proceeding likewise in other cases where difficult selection or competing remedies obtruded, and for the most part I enjoyed the happiest of results. I utilize this procedure in the following way. After investigating the concrete case in all its most particular respects, **I arrange the 3 or 4 competing remedies in a fitting sequence, which I give in succession**, in acute cases one every hour or every 2-3 hours, in **chronic cases one in the morning and evening, or daily, or every two days in a solution of rain water**; then permit a suitable time for reaction, in acute sufferings 24-48 hours, in chronic cases 4, 8, 14 days and longer, whereby no hard and fast rule is to be given, but must be left to the discretion of the physician. Repeating the same remedy is then only seldom needed. It goes without saying that this procedure can only be permitted in exceptional cases. However, in time, after repeated tests along these lines, **interesting determinations with respect to the relative affinities of different remedies for one another as well to the proper sequence of the same - the importance of which has yet to be appreciated - could be abstracted, which is why I call upon esteemed friends to research this for themselves.**

No one can deny that the different mineral springs have proven themselves curative in countless cases and that many a sick, hopeless patient has achieved complete health by using them. Analysis of the most effective Hot Springs reveals the smallest quantities of anti-psoric remedies amongst their constituent elements, and often several are united in one spring. Accordingly, if the homeopathic physician were to use nature's own cue in this regard, it would not earn the title of being a nonsensical procedure in particularly difficult cases. However, he would be deserving of great blame were he to mix several homeopathic remedies together without rhyme or reason to give to patients while crossing his fingers. A fixed norm is here all the more indispensable, because he would otherwise not be able to account for his experiments and would steer into the Charybdis of allopathic recipes, where all rational grounds are missing for an excuse. The law of similars must also remain his lodestar here. The violability of this law would forbid his using more than two remedies for easily surveyable reasons.

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If he doesn't find a single remedy completely correspondent to the symptom totality of the disease and its peculiar relations, rather the best choice covers only one part of the characteristic symptoms, then he is to select a second remedy which corresponds to the other side of the disease in a genuinely homeopathic manner, but which also stands in an antidotal relation to the first one, and to combine both by putting one or more pellets from each into a flask of water, intrinsically mixing them by vigorous shaking, and then having the patient draw from this solution. In especially difficult individual cases, the homeopathic physician will be able to make good use of this procedure, which has already been proven beyond all doubt, not only by my own extensive experience alone, but also by that of other highly distinguished men.

Indeed, Hahnemann has given us his scruples about this procedure inasmuch as he opines: "it is not at all easy to find the correct Simile for each case of disease, and if most Homeopaths could find but one medicine to fit the characteristic symptoms in exact similitude, a next best one would be gladly spared them." But when this one perfect remedy is not to be found, when selection is wavering among several, and one is at odds with himself whether to give the nod to this one or that, when the most promising remedies have already been used without success, then I regard, guided by nature and experience, **the informed remedy combined from two suitable remedial substances, but each fitting from different sides**, to be a rare find, for which the perplexed physician, uncertainly vacillating, is to be sincerely congratulated in difficult cases, and which procedure, **grounded as it is upon the irrefutable high law of Homeopathy**, does not deserve the reproach already leveled at it of smacking of allopathy and endangering the purity and simplicity of Homeopathy.

*After the suggestion to test this procedure last year **at the convention in Cöthen on Aug. 10 met with such vehement opposition**, I intended to hold back the public announcement thereof. However, since Jahr briefly mentioned it in a note to his Handbook xx given in the form of a prefatory treatise and referred readers to an upcoming discussion by me, so have I now had to resuscitate this topic against my will. Of course, anyone who has no use for such a procedure is free to ignore my suggestions which are supported by important experiences.

Did we not proceed all along in a similar way when we gave hepar. sulph. calc. and Cinnabar (the latter so salutary in scrofulous sufferings) to our patients, without it occurring to anyone to call such a prescription unhomeopathic? When our superb Hering (Archive 13, Vol. 2, pg. 47) suggests a proving and application of Augit, Vesuvian, of Lapis-Lazuli, etc., so would such be undertaken in the same sense, since the first is composed of Sil. calc. magn. alum., the second of Sil. calc. alum. ferr., the last of Sil. alum. natr. And because these items are not simple, but consist of several components which we are accustomed to use by themselves, should we not for that reason concern ourselves with their proving and application for fear that by so doing we could be censured for perhaps proceeding unhomeopathically? The results of individual scientific research receive their valuation only by general acknowledgment, and that which has practical validity is common property that may not remain in the service of egotistical interests.

*Stapf's comment:

The above remark by the superb author occasions a closer discussion of the concept of mixture. What nature or art, in consequence of chemical affinities, has united into a new substance, can no longer be called a mixture. Sulphuric acid and potash as sulfuric acid potash, sulfur and quicksilver as cinnabar, sulfur and quicklime as potassium sulphide, intrinsically combined, form from then on independent substances of their own, in which none of the constituents, either chemically or in relation to the living body, predominates. Sulfuric acid and hydrochloric acid, potash and sodium mixed together, will by contrast never form anything other than an aggregate, but never the unified whole of a chemically singular substance; they remain ever and anon mixtures. They exist next to one another without interpenetrating to form a new whole, to unite into a new creation. Wonderfully creative nature has however often placed next to one another, in the formation of plant, animal and mineral bodies, substances, which, seemingly to us, stand in no chemical relation, thus forming no chemical whole, but which might be likened more to an aggregate. However this may only be apparently so, since, what organic nature fashions and forms in its mysterious womb - and certainly minerals belong here also, as parts of the great living earth organism - cannot be judged according to known chemical laws of affinity. So in this sense we may regard the strange combinations of substances of the mineral realm, e.g., mineral water, gemstones, of the plant and animal kingdoms, not as mixtures, but each as an idiosyncratic entity, in which the different, constitutive singularities are wonderfully united into a self-subsistent Whole, that chemistry can destroy to be sure, indeed even at times dissolve into its parts, but - hic haeret aqua! - only seldom can again reconstitute therefrom in its entirety (think only of mineral waters, wines, and how little artificial imitations of the same achieve the archetype), which would have to be the case were the components only resting next to one another, mixed, not mutually united into an idiosyncratic Whole. This would be quite especially valid with respect to so called mixtures in relation to the living animal body.

Therefore, when Homeopathy heretofore has employed double salts, sulfurous compounds, mineral waters, plant and animal substances mixed by nature, so has it in no way become unfaithful to its principles thereby, for these substances, taken in this sense, are unities, not mixtures.

The conclusion therefore drawn from the natural compoundedness of these medical substances about the admissibility of artificially compounding several unified substances not brought about by nature or art, might also be very daring and perhaps inadmissible, at least with respect to homeopathic practice.

Without here examining whether in general such a fusing of different medical substances for remedial purposes would be possible and reconcilable with the basic laws of Homeopathy; so may we find the matter, even in the few and most highly difficult cases, for which the esteemed author invokes this measure, likewise highly questionable, since it cannot fail to come to pass that through the realization of this suggestion, the way will be cleared for a highly lamentable arbitrariness, and the holiest palladium of Homeopathy, the simplicity and strict lawfulness of its practice would be endangered; not to mention other disadvantages, not less important, for which the advantages perchance derived therefrom would hardly be able to make allowances. The ingenious and zealously investigating author will certainly interpret this comment, stemming from the purest love for Homeopathy, in a friendly manner, and perhaps eventually befriend himself with our views about this important issue. St(apf)

It should be noted that Stapf's critique is again based on political considerations, not on any refutation of the inherent logic and truth of dual remedies. He indirectly supports Aegidi's thesis about dual remedies while seeming to criticize it and ends with an appeal to not go where it leads due to the risks of being misused and misunderstood ("the way will be cleared for a highly lamentable arbitrariness") to the detriment of homeopathy's future. In essence, the costs of the approach in political terms outweigh the therapeutic advantages, so let's hear no more of this!

LUTZE'S CHAPTER ON DUAL REMEDIES

One person strongly connected with the tale of dual remedies, Dr. Lutze, is also the one about whom the least is known, or about whom the least has been written. A closer study of the historical record, including the book written by Lutze himself in 1857 on his experiences reveals some interesting facts. These are facts not reported by Haehl, whose own prejudice on this issue has clouded the record.

1. In 1834, Aegidi wrote up a formal presentation of his discovery for the **Archive**, the main journal for homeopathic matters in those years. This follows the initial debate on the matter in Köthen in August 1833 and subsequent withdrawal in October of that same year on the part of Hahnemann of the disputed new paragraph on dual remedy use for the 5th edition of the **Organon**. The publication seems to have followed Hahnemann's advice to Aegidi to publish only in the **Archive**.
2. In 1853, Lutze is first informed about the use of dual remedies by Aegidi in person. This signifies that Aegidi was still promulgating, and in all probability, still practicing the method himself, some twenty years after the initial phase. That he should still be practicing that which had such a resounding success that it even induced Hahnemann to publish it in the **Organon** is not surprising.
3. Sometime during the period 1854-7, Boenninghausen reported his successful usage of dual remedies to Lutze. We can only conclude that he also was still practicing this way and endorsing it in private like Aegidi. This makes his later "denial," if real, when the storm broke in 1865 over Lutze's publication of the disputed paragraph on dual remedies, more a matter of expediency and concern for reputation than a refutation of the efficacy and reality of the issue.
4. By 1857 Lutze had recorded by his account "many thousands" of successfully treated patients with this method, thereby placing it beyond all doubt as to its efficacy and superiority.
5. Between 1857 and 1865, the time of his bringing out an edition of the **Organon** with the missing paragraph from Hahnemann, Lutze likely added several thousand more cases to the record. So from 1830 until at least 1865, there are thousands of cured cases accomplished by means of dual remedies by Hahnemann, Aegidi, Boenninghausen and Lutze.
6. Sometime before 1874, Lutze passed on without any renunciation of his most successful use of this method, even though Aegidi and Boenninghausen seemed to have attempted to distance themselves in public from the apparent witch-hunt going on as the result of Lutze's publication of the disputed paragraph on dual remedies.
7. In 1897, a unique monument was erected in Cöthen to honor Hahnemann and Lutze. This is a monument that Haehl mentions as being particularly notable for its beauty and provides a picture for us to admire (Vol. 1, p. 368). Haehl curiously doesn't specify that it is the only monument where Hahnemann shares the honors. The two busts of Hahnemann and Lutze are equal in size and placed at the same height. Haehl presents this monument as being a tribute to Lutze by a grateful businessman over a formula for a coffee substitute, but this doesn't explain why Hahnemann is then also featured in the monument.

Lutze's book, **Lehrbuch der Homöopathie**, is little mentioned in the homeopathic literature, except in negative terms, and is not available for sale, as important as it is for the history of Hahnemann's Heilkunst. Fortunately, while undertaking the research for this work, we were able to obtain a copy of the book second hand in the original German through the resources of the Internet.

In the light of the obscurity in which this important work has been relegated to date, we provide to the reader the complete chapter on dual remedies by Lutze.

The German is written in dynamic and living terms, providing an immediacy and directness about treatment that provides a functional counterpart to Hahnemann's more formal, at times idealistic presentations (as was pointed out by Aegidi).

Textbook of Homeopathy

Eighth revised edition 1874 by Dr. Arthur Lutze (Translated by Steven R. Decker)

A most important chapter is that of dual remedies. As in the case of acute diseases where two remedies must be given in alternation when both are indicated, so can we also in a case of chronic suffering, all of whose symptoms are not covered by one remedy, but where two medicines are weighed in the balance, each of which has pretty nearly the same justification for being given; so, I say, we can **give both medicines together**, that is four or five pellets of each dissolved in one and the same glass of water to be taken, as is taught above with respect to chronic diseases, for three days, whereupon a pause of several months must follow. For example, in cases where rash or herpes and great weakness due to blood withdrawal or loss of humors of other kinds are present at the same time, I give Sulfur x and China x together. **Sulfur for the psora, China for the weakness, both indicated, both equally justified, and experience teaches that the result is surprising, and we can cure significantly faster thereby than when one of the remedies alone is given.** For stomach cramps whose symptoms are covered by Nux. vom, present at the same time with skin eruption, or an earlier occurrence thereof, I give: Nux. vom. x and Sulfur x together. In a case of herpes which arose after smeared over (externally treated) scabies and expulsed syphilis, I give Sulfur x and Mercury x together, etc. etc.

A warning must be given here about arbitrarily giving two remedies together, each of which for the single case is neither homeopathically fitting, i.e., not congruent (resonant) with the symptoms, nor motivated by the **causative moments, i.e., previous injury or psora**; however, that actually goes without saying, since in general no action is to be expected from a non-homeopathically chosen dose.

There are no exceptions pertaining to remedies which could not be given together in high as well as at the highest potency. I am thinking here of antidotes, since I was sometimes asked: May antidotes be given together as well? Experience teaches that where two antidotes are indicated in a disease case and are given together, the effect is striking. The explanation for this is not difficult: I assume to be sure that we can no longer be speaking of a mixture of higher potencies, which will be discussed more closely further on, but probably of an interaction; this [issue of mixtures] is also out of the question with regards to antidotes, which mutually repel each other, and therefore each of them pursues its own particular determination without interruption up to cure.

This most important doctrine of the highly effective use of dual remedies, indispensable for the practicing physician, was already sent, with 233 cured cases by dual remedies, disclosed and tabulated, to our master Hahnemann, and received joyfully by him, 24 years ago in the year 1833 by Dr. Julius Aegidi, then personal physician to the princess Frederica von Preussen in Düsseldorf, now privy medical counselor in Freienwalde on the Oder, but was stolen from the world due to stupidity and narrow-mindedness of others; all the while the worthy discoverer was besmirched with derision and insult by a pack of such scribes and Pharisees, which were not worthy to loose his shoe-laces.

Hear now Hahnemann's written answer to Dr. Aegidi in Düsseldorf of May 15th, 1833, whose report of the successful use of dual remedies was accompanied by 233 cured cases:

Dear Friend and Colleague!

Don't believe for a minute that I would spurn something good out of prejudice, or because it could bring changes to pass in my teaching. It's just a matter of truth for me and I believe for you also. Hence I am glad that you have come across such a happy thought, but held within the necessary limitations: that two medical substances should be given (in the finest dose or by olfaction) at the same time only in cases where both seem equally homeopathically suitable for the case at hand, only each from a different side. Then is the procedure so perfectly in accord with our art that there is no objection to it; on the contrary, Homeopathy must be congratulated on your discovery. I myself will take the first opportunity to employ it, and I don't doubt of its success for a moment. I am also glad that von Boenninghausen thinks and practices accordingly with us in this matter. I too believe that both remedies should be given at the same time -- just as I give Sulfur and Calcareo at the same time when I have my patients take or smell Hepar Sulph, or Sulfur and Quicksilver when they take or smell Cinnabar. Permit me therefore to properly communicate your findings to the world in the upcoming fifth edition of the Organon. But until then I request that you keep all this to yourself and to prevail upon Mr. Jahr, who I greatly esteem, to also do the same. At the same time I shall protest and earnestly warn against all abuse of the practice in that very place by a frivolous choice of two medicines being used in combination.

I'll be glad to hear from you

Yours sincerely,

Samuel Hahnemann

In another letter of Hahnemann's to Dr. Aegidi of June 19th 1833 we read:

I have dedicated to your discovery of giving a double remedy its own paragraph in the fifth edition of the Organon, which manuscript I have sent off yesterday evening to Arnold enjoining him to print it quickly and to prefix my steel-engraving. The competitive chase after priority is an anxious one. Thirty years ago I was also so weak as to vie for it. But for quite a long time now all that matters to me is that the world gets the best, most useful truth, be it from me or someone else.

So speaks the Master, and we now query: what has become of that paragraph? We page through the *Organon* from the first to the last page without finding it!

I will now explain how that could happen: Father Hahnemann presented the new discovery, which he had kept secret up till then, to the homeopathic physicians on August 10th 1833; but instead of finding open hearts he found rigid, stuffy spirits, staid and stultified, who saw therein not the saving grace which lay hidden in the new discovery, but rather only **grounds for new attacks** and hostilities from the side of their **opponents, comparing it with the multiple mixtures of the allopaths**, and who convinced the yielding old Father Hahnemann to give up its publication, indeed even going so far as to receive permission for someone who was to be travelling through Dresden to take away the already printed paragraph from the printers!

Thus were we and the world deceived for twenty one years, robbed of the most important discovery in Homeopathy: for the publication of the matter by Dr. Aegidi in the 14th volume of the *Archive* for homeopathic Heilkunst (1834) met with so many irrational shameless attacks, that it was soon forgotten since the majority only listens to the cry of the crowd, and the worthy discoverer fell silent rather than subject himself to further abuse consisting of stupidity, narrow-mindedness and envy.

Who these people were; who perpetrated this robbery on humanity, I do not know, and I don't ever want to judge their names; most of them are probably already resting in their graves: the rest are already judged; for that reason we don't wish to damn them further but to pray for them: Father forgive them, for they knew not what did!

Now the time for retribution has come; the suppressed discovery rises newly pinioned like the Phoenix from the ashes, and now verily shall not be buried or forgotten again! But I feel highly blessed to be the herald of this, permitted to wake the numbing truth from its coma and to prefix it anew to the world; no longer timidly, anxiously, like a new born infant, but ripened to manhood by the trials of battle, and armed with the sword of the spirit, which feels itself a match for every dark power!

When the **opponents** of double medicaments brought them into connection with the manifold mixtures of the allopaths, they thus showed clearly that they had **neither fathomed in spirit the nature (Wesen) of Homeopathy nor of potentization**. When a medicinal dose is selected homeopathically, i.e. according to the law of similarity, all arbitrariness ceases which holds sway in allopathy; and an **arbitrary mixture cannot be compared with a combination of remedies resting upon laws**. Secondly, we can speak of **mixture only** with respect to **cruder matter**, but **not** in the case of **high dynamizations** of such refined development of power that they are divested of all materiality and carry in name only the spirit of the original substance, by means of which they are capable of such a powerful action, that for example, a years' long tooth ache vanishes in an instant when the remedy is properly selected, as thousands of examples show.

Mental powers mix just as little as do mental products taken up by the mind; a proof thereof is our memory in which thousands of things, learned and invented, exist next to one another without mixing; for when that happens it is a sign of mental illness, confusion and madness.

In Mesmerism we also find an image of double medicines. When, for example, someone has a headache in both sides of his forehead or temples and I make a pass with the right hand over the one side of his forehead, the pain vanishes in that very place, whereupon when I make a pass with the left hand over the other half of his forehead it disappears from there also -- this is taught by experience: but if I make a pass downwards with both right and left hands at the same time, the pain vanishes immediately on both sides. Who would now maintain this not to be in accord with the rules of the art? On the contrary, everyone who knows Mesmerism proceeds in the way just described, evoking striking results: it is exactly the same with double remedies.

I did not want to give an explanation hereby, but only to adduce what is similar from nature since there is no arch phenomenon to explain.

There is one small error to be addressed, in that Master Hahnemann compares, in the letter above, Hepar sulph. and Cinnabar with double remedies; but the difference lies in the fact that they are mixed as raw materials and then potentized and proven, thereby forming a whole; **the double remedies consist, by way of distinction, of two high dynamizations which act next to one another, but each from another side.**

The first communication about double remedies came to me three or four years ago by way of the discoverer, and since I had ample opportunity in my busy clinic to adequately test them, there are now many thousands of successful results on record, so that there can now no longer be any more contradictions or objections. I would only ask that my colleagues go about all tests in the most exacting manner and select well prepared high potencies so that the results do not prove unavailing due to ineffective means. Our most excellent Boenninghausen has verbally communicated to me that he also has achieved just as happy results with double remedies, and each sincere prover will have the same experience.

1. My first test was made in Berlin on the very day on which I first received communication about double remedies. It was with a lady operated on by Jengken three quarters of a year before for cataracts, who suffered from such intense inflammation in both eyes and raging pains in her eyes and temples, that she, half out of despair, beseeched God to make an end of her, since the highly celebrated Jengken knew of nothing better to prescribe than repeated leeches about the temples, the most fatuous of all means, which only serve to draw more blood to the head, which had been happening here for three quarters of a year. As she heard me coming, she cried out: "Oh help me out of this boundless distress, or I would rather die." I immediately dispensed four or five pellets of Aconite x and just as much Bell. x out of my remedy kit and gave her a swallow thereof dissolved in a glass full of water, which I ordered repeated every hour. After one half hour there was already an alleviation; in two hours the pains were almost gone, and after 24 hours, both the pains and inflammation disappeared. Only now could she enjoy the advantage wrought by the otherwise successful operation. Only through Homeopathy does eye surgery become so beneficial, that I have had cases where not the slightest inflammation occurred either during or after my operating, and almost painlessly, if I gave Aconite x in water every two hours in alternation with, or along with, Bell. x in cases where there was pain.

I now began my clinical trials, and I want to print up the first cases as examples.

2. Antonia D., two and a half years old, was so scratched up by a cat pouncing upon her that she fell with her head against a chair and trembled with fright. A half hour later, she began to stutter, which got worse day by day. I gave her Arnica x and Opium x dissolved in water for three days - one sip mornings and evenings (Arnica for the shock of the fall and Opium for the fright). After a small initial aggravation, she improved significantly, and in a few weeks the child was fully restored, and spoke as fluently as ever.

3. Mrs. K. had suffered for some time of consumption. Coughing with yellow expectoration, salty, often bitter tasting. Hoarseness and very subdued speech. Light fever, no thirst, constriction of the chest, heart palpitations, whining voice. Her period, which had long been weak and watery, had ceased altogether for the last three months. Great weakness, continual nocturnal sweating. Her whole state deteriorated from day to day. Puls. x and China x together in water for three days as above. Both remedies fit exactly and afforded such striking aid, that she got a normal period already eight days later. During the after-action even her coughing and expectoration disappeared. By these means she was completely cured in 34 months.

4. Mrs. von K., 40, had suffered for many years from cramp-like pains in her abdomen, especially if she didn't get her period, which, because of difficult births, always came sporadically. By then she hadn't had a period in six months. The pain in her abdomen began with such a sporadic chill that her limbs shivered and the pain radiated out through her entire body. There was a hard place on the right side of the abdomen which disappeared from time to time. Stool was mostly hard, often with great pains. The patient had to keep to her bed almost all the time because of her great weakness; as soon as she got up, the pain became more intense. The pain began about three in the morning and lasted until evening. She had had allopathic treatment for scabies as a child. I gave her the two remedies which fit in all directions: Nux vom. x and Sulphur x together, and the next report six weeks later was: "After the first swallow of your medicine, the abdominal pain ceased, never to return again. Fourteen days later my period started and I feel entirely well except for some remaining weakness still."

5. Augusta F. from P., 12, from birth suffered from throwing up everything she ate except for rolls and bread. She couldn't even keep her mother's milk down, so that she had to be raised on rolls. Later on, she couldn't keep warm foods down, or milk, etc., not even water, and had lived only on dry bread. After going to several doctors, even homeopaths, in vain, she came to me, and I learned upon examining her, that she had frequently had facial eruptions, and noted, that all her fingers were full of small, dry warts. I gave her Sulphur x and Ipecac. x together in water for three days (Sulph. for the psora, Ipec. for the vomiting), and the result was: Three days after using the medicine, she had such severe vomiting that even the bread came up too - for three days. Then it stopped, she now tried other foods, even drank water, and everything, without exception, she was able to tolerate, and never vomited again since then. The warts grew smaller and smaller with each passing week, and disappeared first on the left hand, then, about eight weeks later, on the right one also (because Sulph. works first on the left side), and the child was completely cured of this life-long disease with but one dose of a fitting double-remedy.

6. Mr. W. in W., 29, got a chill after every light cold, and thereupon followed pains in the head, chest and small of the back, which lasted for a long time. There was pain in the whole head, but it was worst on the crown. At this time there was no stool at all for 3 or 4 days. Small appetite, restless sleep, disturbed by anxious dreams. At 17 he spit up blood and had chest pains. Now he sometimes had such a rush of blood to the chest region, that he had to tear open his clothes. In his youth allopathic treatment for herpes on the legs. After that the knee joints were swollen. An acidic, disgusting taste in his mouth mornings. Frequent itching on the hands. I gave him Nux vom. x and Sulphur x together. Two weeks later he had another attack, a second four weeks later, which only lasted a day, but then no more despite taking cold many times. The patient is now fully cured.

7. Mr. F. from D., 32, suffered for 6 years in the wake of a fall and crushing of his scrotum from a hydrocele, which continually increased. Almost uninterruptedly, but especially during stormy weather, intense pain in the testicles. I gave: Arnica x and Rhod. x together. (Arnica for the crushing, Rhod. due to the influence of stormy weather.) Immediately after the first swallow, the pains abated, and had completely disappeared after 4 days and didn't return even in stormy weather. The hydrocele decreased from day to day and was fully healed in 5 to 6 weeks.

8. Mrs. L., 35, suffered from cramping, which recurred several times a day. Along with that there was contortion of the mouth, trembling of the hands and feet, paralysis of the tongue, impeded speech, drooling, and sweating all over the body. The attacks lasted half an hour, were worse in the evening than in the morning. After the attacks there was incoherent speech. The period had stopped for 3 months, pains in the small of the back, shooting pains in the rectum. I gave: Bell. x and Puls. x together. Already on the 2nd day the period came on normally; but the cramping increased; the attacks became still stronger on the 3rd day; however significantly less on the 4th and 5th day; and on the 6th day the patient was completely free thereof, still having a torpid feeling in the head, which also disappeared on the next day, and from there on out she remained completely healthy.

9. Joanna S., 19, was completely hoarse for 8 days, almost voiceless in consequence of getting chilled while ironing. Dryness and heat in the throat, feeling as if there were a foreign body lodged therein, which did not allow itself to be cleared. Painful feeling upon moving the neck. Periods always very light, but occurring every 3 weeks. I gave: Cham. x and Sepia x together. (Cham. for the hoarseness, Sepia for the period.) The patient took the first sip in the evening, slept well, and after she had taken the second one in the morning and was spoken to, she was able to her own astonishment to answer with a completely clear and pure voice. Every morbid feeling in the throat disappeared, and she is completely cured. Also, later, she started getting heavier periods every four weeks instead of three.

10. Fred N., 18, for two years suffered from sores, of which at least one, but often even several, showed up on arms, legs or back, causing intense pains. The patient complained of such great weakness and tendency to falling, that he often could hardly stand up. The latter stemmed, as closer examination revealed, from masturbation [onanism], which he had done for 3 or 4 years. I gave: Hepar Sulp. x and China x together. After 8 days there appeared a large sore on the left thigh, however it was the last that was to torment him and the weakness had already abated in the first days, but after 4 weeks he felt completely strong and healthy again like never before.

11. Julius St., 3, had a three-day alternating fever several times, without taking anything for it. The child had little in the way of chills or perspiration, but a tremendous dry heat along with a bit of eruption on the mouth. I therefore gave him Aconite x and Sulphur x together. The next time the fever came, it was very high, but then never came again, and the child became healthier, happier and stronger than ever before.

12. Mrs. Henrietta H., 24, after weaning, got severe mastitis, dry heat, and such dizziness, that she couldn't stand without hanging on to something. I gave her Aconite x and Bell. x together; a few minutes afterwards, not only did her dizziness and heat disappear, but also the stabbing pains in the breasts, and she remained completely healthy.

13. Mr. St., 75, since childhood, was very hard of hearing in his right ear, out of which ran a yellow, foul-smelling discharge, similar to that of scarlet fever. For four weeks he had been having trouble hearing out of the left ear as well, and inside it I found a lot of hardened, black-brown ear wax. He had had allopathic treatment for scabies in his youth. I gave him Bell. x & Sulphur x together, and already on the twelfth day, upon waking up early, he heard the clock ticking and noticed, after closer testing, that he had regained his hearing in both ears.

14. Mr. W., 23, had suffered for several years from figwarts, which, although allopathically cauterized, excised and tied off, came ever and again. Three weeks previously, he had been infected with syphilis I gave him Thuja x and Mercury x together, and already after fourteen days, the figwarts all fell off, and in three to four weeks the syphilis was also completely cured, for he told me some years later that he had never felt so well as after my treatment.

15. But the most notable case was that of the master stocking-weaver, John Frederick Harnish, from Hoheneck near Stolberg in Saxony; so notable in fact, that the local Prime Minister of Gossler took the cured case under scrutiny himself, and, by decree of the minister, it was officially determined, instead of leaving it merely to the attending physicians in my clinic, Moldenhaver and Lowenstein. The patient turned to me in writing and reported the following: age 44, thirteen and a half years of caries of the left leg with six suppurating wounds. The leg was one and a half inches shorter than the other, dating from around that time, so that he had been limping badly for about fourteen years. He had engaged many doctors, but they were unable to bring about a cure of the wounds which had expelled four pieces of bone. Due to the heavy exertion while walking, the upper right thigh was afflicted so that he experienced acute tearing pains and stiffness in the hip joint. He had had two or three annual venesections for twenty five years because of blood congestion in the head which had left him greatly weakened. I sent him Sulphur x and China x together, (Sulphur for the psora, China because of the blood and fluid loss), and after six weeks, he gave the following down so that I could sleep through the night three nights in a row, which I was not able to do for four weeks due to the tearing and anxiety. Thereupon I got renewed tearing pains, especially in the right hip, and abdominal pains with swelling thereof. On the twelfth day I felt a pulling and stretching in the legs which I never had before, whereby I felt so strengthened that I had to continually stretch.

This need got stronger still on the thirteenth and fourteenth day, so that I almost couldn't sleep at all, and as I got up I noticed to my and everyone else's greatest astonishment that both legs had become the same length. Whoever hadn't seen me didn't want to believe it; even the doctors could not grasp it, since everyone had seen me limping about on my walking-stick for fourteen years, and now here I was marching around like a soldier. The weakness in the right hip withdrew also; for whereas before I could hardly walk for an hour per day, yesterday I marched for ten hours from Hoheneck to Altenburg in order to come to Cothen, without the slightest strain, and will make my way back again tomorrow on foot."

The sensation this prompted in Saxony I need not say. But people want to see something, and since they had here an example before their eyes, every individual believed he too could be healed as quickly, and there were often fifty to sixty people a day showing up in my clinic from Saxony; Mr. Harnish, who visited me every six to eight weeks, brought from thirty to forty written patient reports each time with him, and this case converted many to Homeopathy who formerly did not believe in it. It is interesting for each connoisseur of homeopathy that a single dose of a double-remedy completed this cure in 14 days.

But every physician will still want to know how I did it, how this took place and what was actually presented that a one and a half inch shorter leg could match the other? After exact examination and questioning, I found the following. The left leg with the caries was indeed shorter than the other, however the shortening couldn't lie in this leg since only bone fragments were expressed; but the thigh bones were the normal length. The pus in the wounds had gotten better and the pain disappeared. Therefore, the unevenness must have had to do with lengthening of the right leg; and since the patient remembered, that fourteen years ago, before the break-up of the left leg, he had had severe pains in the right hip. From that I conclude, that he had suffered, back at that time, an inflammation of the hip joint (Coxitis or Coxarthrocac), which was arrested in the first stage as soon as the other leg flared up, and that the disease process had thrown itself in altered form into the latter. Through the deeply penetrating action of my double-remedy into the organism, the older malady was set in motion again and brought to cure. Moreover, I can adduce several cases in which inveterate Coxarthrocac of many years and brought to cure in a similar manner with one leg equalizing with the other. The difference was to be found only in the fact that for similar cases, years were needed for the treatment, while in this case, the double-remedy completed the cure in fourteen days.

These are enough examples in order to acquaint whoever will with the exact procedure. Whoever does not wish to, will not be benefited from yet another thousand examples.

The following is the prescription formula I have devised.

I combine both remedies by '&' and draw a connecting curve between the two with a plus sign under it so that it cannot be overlooked.

I have shown first of all how in cases of acute diseases one may give medicines more frequently, but less often in chronic cases; how in acute cases, at the first alteration of the symptoms, one can immediately give remedies corresponding to the new state in place of the earlier ones, or give them in alternation. Administering two remedies in alternation in acute sufferings is more expedient than giving two together for the reason that it is easier to withdraw one of the remedies in the course of the disease and to substitute another. For example, in an incipient brain inflammation with dry, glowing heat, I give Aco. x with Bell. x every hour or half hour in alternation; but as soon as the heat abates and sweat arises, I give no more Aco., rather only more Bell. x, and, for example, in case frequent movement of the chin (as when chewing) sets in, I then give Bryonia x with Belladonna x in alternation without delay; and if the sweating stops again and the heat becomes more intense, then Aco. x is employed yet again. In this manner, we can beat back the dangerous appearances of a stormy disease quickly and surely. But one must always take care not to give too much of one remedy that has already fulfilled its purpose, namely after subsidence or disappearance of the symptoms in question.

I have further taught how in chronic cases quite another procedure is necessary; how we are to treat for the small, acute incidents sparingly or not at all, and how we must keep the whole picture in view if we really wish to achieve a real, lasting cure. What is interesting are the many confirmations of this truth from colleagues, who, only after using this procedure, were able to achieve satisfying results in inveterate cases. One colleague, with twenty years of experience, but who, like most physicians, gave repeated remedies, or alternated them, even in chronic cases, every 4-8 days, writes me: "I find the great truth more and more confirmed in my most recent experiences, to let the remedies finish their action in chronic cases. I see this quite clearly in treating salt-flux, which, by stormy alternation of remedies used to lead to acute pain and despair on the part of one patient. After visiting you, I persuaded her to let me have another go at it. I gave her 5 pellets of Sulph. x in water which have gone on working for over four. At first the pains disappeared entirely; a scabies-like eruption showed up (earlier she had had scabies), and the wounds are visibly healing, so that soon this years' long suffering will have been dispatched with one dose." 

Following that, I next presented the chapter on double-remedies, which is so highly important in chronic sufferings, and finally went on to explain the effective action of our high homeopathic potencies in terms of living magnetism.

Now if by all this the beginner is put in the way of knowing how to determine dosage and repetition, he still knows little about how to come up with the right remedy each time.

Much, in some cases everything, depends on matching the similarity of the symptoms of the disease with those of the remedy, but it is just as important to investigate the proximate, originating cause of the malady, and to keep an eye on the bodily constitution, the phase of life and the temperament, along with the disposition of the patient.

For example, a young girl of 19 suffered for months of bilious vomiting with severe stomach pains, which were assuaged with moderate movement. The period was light and sporadic. Normal stool, sometimes pulpy, slimy. Little appetite. No thirst. Dismal voice. -- Weakly body build. Pale. Soft disposition. The bilious vomiting first arose after intense vexation.

All of the symptoms down to the hyphen are resonant with those of Puls.; body build, disposition, and age also fit in. However, the cause is completely dispatched with Cham., which incidentally cures bilious vomiting also. Therefore, I would be completely right in having to select Puls. x and Cham. x together for this case; and the malady would be cured hereby very quickly and indeed entirely.

Thus, the most important thing for the physician is to know first what is characteristic of the remedies, and gradually to acquire a knowledge of all their symptoms, because in many cases, neither the cause of the disease is known, nor the other points that are determinative.

Second, the physician must know by heart those remedies which cover the most common originating causes: i.e., fright: opium; joyous shock: coffea; fright with vexation: aconite; vexation: cham.; violent rage: nux vom.; worry with quiet grief, unhappy love, bitter mortification: ignat., also phos. acid.; jealousy, also home-sickness: hyosc.; intense cold: acon., nux vom., dulc., bell., cham., - in water or moisture: calc. carb. or rhus tox.; falls, hits, shocks in general: arnica or rhus tox; loss of fluids: china.

If the physician learns of such an originating cause, for which he must always search, then must the remedy which covers it always be given first, or, when it doesn't cover the remaining symptoms, with the closest fitting remedy, in alternation or together.

Thirdly, the physician has to keep the bodily constitution of the patient in view in choosing the remedy. To begin with, he must not overlook whether the patient is scrofulous or glandularly deficient (coalesced or distorted), since, in that case, Sul. may not be forgotten: likewise, if the patient has been afflicted, presently or previously, with eruption, herpes, ulcers, scabies, caries or such things, then must Sul. first be given alone or with another remedy together or in alternation. If bloatedness is present, he must inquire whether it be dropsical (Chin. & Arsen.) in nature or due to obesity (Calc. cb.) In cases of emaciation he will think of Ars. and Chin., of Bell. with great heat in the head, and on Sepia, Ipec., Bell., Chin. with respect to pregnancy.

Fourthly, the time of life is to be taken into consideration, and the experienced physician will think of Aco. and Cham. when it comes to infants; with the transition to adolescence, he will think of Puls. and Chin. with respect to girls, and of Sep. and Lach. with respect to menopausal women; in old age, of Baryt. carb. and Opium. It goes without saying that the time of life may not be the controlling factor for the choice of a remedy; only it should be considered when scrutinizing the symptoms so as not to overlook any of these remedies if they should otherwise fit.

Fifthly, the temperament and the disposition are to be taken into account. With gentle, quiet, and as a rule, pale, blond, blue-eyed persons, consider Puls., Chin., Lach. first off; with violent, angry, dark, red-faced people, Nux. vom., and Bell.; inclination to tears, Ignat., Puls., etc.; but with the presence of other symptoms, this is not definitive, but only noteworthy; or, only definitive when other decisive symptoms are lacking, and two remedies are weighing in the balance against one another.

For example, a highly sanguine lady, who had otherwise always been full of life and very vigorous, succumbed to an emotional illness whereby she was always crying, or at least was so disposed. All of her other bodily functions were normal, and there was no originating cause to be found. In this case, I gave her Nux vom. (which lists "crying" among its symptoms), while, with any female patient of gentle, quiet temperament, I would have given Puls. or Ignat; and she was completely restored in no time.

A main feature in taking a patient's case, besides the history with all its accessory symptoms, is the attention to normal bodily functions such as: elimination, and urination, appetite and thirst, sleep, breathing capacity, cutaneous activity, and with the female sex, the period, since very much depends on the presence or lack thereof even of only one of these functions in most cases, often to the point of being the decisive factor in selecting a remedy. For the female sex, I would even designate the menses in most cases as being the **thermometer or barometer for the disease**. For example, deafness and being hard of hearing, if the originating cause is unknown, and no special accessory symptoms are in evidence, can only be cured in females by searching out the **irregularities in the sexual sphere** and giving the corresponding remedies for them. In general, this point should **never be overlooked** or left out of account when it comes to selecting a remedy, otherwise the exercise will be in vain and not much will be accomplished.

Never omit asking about the sexual sphere, whereby its only a matter of the dexterity and trustworthiness of the physician in getting at the exact truth. As a rule, only some earnest and quietly presented rational grounds are necessary. If there is a suspicion of onanism, the physician should never remain in doubt about it. All apparently trivial matters are of consequence in choosing a remedy. But the accounts of hypochondriacs and hysterical people must be carefully assessed.

The rest of the chapter addresses "the importance of proper regimen for both body and soul... and the role of Christian love in relating to patients."

OTHER ISSUES RAISED BY LUTZE

On reading the chapter by Lutze on dual remedies, there are several matters in addition to the issue of dual remedy use that emerge clearly and importantly for our understanding of Hahnemann's complete medical system.

Antidotal Relations

The first matter, one that has not been raised elsewhere, except by Aegidi years earlier, is the concept of two remedies that have a mutually supportive action going beyond the individual actions of each remedy acting separately. This is not an arbitrary mixture of substances but a dynamic combination based on principle.

He also underlines, seemingly paradoxically, as Aegidi did, that the dual remedies have an antidotal relationship to each other.

There are no exceptions pertaining to remedies which could not be given together in high as well as at the highest potency. I am thinking here of antidotes, since I was sometimes asked: May antidotes be given together as well? Experience teaches, that where two antidotes are indicated in a disease case and are given together, the effect is striking. (Lutze)

...then he is to select a second remedy which corresponds to the other side of the disease in a genuinely homeopathic manner, but which also stands in an antidotal relation to the first one, and to combine both by putting one or more pellets from each into a flask of water, intrinsically mixing them by vigorous shaking, and then having the patient draw from this solution." (Aegidi)

This brings up the obvious question how two antidotal substances can even work positively. This men discerned that the curative process is but a form of antidoting. We normally understand this in the antidoting of the natural disease by the artificial disease.

If, therefore, a psoric patient suffering from chronic non-venereal affections, in place of being cured homeopathically in a gentle, rapid and permanent manner, is assailed by physicians of the old school by the long-continued use of a variety of strong drugs, ... as a consequence of them, new, permanent bark, opium, mercurial, iodine, prussic-acid, arsenical, valerian, foxglove, and other nameless chronic medicinal diseases, which all unite and become fused (complicated) into one many-headed, intolerable monster of disease, for which there is and can be no remedy on earth, no antidote, no restorative medicines in nature. (Hahnemann, *Lesser Writings*, p. 748)

...The first prescription antidotes the drug and liberates the patient from the drug disease, and then you see the most acute or last appearing natural disease which comes back first. This is in accordance with fixed law; the last miasma or the last symptoms that have been made to disappear will be the first to return and go away to appear no more. (Kent, *Lectures on Homeopathic Philosophy*, p. 121)

The materia medicas often list antidotes to remedies. Hahnemann, it is reported, was concerned to discover antidotes to any medicine.

Even at the time when I made Hahnemann's personal acquaintance, his fame was widespread and he achieved cures bordering on the incredible, which gave more and more reason for his fame. It was in particular those drug maladies, so frequently occurring at that time, which he cured much more easily because in his investigations of the physiological effects of drugs he always made a point of knowing exactly the antidote for every drug. (report by Dr. Hartmann, 1814 from Haehl, Vol I, p. 102).

Hahnemann early on wrote an article listing the antidotes to various common medicines of his day, **Antidotes to Some Heroic Vegetable Substances** (1798). Therein he identifies four types of antidotes, one of which is dynamic, namely where the "potential influence on the living fibre" is removed, such as coffee for opium. While Hahnemann was concerned to find antidotes to the poisoning effects of common medicines, thus, mainly their chemical action, he did indicate here that no chemical antidote can remove the more insidious after-effects of the poison because they are given on the basis of the law of contraries. He further realises that two antidotal substances will combine to produce effects that neither singly can produce.

I may here observe, that in the case of severe poisonings we have not unfrequently to combat a remnant of chronic affections, because the antidote of the noxious substance even though it be specific, only acts in a contrary sense, consequently, belongs to the class of palliatives which are unable to remove the secondary effects of the poison that has been swallowed, especially if it has had time to make some inroads on the system. Moreover, we must not imagine that an antidote can be such a perfect counterpoison of the poison as that all the symptoms of the latter shall be covered by it, as two triangles with equal sides and angles cover one another; nor can it, consistently with all analogy, be denied, that the noxious substance, in combination with an antidote ever so appropriate, must develop a new action, which could not have been anticipated from each singly... (*Lesser Writings*, p. 328-329)

This passage raises two interesting questions. Was Hahnemann's generally pessimistic view of the ability of homeopathy to cure iatrogenic diseases absolute (based on principle), or relative to the degree of difficulty he encountered when going from the relative simplicity of life in Germany to the more cosmopolitan Paris? How did Hahnemann obtain this information on antidotes?

Clearly, in principle, he accepted that it could be done, as the above passage indicates.

While the **Organon** passages indicate a more pessimistic tone, if one examines it closely we can see that the degree of cure is related to the extent of the damage caused. In the context of the pathic and tonic sides of disease, the more damage done over an extended period of time, the more the disease is to be found on the tonic side. Pathic remedies, which are mainly what Hahnemann would have been using for antidotes, would work less successfully here.

§75.1. These botchings of the human condition produced by the allopathic calamitous art (at its worst in recent times) are among all chronic diseases the saddest, the most incurable, and I regret to say that when they have been driven to some height, remedies never indeed seem to be able to be invented or devised for them.

The use of antidotes cannot be determined from provings of remedies. This information can only come from clinical experience or from folklore and accidental discoveries. This adds to the evidence for the clinical repertory that is often ignored.

The use of antidotes by Hahnemann and others is also part of the thread that leads to Dr. Elmiger (via others like Vannier & Eichelberger) and his isotherapeutic treatment of drugs to antidote their effects.

See: *Isotherapeutic Treatment of Disease*

See also Eizayaga on tautopathy:

TAUTOPATHY. Comes from the Greek 'tauto' (the same in itself), and consists of a therapeutic method that uses identical drugs in attenuated doses to cure illnesses caused by that same drug. For example, dynamized penicillin in a case of penicillin intoxication, and the same for other medicines. (Treatise on Homoeopathic Medicine, p 60)

Close provides an interesting perspective on the dynamic aspects of antidoting in the use of the law of similars.

Homeopathy is based, essentially, upon the law of antidotes...

Dynamical antidotes, in their crude state, are themselves poisons of varying degrees of power. An antidote, in the physiological or dynamical sense, is a toxic substance that, by virtue of its dynamical affinity for another toxic substance, has the power to neutralize that substance and remove its effects. This constitutes cure, the only true antidoting, the working principle of which is applicable in the treatment and cure of diseases as well as of poisonings.

Physiological or dynamical antidoting requires that the antidotal substance shall be pathogenically similar to the poison, but opposite in the direction of its action. Action is directly upon the organism and indirectly upon the poison. Physiological antidoting takes place between drugs according to the law of the Repulsion of Similars.

Medicines producing similar symptoms are related to each other and are mutually antidotal in proportion to the degree of their symptom-similarity.' (Boenninghausen) Hence, the rule, 'Let similars be cured (treated) by similars' - Similia Similibus Curentur.'" (Close, p. 108)

However, in this case we are speaking of the relationship between two remedies that combine in some form to produce a cure, a curative interaction at the level of medicinal Wesen.

Antidoting is simply one form of a symbiotic relationship in dynamic nature wherein the individual components combine to produce a result that is far beyond that achievable by each separately. This is a biological process, not a physical one. The process is one that we now call symbiosis.

Symbiosis

The concept of symbiosis is a relatively recent one, emerging in the last half of the 19th century.

The concept originated with a German botanist, Heinrich Anton de Bary (1831-1888) whose researches into the roles of fungi and other agents in causing plant diseases earned him distinction as a founder of modern mycology and plant pathology. He determined the life cycles of many fungi, and was among the first to study host-parasite interactions. "He was the first to show (1866) that lichens consist of a fungus and an alga in intimate association [and] coined the term symbiosis in 1879 to mean an internal, mutually beneficial partnership between two organisms." (*Encyclopædia Britannica Online*)

It represents another side of nature to the rapine one (red in tooth and claw) that we are accustomed to from Darwin's theory of evolution. However, botanists, biologists and other observers have gradually observed and documented the cooperative, mutually beneficial side of nature. Symbiosis is not confined to nature. It can occur in other realms as well.

(*OED*) symbiosis Pl. symbioses

[mod. L., ad. Gr. a living together, companionship, f. to live together, f.></gk> adj. living together, n. companion, partner, f. sym- + life.]

2. a. Biol. Association of two different organisms (usually two plants [e.g. remedies], or an animal and a plant) which live attached to each other, or one as a tenant of the other, and contribute to each other's support. Also more widely, any intimate association of two or more different organisms, whether mutually beneficial or not. Also called commensalism or consortism; distinguished from parasitism, in which one organism preys upon the other. Or including mutually beneficial association without bodily attachment.

1877 Bennett tr. Thome's Bot. (ed. 6) 267 In the Lichens we have the most remarkable instance in the vegetable kingdom of..symbiosis or commensalism.

1941 H. Kirby in Calkins & Summers Protozoa in Biol. Res. xix. 891 De Bary..used symbiosis as a collective term, the subdivisions of which include parasitism and mutualism; he recognized two main categories, antagonistic and mutualistic symbiosis.

1973 R. G. Krueger et al. Introd. Microbiol. xxxi. 748/1 Three or more different kinds of organisms are involved in some symbioses. [Revelations in nature]

1977 R. L. Smith Elem. Ecol. & Field Biol. x. 268/1 Mutualism is often termed symbiosis. Actually symbiosis..includes mutualism, and commensalism.

b. transf. and fig.

1955 Bull. Atomic Sci. Apr. 143/2 Two world wars predetermined the henceforth inevitable symbiosis of scientific activity and political decision. [Cultural symbiosis]

1967 M. J. Ruggles in D. H. Perman Bibliogr. & Historian (1968) ii. 22 A symbiosis between scholar and librarian is necessary.

1982 Listener 23 & 30 Dec. 29/2 The politician and the journalist exist in a state of uneasy symbiosis.

Hence

symbiote [for ending cf. zygote],

a. a combination of two symbiotic organisms

symbiont Biol. Also (in Dicts.) symbion

Either of two organisms living in symbiosis; a commensal.

1887 Garnsey & Balfour tr. De Bary's Fungi 360 The results of the reciprocal action of the two symbionts.

1902 H. M. Coulter Plant Studies 162 In symbiosis one of the symbionts may be an animal.

What the "four horsemen" were doing was an act of "emergent evolution," whereby the symbiosis in nature "reappeared" in the human mind above nature and could practice a medical art that was nature. The "symbiote" in medicine results from the concordant combining, "commerging," of two suitable substances to parent an act of re-generation in the form of a new (symbiotic) remedy. It is this new remedy that Aegidi had identified as "the informed remedy (das Auskunftsmitel) combined from two suitable remedial substances, but each fitting from different sides." Thus, through the dynamic biological process of symbiosis between two symbionts, we arrive at the one remedy most suitable for the case at hand.

The whole idea of the dual remedy leads us to considering not only the functional and symbiotic polarity of the tonic and the pathic, but also the functional polarity of the spiritual diseases (highest - **Geistes-Krankheiten**) and the natural diseases (which Hahnemann refers to in terms of depth in the **Chronic Diseases** and what we could call the **Wesenskrankheiten**).

The "highest" simillimum is the tonic one based on the arch-belief (**Aberglaube**), while the deepest would be that of the chronic thermal signature (**Fieber**) inherent in the pathology. So it may be possible to speak of concordant tonics and concordant pathics, or even of acute pathics and lesser tonics, while reserving the term "symbiote" for the symbiosis of polarity therapy which arises from the use of the "highest and deepest" remedies (symbionts). The act of symbiosis in the medical realm involves the generative power and can rightly be called symbiogenesis.

We should note Lutze's statement in practice that there is not a problem of antidotal relationships in the giving of dual remedies where one is dealing with dynamic remedies.

Sexual Potency

Lutze emphasizes the importance of the state of a person's sexual health and functioning, or lack thereof, in determining the remedy. He makes clear that the physician should "never omit asking about the sexual sphere." This underlines the importance that Hahnemann himself gave to this matter, and presages the later seminal work of Reich, which gave us a biological basis for understanding the sexual functioning as an indicator of the organismic life energy.

In men, this can be determined through the capacity for erectile functioning and sexual release (although Reich's orgasmic potency goes beyond mere climax), and in women, it can also be determined through the menstrual cycle. Here Lutze links the menses to the thermotic principle, seeing the menses as the "thermometer or barometer for the disease."

THE REACTION TO LUTZE

The revelation by Lutze of the disputed paragraph on dual remedies in 1865 unleashed a storm of vituperation against Lutze. Not only did the old political concerns re-emerge over this practice, homeopathy still facing a difficult battle with the allopathic medical establishment, but there had already emerged a form of interpretation of Hahnemann's works dominated in its formal tenets by the unidimensional view of disease, based solely on the pathic approach to the treatment of disease.

Lutze had stated in his public writings that Aegidi and Boenninghausen had been involved in his work on dual remedies and the establishment went after these two very close followers of the Master, now dead for some twenty years. The pressure from the establishment forced both Aegidi and Boenninghausen to recant, à la Galileo. What was important for the preservation of the orthodoxy was the maintenance of appearances.

Although there is evidence that he continued the use of dual remedies beyond 1833 (though as yet not how long), by the time of the 1865 Lutze imbroglio Aegidi had obviously become careful and protective of his position within homeopathic ranks in these, his senior years (he was now 70 years old). As a result, when Lutze released in 1865 the disputed paragraph on dual remedies Hahnemann had proposed for the 5th edition of the *Organon* in 1833, Aegidi came under intense pressure to disavow his support. It appears certain that he had communicated the knowledge of dual remedy prescribing to Lutze, along with his 1834 article for the Archive and the disputed paragraph. We also know that he was critical of the emerging orthodoxy, the so-called "pure" homeopathy, or the idealistic strain derived from the formal structure of the aphoristic *Organon*, as we have seen in his refreshingly critical article of 1834. We can see it also in a communication of 1856, at the time he was corresponding with Lutze over dual remedies.

I, who value Hahnemann's great discovery as a great treasure and consider myself rich in its possession, still hold that the exclusive pure homoeopathy, the strict observance of the so-called 'pure' homeopaths is stupid, because it is obvious and has been proved by experiments that there are various ways of healing and we have no right to assert that a cure is only possible through the homoeopathic principle [here he refers to other modalities which reflect the regiminal dimension of Hahnemann]. (Haehl, Vol. II, p. 482)

In this same letter to a homeopath in Berlin, Aegidi also indicates that Hahnemann had continued to agree with him on the issue of dual remedies, and that this was reflected in his subsequent writings.

It would be sad if all homoeopathic remedies should remain positively without effect if coffee were taken simultaneously...I had many an argument on this subject with Papa Hahnemann and convinced him. He agreed with me but his authority demanded that he should not withdraw the laws which he had once established. I can prove this to you from passages in his later writings which show his compliance and tolerance. The same with the double remedies... (Haehl, Vol. II, p. 481-482)

☞

If we examine the statement by Aegidi on the Lutze imbroglio, it becomes clearer what Aegidi meant to say. Far from being a rejection of the dual remedy approach, it is the minimum statement intended to distance himself from the controversy, without, however, doing violence to the truth. Thus, he is able to criticise Lutze (so desired by the establishment), but only because his publication of the dual remedy approach opens this difficult procedure (as Hahnemann also found) to abuse by those less capable of using it properly. Nowhere does Aegidi recant regarding the validity of dual remedy use itself; he only criticises the false use of dual remedies ("so-called double remedies"). No doubt, wanting to hear what they wanted to hear, the recipients of this statement must have satisfied themselves with the apparent recantation, which was nothing of the sort.

The protest of the honoured representatives of the Homoeopathic press, of Germany, against the alleged sixth edition of the 'Organon of the Healing Art,' published in the 'Allg. hom. Zeitung' of April 10th, 1865, Hahnemann's birthday, whilst including the mention of my name, have yet omitted to mention that I also share the conviction which the signatories do not dispute, and that, years ago, I loudly and publicly made known my disapproval of the administration of so-called double remedies, as an abuse and mischievous proceeding. I therefore find myself compelled to publish my explanation as it originally appeared in the 'Allg. hom. Zeitung' Vol. 54, No. 12, of May 18th, 1857... It was in the following language: 'The undersigned finds himself all the more compelled to join his voice in the reproaches that have been made, particularly of late, against the homoeopathic administration of so-called double remedies, inasmuch as it is he who is charged with having taken the initiative in this mode of acting which is the subject of reproof. Entirely agreeing with all the arguments adduced against it by competent persons and believing its refutation to be impossible, the undersigned is compelled to make known emphatically and publicly his decided disapproval of such an abuse of our excellent and most serviceable art, as has been lately recommended in an apparently systematic manner and as a rule; to the end, that persons may forbear to take his supposed authority, as a sanction of a mode of treatment which, even as he (stapf's Archives, 1834, Vol. 14) thought he might recommend a modification of it for very rare and exceptional cases, is very far from being the abuse and mischief which it is now made and being made.' (Haehl, Vol. II, p. 86-87) (emphasis added)

Aegidi's reference to "so-called double remedies" indicates that he is distancing himself from the likely false use of double remedies by others. Aegidi is being consistent with Hahnemann's concern that the use of dual remedies required exceptional skills and that it should not be made public until more was known about it to justify a formal rule. It is also interesting that already in 1857 he felt obliged to publish a disclaimer as to the abuse of dual remedies, around the same time that he made known the proper use of such a method to Lutze. There is also the fact that he had earlier faced strong criticism and, no doubt, had little desire to debate the issue with those who could little understand the nuances of the matter, all the more that he himself was not certain of the principle behind the practice. As Lutze stated, Aegidi had good reason to want to distance himself from the issue.

Thus were we and the world deceived for twenty one years, robbed of the most important discovery in Homeopathy: for the publication of the matter by Dr. Aegidi in the 14th volume of the Archive for Homeopathic Heilkunst (1834) met with so many irrational shameful attacks, that it was soon forgotten since the majority only listens to the cry of the crowd, and the worthy discoverer fell silent rather than subject himself to further abuse consisting of stupidity, narrow-mindedness and envy.

The next target of the establishment in its fight with Lutze's revelation was the esteemed Boenninghausen, who had first learned of the method from Dr. Stoll, through Aegidi's request. The evidence we have is a letter written by Boenninghausen to Dr. Caroll Dunham on March 25, 1865 in response to a question by Dunham over his role in the dual remedy affair (in the vein of "say it is not so").

It is true that during the years 1832 and 1833, at the instance of Dr. Aegidi, I made some experiments with combined doses, that the results were sometimes surprising, and that I spoke of the circumstance to Hahnemann, who after some experiments made by himself had entertained for awhile the idea of alluding to the matter in the fifth edition of the 'Organon,' which he was preparing in 1833. But this novelty appeared too dangerous for the new method of cure, and it was I who induced Hahnemann to express his disapproval of it in the fifth edition of the 'Organon,' in a note to paragraph 272. Since this period neither Hahnemann nor myself have made further use of these combined remedies. Dr. Aegidi was not long in abandoning this method, which resembles too closely the procedures of allopathy, opening the way to a falling away from the precious law of simplicity, a method, too, which is becoming everyday more entirely superfluous owing to the increasing wealth of our remedies.

If consequently in our day, a homoeopathician takes it into his head to act according to experiments made thirty years ago, when our science was still in its infancy, and which were subsequently condemned by a unanimous vote, he clearly walks backwards, like a crab, and shows that he has neither kept up with, nor followed, the progress of science. (Haehl, Vol. II, p. 87)

This is a very curious letter in several ways.

First, the date of the letter cannot be correct. The date given by Haehl postdates Boenninghausen's death in January of the previous year, 1864. One might consider it a typographical error except for the fact that the month is March, so making it March 1864 would not solve this problem. Also, Lutze did not publish his unauthorised version of the 6th Edition with the disputed paragraph until 1865. Is the letter a fake? This might explain the last paragraph, which seems at odds with the rest of the letter. Or, did Boenninghausen really write it, but just before he died, it being dated and sent later? Certainly, if it had been written in Boenninghausen's last months, it is understandable that he would try to minimise his role in the Aegidi affair, which was so politically sensitive, even to the extent of hiding his continuing with the use of double remedies after 1833.

Second, assuming the letter is genuine, we need to consider a number of factors in interpreting its meaning.

Boenninghausen is not truthful about his claim that his use of double remedies ended in 1833 (see below). He also seeks to minimise the extent of his involvement in and the results from the use of double remedies even in the 1832-1833 period. He admits that the reason for the decision to ban the use of double remedies is political ("too dangerous," "resembles too closely the procedures of allopathy"). He also admits, as Hahnemann had earlier done, that the use of double remedies is valid, if increasingly unnecessary ("becoming everyday more entirely superfluous").

Boenninghausen, like Hahnemann earlier and like his colleague, Aegidi, (or the perpetrator of the forgery) was caught in a difficult situation. He could not renounce the truth of what he (Boenninghausen) had discovered through his use of double remedies. Yet, he knew that this use by those with less understanding of Hahnemann's genius could open the door to confusion (and risk a "falling away from the precious law of simplicity") and a weakening of homeopathy against its enemy, allopathy. He was also faced with a homeopathic orthodoxy fuelled by the bitter struggle between Hahnemann and some of the Leipsic homeopaths.

With the condemnation by the orthodox wing of homeopathy of any efforts to dilute homeopathy with allopathy, born out of a one-sided, uniformitarian view of disease, and Hahnemann's reluctant acquiescence, a strong dogma around the issue of the single remedy had emerged. Hahnemann had been too uncertain to withstand the doubts in 1833 and died before he could fully work out the implications of Aegidi's revelation.

Boenninghausen had supported the decision to withdraw the Aegidi Affair from the public eye given the reaction and the risks of abuse of the method by those less informed and knowledgeable. At this point, he was himself quite old and at the end of a distinguished homeopathic career. The reputation to publication of Dr. Lutze's version of the 6th Edition of the *Organon* in 1865, with the disputed paragraph on double remedies, had only confirmed the dogmatic attitude of most homeopaths and the risks of making public a subtle and complicated aspect of Hahnemann's new medical system. Boenninghausen did the best he could in replying to Dudgeon's question given the emotionally charged situation. Was he worried as to how he would be judged by posterity? Did he also see the wisdom of Melanie Hahnemann in delaying publication of the 6th Edition given the often simplistic and erroneous interpretations of new insights, a problem that has plagued homeopathy from the start?

It is interesting to note, in light of the above, that Boenninghausen published a work on the relationship of homeopathic remedies in 1836, Attempt at Showing the Relative Relationship of Homeopathic Medicines. This then became incorporated in his original Therapeutic Pocket Book for Homeopathic Physicians as a section entitled "Concordances." The title "Concordances" has puzzled homeopaths ever since. "Concordances" means "together" or "union." Allen, who did the most to popularise Boenninghausen's works in English, decided in translating Boenninghausen's reports to revert to "the earlier and more easily comprehended title for this chapter" (as per Roberts - see Introduction to Allen's version of the Pocket Book). Allen, like most homeopaths, could not comprehend that this could mean anything except that one remedy could follow another with good results. That it could refer to the use of two remedies that dealt with two sides of disease was, of course, supposedly theoretically and politically anathema.

See: [Section on Concordances](#)

The "homeopathician" referred to disparagingly by Boenninghausen in his reply to Dunham, is Dr. Lutze, the fourth "horseman" of this apocalypse. Lutze was the fourth to have knowingly practised the use of double remedies, and the only one of the three other than Hahnemann not to have publicly recanted the use of double remedies after Hahnemann's death. He is the one we know least about. Aegidi renounced the remedies publicly under pressure. Boenninghausen was forced, as we have seen, to deny his deep and continued involvement in the face of the strong negative reaction to Lutze's revelation of the disputed paragraph and the whole chapter of the use of double remedies. Hahnemann never renounced the concept and use, but spent the rest of his life trying to discover and refine the principle behind the use of double remedies.

It is thanks to Dr. Lutze that we are even aware of the Aegidi Affair and of the proposed new paragraph on the use of double remedies. Lutze effectively blew the whistle on the attempt to cover up the whole affair.

SUPPRESSION OF THE DUAL REMEDY APPROACH:

THE BEGINNINGS OF HISTORICAL REVISIONISM (1865)

Hahnemann died in Paris in July 1843, survived by his second wife, Melanie. He had been working on another revision of the **Organon** in his last two years, and had notified his German publisher of a new edition in February of 1842. However, Hahnemann died before the new edition could be completed for publication. There was a great deal of anticipation around the new edition, but for various reasons, including a need for some editing of the annotations in Hahnemann's handwriting and a reluctance by his widow to release the new edition unless it could be published in a form completely faithful to Hahnemann's wishes, the new edition was held back. We can, looking back on events that have seriously distorted and misrepresented what Hahnemann actually taught, better understand Melanie Hahnemann's concern about releasing the manuscript to the many homeopaths who requested it, insisting on undertaking the arduous task herself.

Negotiations were underway in 1865 between Melanie Hahnemann and prominent American homeopaths for the publication of the much awaited sixth edition, when a German homeopath, Dr. Arthur Lutze of Köthen, concerned that the true story might not emerge, published what he claimed was the intended 6th edition of the **Organon**. This edition contained, most importantly, the disputed paragraph on dual remedies intended for the 5th edition, which had been taken out of that edition for political reasons, as we have seen. Dr. Lutze, a key figure in the history of homeopathy, is the one about whom the least is known, or about whom the least has been written.

We learn from Lutze that in 1834, Aegidi wrote up a formal presentation of his discovery for **Stapf's Archives**, the pre-eminent journal for homeopathic matters in those years. 

Lutze informs us that in 1853 he first learned about the use of dual remedies in mixture from Aegidi himself. This was already some twenty years after Aegidi first brought the matter to Hahnemann's attention, and indicates at least Aegidi's continued interest in the matter, if not continued use.

Lutze must also have learned of Boenninghausen's own experiences with dual remedies from Aegidi, because sometime during the years 1854-7 according to Lutze, Boenninghausen reported his successful usage of dual remedies to Lutze as well. Again, this demonstrates Boenninghausen's own continued interest in (and possible use of) dual remedies in mixture.

By 1857 Lutze had recorded, by his own account, "many thousands" of successfully treated patients with this method.

In 1865, Lutze decided to publish the paragraph on dual remedies in mixtures that had been taken out of the 5th edition for political reasons. We can see from his own account that he was frustrated by the silence over this important aspect of Hahnemann's work. We can only imagine, based on later comments by both Aegidi and Boenninghausen, when the storm broke over this publication, that Lutze, fully convinced himself of the validity and efficacy of dual remedy mixtures, was also frustrated by the apparent unwillingness of Boenninghausen and Aegidi to deal more publicly with the matter (although they were willing to let him into their confidence privately). For a man of Lutze's enthusiasm for homeopathy and for the new form of dual remedy prescribing, such reticence would eventually lead to a breaking of the general silence. After all, Lutze had not been party to the apparent agreement amongst Hahnemann, Aegidi and Boenninghausen in the fall of 1833 not to continue with dual remedies in mixture, or at least not to talk of it publicly, and did not feel as constrained thereby as the others. Whatever concerns there were about the negative political effects of publication (in terms of the fight against allopathy) must have been outweighed, in his mind, by the tremendous benefits for suffering humanity that Lutze experienced personally in his practice.

Finally, Lutze must have found it difficult, having discovered and personally verified the efficacy of the dual remedy mixtures, to see the general tendency in homeopathy after Hahnemann to try to reduce everything the Master had written to a unidimensional view of disease - the so-called single remedy tenet, which could conceive, officially, of only remedies in series (that is, with no allowed overlapping of action).

The resultant publication by Lutze in 1865 of the missing chapter from the 5th edition of the **Organon** unleashed a storm of protest. However, it is evident to all who have the eyes to see that Lutze alone of the three who had followed Hahnemann into the most profound unfolding of his life work, the few good men and true that Hahnemann had sought over mass adulation, most fully captured the spirit and essence of the dual remedy idea. 

Lutze's book, **Lehrbuch der Homöopathie**, is little known and virtually unavailable. The complete chapter on dual remedies from this book is provided here for the first time in a special English translation by Steven Decker. We also present, for the first time in English, the article written by Aegidi for **Stapf's Archives**. As we shall see, both pieces offer fascinating insights into the nature of dual remedy prescribing.

See: [Lutze's Chapter on Dual Remedies](#)

THE TWO SIDES AFTER HAHNEMANN: THE UNCONSCIOUS THREAD

Despite the efforts of the unidimensionalist orthodoxy to crush the dual remedy legacy, this effort being born of a profound misunderstanding and mistrust of the dual nature of health and disease, the truth of this central aspect of Hahnemann's teachings could not be wholly suppressed. The force of the idea ensured that it would continue to manifest itself in various ways in the stream of history.

To be “ein echter Heilkünstler” – a true remedial artist (this implies a dia-gnostic faculty, not just the intellectual one) – requires the physician to:

1. Realise what is to be cured in each disease:

§3 If the physician clearly realizes what in diseases, that is, what in each particular case of disease (*jedem einzelnen Krankheitsfalle*), is to be remedied (disease discernment, indication),

2. Realise what each medicine can cure:

if he clearly realizes what in medicines, that is, in each particular medicine, is curative (knowledge of medicinal virtues)

3. Be aware of how to match the disease to the medicine:

and if he is aware of how to adapt what is curative in medicines according to clear reasons to that which he has undoubtedly discerned in the patient as diseased so that recovery must result...

The remedial artist, the Heilkünstler, must use his or her full powers (erkennen – that which is without prejudice, that which is pure experience) to determine what is diseased in the patient (one or more diseases possible, plus a consideration of both sides). He must then use the knowledge of remedies to select the correct one. This knowledge can be derived from provings, but also encompasses other sources (delvings) – tradition, clinical experience, intuition – to treat the disease(s). This use of other sources was there at the very beginning of Hahnemann's system, when he borrowed the empirical knowledge of domestic medicine about the specific medicines for the few constant natural diseases (self-limiting). Interestingly enough, the materia medica of the new anti-psorics published in the Chronic Diseases is based on something other than provings. As the editor of the English translation of the second edition of Chronic Diseases discovered, “We are compelled to the conclusion that he drew these symptoms mainly – if not entirely – from the sufferers from the chronic disease who flocked to his retreat to avail themselves of his treatment.” (Prefatory Note, pp. viii-ix).

REPERTORIES AND SIDES

So where can we look for the historical continuation of the concept of the dual nature of disease?

One path is to examine the main repertories in an historical light as being symbolic of the two archetypal approaches, the pathic and the tonic.

See: Two Approaches to and Two Types of Specific Remedies for Disease

Each repertory has a unique organising idea. It is not simply a mechanical compilation of information from the materia medicas, at least not in the best repertories. Besides Hahnemann's own repertory (which has, strangely enough, never been published, and could well have been designed along therapeutic lines), we have Boenninghausen's repertory on the one hand and that of Kent on the other.

At one level, they represent the physical (Boenninghausen) versus the psychical (Kent). At another level, they represent the periphery of disease versus the centre of disease. At yet another, deeper level, they represent the pathic side of disease and the tonic side.

Boenninghausen's repertory is not much used now, except perhaps in India. It was heavily criticised by American homeopaths, mainly Kent, and fell into disfavour. However, Boenninghausen himself was held in high regard and, as we know, was one of the closest friends and followers of Hahnemann, who heartily endorsed his repertorial work.

Boenninghausen organised his repertory around the modalities, the factors that represent impingements from without along the periphery of the organism, or within what we can call the ambient of the patient. The ambient is the field around the person created by the Living Power. Things that happen within our ambient are due to the operation of the Living Power. If we are healthy, healthy things happen to us in terms of occurrents and relationships. If we are ill, the things that happen to us reflect this illness. Hahnemann captures this in his idea of the totality including occurrents (Zufälle). Zufälle are things that happen to a person – a phenomenon, symptom or event, including something that may appear to be an accident or a coincidence. Equally, when one does a proving of a remedy, all the symptoms, occurrents and phenomena that happen to the prover are to be considered as being due to the remedy.

§138.1. All ailments, occurrents and alterations of the condition of the prover during the active duration of a medicine (in case the above mentioned conditions [§124-127] of a good, pure experiment were observed) stem only from this medicine and must be regarded and recorded as symptoms belonging peculiarly to this medicine, even if the person had perceived similar occurrents some time ago in himself. The reappearance of the same symptoms during the proving only then shows that this person, by virtue of his particular bodily constitution, is especially disposed to be aroused to such symptoms. In our case it has been done by the medicine; the symptoms come now, while the ingested efficacious medicine masters his entire condition, not of themselves but stem from the medicine. (*Organon, Decker translation*)

With Boenninghausen's repertory, you are not given complete symptoms but rather modalities, localities, sides, concomitants. Each of these elements represents an aspect of a symptom that must be re-constructed.

The mental side was only partially included by Boenninghausen in the repertory for a number of reasons. The mental symptoms in the Materia Medica represented for him a greater whole that could not lightly be broken up and scattered through the repertory, the way the physical could, without fear of undue distortion. He preferred that the homeopath check the mental symptoms against the Materia Medica for those remedies that were indicated most highly from the repertorisation of the physicals.

In addition, Boenninghausen may have considered these mental symptoms as being mostly psychical by-products stemming from a physical source (much as Hahnemann identified most mental diseases as stemming from a somatic disease in §215). This is in contrast to those diseases “spun out and maintained by the soul,” which start deeper than the emotional mind and then develop outward. These cases demand a different approach. See §224, 225, 228 for “somatic disease” based psychic derangements as compared to “spiritual diseases,” which can lead to derangements at the somatic level.

Boenninghausen, with his emphasis on the different physical aspects of disease leading to the building up of a symptom (that which expresses the suffering of a patient), represents the pathic side of disease.

Kent, in contrast, emphasised the mentals over the physicals, or the generals over the particulars, coming at disease from the centre as opposed to the periphery. His lectures and repertory developed and underscored this centric view of disease.

Where Boenninghausen's repertory is designed to build up the symptoms, Kent's repertory tends to have complete symptoms (which contain location, type of pain, modality all in one place). Kent also features rubrics that are not, strictly speaking, symptoms (expressing the suffering of the patient), but more characterological traits. In particular, these include many of the mentals and generals (e.g., desires and aversions, reactions to weather, states of mind – industriousness, affectionate, desires to talk to someone). Such “symptoms” relate to the functioning of the constitution, or the state of health, not disease.

See: Constitution and Prescribing

Kent emphasised the mental symptoms of the patient, partly due to his religious beliefs (Swedenborgian), but partly due to an intuitive sense of the importance of these in getting at the underlying process of disease. In this, Kent foreshadowed Rajan Sankaran (Spirit of Homeopathy and Substance of Homeopathy), who has taken the idea of the “mentals” as representing the whole of disease the furthest by tracing it back to the all-encompassing state of mind in accordance with the Organon (Aphorisms 210-212). Kent is responsible for the approach to prescribing that led to the state-based prescribing of Sankaran. Sankaran, however, identified the principle of state-based prescribing (the unique mental state of a remedy and disease), where Kent was more confused about this.

The homeopath, Dr. Cyrus M. Boger, whose re-working of Boenninghausen's repertory is little used today, attempted, consciously or unconsciously, to bring the two “sides” together, towards the end of his life (1933-35). In addition to issuing a Revised Version of Boenninghausen's repertory, he also made additions to Kent's repertory, making him an historical model of approaching a case from “both sides now.” However, his repertory work is largely ignored.

Boenninghausen's Repertory comes first historically, indicating that perhaps we should follow suit, while Kent's comes later for the higher (Geist or Spirit) dimension.

It is interesting to note another difference that shows a further functional duality. At the back of Kent's Repertory we find a section on remedies that follow well (sequences). Boenninghausen, in contrast, had a section on remedies that went well together (concordances). Boenninghausen's use of concordant relationships arose out of his experiences with double remedies, but also reflected his peripheral approach to disease.

See: Boenninghausen's Repertory

KEYNOTE PRESCRIBING

The development of the concept and practice of keynotes provides a further clue to the continuing thread in homeopathic thought related to the two sides of disease, the tonic and the pathic.

Origin of the Concept

Stuart Close, in his *The Genius of Homeopathy*, gives the origin of the creation of the “keynote system.” It was taught and practised by Dr. Henry N. Guernsey in the last half of the 19th Century.

The term keynote is merely suggestive as used in this connection, the reference being to the analogy between materia medica and music. This analogy is shown in the use of other musical terms in medicine, as when the patient speaks of being ‘out of tune’ or the physician speaks of the ‘tone’ of the organism. Disease is correctly defined as a loss of harmony in function and sensation.

The keynote in music is defined as ‘the fundamental note or tone of which the whole piece is accommodated.’ In pathology, the term ‘pathognomonic symptom’ expresses what might be called the keynote of the disease, or that which differentiates it from other diseases of a similar character.

In comparing the symptoms of medicines we find that each medicine presents peculiar differences from all other medicines. These differences by which one remedy is distinguished from another, are the ‘keynotes’ of the remedy, according to Dr. Guernsey. (Chapter XI, pp. 157-158, B. Jain reprint 1990).

The connection between Heilkunst and music is interwoven throughout Hahnemann’s terminology and provides a very useful rationale for understanding the various dimensions of disease .

See: Medical and Musical Dynamism

The idea of the keynote of a remedy or disease is further elaborated in a quote from Guernsey provided by Close a little farther on in the same section:

It will be necessary, in order to prescribe efficiently, to discover in every case that which characterizes one remedy above another in every combination of symptoms that exist. There is certainly that in every case of illness which pre-eminently characterizes that case, or causes it to differ from every other. So in the remedy to be selected, there is and must be a peculiar *combination of symptoms*, a characteristic or keynote. Strike that and all the others are easily touched, attuned or sounded. There is only one keynote to any piece of music, however complicated, and that note governs all the others in the various parts, no matter how many variations, trills, accompaniments, etc. (p. 160, original emphasis)

Thus, the keynote is not a symptom, but a unique combination of symptoms. In practice, however, this often leads to the use of certain individual symptoms as “keynotes,” meaning as a short-cut guide to the remedy that has the unique combination of symptoms of the disease in question. This is where the confusion arises, which Close is at pains to clarify, although contributing somewhat to the confusion himself!

The keynote is simply the predominating symptom or feature which directs attention to the totality. Its function is merely suggestive. A prescription is not based upon a keynote, considered as one symptom, no matter how ‘peculiar’ it may seem...There is usually something peculiar in the case, some prominent feature or striking combination of symptoms that directs the attention to a certain drug, and this is what Dr. Guernsey called a keynote. (p. 158).

The keynote is the characteristic features of a case of disease. These are the features that give the disease case its individuality which, in turn, are related to an act of thought based on the totality of symptoms. This is very similar to "the symptom complex" (Symptomen-Inbegriff) of Hahnemann. As Close states it:

A characteristic or keynote symptom is a generalization drawn from the particular symptoms by logical deduction. (Chapter XI, p. 158 – author’s emphasis)

Boenninghausen was perhaps the first to create the basis for keynotes with his generalization of modalities out of a particular modality. An example is provided in Anshutz’s *New, Old and Forgotten Remedies* (for *Murcuna urens*):

It seems that the characteristic symptom or keynote is a sensation of burning. (ZIZIA)

Another is given by Boericke in his *Pocket Materia Medica* under *Aurum triphyllum*:

ACRIDITY is the keynote of the kind of action characteristic of *Aurum*.

Close rightly points out that keynote prescribing is not a matter of picking one or a few symptoms that are peculiar in and of themselves. The keynote must be an exercise of thought played out against the totality of the disease case to determine what he earlier calls the “genius” of the disease, and what Hahnemann called the “complex” or “Inbegriff” of the disease *Wesen* (although it is interesting to note that Hahnemann used the term “genius of the medicine” in *Aph. 130*, 5th edition).

The mistake of arbitrarily picking out some "freak" symptom, and giving a remedy which has a corresponding symptom, should be avoided. Dr. Guernsey did not teach prescribing on a single symptom. (Chapter XI, p. 159)

Close, along with many others, makes the mistake of seeing the characteristic symptoms as only those peculiar to the patient and not common to the disease. Hahnemann’s idea of characteristic includes the concept of the striking or peculiar symptoms, but this he sees as essentially linked to acute disease. Hahnemann’s concept of characteristic as it relates to chronic disease is actually broader than this and includes the common symptoms.

See: Identification of Disease: Pathic Side

Indeed, as noted earlier, Dr. Guernsey clearly conceived of the keynote not as a symptom per se but the specific ordering of symptoms. Thus, what characterises one remedy or disease from another is the particular ordering of symptoms in space and time. This is similar to chemistry where the change of just one atom of carbon or hydrogen, let's say, can produce a whole new substance with different characteristics and properties.

So in the remedy to be selected, there is and must be a peculiar combination of symptoms, a characteristic or keynote. (Close, *Genius*, p. 160)

Characteristic Totality from the Somatic and Psychic Sides

The concept of keynotes is an early attempt to give therapeutic voice to the idea of the characteristic symptoms, but from the somatic side. Discerning homeopaths learned, however, that the expression of the disease in the suffering of the patient (pathic side of disease) did not cover the totality of the case, nor did it necessarily provide the key to the right remedy in many cases. The idea of the keynote, thus, shifted from the somatic side (with Boenninghausen, Lippe, Jahr and Guernsey) to the psychic side.

Gradually, an attempt emerged to give voice to the Inbegriff (complex or genius) of the psychic side. These two sides involve an aspect of disease called the “state” (see section on Disease) which has a somatic and psychic reference. The focus on the psychic state started mainly with Kent, who emphasised the individuality of the sick person as opposed to the disease, leading to the emergence of constitutional prescribing. Constitutional prescribing seeks to treat the sick person rather than the disease and in one guise or another is referred to as “classical homeopathy.” However, it has no clear idea of the constitution and confuses pathic prescribing for disease with the giving of a remedy for the constitution (state of health).

See: Constitution and Prescribing

Kent’s *Lectures on Homeopathic Materia Medica* (1906) started the trend of looking for the underlying thread of a remedy at the psychic level (mental and emotional indications). This is a clear example of the application of thought to the totality of indications, which gives us the complex, or Inbegriff.

Kent, in his *Lectures on Homeopathic Philosophy*, sets out his approach to looking at the state:

Homeopathy perceives that there is something prior to these results. Every science teaches, and every investigation of a scientific character proves that everything which exists does so because of something prior to it. Only in this way can we trace cause and effect in a series from beginning to end and back again from the end to the beginning. By this means we arrive at a state in which we do not assume, but in which we know.

It is true if that state progresses there will be evidences of disease, i.e., evidences which the pathologist may discover by his physical examination. But at present the patient is not sick, says the learned doctor.

This array of symptoms represents the same state before the pathological conditions have been formed as after.

Every remedy has in itself a certain state of peculiarities that identifies it as an individual remedy, and that patient has also a certain state of peculiarities that identifies him as an individual patient, and so the remedy is fitted to the patient.

When man thinks in a disorderly way he carries out his life in a disorderly way, and makes himself sick by disorderly habits of thinking and living. This deranged total state Hahnemann most certainly recognizes, for he tells us every where in his teaching to pay most attention to the mental state. We must begin with such signs as represent to the mind the beginning of sickness, and this beginning will be found in the mental disorder as represented by signs and symptoms, and as it flows on we have the coarser manifestations of disease.

The teaching of this paragraph is that the symptoms represent to the intelligent physician all there is to be known of the nature of a sickness, that these symptoms represent the state of disorder, that sickness is only a change of state and that all the physician has to do is correct the disordered state. (extracted from Zizia)

What Kent was developing, without clearly recognising it, was state-based prescribing. This, of course, is only one aspect of disease. State-based prescribing is also the treatment of the tonic side of disease as it goes beyond the suffering of the patient (pathic side) into various other realms of the case (behaviour, appearance, observations of the physician, circumstances). This is what has been referred to more contemporarily as “the hidden side of the case.” It refers to that less visible side that Hahnemann had initially discovered with homogenic and pathogenic (self-limiting) diseases and then more deeply discerned with the discovery of the chronic miasms.

It is interesting that Kent also had the concept of harmony or tunement with respect to this state-based prescribing: “These things relate to states; not to diseased tissues, but to a state of disorder or want of harmony. Dr. Fincke expresses it as ‘a distunement.’” (*Lectures on Homeopathic Philosophy*, p. 56)

Vithoulkas and Essence Prescribing

George Vithoulkas further developed the constitutional approach of Kent in the 1970's and 1980's into what he called "essence" prescribing. The psychic, often hidden side of disease seemed difficult to get at in comparison to the somatic side and had occasioned much confusion amongst homeopaths. Vithoulkas' approach was received with great enthusiasm (the reaction of the supersensible organs of knowledge), because of the germ of true knowledge contained therein.

As a contemporary homeopath describes it, in relating his experience with other's analysis of several model cases:

The key factors in these cases were grief, resentment, anger at the situation, and an inability to express how they really felt. Since the anger was never expressed it just sat beneath the surface and was never included in the case notes. How many of our cases are misdiagnosed because the patient has no idea what dynamics are really occurring? How much surmising do we need to do? How can we really get at these emotional tones that pervade the case and elude our investigative case taking?

Essence prescribing is nothing new. It has been with us for at least twenty years. It has been refined and updated in concept and application by modern writers who often worked concurrently but separately in different intellectual realms, pursuing their own perceptions, descriptions, and understandings of remedies. They have in common a desire to perceive the unspoken, underlying picture of the case, the key to emotional dynamics or spiritual disorder that unlocks the remedy. This deep homeopathic study is the fulfilling path that many modern homeopaths have undertaken. (*Resonance* Vol. 17 No. 2 March - April 1995, *The Hidden Case* by Randall Neustaedter).

What is clear from the above is that the idea of essence is an attempt to get at the tonic side of disease, which is not verbalised by the patient and is to be determined by means other than the use of intellect and reason (wissen) to arrange the data of the patient's suffering (true pathology). Instead, the use of the organs of knowledge called by Hahnemann the Geistes-und Gemüths-Organen are required. This involves knowledge related to kennen (aesthetic knowledge) which is of a higher nature.

See: *Two Ways of Knowing*

The concept of the "essence" fits very well into a world already trained in the discoveries of Freud and Jung (the Id, the unconscious, the collective consciousness, the archetype, and the complex), not to mention Reich and his character analysis. Here was the search for the cure of disease not just in the domain of the body (Leib) with its obvious sufferings, but in the domain of the soul (Seele).

George Vithoulkas contributed much to homeopathy in the 80's with the publication of *The Essence of Homeopathic Remedies*. For the first time, in a 'penetrating' manner, an author proposed a new way of understanding remedies. Before Vithoulkas, a remedy was the sum of its characteristic symptoms (<10 AM, < at the seashore, thirsty, desire for salt, < from consolation). With Vithoulkas, this totality of characteristic symptoms was given a sense, an 'Essence,' Introversion, that now becomes the essence of Natrum mur!

Vithoulkas' *The Essence of Homeopathic Remedies* was extraordinarily successful worldwide. Without going so far as to say that it revolutionised homeopathy, one can confirm that it impassioned numerous homeopaths and thousands of students. With 'The Essence,' homeopathy became in a more concrete manner a medicine for the soul! (*Dynamis*, Vol. 3 No. 2, Dec. 1997, article on *Essence* by Jean Lacombe – translated from the original French).

Sankaran's State-based Prescribing

The idea of state-based essence prescribing would be developed further by Rajan Sankaran in the 1990's in his books *The Spirit of Homeopathy* and *The Substance of Homeopathy*. The search for the characteristic picture of disease has now moved into a higher realm, that of the state. With Sankaran, we have a clearer basis for state-based prescribing in the psychic realm. Prior to this, there was confusion with other realms. The Kentian idea of constitution, particularly as it was later developed, covered all of disease in a type of uniformitarianism, which tried to conflate all the dimensions of disease into one.

This shift upward now brings us more clearly into the territory of ideogenic disease.

See: *Ideogenic Dimension*

This is based on Hahnemann's concept of the "highest disease," namely those that are "spun and maintained by the soul," but ultimately rooted in the arch beliefs of the human spirit (§224).

See: *The Highest Diseases (Ideogenic Dimension)*

This uniformitarianism developed out of the attempt to bring order to the chaos of the totality of symptoms. However, without an understanding of the wholeness of nature, the exercise to discover a unity results in a false unification, a synthetic unity, what Coleridge called a "synartesis" of an organisational synthesis. This is a "unity through diversity" characteristic of the old school of philosophy expressed in Kant.

Goethe, who was a contemporary of Hahnemann, developed a fundamentally different unity which depends not on an intellectual construct related to the senses, but on a mode of consciousness related to the instinctual mind (what he with Hahnemann called the Gemüt). This results in a "unity in diversity" or a unity that retains the distinctions in things in the sensorial world, but which discerns the unifying thread or context. The model for this type of unity is the hologram.

According to the understanding of the intellect, the unity of experience is produced by unification, i.e., unity is unification. It is the synthetic unity of an organizational synthesis. Now this is certainly true for the intellect. But the unity which Goethe perceived in the color phenomenon is not a unity that is imposed by the intellect. What Goethe saw was not an intellectual unification but the wholeness of the phenomenon itself. He came to see the wholeness of the phenomenon by consciously experiencing it, and this experience cannot be reduced to an intellectual construction in terms of which the phenomenon is organised. It is not reached by a process of intellectual thought, but by a change of consciousness... By contrast with the intellectual unity which is unification, this unity of the phenomenon itself can be called 'unity without unification.' The experience of seeing this unity is the theory for Goethe, for whom the term 'theory' was much closer to the original Greek theoria – which simply means 'seeing.' (Bortoft, *The Wholeness of Nature: Goethe's Way Towards a Science of Conscious Participation in Nature*, p. 58-59)

See: *Epistemology of Wholeness*

The Red Thread of a Case

Despite their differences, Kent, Vithoulkas and Sankaran all attempted, in ascending degrees, to find the tonic side of disease by means of the genius of the case, the "red thread" that runs through the case history. This red thread was first mentioned by Boenninghausen in connection with the creation of general modalities out of particular modalities, an example of the application of thought to the pathic data in order to discern what is characteristic.

All of these indications are so trustworthy, and have been verified by such manifold experiences, that hardly any others can equal them in rank – to say nothing of surpassing them. But the most valuable fact respecting them is this: That this characteristic is not confined to one or another symptom, but like a red thread it runs through all the morbid symptoms of a given remedy, which are associated with any kind of pain whatever... (quoted in Close, *The Genius of Homeopathy*, Chapter XVI, p. 263; original italics)

This term, the red thread, can also be found in Reich's work on character analysis. The idea of the essence or of the spirit of a disease/remedy are just variations of the Hahnemannian idea of the characteristic aspect of a disease.

The Keynote in Hahnemann

Can we find the idea of the essence or the keynote in Hahnemann?

It exists first in the idea of the symptom complex (Inbegriff) of a disease, that thoughtful ordering of the totality of symptoms of a disease

See: *Symptom Complex Versus Symptom Totality*

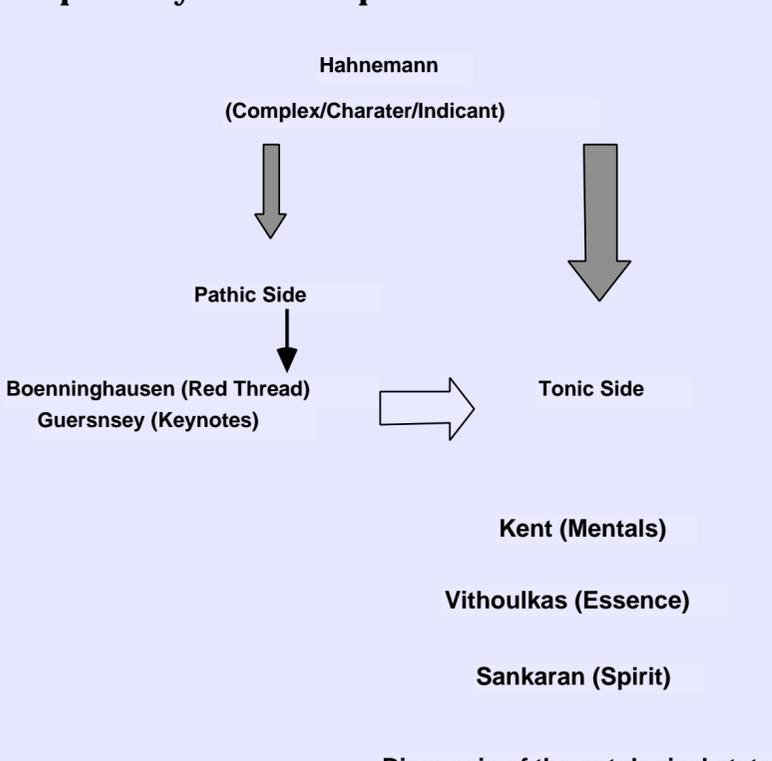
It also exists in the character and indicant of the Wesen, that dynamic entity (human Wesen) whose life force is disturbed by the disease Potence (disease Wesen).

See: *Wesen and Geist*

Hahnemann's essence, however, relates to diseases, not to the patient. This is where he differs from Kent and Vithoulkas and most of "classical" homeopathy. For Hahnemann, the key is to find the essence for each disease and this entails determining the proper hierarchical dimension of disease, or what we could call the right jurisdiction in which to begin prosecuting the case (disease can be likened to a crime mystery).

See: *Disease Origins and Dimensions*

Graph of Keynote Development



KENT AND THE TWO SIDES

Kent, famous for his emphasis on the mental/emotional symptoms and the later development of what became known as “constitutional” prescribing which is behind the idea of essence prescribing, initially ignored tissue change (allopathic pathology).

There is nothing in the nature of diseased tissue to point to a remedy; it is only the result of disease. Tissue changes do not indicate the remedy. (*Lectures on Homeopathic Philosophy*, p. 58)

However, Kent later realised that this side of disease needed to be taken into account more fully. He wrote a small and little noticed article in 1912 on the matter which, while it still refers to his previous position, clearly indicates that tissue changes must be prescribed upon if necessary. The article is provided in its entirety because of its importance and as yet relative obscurity.

Remedies Related to Pathological Tissue Changes by Dr. J. T. Kent, M.D.

Proving of remedies are not continued to the extent of producing tissue alterations-indurations, infiltrations, suppuration, caries, etc. Most of the indications for the use of remedies in these conditions must be learned clinically, from the use of remedies in patients when these conditions have developed. When a remedy has been prescribed for a patient in whom tissue-changes have occurred, the prescription being based on the symptom-image, resolution of the existing tissue-changes has occurred as a result of the reaction to the remedy. These become reliable clinical symptoms of the remedy: demonstrations of the power of the remedy over the altered tissue [Ed. note: as in Arnica for bruises]. These remedies are then recognised to be suited to constitutions in which these pathological changes can develop. Hence they are as important to the prescriber as though they had appeared actually in the proving.

In many instances such cure of pathology has occurred as a delightful surprise to the physician, who realizes in this evidence the accuracy of the prescription, which not only restored the functional activities but altered the nutrition to the extent of removing the products of disorder.

The difficulty in prescribing for patients with such altered tissue – cataract, hepatization (in pneumonia), induration of glands, arterio-sclerosis, fibroids, cancer, etc. – rests in the fact that when these tissue – changes occur, the symptoms on which a prescription should be based – the symptoms of the patient – have disappeared. The symptoms present at the time are symptoms of the pathology. If the symptoms that preceded this condition can be learned, and considered together with the later results of disorder – the pathological tissue – it may be possible to select a remedy that is sufficiently related to both the patient and his pathology, to effect a cure of both, provided always that the reaction and vitality of the patient are sufficient to permit the resolution.

Caust, Graph, Lyc, Nit ac, Staph, Thuja and many other remedies relate to excrescences. Skin indurations are met by Ant-c, Calc, Con, Lyc, Phos, Rhus, Sep, Sil, Sulph and similar remedies. Indurated glands find suitable remedies in Ben-ac, Brom, Calc, Calc-fl and remedies of similar depth, while such remedies as Caust, Bry, Con, Kali-c, and Lyc are found suited to muscle indurations. Acon, Bapt, Gels, Ipec and remedies of this scope have never been known to produce any alteration by induration and infiltration, hence the wise prescriber will not select these remedies for patients with the aforementioned conditions, when he has those, from which to select, which are pre-eminently related to the exact condition present. The final selection of a remedy, when these conditions are present, is to be determined by the character of symptoms that preceded, or what may be present and indicative of the patient himself.

In pneumonia, in the hepatization period, when the symptoms point to Arsenicum, the patient will die if Arsenicum is prescribed, for this remedy is not deep enough to include that infiltration: Sulphur, Lycopodium, Phosphorus, Calcarea, etc., must take up the work where Arsenicum could not proceed. One of these remedies will clear out the lungs in a few hours, with a disappearance of all the symptoms dependent upon the infiltration, and the patient, freed of the burden, will be restored to health promptly, instead of succumbing to the mechanical interference and consequent air-starvation.

In arteriosclerosis, in cataract, in induration of liver or other glandular structures, the same principle holds. Ars, Bry, Puls and other short and mediumly short-acting remedies are insufficient because they have not power to take hold of this condition, while Silica, Calcarea fluorica, Sulphur and such deep-acting remedies have been known to remove the tissue change by their deeper action, hence more similar, and from them one may be selected which will prove curative. By reference to the repertory the prescriber may find remedies which have thus been established as suitable for suppuration, those suited for cancer, those suited for tuberculosis, those related to apoplexy, etc., and as an intelligent prescriber, the physician should select a remedy for the patient similar to the condition of the ultimate disorder. This is totally different from prescribing on the pathology alone, or seeking a specific for the name of the ultimate, regardless of the patient.

Several comments are worth making regarding this rather remarkable article:

1. “...provided always that the reaction and vitality of the patient are sufficient to permit the resolution.”

A great deal of the vitality and reaction of the organism are affected by the various traumas through one's life, which also contribute to pushing the organism into tissue change. In order to be able to get back to the original disease picture, these need to be removed where possible (see aphorism 208). This is the domain at the tonic level of various developments in Heilkunst (see section on Isotherapeutic Treatment of Disease and Homotoxicology). The tonic aspect extends through all dimensions of disease.

2. “...the wise prescriber will not select these remedies for patients with the aforementioned conditions, when he has those, from which to select, which are pre-eminently related to the exact condition present.”

The unity of disease is in each separate condition at this point (homogenic, iatrogenic, pathogenic), and no longer in “the patient,” (homeopathic).

3. “This is totally different from prescribing on the pathology alone, or seeking a specific for the name of the ultimate, regardless of the patient.”

Here we have an important, if close distinction – clinically proven remedies versus routinely assigned remedies. Clinically proven remedies are those having a direct relationship to a disease in a given dimension that has been demonstrated over and over, such as Arnica for contusion disease or Morbillinum for measles. They can be reliably prescribed on the basis of this relationship such that once the physician has established the disease, the remedy follows. This is the basis on which tonic remedies for homogenic and iatrogenic disease are chosen. This is different from that practice of the allopaths which Hahnemann and others condemned, which is to take one or two symptoms as the disease and prescribe a drug routinely, such as anti-inflammatories whenever an inflammation is identified.

4. **Kent's distinction between the central disturbance and the changes at the periphery (pathology) is a further indication for the two sides of disease.**

Kent's approach in this remarkable article is similar to Hahnemann's prescribing, with its emphasis on the tissue change, leading to the selection of remedies from a personal (clinical) repertory that grouped remedies by therapeutic indication.

If no particularly characteristic symptoms were present, Hahnemann would then select his remedy on the basis of any important or prominent symptoms. If these were not present, he seems to have been satisfied to prescribe on the basis of any persisting physical symptoms, even if they were quite common – he prescribed Plumbum or Opium on no other indication than ‘constipation,’ for instance. He clearly had a range of remedies which he ‘thought of’ in certain pathological states. In the ensuing chapters it will be clear that Hahnemann quite often effectively prescribed in terms of what we now call ‘therapeutics’: there were, for instance, rheumatic remedies, paralytic remedies, respiratory remedies, urinary remedies.” (Handley, *In Search of the Later Hahnemann*, p. 65, emphasis added)

Hahnemann prescribed the remedy for Dr. Quin, on the basis of the specific Cinnabar symptom of ‘rheumatic pain in right knee joint, worse when walking, better at rest,’ despite having repertorised four other symptoms which did not produce a single mention of this remedy. Here he was presumably also responding to Quin's history of venereal disease. (Handley, *In Search of the Later Hahnemann*, p. 97, emphasis added)

For the listing of the remedies Hahnemann availed himself of to prescribe for disease irritations and other fixed diseases.

See: Homogenic Disease

Various homeopaths also felt the need to develop therapeutic guides (Allen, Clarke, etc.). Eizayaga developed a whole series of disease algorithms on this basis and most recently we have a book by Roger Morrison that is a modern therapeutic guide.

Sankaran seems to have grounded his approach in specific Aphorisms of the Organon, specifically §211 and 212. This shift to the level of the core delusion was strongly resisted by Vithoulkas as leading homeopathy into a mystical realm of subjective dream interpretations of supposedly objective case data. However, the attack on Sankaran's prescribing as being subjective backfired. Much the same charge could be levelled at essence prescribing, and with greater accuracy. The irony is that Sankaran's approach is well grounded in Hahnemann, whereas essence prescribing is not.

See: The Highest Diseases

The fault of Sankaran's approach is that, as Vithoulkas rightly pointed out, it does not apply, nor can we apply it, to all cases. Indeed, Sankaran himself has been reported as admitting that it works in less than 10 -15% of cases.

INTERCURRENT PRESCRIBING

The use of intercurrent remedies is another of those practices in homeopathy which is nowhere clearly explained, but is everywhere found in the old Materia Medicas and other writings on case histories. If we examine the concept closely through its actual use, we can see that intercurrent prescribing is another attempt to get at (with what often turns out to be concurrent action with the other remedy) that “hidden” side of disease – the underlying disease process (tonic side of disease) – when the well-indicated (pathic) remedy seems to be blocked.

In the homeopathic CD-ROM database of materia medica, Zizia, a search on “intercurrent” provides 195 references.

If, however, we take the pure toxin and potentize it, we are able by reason of its similarity to put it to clinical use, doubtless more often as an intercurrent remedy. (Anshutz’s *New, Old and Forgotten Remedies*, on Sepsin or Pyrogen)

Note: Sepsin is made from the disease material, a nosode. It is interesting that Anshutz makes the link between its roles as the pure toxin and probable use as an intercurrent.

It is also a valuable intercurrent in dysentery, when *Merc cor* although indicated, fails to relieve. (Bell’s *Homeopathic Therapeutics of Diarrhea*, on *Aconite*)

It is also valuable as an intercurrent, when remedies fail to relieve, here rivalling Sulph. (Bell’s *Homeopathic Therapeutics of Diarrhea*, on *Psorinum*)

Sometimes it acts powerfully again if an intercurrent dose of *Opium* is given... (Boenninghausen’s *Characteristics*, on *Camphora*)

Useful as an intercurrent in cases where the carefully selected remedy fails to act because some foreign controlling influence (*Psora*) requires to be subdued in order to allow the previous remedy a free scope to develop its power. (Boenninghausen’s *Characteristics*, on *Sulphur*)

...and very often they will need an intercurrent dose of *Psorinum* after the *Bar-m.* before reverting to *Bar-c.* (Borland’s *Children’s Types* on *Baryta carbonica*)

The remedy is often helped by an intercurrent dose of *Rhus tox* and conversely, when the latter is indicated, but does not act well, a dose of *Penicillium* will often stimulate its action.” (British Hom. J. on *Penicillium glaucum*)

It is also a valuable intercurrent remedy when the well-chosen remedies fail to act. (Choudhuri’s *Study on Materia Medica and Repertory*, on *Arsenicum album*)

Its chief use is in chronic disease. Oftentimes it may be prescribed as an intercurrent remedy, even when its individual symptoms are absent, in both chronic and acute diseases, for the purpose of arousing the reactive energies of the system. (Cowperthwaite’s *Textbook of Materia Medica and Therapeutics*, on *Sulphur*)

As a fever medicine, its only use is as an intercurrent remedy, or for the purpose of removing the cause of the fever. (Hale’s *Materia Medica and Special Therapeutics of the New Remedies*, Vol. 2, on *Leptandra*)

Note: this seems to imply that it is not generally used if prescribing on the presenting symptoms of the fever.

In treating patients’ constitutions with the oil, we can adopt the same rules in regard to intercurrent remedies as when we are giving an antipsoric, i.e., if any remedy seems indicated by the symptoms which spring up and require attention, the indicated remedy may be prescribed without suspending the oil. (Hale’s *Materia Medica and Special Therapeutics of the New Remedies*, on *Oleum jeconsaselli*)

Note: this is an interesting reference to the use of both remedies (tonic and pathic) at the same time.

...when the indicated medicine does not have the desired effect; useful as an intercurrent. ...an intercurrent remedy when others seem to fail. (Hering’s *Guiding Symptoms of the Materia Medica*, on *Sulphur*)

It therefore became the keystone of Hahnemann’s concept of the chronic diseases, and is still given as an intercurrent remedy when a more distinguishing picture is lacking, often realigning the symptoms and pointing to the next remedy more clearly. (Moskowitz’s *Homeopathic Medicine for Pregnancy and Childbirth*, on *Sulphur*)

Note: The idea is reinforced here of a remedy given not on the presenting symptoms, but on some other basis to eventually lead to a clearer symptom picture (pathology in the true sense of suffering) on which to prescribe. This same idea is contained in the next reference.

This remedy cannot often, in chronic cases, be repeated without an intercurrent. (Dunham’s *Lectures on Materia Medica*, on *Nat mur*)

To what place shall we assign *Medorrhinum*? Is it destined to have the same relation to sycosis that *Psorinum* has to *Psora*? Shall we be able to use it as an intercurrent in sycotic affections, to give impetus to other remedies? (The *Homeopathic Physician*, Nov. 1892, p. 499, “*Medorrhinum*” by George H. Clark, MD)

Note: this reference and the others above bring out the idea that the intercurrent somehow removes a blockage which is invisible (or at least not visible in an analysis of the presenting symptoms) allowing the seemingly well indicated (pathic) remedy to act better.

And let me warn you to beware of intercurrent remedies. Let your aim be to select each drug as a remedy corresponding not merely to the present symptoms, but also to that general character and fabric of the disease which determine its symptoms and their successive productions, course and relations. (Dunham’s *Lectures on Materia Medica*, on *Atropa Belladonna*)

Note: Dunham here reinforces the notion that there is more to the case than the presenting symptoms – “the general character and fabric” (the hidden or tonic side). The ideal expressed here, as found in classical homeopathy, is to find a remedy that covers the totality. However, this is a false ideal given that there are two sides. The pathic side has no dimensions, but the tonic side does and cannot be covered by one remedy (see section on Disease). And there may be pathology attendant upon each side.

Sil does not do useful work when *Merc* is still acting or has been acting. This is the time that *Hepar* becomes an intercurrent remedy. (Kent’s *Lectures on Homeopathic Materia Medica*)

While Hahnemann used remedies in between others, this use was much restricted. For example, he allowed a very restricted use of *Nux vomica* after several doses of *Sulphur*. The reason was the seeming resistance built up by the Life Force to repetitions of the same potency of a particular remedy. Later, this became less necessary as he adjusted the potency by the liquid dose and repeated agitation of the solution before each repetition.



NOSODES

The history of nosodes is one of the streams, as discussed above in the historical section, leading to dual remedy use. Their use was also resisted by many because of the difficulties of integrating them within the generally assumed framework of prescribing, namely the actual symptomology or pathic expression of disease. Some argued, and continue to do so, for their use solely on the basis of their indications in the symptomology (that is, their use in pathic disease).

Much as with intercurrent remedies, however, the various experiences and writings based on this experience with nosodes points to their use for the deeper, underlying disease process (tonic side). We can also see the link between the nosodes and intercurrent prescribing, as nosodes tend to be used intercurrently to move a case along where the presenting symptom picture is not clear enough to prescribe on (unclear pathic side), in order to produce a clearer symptom picture.

Nosodes are typically introduced on the basis of a link with the underlying disease process and on clinical evidence rather than provings that are focused more on the homeopathic pathology (symptomology of the patient). Hahnemann introduced, with his new antipsoric remedies, the use of evidence other than pure provings (mainly clinical evidence) as another basis for developing *Materia Medica*. Others followed this path.

See: Homogenic Disease

A nosode rejected by the old school, and by the majority of the new, in spite of its being a remedy which bears out our theory, and one which has proved of the utmost use in practice. It has not yet been proved, but the frequent use made of it and the verification of the toxin symptoms by some of our best practitioners justifies its reception. The first preparation was made according to Hering's propositions (laid down in Staph's *Archives*, 1830) by Dr. G. A. Weber, and applied with the most astonishing success in the cattle plague. He cured every case with it, and also cured men poisoned by the contagion. His report, a small treatise of 114 pages, was published in 1836 by Reclam, Leipsic. No notice was taken of it... Dr. Hering says: 'Homeopathic practitioners of the greatest integrity, and trustworthy beyond a doubt, long ago cured splenic fever in cattle, flocks of sheep and their shepherds by *Anthracinum*, an alcoholic tincture made from the blood of a bacteric spleen. Of course, the alcohol killed the infusoria, but what remained dissolved therein cured the disease in animals and men.' (Allen's *Materia Medica with the Nosodes*, on *Anthracinum*)

'Nosode', [Hering] says: 'is the general term given to the alcoholic extracts of morbid secretions, foolishly called isopathic remedies. The most useful and fully proved are *Hydrophobinum* and *Psorinum*. The sneering remarks of Trinks and others in 1826 against *Sepia* and the ignorant opposition to *Lachesis* have sunken into oblivion... All the condemning remarks against the *Hydrophobinum*, *Psorinum* and other Nosodes will meet the same fate. We can afford to wait.' (Allen's *Materia Medica with the Nosodes*, on *Secale cornatum*).

See: Isopathy and Isodes

This remedy is indicated where there are evidences of an underlying dyscrasia and in chronic cases where the well-selected remedy fails to relieve, or its action is of but short duration. (Blackwood's *Manual of Materia Medica, Therapeutics and Pharmacology with Clinical Index*, on *Psorinum*)

These remedies [chronic miasmatic nosodes] are frequently used to great advantage as intercurrent remedies in the course of treatment in chronic disease, prior to or following the apparently indicated remedy when the patient's response to that remedy is feeble or nil. (Grimmer's *Homeopathic Remedies That Have Cured Patients Suffering from Cancer*, on *Syphilinum*)

It is adapted to the most malignant type. Cases in which we formerly zigzagged a cure with *Arsenic*, *Carbo veg*, *Rhus* or *Terebinth* [pathic remedies] are met directly by this powerful nosode. But it is in puerperalism that it bids fair to occupy a unique place in our therapeutics. Here it is almost without a rival, in prompt and effective action, when the best selected remedy fails to ameliorate or improve. (Allen's *Homeopathic Therapeutics of Intermittent Fevers*, on *Pyrogen*)

The prophylaxis and treatment of plague with injections of more or less modified virus of plague by old-school practitioners affords evidence that the nosode of plague is available, like other nosodes, for the treatment of cases of the disease from which it is derived. (Clarke's *Dictionary of Materia Medica*)

In all cases of whooping cough suspected or defined I give the remedy in the 30th attenuation every four hours as a matter of routine, and as a rule it quickly assumes control of the case and does all that is necessary. In my experience, it agrees well with all other [pathic] whooping cough remedies, and when their specific indications appear I give them also in alternation or else alone. *Coqueluchinum* is an 'unproved' remedy except in the sense that every case of the disease is a proving... (Clarke's *Dictionary of Materia Medica*, on *Coqueluchinum*) (all emphasis above added) [Hahnemann himself began to see this in *Chronic Diseases*]

Note: The above two quotes highlight another important aspect of nosodes – their general use on the basis of clinical indications, rather than provings. This is justified here on the basis of the principle that since the nosode treats the disease process, the disease itself is the proving or guide to action, whether suspected or diagnosed in a patient (including some references in *Materia Medica* of giving the nosode where the mother had the disease).

It has often been observed that in syphilitized individuals [pathic] remedies act but a few days and must be changed. This always calls for the nosode. When there is only great weakness and few symptoms it will act well... It is seldom the best remedy for syphilis per se, but for marked and suppressed syphilis it seems to restore a sort of order and brings better reaction." (Kent's *Lectures on Homeopathic Materia Medica*, on *Syphilinum*)

The acute and sub-acute stages of Gonorrhoea and the less profoundly manifested types of the chronic form are covered by remedies which better correspond to the less deeply acting plane of the disease. An important differentiating point between the nosode and other anti-sycotic drugs consists therefore in this difference in their plane of action... (*Medical Advance*, W. H. Freeman, MD, Vol. XLV, no. 11, November 1907, p. 723)

As a general rule, the nosodes are the best for nondescript and obscure cases. They will generally clear the case of cobwebs, lead to the curative remedy and very often be the curative remedy in the chronic form of disease. (*Medical Advance*, W.A. Yingling, MD, Vol. XLIII, no. 11, November 1905, p. 654)

The indication for a nosode lies in the process [tonic side] and not in any particular sphere or area of life [pathic expression]... So when everything is desperate the remedy would be *Syphilinum*, but if the emphasis is on feeling desperate because of or in a particular situation only, the remedy would be one of the antisiphilitics. (Sankaran's *Substance of Homeopathy*, 1994)

We know that we have a definite field of symptomology action for this remedy but we also have a second field of usefulness. This is when we surmise that there may be unexpressed disease conditions which we should secure. One of the chief satisfactions of this 'house cleaner' is its effect upon the action of the other well-indicated remedies which do not seem to have the deep or lasting effect that is desired. An interdicted [intercurrent] dose of this nosode will resolve the case so that just such effect may be secured. (*Homeopathic Recorder*, March 1940, "Tuberculinum: An Explosive," by R. M. Troup, MD)

Note: These last few quotes illustrate the inchoate attempts to distinguish between the two sides of disease particularly as brought out in clinical practice through the use of nosodes.



The Continental Tradition

A homeopathic veterinarian, Johan Joseph Wilhelm Lux (1776-1849), one of the main promoters of homeopathy through the first homeopathic veterinary periodical, published a book in 1833 called *Isopathik der Contagionen*. This was the first direct attempt to promote the use of remedies made from disease material and to found a consistent approach to therapeutics on it. Lux claimed that nosodes were the “aequale” rather than the simillimum and that “...homeopathy is realised perfectly in Isopathy, because we cure contagious disease by their own infecting substance.”

He proposed that remedies be made from various disease discharges such as scabies in man, syphilitic pus, blood from anthrax smitten animals, faecal contagion of cholera, the lymph of plague, plus the “...potentisation of all sorts of excretions and secretions of man and animals (e.g., bladder stones, faecal matter; the sweat of feet; saliva of epileptics, etc.).” (Gaier, p. 300).

Lux's ideas led both to the development of clinical tests and provings of various of the substances he mentioned by himself, as well as others over the next two centuries, and to continuing controversy over what appeared to be his claim to a new principle of medicine.

Hahnemann was open to the use of isopathic remedies related to disease (nosodes), but was strong in his rejection of a new principle of cure. As he pointed out in his writings, the use of nosodes was part of the law of similars.

See: Hahnemann's Views of Isopathy and Isopathic Remedies

Initially, in his Chronic Diseases and the 5th Edition of the Organon, he was sympathetic to the emergence of nosodes. However, after Lux's book emerged (just after the publication of the 5th Edition of the Organon), Hahnemann became more critical of the philosophical pretensions. Hahnemann did not count Lux as one of the transgressors, but rather praised him for his efforts.

See: Isopathy and Isodes

The impact of this was not directly felt as the 6th Edition remained unpublished until 1921. Hahnemann's ideas were undoubtedly communicated to other homeopaths who also attacked the concept of “aequalia aequalibus.”

As a result of these criticisms, mainly by Dr. Griesselich in Germany, the idea of isopathy became one of those aspects of Hahnemann's medical system that was relegated to the periphery. The criticism of isopathy also tended to create some confusion and distrust as to the use within homeopathy of the isopathic substances themselves (mainly in the form of nosodes and remedies made from synthetic drugs). Interestingly, Hahnemann did not condemn isopathic remedies, but only the false presumptions of adherents of isopathy.

Despite this, the exploration of this dimension of Hahnemann's system continued in Germany and France. It is also interesting that the use of isopathic remedies is more prevalent today in homeopathic veterinary medicine, reflecting its origins.

The development of the isopathic concept was strongly taken up again in France, perhaps as the strong condemnation by Griesselich had not had as stunting an effect there as in Germany. Most notably, Dr. Leon Vannier created a homeopathic journal in 1921 that openly promoted isopathy, which he referred to as “isotherapy.” Vannier linked the use of certain nosodes to certain chronic miasms (Psorinum for Psora, Medorrhinum for Sycosis, etc.).

By 1936, it seems that most, if not all, French homeopaths were using nosodes and sarcodes.

In 1960, Dr. O. A. Julian published a important modern Materia Medica of the Nosodes. Interestingly enough, the German edition came out first, followed by a French edition in 1962 (Dr. Julian did all his medical work in Strasbourg, the meeting place of French and German culture). This book re-stimulated interest in isopathic remedies and their use in the cure of disease in Germany. Two homeopaths, Reinhold Voll and Helmut Schimmel in particular, became interested in their use in electro-acupuncture and electro-organometry therapies that they were developing. Another homeopath, Dr. Hans-Heinrich Reckeweg, also developed the use of isopathics extensively in the treatment of diseased tissue.

See: Homotoxicology

The work of all three homeopaths became better known outside Germany and stimulated practitioners to explore these dimensions.

Dr. Julian published his philosophical treatise on isopathics following on his Materia Medica in response to criticisms that their use was not homeopathy. The English edition only came out in 1980. In this work, Dynamised Micro-immunotherapy, Dr. Julian brought together all the material he could find related to the clinical use of and theoretical basis for isodes and nosodes.

The Native English Tradition

In England, there emerged a tradition based on observation and clinical evidence, which developed independently of the Kentian approach in North America. This tradition had always had close ties with continental Europe starting with Hahnemann himself through the person of Dr. Quin of England.

The main homeopaths in England and Scotland in the second half of the 19th Century were Drs. James Compton Burnett, Richard Hughes, J. Drysdale, R. E. Dudgeon, J. H. Clarke and R. T. Cooper. Dr. Cooper gave his name to the group that met under his direction initially almost weekly in the period 1880-1914, the Cooper Club. Original members, besides Cooper, were Burnett, Skinner (who went on to develop a high potency machine in the US), and Clarke. Following Burnett's death in 1901, the group continued under Dr. Clarke until the Great War with the next generation of influential British homeopaths, Drs. Wheeler, Tyler and Weir. The group was responsible for the development of many new remedies (mostly nosodes) and of various approaches within the context of Hahnemann's medical system, such as organ remedies. A useful short history of this period can be found in an article by Peter Morrel in Homeopathy Online, Vol. 6 – From Cooper Club to Flower Essences (<http://www.lyghtforce.com/HomeopathyOnline/text/morrel.htm>).

BURNETT

James Compton Burnett (1840-1901) was born just before Hahnemann's death and died just at the time that Kent was issuing his seminal Lectures on Homeopathic Philosophy. He studied medicine in Vienna and then practised in England.

Burnett represented one side of British homeopathy at the time. The other was represented by Dr. Richard Hughes. Hughes, while an adherent of the law of similars and of the totality of symptoms, was concerned to keep to low potencies and only those symptoms produced in provings using such low potencies (below 6C). “Again clinical symptoms (which were confirmations of the efficacy of the drug in patients, yet not appearing in the provings) were completely eliminated and symptoms observed in toxicological and poisoning from drugs were specially included.” (From biography in The Best of Burnett)

Burnett was familiar with the works of German homeopaths in the domain of organ remedies, side effects of vaccinations and the use of nosodes and sarcodes. He developed an approach to homeopathy that emphasised these aspects, but which he felt still was consistent with the teachings of homeopathy. He explained this “organopathic” approach as follows:

I would summarize the whole thing thus: Where the organ-ailing is primary to the organ, use organ remedies in little material doses frequently repeated; where the organ-ailing is of piece pathologically with that of the organism, use the homeopathic simillimum in high potency infrequently repeated.

I do not regard organopathy as something outside of homeopathy, but as being embraced by and included in it, though not identical or co-extensive with it. I would say – Organopathy is homeopathy in the first degree. And finally, I would emphasize the fact that where the homeopathic simillimal agent covering the totality of the symptoms, and also the underlying pathologic process causing such symptoms, can be found, there organopathy either has no *raison d'etre* at all, or it is of only temporary service to ease an organ in distress.

I find myself often unable to cure simple organ diseases with dilution; but I also find myself unable to cure the great constitutional diseases with organ remedies, and from very close observation, and not a little experience, I maintain that the organopathy of Rademacher (i.e., of Paracelsus) is just elementary homeopathy, the degree of similitude being very small, wherefore small material doses are needed in fairly frequent repetition. As the degree of similitude increases so must the dose of the remedy be lessened [that is, the potency increased].

This running after a remedy for any disease of complex nature is simple ignorance of fundamental principles and bars the road of progress.

Cancer is a chain of links, and each kind has links of different nature and each link is a biological process. And you are going to alter all that with ‘a’ remedy? It is absolutely unthinkable, and has no parallel in physio-biological phenomena.

Burnett taught of the need to use many remedies, including the organ remedies to treat serious and complex cases of disease. Trying to find a simillimum to cover this symptom complexity of the patient (as opposed to the symptom complex of each disease) would be virtually impossible:

From these considerations it is manifest that there are cases that cannot possibly be cured by one remedy and in as much as the symptoms form part respectively of groups of different causations, covering the totality of all the symptoms present in the patient would be a useless and fruitless task. Hence it is that Rademacherian organ-testing helps me so much in my every-day practical clinical life; for, if I cure an organ with its *Appropriatum Paraclesi*, and certain symptoms go while others remain I am enabled slowly to unravel the most complex groups of symptoms and finally find a simile or even the simillimum of the ground-evil [Hahnemann's pure image of the natural disease].

In the case of tuberculosis, Burnett introduced the nosode Bacillinum, made from the virus of the tubercular disease. Here he argues that the homeopathic nosode is homeopathic to the disease: 

In as much as the disease which the virus cures is similar to the one producible by a full dose of the virus itself, it follows that the action is homeopathic, and the remedy the homeopathic pathologic simillimum [pathogenic remedy] of the to-be-cured disease.

It is interesting to note that Burnett posits a point of no return, after which the nosode will no longer cure tuberculosis.

At a given stage of the consumptive process the virus is no longer a cure...

Later, as we will see, a German homeopath, Dr. Reckeweg addressed this particular area.

See: Homotoxicology

Writing about the emphasis on the patient's symptoms, Burnett correctly underlines that they are not sufficient to treat disease and can lead to a narrowing of approach. Symptoms represent the intellectual side of prescribing, much as spelling is the rational side of reading. Yet, we do not read in rational terms but in terms of symbols and images, grasping whole words in recognition of the pattern as part of a context. While the simple reading of the patient's symptoms (pathic side) is mainly acceptable for true acute natural disease, it is less valuable for more complex (i.e., chronic) cases, for which there needs to be a focus on the underlying disease process (tonic side). This is the direction that Hahnemann was heading, for which he gave us the blueprint and some outlines (Burnett's “Higher Homeopathy”).

See: Self-Limiting Disease

Well, it is very difficult; and symptoms alone do not commonly suffice, and I fancy this is the rock on which they stranded, and still do strand... At the same time it is very important to not under-value symptoms as we cannot get on without them; and the more's the pity. I say this advisedly, because symptomatic equations [repertorisation] are very time-devouring, and working at them too much is apt to become stultifying, and I have at times thought, narrows the medical mind – turning it slowly into something very like a machine. When homeopathy casts off its swaddling clothes, the subjective symptoms will be to Higher Homeopathy what spelling is to reading.”

To speak of the ‘all-sufficiency of symptoms’ is to mislead some, to disgust others; and in general it effectively dams the stream of homeopathic progress.

Burnett often argued that the treatment of the case on the basis of the symptoms alone left the cause untouched (the pathic and tonic sides?):

The contention that the disease is *all* expressed in the symptoms is one to which I cannot assent, because it is not true; it may be, or it may *not* be. It is *not enough* to cover the totality of the symptoms; for when this has been done we are only half way, we have then to ask these questions; what is the real nature, the natural history, the pathology of the malady under consideration? What caused it? Is the cause still there or has it gone? Is the *drug* chosen capable of producing a real disease like the one before us? In fact: is it really homeopathic to the morbid process – coincident – adequate – reaching from the beginning to end? *If not, we are on the wrong scent if we are to really cure and not merely palliate.* (original italics)

In another revealing passage, Burnett touches on the problem of constitutional remedies. He explains why some prescriptions work (the symptoms match the disease rather than the constitution) and why treating only for the patient leads to no cure of the disease unless the disease, and mainly the tonic side, is addressed:

But such cures are not worth much; they do not reach very far, and are only of practical value when the malady and the symptoms are convertible terms. The simillimum of the symptoms may, or may not be the simillimum of the malady; if of the latter, we have an ideal therapy beyond which there is nought to be desired; if of the symptoms only, we are apt to keep on curing our patients till they die. If homeopathy is to go on advancing we must face the question of *getting behind the symptoms* so that we may not only treat the symptoms homeopathically, but also the malady in its essence. (italics original)

Burnett also saw the distinction between the use of pathic remedies and nosodes and between the use of organ-remedies to remove disease centred in an organ or organs and the need for nosodes to remove the miasmatic blockage (here called the diathesis):

...many homeopaths do not admit organopathy as an integral part of homeopathy, while many others pooh-pooh or turn up their superior noses at the use of zoiic medicines such as *Bacillinum*, *Morbillinum*, *Variolinum*. Whereas I maintain that organopathy is basic elementary homeopathy leading up to symptomatic differentiation, and the zoiic medicines begin where the ordinary symptomatic differentiation leaves off... [Organopathy's] weak point is the relatively uncertain power of the organ-medicines over the disposition [underlying cause]; it gets rid of the [disease] product more effectively than it does with the diathesis. This same weak point, however, exists likewise in purely homeopathic symptom-covering; in neither case is the neoplastic diathesis materially influenced *unless the degree of homeopathy* in the drug chosen be very considerable; for looking deeply into the thing makes us aware that it is *not* the mode of being a remedy that is of greatest import, *but* the degree of likeness existing between drug-pathogenesis and the natural history of the malady in its anatomical and physiological essence. (Original italics)

This is where the zoiic medication begins: it hits the diathetic quality as well as the product. Here only higher dilutions at longer intervals are any good, or fuel is added to the flames; whereas in organopathy small material doses act well and suffice...

CLARKE

Clarke had first studied with Dr. Hughes but then decided in favour of Burnett's approach and was also more in favour of the high potencies advocated by Skinner and Kent and others. He produced the influential three volume Dictionary of Homeopathic Materia Medica which contains much clinical evidence on the effects of remedies as well as a strong element of causation. Clarke was also a great supporter of and user of nosodes.

Indeed, Skinner, Burnett and Clarke introduced many new nosodes into homeopathy, especially for cancer. Examples include *Melitagrinum*, *Morbillinum*, *Nectrianinum*, *Scarlatininum*, *Bacillinum testinum*, *Coqueluchinum* (also called *Pertussin*), *Carcinosinum*, *Ephysterinum*, *Ergotinum*, *Hippozaeninum* and *Schirrhinum* (see Allen, 1909, pp 559-576) and the *Bacillinum* of Burnett [‘a maceration of a typical Tuberculous lung introduced by Dr. Burnett,’ Boericke's *Materia Medica*, 1927, p. 101]. (Morrel)

The Minor Key in North America

One of the earliest founders of homeopathy in the United States was Constantine Hering. Hering was responsible for the use of animal venoms (Lachesis) and rabid dog saliva (Lyssin) as homeopathic remedies, as well as a promoter of the use of nosodes made from discharges of the chronic infections (scabies, gonorrhoea and syphilis). Burnett in England, somewhat later, developed the use of a tubercular nosode (Bacillinum) as well as others. Many of the nosodes were introduced with full provings, but others were often used purely on clinical indications or on the basis set down by the isopathic movement (see section on Isopathy and Isodes) that a disease could be treated by the disease agent (either derived from the disease discharge or from the pure viral or bacterial matter) in potentized form.

The interest in nosodes later received a strong endorsement from Henry Allen, the Dean and Professor of Materia Medica of the Hering Medical College and Hospital, Chicago, with the publication in 1910 of the *Materia Medica of the Noso*, but then seemed not to have a particular champion. Allen, born in Canada, did the original proving of the nosode Luesinum (Syphilinum) in 1880 in concert with Dr. Swann. Allen very strongly promoted the use of nosodes only where indicated on the symptoms and based on provings of the potentised substances.

We need to look to continental Europe (mainly Germany and France) for the main history of the development of nosodes and other remedies with direct relationships to disease above and beyond the symptomology, or what is commonly referred to as isopathy.

TEXTBOOK:

THE TEACHINGS OF HEILKUNST

PART I: BASIC CONCEPTS

THE STORY OF A MEDICAL GENIUS

The story of the birth and foundation of Heilkunst is essentially the story of one man, a genius and medical reformer, born Christian Frederick Samuel Hahnemann in the town of Meissen, Saxony, a small town tucked away in the southeast of Germany. The records are not clear on the exact date of his birth. Hahnemann was born near or just after midnight, April 10, 1755. His father was a painter at the Meissen porcelain factory, which is still famous throughout the world. Hahnemann grew up in a relatively well-educated yet modest family.

Samuel was a boy of thin stature, physically delicate, fair-haired and blue-eyed. He did not enjoy robust health and preferred intellectual study to more physical pursuits. He showed strong self-discipline and independence of mind early in his life, as well as an aptitude for languages. He developed a life-long attachment to nature, particularly to the beauty of the Saxon countryside through which flowed river Elbe.

Much of what we know of his early childhood comes from a short autobiography he wrote hastily in 1791 from memory. This autobiography is not entirely accurate, but it gives us a clear insight into the mind and spirit of Samuel Hahnemann, and the principles and ideas that motivated his life's work.

My father... had found for himself the soundest conceptions of that which is good and can be called worthy of man. These ideas he implanted in me. 'To act and to live without pretence or show,' was his most noteworthy precept, which impressed me more by his example than by his words. He was frequently present though unobserved where something good was to be accomplished. Should I not follow him?

... I spent several years in the Town School of Meissen, and when about sixteen years of age I attended the Prince's school of that town. There is nothing of special note to report about me at that school, except that the Rector ... accorded me liberties in my studies... [and] in my twelfth year he authorised me to impart to others the rudiments of the Greek language... I was frequently ailing from overstudying... Here I made it my duty to grasp what I was reading rather than to read too much, to read little but correctly and to classify in my mind the portion already read before continuing. (Haehl, Vol.I, p. 10)

We can see here the early foundations of Hahnemann's interest in nature, in careful observation, and long study.

His father's directions – never to be just a passive observer – reflected the leading educational ideas of the time amongst the cultured classes of Europe, particularly those of Jean Jacques Rousseau. As a leading German exponent of the time stated, these ideas were:

Never to learn or listen passively.
To act and to be oneself without vain display.
Never to act contrary to the sublime conception of the first principle of Creation, of the dignity of mankind or its lofty destiny. (Haehl, Vol. I, p. 13)

As a young boy, Hahnemann kept a collection of local plants and flowers, and he often went into the neighboring hills to gather specimens.

At the age of 20, young Samuel Hahnemann left his hometown for the University of Leipzig, some 50 kilometers to the northeast of Meissen. There he undertook the study of medicine. Leipzig had a well-established reputation as a centre for learning throughout Europe. The great German scientist and poet Goethe had studied there only five years earlier.

Student life was difficult and sparse, with little money for heat or food in the cold winters. However, here Hahnemann learned the importance of physical exercise and proper diet for the maintenance of health in the face of the demands of long study, a lesson that stayed with him throughout his long life, allowing him to remain of sound body and mind until his death at the age of 88.

I can testify for myself that also in Leipsic I practised my father's maxim never to be a passive listener or learner. But here I did not quite forget to procure, by physical exercise and fresh air, that bodily energy and vigour which alone enable the body to stand successfully the strain of continued mental exertion. (Haehl, vol. I, p. 11)

Already at this age Hahnemann was earning money from his knowledge of languages, giving private lessons in French and German and translating scientific works from English. Showing his independent spirit, Hahnemann only attended those courses and lectures that he felt were most suitable and useful. As it happened, he was generally disappointed by the quality of the medical training he was receiving at the University of Leipzig medical school, and he preferred to spend time on self-study. Instead of useful information and practical experience, he received dull theory and speculation, and this at the most famous and popular university in Germany. The medical school did not even have a clinic or practical component in its program.

Despite the difficult journey and lack of funds Hahnemann was determined to travel to Vienna in search of a better education.. There he found the practical medical education he wanted at the Brothers of Mercy hospital, run by the physician to the Empress. Dr. Quarin accepted to teach Hahnemann without monetary compensation, so impressed was he by the student's desire to learn, and his courage, self-discipline and hard-work. After nine months Hahnemann, with Dr. Quarin's help, found a position as a physician to a wealthy Saxon, the Governor of Transylvania. After having amassed some savings, Hahnemann again moved, this time to Erlangen, Germany, in order to formally complete his medical education. In the summer of 1779, Hahnemann received his medical diploma.

Medical education in Hahnemann's time left much to be desired. It was mostly theoretical, and full of conflicting systems. The students were, as one commentator of the time noted, effectively let loose on an unsuspecting public to learn medicine by trial and error.

As Goethe observed (in a speech by Faust to his assistant Wagner while walking the outskirts of Leipzig):

This was the medicine: the patient died,
And no one thought of asking who recovered.
So 'mongst these hills and vales our hell-broths wrought
More havoc, brought more victims to the grave
By many than the pestilence had brought.
To thousands I myself the poison gave:
They pined and perished; I live on to hear
Their reckless murderer's praises far and near.
(Haehl, Vol. I, p. 25)

Hahnemann's ethical standards, powers of observation and keen intellect, however, would enable him to rise above this rather miserable standard and develop a remarkable system of medicine firmly grounded in the laws of nature, and perfected by the powerful tool of human reason.

In the period 1780-1785, Hahnemann married, saw his first child, a daughter, born and moved several times, searching for a suitable place to set up a permanent practice and raise a family. He already was critical of the scholastic medical practices of his time, seeing more value in folk medicine. Though he kept within the main precepts of medicine, he was able to publish his criticisms of medicine in the journals of his day:

In spite of this, my pride does not prevent me from confessing that veterinary surgeons are usually more successful, that is, have more skill in the treatment of old wounds than the most learned professors and members of the academies. Don't shout, this is only empiricism. I wish I had their professional skill based upon their experience, which they have frequently only acquired through treating animals; I would willingly exchange it for several medical volumes if they agree... So much is true, and that should make us more modest, that almost all our knowledge of the healing properties of the simple and natural, as well as of the artificial products, is largely derived from the crude and automatic applications of the ordinary man, and that the conscientious physician frequently draws important deductions from the consequences of the effects of the so-called household remedies, which are invaluable to him. Their importance draws him more and more to simple nature amidst the rejoicing of his patients. (Haehl, Vol. 1, p. 30)

THE FOUNDATION OF MEDICINE IN NATURAL LAW: LAWS OF SIMILAR AND OPPOSITE RESONANCE

Medicine, like any scientific pursuit, must be firmly based on the actions of nature; specifically, it must be based on the manner in which nature heals and cures. These actions are governed by laws that act everywhere and always in the same way. It is possible for man to act contrary to natural law, but he pays a price for this disobedience.

A system of medicine must also be based first and foremost on cure, that is, the destruction of the disease in the patient, not simply the removal of symptoms (which can be done via suppression or palliation), using methods which are as gentle as possible. If the prescribing of medicine is done on the basis of nature's principles of cure, then the result must be permanent and gentle.

Of course, the first aim of medicine is to prevent disease, and Hahnemann had much to say on this as we have seen, but once disease has taken hold of a person's economy, then the aim must be to destroy it. There can be no truce in this struggle.

Since the earliest era in medicine, man has attempted to discover the laws of nature so that he might use them to his benefit. This was at a time when science was referred to as natural philosophy, or the rational study of nature. Western medicine has its roots in the observations of nature by Greek philosophers several thousand years ago. Although such observations preceded the Golden Age of Greece, it was the Greeks who first produced a systematic study of nature and drew rational conclusions from these observations in the form of hypotheses, theories, laws and principles.

The ancient Greek writings speak of two principles of nature in the application of medicine: the law of similars (in Latin, *similia similibus*) and the law of opposites (*contraria contrariis*). In other words, a medicine can either work on the basis of its ability to produce in a healthy person a similar action (a form of artificial disease) to the natural disease to be cured, or on the basis of its ability to produce an opposite action to that of the disease.

An example would be fever. Each natural disease produces its own distinct fever. The physician can give a medicine that produces a similar fever in a healthy person, or a medicine that is known to directly block the natural fever. Another example is the treatment of burns. The physician has the choice of applying heat (similars) or cold (opposites). In deciding a course of action, the physician must be aware of what effect he will produce in the patient.

The effect of medicine can be one of three ways:

- curative (permanent removal)
- palliative (temporary relief)
- suppressive (blocking natural avenues of healing or even engendering more disease and thereby further weakening the Living Power).

Each of the two principles – *similia similibus* and *contraria contrariis* – is so fundamental that it is among the founding laws of nature, much like other fundamental laws such as the law of gravity.

Thus, it is these laws that must provide us with the basis, derived from close observation of nature, for knowing what effect a medicinal substance will have on disease.

THREE STREAMS OF MEDICINE IN WESTERN HISTORY

Medicine has long been aware of these two laws, at least as far back as the time of Hippocrates, the Father of Western Medicine. In Hippocrates' time there were two competing schools of medicine, that of Hippocrates himself and the school he founded, and that of Asklepiades.

The Hippocratic teachings emphasized the use of medicines on the basis of the law of similars, seeing this as the only curative method; the use of opposite medicines only provided temporary relief (palliation). At the same time, they accepted that the law of opposites had a valid role in the area of regimen (e.g., lack of exercise should be countered with exercise, lack of nutrient requires the nutrients involved, lack of a proper lifestyle must be remedied by changes in the lifestyle in an opposite direction).

The school founded by Asklepiades believed that physicians should primarily use medicines that had an opposite action to that of the symptoms of the patient.

The difference in approach arose from competing views of the ability of the organism to rid the body of disease naturally, or unaided by man. The Hippocratic tradition had a high regard for the natural ability of the organism to heal itself, which it called the *vis medicatrix naturae*, or the natural healer within. It believed that this natural healing ability should be supported, not opposed. The symptoms of the patient were seen as simply the efforts of the organism to rid itself of noxious influences which were causing a disturbance in its normal functioning.

Thus, the emphasis in the Hippocratic school was on regimen (diet, exercise, rest and relaxation), accompanied by the use of medicines in the form of simple plants and minerals which were intended to support this natural healing process on the basis of the law of similars.

In contrast, the Asklepiadean school observed that the organism often could not recover on its own from disease and that the increasingly frantic efforts of the organism to rid itself of the disease only added to the problem and could eventually lead to death. From this observation they concluded that the role of the physician was to oppose the efforts of the organism if the patient was to be saved. From this tradition developed a general distrust of the organism's innate ability to restore balance and a tendency to intervene more often than not.

The problem faced by both traditions was the general lack of knowledge of the action of medicines. This action could not be determined *a priori* (in advance) or on the basis of speculation (although this did not prevent speculation from taking place), but only on the basis of close and careful observation.

Observations by Hippocrates and others did not yield more than fragmentary knowledge of the action of medicines. Either the physician avoided medicines where possible, because of their potentially harmful effects (the Hippocratic tradition), or the physician applied medicines solely on the basis of their ability to remove symptoms in the patient (the Asklepiadean tradition), without being aware of whether this was curative, palliative or suppressive. Instead, the perception of the role of the Living Power in disease dictated the physician's interventions – to support the natural actions through regimen or to counter the natural actions with whatever medicines seemed useful.

A third stream of thought which heavily influenced the development of Western medicine was that of the Greek physician Galen (130-201 AD). Galen accepted the views of Hippocrates on the natural healing power of the organism, and the duty of the physician to support this healing power. However, contrary to the Hippocratic school, Galen and his school tended to prefer philosophical discourse to sober observation of nature.

The conscious use of medicine on the basis of fundamental principle (similars or opposites) remained virtually dormant until the emergence of homeopathy in the 18th century through the genius of Dr. Samuel Hahnemann. Until then there was knowledge of the two laws of medicinal action – similars and opposites – but no effective way to implement them. This changed when Dr. Hahnemann introduced the systematic testing of medicines on healthy people, which he called "provings." Until recently, medicine remained at the level of herbalism, applying remedies based on the collected experience and wisdom of past generations because they were known to have a particular effect on various ailments or conditions. Sometimes the principle (similars or opposites) was known because it was discovered by chance, but more often it was not known.

The dominant medical tradition today essentially distrusts the natural healing capacity and feels the need to intervene forcibly to save the patient, although, ironically, it relies on that capacity to enable the patient to recover after drug treatment (which is immune suppressant), particularly in cancer treatment or after surgery. The result is a tendency to resort to so-called "heroic" measures – routine use of surgery, powerful drugs – which is the lineal descendant of the Asklepiadean tradition. More recently, the predominance of materialist philosophy in Western thought has reinforced the ancient mistrust of the healing power by viewing the organism as a machine, albeit an extremely complex machine, reducible to bio-chemical laws.

Lacking any conscious knowledge of the principles of nature, allopathic physicians prescribe medicines purely on the basis of their known action to remove symptoms, without knowing whether this action is curative or palliative (and possibly suppressive). Unknowingly, allopaths use medicines in order to produce a contrary action (anti-biotics, anti-depressants, anti-histamines, anti-inflammatories, etc.), although some of the drugs used actually act on the basis of the law of similars (e.g., amphetamine-type drugs, such as Ritalin, for hyperactive conditions) as do vaccinations (but with serious, disease-causing effects due to the crude dose).

The newly-emergent remedial approach, which is often termed "natural medicine," is the current expression of the Hippocratic belief that the life energy can restore balance in the face of disease. This belief is reflected in other cultures as well. All manner of techniques are used to support and strengthen the *vis medicatrix naturae* so that it can combat the suffering of the patient. Herbs, vitamins, diet, exercise, meditation and various forms of massage and energy work (acupuncture, Reiki, reflexology, shiatsu, etc.) are the favored means.

However, as much as "natural medicine" differs in philosophy and methodology from the more dominant tradition, variously called "Western" or "scientific" medicine, the fact remains that it, too, is based on no conscious principle. "Natural medicine" mostly concerns itself with regimen, but where it involves medicinal substances, they are given on the basis of folklore and recipes handed down over the centuries, an empiricism that differs from the other one only in its form.

Both "Western" medicine and "natural" medicine are allopathic in nature because they are based on experience (experiment) uninformed by knowledge of the principle of their action (similars or opposites).

Dr. Hahnemann named the prevailing system of medicine of his time "allopathic," meaning that it was based neither on the principle of similars (homeopathic – from *homoios* and *pathos* = similar suffering) or opposites (antipathic – "allo" meaning "other").

The concept of similars as the basis for curing disease with medicine was put forward by various physicians in European history, most notably the Swiss physician, Theophrastus Bombastus von Hohenheim, better known as Paracelsus, in the 16th Century and by the Danish physician, Stahl, in the 17th Century.

Paracelsus wrote that only medicines given on the basis of the principle of similars could cure disease. Dr. Stahl wrote: "To treat with opposite acting remedies is the reverse of what it ought to be. I am convinced that disease will yield to, and be cured by, remedies that produce similar affections."

However, these voices were lost in the dominant tendency to prescribe substances based on tradition (folk medicine derived from long experience) or on dogma (what Hahnemann criticized as "academic medicine" based on empty theorizing). There was little of real rational medicine, that is, medicine based on experience informed by principle (derived from close observation of nature's actual workings, not speculation).

Thus, for instance, they tried arnica in dysentery, and in some instances found it a useful specific... But what guided them, what principle induced them to try such remedies? Alas! only a precedent from the empirical game of hazard from domestic practice, chance cases, in which these substances were accidentally found useful in this or that disease, often only in peculiar unmentioned combinations, which might perhaps never again occur; sometimes in pure simple diseases. (*Lesser Writings*, p. 263)

They called their theoretical hatchings systems (or constructs), each of which contradicted the others and itself. Each of these subtle portrayals set the readers initially into a stupefied amazement on account of the incomprehensible wisdom contained in it. It drew to the system-builder a host of followers who parroted the unnatural sophistry; to none of them was the slightest use in being able to cure better. Then a new system would come along, often quite contrary to the first, displace that one and again procure for itself a reputation for a short time. None of them, however, was in harmony with nature and experience. (Introduction to the *Organon*)

Between 1785 and 1792, Hahnemann moved only twice. In the capital, Dresden, he was able to further his practical medical knowledge and write many scientific works. One, on chemistry, advocates the preparation of one's own medicines when it is not possible to detect impurities. In all, Hahnemann published some 2,200 printed pages in addition to his medical work, leading one biographer to marvel at his "unusual capacity for work, at the energy, the industry and zeal with which the man of thirty to thirty-four years accomplished this task." (Haehl, Vol. I, p. 32).

It was also in this period that Hahnemann became fully conscious of the failings of the medical art and science of his day. He became convinced that the medical practices in vogue were both ill-founded and dangerous. In a style that was to characterize his dealings with his allopathic peers from then on, he attacked them openly and eloquently, almost like an Old Testament prophet foretelling of the doom that would befall those who would not change their ways.

One work, *Arsenic Poisoning*, gives us a flavor of his views and his passion for the reform of a system corrupted by ego, dogma, vacuous theorizing, and adulterated medicines, and which, as a result, caused more harm than good, far removed from the spirit of the Hippocratic Oath.

A number of causes, which I will not recount here, have for several centuries reduced the dignity of that God-like science, practical medicine, to a wretched breadwinning, a glossing over of symptoms, a degrading commerce in prescriptions – God help us! – to a trade that mixes the disciples of Hippocrates with the riff-raff and medical rogues, in such a way that one is indistinguishable from the other.

How rarely does an honest man, occasionally, succeed in raising himself, by exceptional knowledge and talents, above this swarm of quacks, and in throwing such a pure and genuine splendour over the science at whose altar he worships, that even the mob could not mistake the venerable and friendly evening star for the misty shooting stars. How rare is such a phenomenon, and therefore, how powerless is he to renew the decayed patent of nobility for the purified medical science. (Haehl, Vol. I, p. 33-34)

Here we can see that Hahnemann was quickly coming to the conclusion that there could be no reform from within, but that the entire foundation of medicine, what he termed "The Old School," needed to be rebuilt. This called for radical reform, a surprising notion from someone generally of conservative origin. However, Hahnemann had always shown himself willing to take on tradition and authority if it no longer deserved respect, for the greater good of his fellow man and the advancement of the art and science of medicine — in his words, that most "God-like" pursuit of man.

In September of 1789, Hahnemann moved back to Leipzig to be nearer the cultural center of Germany. He made a difficult decision, but one that was fully consistent with his growing convictions, and which would have momentous consequences for the future course of medicine. Hahnemann chose to abandon the practice of medicine according to the rules of his time. Now his growing family would have to subsist almost entirely on his translations and writings.

The medical advice Dr. Hahnemann dispensed in this time was mostly related to diet and regimen, as well as hygiene. One of his first writings of this period was *Friends of Health*, a compendium of advice on diet and exercise, fresh air and hygiene that he had given out individually to those who had sought his advice. In this work, Hahnemann largely pre-dated the efforts of other reformers to combat the epidemic diseases then raging across Europe, such as typhoid and cholera. Hygiene, as any history of medicine can attest, was not a topic of study in medical schools, and anyone who attempted to raise the subject was generally ridiculed.

Hahnemann gave individual advice, taking into account the particular circumstances of each person. He was not inclined to give much credence to the various general systems of diet and regimen often urged on patients, but rather favoured reliance on patients' healthy instinct as a guide to what was best for them. He also stressed the need for ethical regimen, that is right living, following the Greek ideal of the Golden Mean, moderation in all things.

I must feel for myself what is useful for me and how much of it; if I do not know it, no one else does. Therefore do not think badly of me, brother, if I am somewhat prejudiced against those universal rules of diet meant to apply to sensible people. For, is not every man's stomach as peculiar to him as his foot, which another man's shoe does not and cannot fit? [Hahnemann lays down as the] only infallible guide to salvation in diet: moderation and attention to the needs of the individual constitution under any given conditions... Moderation, strictness, not a moderation influenced by a spoilt and pampered palate, is the supreme physical virtue without which we cannot be healthy or happy. [One more thing to be added is] cheerfulness and control of all passions, since passions are lowering and make us susceptible to disease. (Haehl, Vol. I, p. 51-52)

As for exercise, Hahnemann taught that it, along with fresh air and fresh water, was a key element of health:

Next to food, exercise is the most essential requirement of the animal mechanism – it is that which winds up the machinery... Exercise and good air alone set all the humours in our body in motion to fill their appointed places, and compel every secreting organ to give off its specific secretions, give power to the muscles and to the blood its deepest red colour; they refine the fluids so that they penetrate easily into the most minute capillary vessels, strengthen the heart beats and bring about healthy digestion. They alone best invite us to rest and sleep, which is a time of refreshment for the production of new spirit and energy. (Haehl, Vol. I, p. 52-53)

While Hahnemann had given up the practice of medicine according to the methods of his time – strong drugs, blood-letting, fontanelles, formula diets (often starvation) – he continued to advocate good diet, exercise, fresh air, etc. He maintained this emphasis on regimen as an important element of his approach to treatment of disease until the very end.

See: Regimen

We can see the extent to which Hahnemann viewed the scope of medicine as including almost every aspect of life, or rather, the importance of many aspects of life on one's health. His work touches on sanitation, prisons, marriage, education, behavior, etc. – all things that can be said to have an influence on health in the broadest sense.

Hahnemann insisted that mothers breastfeed their children, and he gave instructions on how this could be done. He further insisted on the importance of fresh air in the nursery, the lack of such being the "first and greatest cause of most of the diseases of childhood."

In addition to personal hygiene, Hahnemann was one of the first medical reformers to speak of social hygiene. *Friend of Health* gave explicit instructions for the isolation of contagious disease cases in hospitals, the use of large and well-ventilated rooms, the disinfection of all utensils and living-rooms used by such patients. He advocated the destruction of the old quarters of towns with their narrow, airless lanes and enclosed, dank rooms and recommended replacing them with new dwellings. The draining of marshes and the laying out of new suburbs were other means he advocated to promote health.

Contrast Hahnemann's description of the typical town dwelling of his day with his vision for the new suburbs:

In order to save fuel and high rents, several miserable families will often herd together, frequently in one room, and they are careful not to let in any fresh air through window or door, because that might also let in the cold. The animal exhalations from perspiration and the breath become concentrated, stagnant and foul in these places; one person's lungs do their best to take away from the others all the small amount of life-giving air remaining, exhaling in exchange impurities from the blood. The melancholy twilight of their small, darkened windows is combined with the enervating dampness and musty smell of old rags and rotting straw: fear, envy, quarrelsomeness and other passions do their best to destroy completely what little health there is... Here contagious epidemics not only go on spreading easily and almost unceasingly if the slightest germ has chanced to fall there, but it is here they actually originate, break out and become fatal even to more fortunate citizens.

In laying out new towns, no houses more than two stories high should be allowed; every street should be built at least twenty paces wide and perfectly straight, so that air could blow freely through it, and behind each house...there should be a yard and a little garden, running the width of the house and at least twice its length... and this would be such an effective method of suppressing infectious diseases and of improving the general health, that most of the rules of precaution against epidemics which I have given above would thereby become to a great extent superfluous. (Haehl, Vol. I, p. 58)

While Hahnemann worked hard to find a better way to prevent disease through regimen, he despaired of his ability to find a better way of using medicine to cure disease. In 1805, looking back, in his *Æsculpius in Balance* he wrote:

After the discovery of the weakness and misconceptions of my teachers and my books I sank into a state of morbid indignation, which might almost have completely vitiated for me the study of medical knowledge. I was about to believe that the whole science was of no avail and incapable of improvement. I gave myself up to my own individual cogitations and determined to fix no goal for my considerations until I should have arrived at a decisive conclusion. (Haehl, Vol. I, p. 63)

Hahnemann continued his medical research, however, and in 1789 came the first suggestion that cure could be attained through the ancient principle of similars.

Hahnemann then began to formulate a system of medicine based on principle and natural law, as opposed to the blind empiricism of folk medicine and the empty theories of academic medicine.

THE BIRTH OF RATIONAL MEDICINE

(MEDICINE BASED ON PRINCIPLE)

It remained for Samuel Hahnemann to provide the basis for a truly rational system of medicine, one fully grounded in natural law. Hahnemann was aware of the ancient teachings of Hippocrates and others, as well as the more recent observations of Stahl, that the only curative means of applying medicine was on the basis of similia similibus, that is, the use of medicinal substances that produced effects similar to the effects of the disease in the patient.

In 1789, Hahnemann wrote, in Instructions for Surgeons on Venereal Diseases, about the then common use of mercury to treat syphilis. The medical texts of the time saw the benefit of mercury arising from its ability to produce salivation, perspiration, diarrhea and increased urination.

In contrast, Hahnemann stated that the curative action came from the fact that mercury produced a counter irritation, or artificial disease, which he called "mercurial fever." This was the first suggestion from Hahnemann that cure derives from the action of one disease (here, an artificial mercury disease) driving out the natural disease (syphilis) on the basis of their similarity.

The following year Hahnemann translated a medical text by the Scottish doctor, William Cullen and became more fully conscious of the idea that medicines work on sick people on the basis of similar effects they produce in healthy people, the ancient principle of similars, which had long been known, but not yet consciously and systematically applied in medicine.

Then, in 1796, came the publication of Hahnemann's first comprehensive work on the basis for a new system of medicine, Essay on a New Principle for ascertaining the curative powers of drugs and some examinations of the previous principles. Here we see the clear outlines of the new system. All of Hahnemann's research had finally produced a clear vision as to the foundation and direction of a truly curative and safe medicine.

However, this vision did not come without a tremendous amount of doubt, sacrifice and internal conflict, the usual course of creation. As Hahnemann himself described it years later:

For eighteen years I have been deviating from the ordinary practice of the medical art. Attending to patients in the way our books suggest, it was to me [unacceptable] that I should thus be continually groping in the dark and, according to this or that (imagined) opinion, be prescribing treatments, which were only contained in the Materia Medica according to degree of fitness.

My sense of duty would not easily allow me to treat the unknown pathological state of my suffering brethren with these unknown medicines. If they are not exactly suitable (and how could the physician know that, since their specific effects had not yet been demonstrated?), they might with their strong potency easily change life into death or induce new disorders and chronic maladies, often more difficult to eradicate than the original disease. The thought of becoming in this way a murderer or a malefactor towards the life of my fellow human beings was most terrible to me, so terrible and disturbing that I wholly gave up my practice in the first years of my married life. I scarcely treated anybody for fear of injuring him, and occupied myself solely with chemistry and writing.

But then children were born to me, several children, and after a time serious illnesses occurred, which, in tormenting and endangering my children, my own flesh and blood, made it even more painful to my sense of duty, that I could not with any degree of assurance procure help for them. But whence was I to obtain help – certain and sure help – with our present knowledge of the power of medicines, resting as it does merely on vague observations, often merely on hypothetical opinions, and with the innumerable mass of arbitrary views of disease in our pathologies? This was a labyrinth, in which, only that man can remain at ease who is willing to accept as truth the assertions of the healing powers of medicines, because they are printed in a hundred books, and who, without enquiry, receives as from the oracle the haphazard definitions of the diseases in the Pathologies, as well as their supposed cure in the hypothetical instances of our Therapies...

During my eight years' ordinary practice my attention had been repeatedly drawn to the delusions of the ordinary methods of healing, and I knew very well from sad experience, what was to be hoped for from the methods of Sydenham and Fr. Hoffmann, from Boerhaave and Gaubius, or from Stoll, Quarin, Cullen and de Haen. Yet perhaps the whole nature of this science, as great men have already said, is such that it is not capable of any great certainty.

'What a shameful, blasphemous thought!' – I clasped my brow – 'that the sapience of the Infinite Spirit, animating the universe, should not be able to create means to pacify the sufferings of diseases which He, after all, allowed to arise!'

Would He, the Father of all, coldly survey the torments of disease of His dearest creatures? Would He leave open no way to the genius of mankind – otherwise so infallible – no easy, certain and dependable way of regarding disease from the right angle, of determining the use and the specific, safe and dependable results obtainable from the medicines?

Before I would have given credence to this blasphemy, I should have forsworn all the school systems of the world...

Well then, I thought, if there must be a safe, more dependable method of healing, as sure as God is the wisest and most beneficent of beings, let me no longer seek it in the thorn hedges of ontological statements, in arbitrary opinions and false conclusions, even though they may adapt themselves wonderfully to a splendid system, nor yet in the authorities of highly celebrated men of delusions. No, let me seek it where it might be nearest at hand, and where they have all passed by, because it did not seem artificial or learned enough, and was not adorned with victorious laurel wreaths for its system, its pedantry or its high falutin abstractions. It made its appeal only to me, who, with no system or faction-head to please, wished to be able to look on with normally easy conscience, should my endangered children die. (Haehl, Vol. I, p. 64-65)

Here we can catch a glimpse of the inner torment and loneliness of a man who has stepped outside the medical systems of his day and sought on his own for a better way, more in keeping with the Hippocratic Oath and with the dictates of his own conscience. Clearly he had anxiety as to whether there was a solution to the problem of disease, but no doubt as to the role of divine nature in the creation and resolution of the problem.

DISSIMILAR DISEASES

Hahnemann provides us with his observations on the action of two simultaneous dissimilar diseases in nature. There is no curative action, but in some cases, where the new natural disease is stronger than the existing disease, the new disease will temporarily eclipse the old one.

This observation formed the basis of Hahnemann's criticism of allopathic practices that used dissimilar artificial diseases in treatment. The result can only be suppression and/or palliation, with the course of the protracted disease being unchanged. Indeed, the dissimilar medicine, given in crude doses, can actually cause a new disease to be generated, leading to complex disease cases, which are very difficult to treat.

§35.1. To make this clear, we shall consider in three different cases both the process wherein two natural diseases, one dissimilar to the other, meet in the human being in nature, as well as the result of the common medical treatment of disease with allopathically unsuitable medicines, which are able to generate no artificial disease state similar to the disease to be cured; from this it will become apparent that even nature is not capable of lifting, by means of an unhomeopathic even stronger disease, an already present dissimilar one, just as little as unhomeopathic employment of medicines, ever so strong, is ever capable of curing any disease.

§36.1. I. Either both dissimilar diseases meeting together in the human being are of equal strength, or, if the older is perchance stronger, the new one is thus kept away from the body by the old one.

§37.1. And so also an old chronic malady remains uncured with an ordinary medical treatment and as it was when it is gently treated allopathically according to the common manner of treatment that is, with medicines which cannot engender a condition-state similar to the disease in healthy human beings, even when the treatment lasted many years

§38.1. II. Or the new dissimilar disease is stronger.

§38.2. Here the weaker disease, from which the patient hitherto suffered, is postponed and suspended by the stronger supervening disease until the new one is lapsed or cured, and then the old one comes forth again uncured.

§39.1. Now the ordinary medical school looking on at this for centuries, saw that Nature itself cannot even cure a single disease by means of the supervention of another however strong when the supervening disease is dissimilar to the one already dwelling in the body.

§39.2. What should we think of them nevertheless continuing to treat chronic diseases with allopathic treatments, namely with medicines and prescriptions continually engendering only a dissimilar disease state to the malady to be cured!

§39.4. Didn't they see then that when they used an aggressive allopathic treatment against a protracted disease (as was commonly the case), they thereby only created an artificial disease dissimilar to the original one, which, as long as it was sustained, silenced the original malady by merely suppressing and suspending it, only to have it come back to light again as soon as the decrease of the patient's strength no longer permitted the allopathic attacks on Life to continue?

§40.1. III Or the new disease, after long impingement on the organism, joins the old one dissimilar to it, and with this forms a complicated disease, so that each of them takes in their own region in the organism -- that is, the organs especially appropriate to it -- and, as it were, only the peculiar place proper to it, but the remainder is left to the disease dissimilar to it.

§41.1. Incomparably more frequently than the natural dissimilar diseases associating and thus complicating themselves in the same body are those disease complications that the inexpedient medical procedure (the allopathic mode of treatment) is wont to bring to pass through the protracted use of unsuitable medicines.

§41.2. To the natural disease which should be cured, there then associate themselves by persistent repetition of unsuitable medicaments, new, often very protracted disease states corresponding to the nature of the latter; these new disease states gradually pair up and complicate themselves with the dissimilar chronic malady (that the unsuitable medicinal means could not cure through similar action, that is, not homeopathically), thereby adding to the old one a new dissimilar artificial disease of a chronic kind, thus making the hitherto simply diseased individual doubly diseased, that is to say, much more diseased and more incurable, sometimes even entirely incurable, often indeed even killing him.

PROVINGS: THE BASIS FOR HOMEOPATHY

The problem facing medicine was that no one had yet produced a means by which the physician could easily and assuredly discover the effects of medicines so as to apply them on the basis of the natural law of cure. Until then, the only source of knowledge about the effects of medicine came from accidental poisonings or from the effects of medicines on sick people. There was no systematic inquiry or process of establishing medicinal effects on healthy people. What resulted was a form of blind empiricism (experience uninformed by principle) and a form of academic medicine wherein all manner of speculations were made on things medical ungrounded in actual observation, a form of medicine by authority rather than reason. This one-sidedness in the pursuit of knowledge could only result in error.

See: Hahnemann's Case-taking of the Old School Mentality

The discovery of this systematic method is an illustration of how an idea can be floating around in a culture in the minds of various individuals, yet remain unconscious or unused. Stahl, a Danish physician of the 18th Century, had suggested that the knowledge of the effects of medicines could be obtained by giving such substances to healthy persons, but he seems never to have done anything with this suggestion, so logical in itself. This was due partly to the dominance of academic medicine, which was more interested in theorizing than in observation and partly to the general indifference, in the medicine of his time, to the use of natural laws. One notable exception was John Hunter, the Scottish physician who infected himself with venereal disease to study the course of the disease and profoundly influenced Hahnemann in seeking specific medicines for true diseases. 📖

Hahnemann himself only came to develop his method when he decided to take Stahl's idea (of which he was aware, although it is not clear if this was before or after the fact) and put it into practice. The exciting cause of this important event was Hahnemann's reaction to a statement in a book he was translating, *A Treatise on Materia Medica* (1790), by the eminent Scottish physician, William Cullen. Dr. Cullen had suggested that the action of Peruvian bark or "Jesuit bark," Cinchona (cortex Peruvians), in malarial fevers was due to its bitter nature. This reasoning was typical of the academic theorizing of medicine which so enraged Hahnemann, a careful observer of nature and rigorous in his conclusions.

No doubt provoked by Cullen's rather empty conclusion, ungrounded in any real observation of nature, Hahnemann decided to take several crude doses of Cinchona himself over several days and observe the effects. This conscious act, so important for the founding of a rational system of medicine on the basis of the known curative law of similars, had been preceded by years of intense preparation through reading and the gradual absorption of ideas.

Upon ingesting the crude dose of Cinchona, Hahnemann experienced symptoms that resembled those of a malarial fever. The symptoms lasted only a few hours and recurred each time he took a dose. Hahnemann realized in a very dramatic and concrete manner that he had discovered the key to implementing the natural law of cure (similia similibus). Hahnemann made a notation to himself in his copy of Cullen's book that,

Cinchona bark, which is used as a remedy for intermittent fever, acts because it can produce symptoms similar to those of intermittent fever in healthy people.

Hahnemann called this testing of known or potential medicinal substances on healthy people, "provings" (or prüfung in German). Medicines work because they are disease substances, called artificial diseases.

ARTIFICIAL DISEASE

Artificial disease is an important concept in homeopathy. It is one that Hahnemann discovered. He coined the term *Arzneikrankheit* (medicinal disease or artificial disease). 📖

Nature cures one disease only by introducing a similar disease. This is a relatively rare occurrence and the role of the physician is to increase the possibilities for application of the curative law of similars by the use of substances that have the capacity to produce a disease similar to the natural disease. These substances, called medicines, produce an artificial disease that is able to displace and destroy the natural disease.

The concept of artificial or medicinal disease provided the foundation for a new respect for medicines, as each medicine is capable of generating a new disease in the patient if not properly used. Proper use is in small doses, at the proper time and according to the curative law of nature, the law of similars.

... all things that can be termed medicinal are, per se, hurtful substances, injurious in general to the health of man, which can only become wholesome where each exactly corresponds in its injurious power to the case of disease specially adapted for it, and where it is given in appropriate dose and at the proper time.

This truth, so indispensable to enable us to cure, I was the first to declare to the world. (*Lesser Writings*, p. 746)

The doctors believed, incredibly, that the large doses of drugs could not harm the patient but Hahnemann destroyed this delusion. However, they attacked Hahnemann for proving such supposedly harmless substances on healthy persons, claiming that this would do irreparable harm to the testers.

Thus the profession held both that the proving of remedies on healthy persons was dangerous (and useless) and that drugs could not have an adverse effect on the sick person's health. (Coulter, *Divided Legacy*, Vol. II, p. 369)

In actuality, the truth is the reverse!

Hahnemann provided very detailed instructions on the carrying out of provings – see §121-140 of the Organon. What is important to realise here is that the proving takes into account all events that affect the prover, including the various external occurrences and circumstances because the state of the inner person extends to the ambient of the person as well.

§138.1. All ailments, occurrences and alterations of the condition of the prover during the active duration of a medicine (in case the above mentioned conditions [§124-127] of a good, pure experiment were observed) stem only from this medicine and must be regarded and recorded as symptoms belonging peculiarly to this medicine, even if the person had perceived similar occurrences some time ago in himself.

With provings, Hahnemann was able to create a truer *Materia Medica* (compendium of medicinal substances and their known effects) for the new system of medicine based on the curative application of natural law. Hahnemann gave this new system of medicine, which was intended to treat natural disease based on the identification of the curative medicine using the law of similars, the name "homeopathy" from the two Greek words "homoios" (similar) and "pathos" (suffering), elegantly capturing its essence.

That which would cause a disease (the disease caused by the medicine) in a healthy person could then also cure a natural disease in the patient.

The issue of dose becomes very important here as the physician must be able to cure the natural disease without at the same time generating another disease in the patient from which he cannot recover. Doctors had long abandoned the law of similars because of a failure to sufficiently adjust the dose. Prescribing on the law of similars is very powerful and too large a dose (speaking here mainly of crude doses) could easily disturb the Life Force to the point of damage or even death.

Although Hahnemann designated the use of provings as the basis for the new medicine, he did not thereby reject past discoveries of the medicinal properties of substances through trial and error, or future discoveries of such properties through conscious experiment of the type now called clinical evidence.

Provings provide both the means of discovering the curative properties of new substances and of verifying some curative properties discovered clinically. Of course, provings cannot reveal the complete range of effects of a medicinal substance, as the medicine would have to be given in large quantities and could potentially lead to serious tissue damage, such as occurs in accidental poisonings.

The true physician, whose sole aim is to perfect his art, can avail himself of no other information respecting medicines, than –

First - What is the pure action of each by itself on the human body?

Second - What do observations of its action in this or that simple or complex disease teach us?

The last object is partly obtained in the practical writings of the best observers of all ages, but more especially of later times. Throughout these, the, as yet, only source of the real knowledge of the powers of drugs in diseases is scattered: there we find it faithfully related, how the simplest drugs were employed in accurately described cases, how far they proved serviceable, and how far they were hurtful or less beneficial. Would to God such relations were more numerous!

But even among them contradictions so often occur... that one cannot but remark that we still require some natural normal standard, whereby we may be enabled to judge of the value and degree of truth of their observations.

This standard, methinks, can only be derived from the effects that a given medicinal substance has, by itself in this and that dose developed in the healthy human body. (*Lesser Writings* p. 264.)

These two sources of knowledge of the actions of medicinal substances relate in turn to the two approaches to the treatment of disease set out in Hahnemann's medical system, namely in those cases of varying, individual diseases.

Provings are pre-eminently the domain of medicines prescribed on the basis of the symptom picture of the disease. Clinical evidence is more the means of discovering empirically the curative properties of medicines for those diseases of constant nature, where the diagnosis of the disease can be readily made.

Provings required the return to simple substances so their curative effects could be pharmaceutically determined. Hahnemann, thus, became a strong proponent for the reform of pharmacy, which until then consisted of mixtures of large doses of drugs. For medicine to have a solid foundation, it needed to return to the use of simple substances. Hahnemann termed this ruinous procedure polypharmacy.

See: Polypharmacy and Unipharmacy

The objection to the mixing of medicines was fundamentally a practical one, based on the lack of knowledge of the action of medicines as single substances, much less their action in combination. Another objection was the failure of the remedy mixtures to properly address true disease, Hahnemann's system being grounded in the rule of a single remedy for a single disease. Hahnemann did, however, allow for the possible eventual use of medicines in mixtures in certain circumstances once their actions were known.

§274.1. Since the true Remedial-Artist already finds in quite simple medicines, employed singly and unmixed, all that he can wish for (artificial disease Potences, which are able to completely overturn the natural diseases by homeopathic power, to extinguish them for the *feeling* of the Living Principle and to permanently cure them), it will then never occur to him to administer more than one simple medicinal substance at one time as a remedy, according to the wise saying "that it would be wrong to want to produce by multiplicity what is possible by means of simplicity, if for no other reason than that by producing even the simplicity medicines to have been fully proved for their pure characteristic actions in the unclouded healthy human state it is yet impossible to foresee how two or more medicinal substances could hinder and alter one another in their actions upon the human body, and because, on the other hand, a simple medicinal substance, with respect to whose use in diseases the symptom-complex is exactly known, already helps completely and by itself alone if it was homeopathically selected, and even in the worst case where it could not be entirely and appropriately selected in accord with the symptom similarity, and therefore does not help, it is however useful in furthering thereby the knowledge of the remedies in that, as a result of the new ailments aroused by it in such a case, those symptoms are confirmed which this medicinal substance had otherwise already shown in tests on the healthy human body, an advantage that does not take place with the use of all compounded means. (Italics added)

THE ORGANON:

HAHNEMANN'S FORMAL CALL FOR MEDICAL REFORM

Hahnemann set forth the details of this new system of medicine for the first time in 1805, in a work entitled, *Medicine of Experience*. Here we can see the outlines of all that is contained in the main formal text of the new medical system, first issued in 1810, called the *Organon der Heilkunde* (later *Heilkunst*), or *Organon of the Remedial Art*. This work is often referred to simply as the *Organon*.

The German term *Heilkunst* captures both the elements of healing and curing of disease. It is not an easy term to translate for this reason. The term "remediation" best encompasses both concepts. Hence the term "remedy" for medicines and measures applied on the basis of the *Organon*. *Heilkunst*, or the art of restoring health, involving both curing (use of medicine to remove disease) and healing (the power of the organism to return the disturbed system to health once the disease has been removed). Also, since *Heilkunst* includes also the area of regimen, which Hahnemann began with in his search for a new system, the term "medical" is perhaps too restrictive.

See: Regimen

This formal text became the foundation for the new system of medicine, involving primarily homeopathy for the cure of the infectious natural diseases then plaguing Europe and mankind generally. The *Organon* is written in very precise legal language and represents a formal deposition or statement of witness on medical reform for the benefit of educated society.

The *Organon* was revised by Hahnemann six times before his death and encompasses various other texts that are endorsed by him therein. Hahnemann considered these texts to be an integral part of the *Organon* and together they form what can be called the *Extended Organon*. The works that make up the *Extended Organon* must be read in their entirety in order fully to comprehend the genius of Hahnemann's medical reform.

EXTENDED ORGANON

The works that make up the *Extended Organon* are:

Preface and Introduction to the Fifth Edition of the *Organon* (1833)

The Aphorisms of the 6th edition of the *Organon* (1842)

Chronic Diseases (1828-1838), in particular the theoretical part

Examination of the Sources of the Common *Materia Medica* (1817)

Allopathy: A Word of Warning to All Sick Persons (1831)

Cure and Prevention of the Asiatic Cholera (1831)

Ignatia, from Volume ii, 3rd edition of the *Chronic Diseases* (1833)

In the Introduction to the first edition of the *Organon*, Hahnemann made clear that he was establishing a totally new system of medicine for the cure of natural disease (mainly of a varying nature), which was completely at variance with that of the prevailing systems, and that his was one proven by careful experience:

Through this enquiry I found the road to truth, upon which I have to tread alone, a road far removed from the common highway of medical routine. The further I advanced from truth to truth, the further did my conclusions move from that ancient structure, which, having been built out of opinion, was upheld only by opinions, although I allowed no single one of my conclusions to stand unless fully confirmed by experiment. The results of these convictions are stated in this book.

With his new system now firmly established in his mind and in rational experience, Hahnemann recommenced his medical practice, starting in 1805, in the town of Torgau, some 50 kilometres northeast of Leipsic along the river Elbe. There he stayed until 1811, when the preparations of the French occupying army for war forced his departure. So, at the age of 56, he returned to Leipsic, the cultural centre, now as an experienced doctor and teacher, rather than an eager student.

However, Hahnemann's "wake-up call" to medicine, issued in 1810 with the *Organon*, produced tremendous opposition from his peers. His efforts to start a private course for doctors based on the *Organon* was a failure – no one showed up. So Hahnemann turned to the coming generation of physicians, those not yet influenced by the old teachings. To do this, he applied to lecture at the University. At the time, the university gave this right to all external doctors who gave and defended a dissertation and made the payment of 50 Thaler (the German currency of the day).

Hahnemann amply fulfilled these requirements and commenced his lectures to medical students in 1812. At first filled almost to overflowing with the curious, his classes soon dwindled in numbers as Hahnemann used the lectures as a means of attacking the old system, much like an Old Testament prophet.

Many thought he was simply mad, but Hahnemann was driven by a passion for the truth and to bring his insights to all those who would listen. One biographer recalled the words of the Roman Governor, Festus, to Paul: "Paul, thou art mad, much learning maketh thee mad," and Paul's response: "I am not mad; I but speak true and reasonable words." The university authorities did all they could to deter students from learning about Hahnemann's new system. One student recounted how the small band of dedicated students around Hahnemann "...had to tolerate much mockery and irony and in malicious cases, hatred and persecution, not only during the student years but far beyond them."

FIRST PROVING GROUP

Hahnemann attempted to involve the students who listened to his lectures directly in the new system despite official disapproval. He decided to involve them in provings so they would have first-hand knowledge of the action of medicines and the workings of the law of similars. Thus was started the famous Group of Collaborators for the Provings of Drugs. The dose used was usually drops of mother tinctures at this stage. From this group emerged the basis for the early homeopathic *Materia Medica*, issued in several volumes between 1811 and 1821 – the *Materia Medica Pura*.

One student described the value of these provings:

Under his guidance, I have proved many a remedy... and from his instructive suggestions I obtained then for the first time clear sensations which I could again express very accurately. This is not so easy a lesson as it appears at first sight, and it has never been demonstrated to me so plainly even by the later and more modern proving of drugs, as I learned it at Hahnemann's hands. It proved to be very effectual use in my practical examination of patients. Had I learned nothing more than this from him, I should feel compelled to be eternally grateful. (Haehl, Vol. I, p. 101)

The serious work that Hahnemann did on himself and with the help of his family and friends in compiling meticulously the effects of medicines on healthy people, is unrivalled in the history of medicine.

We have already described with what devotion, at what unknown personal dangers, and with what expenditure of time this work went on for whole decades until at last he had succeeded in completing one hundred provings, *Medicine* has nothing in the whole course of her history which in any way approaches the accomplishment of this man. (Haehl, Vol. I, p. 274)

Hoping to escape the war in Torgau, Hahnemann encountered in Leipsic in 1813 the remnants of Napoleon's retreating Grand Army, now a shadow of its once imposing self and carrying the scourge of typhus with it. Napoleon made one last defense on the plains outside Leipsic, but lost and retreated inside the borders of France. Hahnemann's efforts to publicize his *Organon* were swallowed whole in the tumult of war, but he did manage to gain considerable fame through the homeopathic treatment of the typhus then raging through the city.

To the battle of Leipsic we also owe the first unfortunate case of treatment of an eminent person, the Allied commander, Prince Schwarzenberg. Prince Schwarzenberg arrived in Leipsic in 1819 to seek treatment from Hahnemann. A stroke had paralysed his right side and he suffered from insomnia. His regimental doctor advised him to seek out Hahnemann, no doubt having learned of his success during the typhus epidemic of 1813. So great was Hahnemann's reputation even at this point that the Prince agreed to go to Hahnemann in Leipsic, rather than summoning him as would have been the custom.

The treatment was unsuccessful, not least because the Prince refused to follow the clear dietary advice laid down by Hahnemann, preferring to continue his old ways. However, the attending allopathic physicians also conspired to hinder any attempts at homeopathic cure, by using "powerful measures," such as blood-letting and drugs. When the Prince eventually died of another stroke, Hahnemann had a clear conscience but his critics attempted to use the death as a means of castigating homeopathy.

The death of Prince Schwarzenberg was the last straw. Hauled into court by the apothecaries for making his own medicines, attacked by his medical peers in public and generally neglected by the students (due to examiner prejudice against homeopathy), Hahnemann made the decision to leave Leipsic once again.

Now, in 1821, he settled in Köthen, Saxony having been granted protection from the apothecaries by the Grand Duke Ferdinand, who had strong sympathies for the new system of medicine. Hahnemann was also now looking to settle down into semi-retirement, being 66 years of age. He wished to have respite from the attacks of his enemies and some quiet to continue testing his ideas, particularly the ones he was now forming on chronic disease. Little did he know that the most momentous period of his life was yet to be!

The battle between homeopathy and allopathy raged on in Germany, and in particular in the cultural centre of Leipsic. However, Hahnemann could now leave much of the fighting to his followers and occupy himself with more serious research.

Let us now take a look at some of the fundamental aspects of Hahnemann's system, other than the Law of Similars and the use of provings.

Hahnemann's entire focus was on the cure of disease, and in particular natural disease. In his usual epigrammatic style, he sets this out precisely in the first three aphorisms of the *Organon*.

§1.1. The physician's highest and only calling is to make the sick sound, which is called remediation [*Heilen*].

§2.1. The highest ideal of cure is rapid, gentle, lasting restoration of health, or lifting and annihilating the disease in its entire extent in the shortest, most reliable, least disadvantageous way, on the basis of distinctly realizable grounds.

§3.1. If the physician clearly realizes what in diseases, that is, what in each particular case of disease, is to be remedied (disease discernment, indication)...[he is a true physician or *Heilkünstler*].

The role of the physician is to cure disease and to support the healing process. The purpose of medicine is to destroy the disease(s) that a patient has, providing the cure and provoking the healing reaction on the part of the Life Force.

The understanding of disease is very important here. However, before we examine the question, "What is disease?" we need to spend some time examining the two approaches Hahnemann provides us for the treatment of disease.

PROVINGS: DO THEY AFFECT YOUR HEALTH?

The question is sometimes raised regarding the desirability of being involved in a proving of a new substance. Since this is an important way in which new medicines are added to the *Materia Medica*, we need to examine the issue in some depth.

ARTIFICIAL AND NATURAL DISEASE

The first aspect we need to examine is the power of remedies, as artificial disease potences, to alter the state of health in everyone (this is the basis of the provings and the power to cure), unlike natural disease potences, which can only affect some people.

§136.1. Although, as said, a medicine during its proving in the healthy state cannot generate all of its condition-alterations in one person, but only in many different, divergent body and soul constitutions, however, the tendency thus lies in it (§117) to arouse all of these symptoms in each person according to an eternal, immutable natural law, by virtue of which, all of its actions, even those seldom generated by it in healthy people, are brought to bear in each person to whom it is administered in a disease state of similar ailments; homeopathically chosen, it then silently arouses, even in the least dosage, an artificial disease state in the patient, approximating to the natural disease state, which rapidly and permanently (homeopathically) frees and cures him from his original malady.

So, the power of the remedy (artificial disease Wesen) is universal.

See: *Wesen and Geist*

It has the power to affect everyone (tonically), unlike the natural disease, which can affect only those susceptible. However, in healthy persons, the sustentive power resists the impingement of the remedy and, thus, only some persons actually exhibit any symptoms of the disease, and only some persons exhibit certain of the symptoms, which is why you need many people for a useful proving.

Hahnemann explains this in §117.

§117.1. The so-called idiosyncrasies belong to this latter category, whereby individual bodily constitutions are to be understood which, although otherwise healthy, possess a tendency to be displaced into a more or less morbid state by certain things which seem to make no *impression* or alteration at all in many other people. (italics added)

§117.2. However this lack of *impression* on some persons is only apparent.

§117.3. For since both the indwelling power of the impinging substance, as well as the ability of the spirit-like Dynamis enlivening the organism to be aroused by this impinging substance are required for these above-mentioned conditions, as well as for the generation of all other morbid condition alterations in people, so can the conspicuous disorders in the so-called idiosyncrasies not only be laid to the account of these particular bodily constitutions, but must be derived from these occasioning things, in which the power must at once lie to make the same *impression* on all human bodies, except that few amongst the healthy bodily constitutions are inclined to let themselves be transposed by them into a so conspicuous disease state.

§117.4. That these Potences really make this *impression* on each body can be seen from the fact that they afford aid as homeopathic remedies to all sick persons for disease symptoms similar to the ones which they themselves can arouse (although apparently only in so-called idiosyncratic persons). (bold and italics added)

From this, we can see that a substance, even if given on the basis of the law of similar resonance for a particular disease, if given in too large a dose or if repeated too often, can create an artificial disease. However, this disease can more easily be removed by the Living Power if the dosing is subsequently stopped, by virtue of the shorter life span of the artificial disease except where the dose was so crude as to damage tissue.

The question of size and repetition of dose, must, of course, be measured against the vigor and vitality of the individual (both generative and sustentive power). More vital constitutions can take higher doses and repetition of the remedy without the risk of either an undue homeopathic aggravation (in acute disease) or an undue healing reaction (in chronic cases).

Finally, Hahnemann makes clear that the action of taking a remedy, the proving, cannot be considered to be a negative thing for health so long as the dose is not too large or repeated unduly.

§141.1.^{a10}. Let him not imagine such small illnesses due to proving medicines be generally detrimental to his health.

§141.1.^{a11}. Experience teaches, on the contrary, that the organism of the prover becomes due to the various attacks on the healthy condition, only the more practiced in warding off everything from the outer world that is inimical to his body, along with all artificial and natural disease malignities, and also more seasoned against everything that is detrimental by means of such moderate self-provings with medicines.

§141.1.^{a12} His health becomes more invariable; he becomes more robust, as all experience teaches.

As we can see from the above, Hahnemann, with his powers of observation, was able to presage the discoveries of the functioning of the immune system ("more practiced in warding off" – which seems to relate to antibody formation, and "seasoned against" – which seems to relate to the capacity of the immune system to resist stress generally). However, Hahnemann's conception of the immune system operates at the psychic and somatic levels, which explains the fact that initial shocks in the womb or in early childhood are more detrimental to health, where the child is not healthy to begin with and has not had a chance to produce any barriers to the shocks (armoring). If he were healthy, he would be "protected" by the power of the state of health (constitution) but not "armored."

TWO APPROACHES TO

AND TWO TYPES OF SPECIFIC REMEDIES FOR DISEASE

The goal of medicine has long been to discover specific medicines for specific diseases. Such specific medicines are immensely valuable, as the physician has only to identify the disease in a patient to know its specific curative medicine. Through trial and error, a number of such specifics were discovered and the search for more such valuable medicines became the primary objective of medicine.

However, the number of such remedies remained regrettably small because they could only be discovered laboriously by trial and error until Hahnemann outlined the principles behind the different dimensions and geneses of disease.

See: Disease Origins and Dimensions

As well, allopathic medicine, besides not utilizing the law of similar resonance, did not understand the true nature of disease, and developed a false notion of disease that prevented it from discovering any curative medicines.

Initially, Hahnemann discovered that there were diseases that had a relatively fixed and constant nature. The most fixed of these were those for which medicine had previously discovered the curative substance *casu fortuito* (by trial and error), and by drawing on the established lore and practice of folk medicine. This discovery of diseases of a fixed and constant nature led Hahnemann to the discovery of one type of specific medicine, which could be ascertained simply from the knowledge of the disease itself. Such constant diseases as Hahnemann was able to determine at this point fell, as we shall see, into the two dimensions of disease known as the homogenic and pathogenic.

The earliest examples of such diseases were the self-limiting infectious illnesses of childhood, such as measles and scarlet fever (these we later identify as pathogenic diseases), as well as traumatic injuries (e.g., falls, bruises, and emotional shocks, which Hahnemann labelled as homogenic in nature).

Hahnemann referred to the remedies for the constant, fixed diseases as constant specifics or peculiar remedies.

The second form of specific medicine arose because there seemed to be maladies in which no fixed, constant nature was easily identifiable. The disease nature was much more variable and difficult to diagnose. In such cases, which formed the majority of problems facing the physician, Hahnemann discovered that he could determine the remedy for the disease, that is the specific, through the symptoms of the patient, the pathology (pathos = suffering), as expressed in alterations in feelings, functions and sensations. The provings had given him the totality of characteristic symptoms of the curative medicine and he had only to match this to the totality of characteristic symptoms of the disease as expressed in the patient. This was a more difficult approach to the treatment of disease and became the focus of his main treatise on medicine, the *Organon der Heilkunst* (first published, as noted earlier, in 1810).

We could call the remedies for the more variable, or individual diseases, variable specifics, as the specific remedy needed will depend to a large degree on the individual symptoms of the case of disease at hand. What was used in a previous case of a headache, for example, would not necessarily be valid in the next case, as the diseases causing headaches are variable in nature.

Let us examine the writings of Hahnemann on these two types of specifics, each coming from a different side of disease (speaking here of disease as a concept, not of a particular disease as such).

It is only the very great simplicity and constancy of ague and syphilis that permitted remedies to be found for them, which appeared to many physicians to have specific qualities; for the variations in these diseases occur much more seldom, and are usually much less important than in others, consequently bark and mercury must be much more serviceable than not so. But neither is bark specific in ague, in the most extended sense of the term, nor mercury in syphilis, in its most extended sense [that is, where there are complications]; they are, however, probably specific in both diseases, when they occur simple, pure and free from all complications. Our great and intelligent observers of disease have seen the truth of this too well, to require that I should dwell longer on this subject.

Now, when I entirely deny that there are any absolute specifics for individual diseases, in their full extent, as they are described in ordinary works on pathology, I am, on the other hand, convinced that there are as many specifics as there are different states of individual diseases, i.e., that there are peculiar specifics for the pure disease, and others for its varieties, and for other abnormal states of the system. (*Lesser Writings*, p. 260-61).

We observe a few diseases that always arise from one and the same cause, e.g., the miasmatic maladies; hydrophobia, the venereal disease, the plague of the Levant, yellow fever, small-pox, cow-pox, the measles and some others, which bear upon them the distinctive mark of always remaining diseases of a peculiar character; and, because they arise from a contagious principle that always remains the same, they also always retain the same character and pursue the same course, excepting as regards some accidental concomitant circumstances, which however do not alter their essential character...

These few diseases, at all events those first mentioned (the miasmatic), we may therefore term specific, and when necessary bestow on them distinctive appellations.

If a remedy have been discovered for one of these, it will always be able to cure it, for such a disease always remains essentially identical, both in its manifestations (the representatives of its internal nature) and in its cause. (*Lesser Writings*, p. 440)

By an infinite number of trials of all imaginable simple substances used in domestic practice, in a well-defined disease, which shall constantly present the same characters, a true, certainly efficacious, specific remedy for the greater number of individuals and their friends suffering from the same disease might certainly be discovered, though only *casu fortuito*...

...The constant specific remedies in these few diseases were capable of being discovered by means of trying every imaginable medicinal substance, only because the thing to be cured, the disease, was of a constant character; - they are diseases which always remain the same; some are produced by a miasm which constitutes the same through all generations, such as the venereal disease; others have the same exciting causes, as the ague of marshy districts, the goitre of the inhabitants of deep valleys and their outlets, and the bruises caused by falls and blows...

Only for a want of a constant character can we suppose a supply of a constant character.

That it was requisite, in order to find out empirically the proper remedy, that all diseases, for which the specific was sought should be identical and preserve an invariable fixed character, appears not to only have been surmised, but to have been deeply felt by the medical community of the old school. They imagined that they must represent to themselves the various diseases of humanity in certain fixed forms, before they could hope to discover for each a suitable, trustworthy remedy, and this (as they knew no other better - scientific - way of finding the fitting medicine in diseases) by means of experimenting on them with all possible drugs, - a method which had succeeded so well in the few fixed diseases above alluded to." (*Lesser Writings*, pp. 687-689)

§46.1. Very many examples of diseases would be adducible, which in the course of nature were cured homeopathically by diseases of similar symptoms, if we did not have to keep solely to those few static [*gleichbleibend*] diseases arising out of a fixed miasm, and thus worthy of a determinate name, so as to be able to speak of something determined and undoubted.

§81.1.^{b1} How many improper, ambiguous names are there not therein, under each of which highly different disease states are comprehended, often only resembling themselves in a single symptom, like: ague, jaundice, edema, consumption, leucorrhoea, hemorrhoids, rheumatism, stroke, convulsions, hysteria, hypochondria, melancholy, mania, croup, paralysis etc., which are declared to be static, fixed diseases [*gleichbleibende, festständige Krankheiten*] in and of themselves and are treated by name according to standard practice!

§81.1.^{b6} Even those common acute disease are documented by the old medicinal school as if they were always uniformly recurrent, already known, fixed diseases like: Typhus- hospital-, or jail-, camp-, putrid-, typhoid nerve- or mucous-fever etc., although every epidemic of such circulating fevers distinguishes itself each time as another new disease, never before entirely extant, and very divergent with respect to its course, as well as to several of its most striking symptoms, and its entire respective conduct.

§81.1.^{b11} If one however, nevertheless, occasionally believes himself in need of certain disease names in order to make himself succinctly understandable to common people when the patient is being spoken of, so let him make use of the same only as a collective name and say e.g.: the patient has a kind of St. Vitus' dance, a kind of edema, a kind of nerve fever, a kind of ague, never however (so that the delusion in these names may finally cease once and for all): he has the St. Vitus' dance, the nerve fever, the dropsy, the ague, since there certainly aren't any fixed, static diseases [*gleichbleibende, festständige Krankheiten*] by these and similar names.

In the above passage, Hahnemann has given us a principle relating to the degree of constancy of a disease:

Only for a want of a constant character can we suppose a supply of a constant character.

Thus, where there is a disease (want) of a constant character, we would look for a remedial agent (supply) of a constant character.

As regards the naming of disease (dia-gnosis), only the fixed, constant diseases can be given a distinctive name that allows it to be recognised, such as measles or whooping cough. However, the variable, individual diseases can only be identified by their remedy. Thus, the names given by allopaths are false names in most cases, as they describe the result of disease and then only that which is material in nature. If someone suffers, for example, from protracted lack of energy with no known cause, they are "diagnosed" with chronic fatigue syndrome, if with certain sensitivity and stiffness in the joints, accompanied by swelling, with rheumatoid arthritis. These are results of disease, not true diseases, and even then, they are not even true conditions, being only a fragment of the true condition (and variation in feelings, functions and sensations) produced by the disease, as we will see when we later examine the manner of taking the case through the condition (totality of characteristic symptoms). As Hahnemann states, we can only speak of a type of fatigue, or a type of arthritis if we wish to use these allopathic names.

See: Identification of Disease: Pathic Side

For Hahnemann, the desired approach in medicine is first to determine if the disease in question is of a constant, fixed nature and then treat for that disease with the appropriate constant remedy. This approach has the advantage that the physician often has only to know or look up the constant or true specific that has previously been identified to cure the case, allowing for the treatment of disease rapidly and with relatively few remedies.

Where the disease is not of a discernible typical constant nature (either recognisable as such, as with measles or scarlet fever, or because the cause is known, as in the case of accidents, poisonings and traumas) and thus, is of a variable, individual nature, the physician must then take the route of eliciting and analysing the expression of the individual disease (symptoms) in order to find the curative medicine.

Hence it happens that with the exception of those few diseases that are always the same, all others are dissimilar and innumerable and so different that each of them occurs scarcely more than once in the world and each case of disease that presents itself must be regarded (and treated) as an individual malady that never before occurred in the same manner...

The internal essential nature of every malady, of every individual case of disease, as far as it is necessary for us to know it, for the purpose of curing it, expresses itself by the symptoms, as they present themselves to the investigations of the true observer in their whole extent, connection and succession. (*Lesser Writings*, pp. 442-443)

In order to treat successfully the other cases of disease occurring in man, and which, be they acute or chronic, differ so vastly among each other, if they cannot be referred to some primary disease which is constant in its character, they must each be regarded as peculiar diseases, and a medicine which in its pure effects on the healthy body shows symptoms similar to those of the case before us, must be administered. (*Lesser Writings*, p. 693)

It should be noted from the above quotes that Hahnemann also distinguished between simple, uncomplicated (true) diseases and those that were more complicated and distinguished varieties of this true disease. This insight would later prove useful in Hahnemann's discovery of the chronic diseases, both in terms of the simple, true disease and its many varieties.

FROM TWO SPECIFICS TO TWO SIDES OF DISEASE

Eventually, Hahnemann came to realize that these two approaches to disease represented a dynamic polarity of disease, that disease, conceptually, had two sides.

These two sides can be called the tonic and the pathic sides, based on their nature and the terms that Hahnemann used in speaking of them. While he never formally gave the two sides labels, the terms used here are adducible from the language Hahnemann used in describing them.

The constant nature of disease and the constant specific relate to the tonic side of the case, which is unific in nature (that is, involves data that is wholistic and supersensible, such as objective feeling and state of mind). The more variable disease varieties and the variable, individual specific are related to the pathic side, which is prolific in nature (the expression of the disease as manifested in the sensible data, or totality of characteristic symptoms of the patient). In essence, each disease has an underlying form and each disease also often has a particular expression over time. However, the degree of constancy of the form will be different for different diseases, and the nature of the expression in terms of the data used by the physician will also be different.

Pathic Side of Disease

The pathic is that aspect of disease that expresses itself in terms of the suffering (pathos) of the patient and the sufferances caused in those around him. We see this in the term "homeopathic" or "similar suffering." The remedy chosen on the basis of this suffering can be said to have a pathic relationship to the disease, making it the pathic remedy. These are the individual, variable diseases which can only be identified through the symptoms expressed by the particular patient. Thus, if one were to ask what was the name of the disease he was suffering from, the correct response would be, "You are suffering from (name of remedy) disease."

This is the side of disease that Hahnemann pioneered through his use of provings to create a usable armoury of medicines to treat the many varieties of natural disease. It is the side that gave the name to one aspect of the new system of Heilkunst based on the law of similar resonance (homoios + pathos = similar suffering). In acute diseases of an idiopathic nature the pathic side is relatively easy to identify and prescribe on as the symptom picture is strong and clear.

§73. There is nothing that would earn the honorable name of "cure" in this revulsive treatment, which has no straight, immediate pathic direction (*pathische Richtung*) towards the originally suffering formation.

§139 ...because the substances prescribed in such a sense had little or no direct pathic relation (*pathischen Bezug*) to the suffering nor should have, but, on the contrary, only attacked the least stricken points in a useless and damaging way.

§22.1.¹¹ The other possible manner of employing medicines against diseases besides both of these is the allopathic method in which medicines are prescribed whose symptoms have no direct pathic connection (*pathische Beziehung*) to the disease state, therefore are neither similar nor opposed to the disease symptoms; rather, are entirely heterogenic.

284.4: So also in a long continued allopathic treatment, which has no true healing power with respect to the disease, no direct pathic (Homeopathic) relation to the parts and processes concerned in the chronic disease... (*Chronic Diseases*, - SRD translation)

Tonic Side of Disease

The tonic is that aspect that relates to the more supersensible (beyond the sense world) dimension of expression. The operative aspect here is the state of mind rather than the pathology (suffering of the patient based on the somatic state). Rather than expressing itself in the individual bodily constitutions in terms of suffering, the tonic side expresses itself more in other ways, such as in behavior and occurrents (circumstances surrounding the disease, e.g., accidents or emotional stress). Tonic diseases involve typology rather than symptomology, or constancy rather than variability. The tonic remedies also have a fixed relationship to a particular disease; they are constant specifics, as opposed to the individual specifics of the pathic diseases. Psorinum is always the remedy for Psora, Tuberculinum for Tuberculosis (as the chronic miasm, not the allopathic name for the morbid tissue change, which arises out of the Tubercular miasm), Arnica for contusions, Apis for bee stings, etc.

The tonic side can be detected in Hahnemann's use of words that contain the root word *stimm*, such as *Verstimmung* (mistunement). The root has the concept of underlying "tone" which can exist at many levels – muscle tone, music tone, manner of speech or writing, attitude, state of morals, physical condition (e.g., flesh tone-complexion).

The mistunement or mistonification is the profound shifting of the state of health through a change in the underlying tone of the person – the dynamic disturbance of the Living Power's natural rhythm. Rather than pathology (suffering, sensible expression), what we have on the tonic side is disease as phenomenon (a supersensible expression).

What we have in the tonic aspect of disease, thus, is phenomenology in polarity with the pathology or pathic (suffering) aspect. The common functioning principle for both is nosology (study of disease categorisation). It is only through a thorough understanding of disease in its different dimensions, aspects and hierarchies that we can properly identify and comprehend the different tonic and pathic diseases in a patient, and then work out an effective treatment. The tonic side exists in time as well as space, whereas the pathic side exists in layers.

The tonic side is linked to Hahnemann's terms for curing, which have as their root the word *stimm*. The root *stimm* is found in the term for cure – *überstimmen* or overtunement (see §68).

This refers to the process by which the medicinal Potence acts on the natural mistunement. It is also used in the reference to the power of the medicine to alter the tone of a healthy person (*umstimmen* – differently tune – §21) and to the effect of allopathic treatment (to lower the vitality through reducing the tone of the patient – see fn 60- *herabstimmen*).

§34.2. It is above all required for cure that it be an artificial disease as resonant as possible to the disease to be cured so as to shift, albeit with somewhat stronger power, the instinct-like Living Principle, capable of no deliberation and of no recollection, into a morbid sonation {tonation} very resonant to the natural disease, in order not only to obscure the Feeling of the natural disease mistunement in the Living Principle but to entirely extinguish and so to annihilate the *Feeling*. (Note: not the symptoms, but "the feeling.")

§63.1. Each Life-impinging Potence, each medicine, *resonifies* {retonifies} the Living Power more or less and arouses a certain alteration of condition in man for a longer or shorter time.

§66.1. A conspicuous, opposed after-action is, however, understandably, not to be perceived in the healthy body with the impinging-action of quite small homeopathic doses of resonifying Potences.

§69.5. ...the resonant to the present unexpunged natural disease mistunement...

§70.1...the diseases, as solely dynamic mistuning stimuli, are over-tuned and extinguished by the stronger, resonant mistuning stimulus of the homeopathic medicine in the *Feeling* of the Living Principle...

§148.2. If then, however, the *Feeling* of the impinging action of this inimical agent, that strove to actuate and continue this mistunement, is again withdrawn from the Living Principle, that is, if the physician lets an artificial disease Potence impinge on the patient against the agent, an artificial disease Potence able to morbidly mistune the Living Principle most resonantly, and which continually exceeds the natural disease in energy (§33, 279), even in the smallest dose, then the sensibility [*Empfindung*] of the original disease agent gets lost for the Living Principle during the impinging action of this stronger, similar, artificial disease; from then on the malady exists no more for the Living Principle; it is annihilated.

§246 ...so that the Living Principle being resonified to the resonant medicinal disease may never feel itself agitated to adverse counter-actions and enraged...

§247...the diseased Living Principle then allows itself to be further resonified (that is, its *Feeling* of the natural disease to be further decreased)

§270.8. Only through this processing of crude medicinal substances, preparations arise which attain their full capability of aptly touching the suffering parts in the diseased organism and thus, by resonant, artificial disease affection, of withdrawing the *Feeling* of the natural disease from the Living Principle present in those suffering parts.

§289 fn a ...resonification of the entire Human Wesen

At a certain stage of his work, Hahnemann and his closest associates began to work with dual remedies to treat both sides of disease with surprising results.

See: *Consolidating Heilkunst and Prelude to Dual Remedies*

The Case for Dual Remedies

Dual Remedy Concepts

Aegidi and Lutze on Dual Remedies

HAHNEMANN'S CRITICISM OF THE OLD SCHOOL OF MEDICINE

The quotes above lead us to the basis for Hahnemann's trenchant criticism of what he called the Old School of medicine. Medicine in Hahnemann's day was based on the search for specific remedies for disease, drawing from past discoveries of such direct specifics. This search Hahnemann certainly considered legitimate.

However, physicians ignored the fact that disease conceptually presented two sides, much like the moon, one side being forever "hidden" from the senses (although discernible to those who developed their supersensible organs of knowledge), the disease in its largely unvaried nature as expressed in the state of mind of the patient (that is, disease as phenomenon), and the disease in its variable nature as expressed in the symptoms of the disease (disease as pathology).

See: *Epistemology of Wholeness*

Not knowing that these two sides, two different types of disease, existed, physicians often mistook the sensible expression of the disease (the type of disease, as expressed in the feelings, functions and sensations) as being a disease of fixed, constant nature (when it was, in fact, only a variable disease). They tried to make the square peg of the individual symptomatic expression of the disease fit into the round hole of the constant nature of disease. But worse than that, they also took only a few symptoms that each patient had in common, thinking that this would identify the much sought-after constant disease and allow them to use a constant specific (such as anti-inflammatory for all inflammation (fevers), the inflammation being the diagnosis). Thus, they also distorted the reading of the condition itself, coming up with fragments of the true condition generated by a given disease, and thus, in giving these fragments names (e.g., rheumatoid arthritis) they created false, non-existent diseases.

This undertaking, to arrange all other diseases in a certain fixed classification, appeared to them at first certainly very plausible and practicable.

In order to set about it, they conceived the idea of considering all those from among the vast array of diseases, which bore any resemblance to each other, as one and the same disease; and having provided them with a name, and given them a place in their nosological works, they were not deterred, by the constantly occurring differences in their appearances, from declaring them to be definite forms of disease...

Thus they collected the infinite variety of diseases into a few arbitrarily formed classes of diseases, without reflecting that nature is immutable, whatever false notions men may form of her...

It is no excuse to say that this arbitrary and unnatural amalgamation of diseases of nominally constant character was framed with the good intention of thus discovering for each separately a sure remedy, by means of trying on them the large number of known drugs, or by accident." (*Lesser Writings*, pp. 689-690)

Thus, the Old School of medicine (allopathic medicine, based on the application of no natural principle, but only the removal of symptoms by material means) entered a dead-end. Allopaths increasingly considered the symptomatic expression of the disease to be the same as the constant nature of disease. They grouped the symptoms of the patient in arbitrary ways based on a few signs and symptoms of a general nature, thereby believing that they had a constant, fixed disease in sight. They gave these arbitrary groupings a name, which perpetuated the delusion that they were dealing with diseases of constant nature. They also then felt justified in using a fixed treatment for all cases that exhibited the arbitrary grouping of symptoms, ignoring the individual differences.

No useful information toward curative treatment could come from this approach.

First, there could be no useful information about specifics for diseases of constant nature, because these false diseases did not have such a character.

Second, there could be no useful information derived about specifics for the individual variations of disease, because the false disease categories ignored these individual variations (being an attempt to achieve the former type of specific).

Thus, when a particular medicine actually cured in a particular case no one was the wiser as it was purely accidental. There was no understanding of the principle involved in the remedy action, so there could be no consistent application of the principle in the remedy selection.

As was to have been expected, there were found in this way no sure remedial agents for these artificially classified diseases; for we cannot imagine any real weapons to combat figments and phantoms of the imagination!

On the contrary, these very chance cases of accidental cures, when they have occurred to physicians, have done most to fill the materia medica with false seductive declarations respecting the curative actions of particular medicines ab usu in morbis [from their use on sick people]...

For, as the ordinary physician seldom or never describes the case of disease correctly, and indeed considers the circumstantial description of a case of disease in all its symptoms useless, if he cannot bestow on it a pathological name (the illusory representation of a disease above alluded to), so he does not fail to apply some illusory pathological name to his chance case, which, together with his prescription, or the single remedy in the mixture to which he alone ascribes the cure, straightway finds its way into the materia medica...

He who, thereafter, is inclined to regard a case occurring to himself as the same pathological species of disease (and why should he not? the schools teach him to do so), has nothing to do but to resort immediately to this magnificent receipt, this splendid specific, at the bidding of its first recommender, or by the advice of the materia medica. But he certainly has, under the same illusory pathological name, a case before him vastly different in the detail of its symptoms, and hence happens what was inevitable, the medicine does no good; it does harm, as might have been anticipated. (*Lesser Writings*, p. 691)

Hahnemann, however, having discovered the distinction between constant and variable diseases, proceeded on a dual track.

One, where the disease was known as to its constant character (often through its cause or etiology), the specific remedy could be determined from past medical writings or from the clinical application of new or existing medicinal substances on the basis of known principles. It could also be based on studying the supersensible data of disease as phenomenon, such as objective feeling, impression, sensibility and state of mind.

See: Disease State and Other Tonic Elements

Two, where the disease was not known or recognized, the specific remedy could be determined from a close study of the individual expression of the disease in the patient and then matched to this image of the disease to the images of the medicinal substances derived from the "provings."

From the circumstances that constant remedies have already been discovered for those diseases, few they be, which have a constant character, one might infer, that for all diseases of a constant character, constant (specific) remedies might be found.

And accordingly, since the only trustworthy way, the homeopathic, has been pursued with honesty and zeal, the specific remedies for several of the other constant diseases have already been discovered.

In order to treat successfully the other cases of disease occurring in man, and which, be they acute or chronic, differ so vastly among each other, if they cannot be referred to some primary disease which is constant in its character, they must each be regarded as peculiar diseases, and a medicine which in its pure effects on the healthy body shows symptoms similar to those of the case before us, must be administered. (*Lesser Writings*, p. 693)

Hahnemann proceeded initially along the first track, treating the acute childhood illnesses and using remedies for accidents and traumas (both of a physical and psychic nature). However, this class of diseases of fixed, constant nature, for which there had been remedies discovered of a fixed, constant nature, were few in number. So, in order to attack the more numerous remaining diseases, Hahnemann had to proceed along the second track.

For most of his patients he could not determine a fixed, constant disease because, as he later discovered, most of these "diseases" were not idiopathic (primary diseases), but only secondary diseases, or more correctly conditions arising from deeper, primary diseases, which he called chronic miasms.

See: The Discovery of the Chronic Miasms and the Chronic Diseases Arising Therefrom The Chronic Miasms versus the Chronic Diseases

He had to rely on the individual expression of the disease in the patient's symptom picture to determine the remedy. It was only when he discovered the truly degenerative diseases, the chronic miasms, that he was able to develop the first track more usefully and fully.

According to this improved system of medicine, cases of disease, in all their endless variety of appearance (if they cannot be traced back to some more profoundly rooted primary disease of constant character), must be regarded in every instance as new, and never before seen; they must be noted, exactly as they present themselves, with all the symptoms, accidents and altered sensations discoverable in them; and a remedy must be selected which, as has been shown by previous experiments of its action on perfect health, is capable of producing symptoms, accidents, and altered sensations most similar to those of the case under treatment...(*Lesser Writings*, p. 694).

§103.1. In the same way as has here been taught about the mostly acute epidemics, the chronic sicknesses (mainly Psora) remaining the same in their Wesen, also had to be searched out by me much more exactly than hitherto...

These two tracks, or approaches to disease as such, correspond to the two sides of disease, considered conceptually: the tonic and the pathic.

Finally, we can see from the above quotes that Hahnemann provided us with a clear priority for the selection of the remedy in a given disease: we are first to attack the disease directly through the specific based on the constant relationship between an idiopathic disease and a tonic remedy for that disease, and secondly, if this first approach is not possible, to approach the disease indirectly through the specific based on the symptoms of the disease expressed in the patient.

CAUSAL AND SYMPTOMATIC INDICATIONS

In this regard, it is interesting that Hahnemann makes a distinction between the terms “Causal Indication” and “Symptomatic Indication.” Like many terms used by Hahnemann, these were not done without some distinction in his mind. Here we can see the two sides of disease and the two approaches to finding a specific remedy for the disease coming through. It is marvelous to see the consistency of Hahnemann's logic and system working through his writings at all levels.

Hahnemann was aware that there were different pointers to the remedy depending on whether one was looking at the cause, the disease itself (tonic side), or the symptoms, the expression of the disease through the patient (pathic side).

While Hahnemann uses the term “Indication,” this term is perhaps better translated as “indicant.” The term “indicant” can be found in current use in a notable medical dictionary, Taber's, wherein the more specific meaning of "indicant” for Hahnemann's use of “Indication” seems more suitable.

17.3. In this way, it believes itself to be complying with genuine causal indications and to be treating rationally.

82.1 ... the homeopathic physician's duty of carefully apprehending the investigable symptoms and peculiarities of Psora, however, remains just as indispensable in the forming of the Indicant for each chronic (psoric) [pathic] disease to be cured as before that disclosure of Psora. (bold and square brackets added)

It is significant that the “Causal Indication” is mentioned in the Introduction where homogenic disease is being discussed, while the “Symptomatic Indication” is found in the main text.

Cf. *OED* spec. in Med. A suggestion or direction as to the treatment of a disease, derived from the symptoms observed.

1793 Beddoes *Calculus* 261 It is probable that the true indication of cure in typhus is to restore the oxygene.

1875 H. C. Wood *Therap.* (1879) 19 The term or expression indication for a given remedy, being in constant use, ought to be distinctly understood; by it is meant the pointings of nature, or, in other words, the evident needs of the system.

Taber's Medical Dictionary:indicant

1. Something such as a sign or symptom that points to the presence of a disease.
2. Something such as loss of a symptom or sign that indicates that the treatment of the disease is proper and effective.

indication

[L. *indicare*, to show] A sign or circumstance that indicates the proper treatment of a disease

causal indication

An indication provided by the knowledge of the cause of a disease.

symptomatic indication

An indication provided by the symptoms of a disease rather than because of precise knowledge of the actual disease process (e.g., a patient may be given aspirin or antibiotics without knowing the cause of the symptoms of headache or fever).

PART II: DISEASE AS A DYNAMIC DUALITY

DISEASE: MATERIAL OR DYNAMIC IN ORIGIN?

The above discussion of pathic disease raised the problem of what exactly disease is in Hahnemann's system. The pathic approach to disease can partly ignore the issue because in simple cases the symptoms of the patient will suffice as this roughly corresponds to the symptoms of the disease being treated. However, in more complex cases the issue of disease becomes an important one.

Hahnemann strongly criticized his contemporaries for their failure to understand disease. Disease for them was something material in nature, that is, based in the sensory world of quantity. The symptoms and signs of the patient were taken to be the disease itself. Of course, this materialist notion of disease continues to dominate allopathic medicine today.

Thus, a patient with fever, right abdominal pains and showing signs of inflammation of the liver would be told that he had hepatitis. Then the cause of his symptoms would be said to be the inflamed liver and treatment would focus on removing the inflammation of the liver. Hepatitis would be both the disease and the cause of the disease, which, as Hahnemann pointed out, is logically impossible. Something cannot be the cause of itself.

11.4...by viewing the parts of the normal dead human body (anatomy), compared with the visible changes of these inner parts in humans who died of disease (pathological anatomy), as well as what seemed to be the result of the comparison of appearances and functions in healthy life (physiology) with the endless deviations of the same in the countless disease states (pathology, semiotics), to draw conclusions about the invisible process of the changes in the core Entity [internal *Wesen*] of diseased man -- a dark fantasy picture, which theoretical medicine took for its primary cause of disease, which then was supposed to be the proximate cause of disease and simultaneously the inner Genius [*Wesen*] of the disease..." disease itself -- although, in accordance with sound common sense, the cause of a thing or of an event can never be at the same time the thing or the event itself.

In the Preface to the 5th Edition (retained in slightly amended form for the 6th Edition), Hahnemann condemns the Old School for seeing disease as material in nature, not dynamic, so that they mistake disease (dynamic disturbance) for the material results.

It can easily persuade each reflecting person that the diseases of humans rest on no matter, on no acidity, that is to say on no disease matter; rather that they are only spirit-like (dynamic) mistunings of the spirit-like enlivening power (of the Living Principle, of the Living Power) of the human body.

This is reinforced in the Introduction:

Along the way, a system of treatment fashioned itself, independent of all these theories, with unknown mixed medicinal substances against arbitrarily erected disease-forms, arranged according to material views in contradiction with nature and experience, thus comprehensibly with bad results – old Medicine, called Allopathy.

Nevertheless, the hitherto medical school believed itself able because it seemed so much the more sensible to it, if possible, to look for another direct way rather than to take detours, to still abrogate diseases directly through the removal of the (alleged) material disease-cause, - for it was almost impossible [for] the ordinary doctorial school to free itself from these material concepts upon viewing and judging a disease and just as little upon seeking out the treatment-indication, and to acknowledge the nature of the psycho-somatic organism as [being] a so highly potentized Entity [*Wesen*], that the changes of its life in feelings and functions, which they call diseases, had to be determined and actuated mainly, yea, almost solely by dynamic (spirit-like) impingements and could not be actuated differently.

The Hippocratic tradition argued that the symptoms of the patient were only the efforts of the organism to get rid of the disease, which was seen as a disturbance of the normal rhythm of this life energy. Thus, the symptoms and signs of the patient as expressed in the sensory world through feelings, functions and sensations, were only the results of disease, not the disease itself.

Hahnemann strongly agreed that there was a living dynamis which enlivened the organism and which had a supersensible (beyond the material world of the senses) origin. He termed this dynamis variously Dynamis, the Lebensprincip or Lebens-Princip (Living Principle), Lebenskraft or (Living Power Life Force) and Lebens-Energie (Life Energy) These terms are not synonymous, as the Living Principle contains both energy and force.

He went further in declaring disease itself to be first and foremost a dynamic phenomenon, that is, a supersensible reality. Disease initially involved a disturbance of the normal healthy rhythm of the life force of the individual. This disturbance could not be measured in material terms, but was real nonetheless.

22.1. Now the Genius [*Wesen*] of diseases and their remediation cannot, however, conform to such dreams or to the convenience of doctors; the diseases cannot cease, in order to please those foolish hypotheses grounded in nothing, to be (spiritic) dynamic mistunements of our spirit-like Life in feelings and functions, that is, immaterial mistunements of our condition.

WESEN AND GEIST

Hahnemann describes a functional polarity within the human organism consisting of the Geist (Spirit) and the Wesen (or Dynamis). This is a supersensible idea involving a real functioning of the human being, which can be used practically in therapeutics. It is not an abstraction that leads to a vitalist (abstract) or mystical (not grounded in nature) notion of homeopathy distinguished only from the materialism of allopathy by a contrary belief in ideal causation.

The concept of a Living Power or Dynamis that animates the human organism first appears in the introduction to the Fourth Edition: "...the unhelpful, useless, not infrequently injurious efforts and operations of the instinctive, unreasoning *Lebenskraft* (misnamed nature)." It is then treated in one aphorism. However, in the occasional writings, we can see the emergence of Hahnemann's understanding of the spiritual nature of man, disease and medicines.

See: Heilkunst in Historical Context

In the 5th Edition Hahnemann completely expanded this section from one aphorism to eight. Here was the full exposition of the dual functional nature of the human organism involving two presences, the Geist and the Wesen.

The Geist uses the organism for higher purposes. The Wesen enlivens the organism and provides the energy for its functioning in a state of health. Neither of these is the organism, but represent a functional whole of which the common functioning principle is the human being.

§9.1. In the healthy human state, the spirit-like Living Power (Autocracy) enlivening the material body (organism) as Dynamis holds sway unrestrictedly and keeps all of its parts in admirable, harmonious, vital operation in both feelings and functions, so that our indwelling rational spirit can freely avail itself of this living healthy instrument for the higher purposes of our existence.

Geist is the basis of intellectual knowledge (wissen in German) and communicates primarily through the nervous system. The Geist promotes a sense of well-being (Wohlseyn). It is through the Geist in human beings that the physician is free to think and act in a rational manner in order to re-tune the diseased Wesen.

The true remedial art is that cogitative pursuit that devolved upon the higher human spirit, [*Menschen-Geist*] free deliberation, and the selecting intellect deciding according to reason, in order to retune that instinctual, intellect- and awareness-lacking but automatic, energetic Living Power, when said Living Power has been mistuned by disease to abnormal activity..."

Wesen is the basis of instinctual and/or artistic knowledge (kennen). It is instinctual and acts according to wisdom, primarily communicating through impressions, in a hologrammatical manner. It is equivalent to consciousness or the conscient entity and is experienced in sensations, feelings and functions. It achieves soundness (Gesundheit).

§10.1. The material organism, thought of without Living Power, is capable of no sensibility, no activity, and is not self sustaining; only the immaterial Genius [*Wesen*] (the Living Principle, the Living Power) enlivening the material organism in the healthy and diseased state bestows on it all sensibility and actuates its living functions.

Wesen: A Closer Look

This is a key term used by Hahnemann and one that has been lost as a result of previous translations. The term Wesen is difficult to translate into English because it has many meanings: genius, essence, substance, creature, living thing, nature or entity.

A Wesen is a dynamic entity that permeates the whole of something. It cannot be divided from that which it permeates (except conceptually). It has no mass, but is energetic in nature. It is similar to the term "genius" used by the romantic philosophers of the 19th Century, such as Coleridge, as well as by contributors to our *Materia Medica*.

The Living Power is exponential to the human Wesen. The Wesen cannot be a property of something, but only the essence itself. Hahnemann makes clear in various passages that the Living Power has properties, that is, that it can be lowered or raised (see footnote to §60 or §288) and that there is a supply of Living Power (Introduction).

§60.1.¹⁶ For Broussais it was only necessary to tone down the Living Power of the patient, to lower it more and more and see! the more frequently he had him bled and the more he had the vital humour sucked out of him by leeches and cupping glasses (for the innocent irreplaceable blood was supposed to be guilty of almost all sufferings), the more the patient lost the power to feel pains or to express his aggravated state by vehement complaints and gestures.

§288.2. This remedial power, often foolishly denied or reviled for an entire century, being a wonderful inestimable gift of God granted to humanity, by means of which the Living Power of the healthy mesmerist gifted with this power dynamically streams into another human being by touch and even without the same, indeed even at some distance, by the powerful will of a well-intentioned individual (like one of the poles of a powerful magnet into a rod of raw steel) works in a different way, in that this remedial power partly replaces the Living Power lacking here and there in the patient's organism, partly drains off, decreases and more equally distributes the Living Power accumulated all too much in other places,

So, as we can see, the Living Power is a property of the human Wesen. What Hahnemann referred to as the Dynamis (§9, 12) is in effect the human Wesen (*Menschen-Wesen*). The Living Power is a property of the Wesen that keeps the organism in proper functioning, akin to the executive power of a government.

The Wesen may form a unity with a particular material body or the body may be immaterial in nature. Disease agents are Wesen, just as are medicines.

Wesen is a very real entity, albeit a dynamic, not a material one. It underlies the process of disease and cure. It links natural disease to the human organism and then to the action of the curative remedy.

The Wesen of the disease agent effectively interacts with the Wesen of the human organism. If the disease Wesen is more powerful it manages to engender a disease upon the dynamis of the human organism. Thus, disease is dynamic in nature and effect.

The disease first takes place at the level of the dynamis (energy level), then moves down to affect the more noble organs, and gradually outward to the circumference (skin). It then requires, in chronic disease, the intervention of a similar medicinal Wesen (artificial disease Wesen) to expunge the existing disease Wesen.

There is another aspect of the Wesen that helps in understanding the full dimension of disease as it manifests and is captured in Hahnemann's totality of symptoms. The Wesen permeates the human organism but also the immediate supersensible sphere of the organism which is the field or ambient around the organism.

Thus, the sphere of action of the Wesen includes the circumstances, events and conditions that make up the experiences of the individual. What happens to the individual is, in large part, shaped by the action of the individual's Wesen in interaction with his Geist (intellectual mind). If we have an accident, this is a manifestation, at least partly, of the action of the Wesen. The actions of the human Wesen are themselves the result in part of the influence of the disease Wesen(s) which have engendered themselves in our Wesen.

As we have learned, some diseases have a fixed Wesen, which remains the same (acute and chronic miasms, shocks and traumas); others are unique and changeable (sporadic and epidemic diseases).

While the disease agent might be mediated through a microbe, as it invariably is in natural diseases (e.g., scarlet fever, measles, typhoid, etc.), the microbe itself has a supersensible reality, or Wesen. It is the Wesen of the microbe that seeks to penetrate the energetic reality of the person. Unless this can be done, there will be only a disturbance, temporarily, of the normal state of health (such as tiredness and a dragged-down feeling rather than full-blown illness). The microbe moves on to seek another victim and the person quickly recovers his slightly disturbed equilibrium.

There are also many cases where our Living Power is disturbed, such as through lack of sleep and poor nutrition, which upsets our normal functioning. However, these are more in the way of indispositions, correctable through adjustments to our regimen (e.g., rest and proper nutrition). If they continue long enough, however, they may eventually damage the Living Power to the point that medical intervention is required.

To understand what else disease is beyond simply a disturbance of the Living Power, we need to understand a fundamental and unique contribution of Hahnemann to our knowledge of disease, namely the uncovering of the dual nature of that Power.

FALSE AND TRUE DISEASE

Hahnemann attacked the prevailing view of disease presented by allopathy because it mistook the results of disease (mostly signs and symptoms) as the cause of the disease. He also criticized them for their tendency to take only a few common symptoms and give these symptoms, often morbid tissue (damaged cells - lesions), a name, ignoring the more particular symptoms of each individual.

As Hahnemann pointed out, trial and error over the centuries had produced a class of specific remedies for given diseases of unvarying nature (Wesen). The desired goal of the physician, then, was to discover specific remedies for all diseases. To this end, they focussed on some presumed common character of an ailment (a mere abstraction from certain particulars), which they mistook for the underlying nature of the disease. However, this common character (e.g., inflammation of the liver) was material in origin and was itself the result of disease. Disease, however, is supersensible in nature and origin (that is, dynamic) or spiritual.

12.1. For all that, this sublime project, to find an inner, invisible, a priori disease cause, resolved itself, at least among the more self-styled astute doctors of the old school, into a search, admittedly also derived from the symptoms, for what was to be assumed, perchance surmisedly, as the general character of the present disease case, whether that be cramp? weakness? paralysis? fever? inflammation? induration? infarcts of this or that part? blood-excess (plethora)? lack or superfluity of oxygen, carbon, hydrogen or nitrogen in the humours? raised or lowered arteriability, venosity or capillarity? relative proportion of the factors of sensibility, irritability or reproduction? -- surmises which, honored with the name of Causal-Indicator by the hitherto school and regarded as the only possible rationality in medicine, were all too deceptive hypothetical assumptions than that they would have proven themselves to be practically useful -- incapable, even if they would have been or had have been well founded, of appropriating the most apt remedy for the disease case, flattering indeed to the self-love of the learned concocters, but mostly leading astray in subsequent practice, whereby the aim was more at ostentation than at seriously finding the remedial indication.

Thus, no useful medical knowledge could come from the allopathic approach for two reasons:

- 1. The allopaths first presumed conditions (e.g., arthritis or asthma) to be the long sought-for diseases of constant Wesen, and no true (fixed) specific could be found for such false diseases.**
- 2. They ignored the more individualizing symptoms and signs of the patient, choosing only a few common ones, so that they could not find the individual specific remedy for disease using the symptomological approach.**

Instead, as Hahnemann taught, specific remedies for disease could only be found where the physician understood the true nature of disease and its various dimensions or, where the physician took into account all the characteristic symptoms (common as well as individual) of disease.

TWO SIDES OF THE LIVING PRINCIPLE

For Hahnemann, true disease was most importantly due to a co-generative act, involving the generative (creative, growth) power of the Living Principle. Until his time and even now, disease has been seen as mainly a disturbance of the sustentive power, that power that sustains the organism in health.

Therefore, treatment consisted of removing the supposed offending disease matter, either through assisting the normal elimination reactions of the organism (natural medicine approach) or through the burning, cutting or other form of intervention (surgery, chemotherapy).

18.1. In general, up to more recent (I wish I would not be permitted to say the most recent) times, the ordinary school most dearly posits, with respect to diseases, even though so subtly conceptualized, disease-matter (and acridities), which must be carried away by exhalation and perspiration, by the urinary apparatus, or by the salivary-glands from the blood-and lymph-vessels, by the trachea and bronchial-glands as expectoration, by vomiting and purging from the stomach and intestinal canal,

19.2. It also intended to draw off, thereby purifying the body of all disease matters, the pernicious humours by perpetual cantharide plasters and spurge-laurel -- but usually only ended up weakening the sick body to the point of irremediability by all these rash, unnatural arrangements.

20.2. Therefore from Dioscorides on, in all *Materia Medica* up to the newer books of this sort, almost nothing is noted down about the individual medicines, as to what each of their actual, special action be; rather, besides the indications about their supposed use against this or that disease name of pathology, merely whether it further urine, sweat, phlegm or menses, and above all, whether it actuate evacuation of the alimentary canal from above or below, because all thoughts and aspirations of practicing doctors from time immemorial were directed above all towards the evacuation of a disease material and of sundry (sham) acridities, lying supposedly at the base of diseases.

This erroneous approach could only come from a misunderstanding of the dynamic nature of disease, which operates through and within the two sides of the Dynamis.

SUSTENTIVE POWER (LEBENS-ERHALTUNGS-KRAFT)

The one side of this dynamis is engaged in the task of keeping us functioning in a state of health. It is our friend in health and allows us to carry on the myriad of functions needed to live. This is done without any conscious effort on our part (digestion, breathing, elimination, motion, etc.). Thus, many symptoms and signs we experience are really healthy elimination functions in the face of noxious agents such as unhealthy food, air, water and poisonous substances, including drugs (both prescription and other), as well as pathogenic microbes. Fevers, diarrhea, sweating, changes in urine volume and make-up, cramps, discharges of various kinds, are all normal responses of the sustentive side of the Living Principle to unwanted or harmful agents.

Hahnemann called this sustentive, or health-sustaining aspect of the Living Principle, the *Lebens-Erhaltung-Kraft*.

The sustentive aspect is that action of the Living Power that helps to maintain natural healthy functioning or homeostasis. Homeostasis is defined by the Oxford English Dictionary as:

The maintenance of a dynamically stable state within a system by means of internal regulatory processes that tend to counteract any disturbance of the stability by external forces or influences; the state of stability so maintained.

The sustentive power of the Living Principle organises efforts to remove disease and to re-establish balance. This involves normal excretions and eliminations through the various excretory organs (such as the liver, kidney, lungs, skin, digestive system and urinary system). If we eat something that is poisonous or contaminated, we produce vomiting and diarrhea, as well as possibly a fever and sweating. If we are exposed to a virus, the sustentive power will organize a fever to destroy the virus, as well as a rash to eliminate it from the organism, what Hahnemann called the counter or back action of the Living Power.

However, Hahnemann realized that these efforts of the sustentive power (our innate healing power or the *vis medicatrix naturae* of Hippocrates) were not always successful and could even become so stressful on the overall Living Power of the organism that it could endanger the organism, producing damaged tissue in part of the organism in order to save the whole (ulcers, fibroids, tumors, fistulas, etc.). What was a friend in health could become an enemy in disease.

Indeed, one of his major criticisms of the medicine of his day was that it attempted to mimic the efforts of the sustentive power in its various evacuations (through the use of strong purgatives, hot irons, poultices, etc.).

See: Hahnemann and the Natural Healing Power

38.1 The old school merely followed the operation of crude instinctual nature in its indigent strivings to pull through only in moderate, acute disease attacks - it mimicked solely the Sustentive Power of Life (*Lebens-Erhaltungskraft*), incapable of deliberation left to itself in diseases, which, incapable of acting according to intellect and deliberation, resting simply as it does on the organic laws of the body, works only according to these organic laws, -- crude nature, which is not capable, like an intelligent physician, of bringing the gaping flews of a wound together and of healing by fusion, which does not know how to straighten and fit together the oblique ends of broken bones far apart from one another, however much it lets bone gelatine exude (often to excess), can tie off no injured artery, rather, in its energy, makes the injured bleed to death, which doesn't understand how to reset a dislocated shoulder, but, to be sure, hinders the art of bone-setting by the swelling that comes quickly to pass round about, -- which, in order to remove a splinter stuck in the cornea, destroys the entire eye by suppuration and only knows how, with all its exertion, to dissolve a strangulated inguinal hernia by gangrene of the bowels and death, also, often in dynamic diseases, makes patients far unhappier by its metaschematisms than they previously were.

References to the Sustentive Power

The mischievous effects to chronic patients that lie in this their blind treatment, in this overloading of them with strong unknown drugs ... will infallibly make any, even healthy persons, ill, — at first obviously and perceptibly so, but when longer continued their hurtful action is less apparent, but all the more profoundly penetrating, and productive of permanent injury, in this way, because the **ever active life-sustaining power** silently endeavours to ward off the injury with which these frequent assaults threaten life itself ... Thus, for instance, the **Living Power** of our organism, that is always exercising a **preservative {sustentive} function, protects** the sensitive parts of the palm of the hand of the pavier (as also of the worker among fire, the glassblower and the like) against the scratching and lacerating sharp angles and points of the paving stones, with a hard, horny covering, to protect the skin with its nerves, blood-vessels and muscles, from being wounded or destroyed...(*Lesser Writings*, pp. 747-8)

59.2 ...it was left to the individual nature of the one so treated to do the most and best for the complete dispatch of the disease and restoration of the lost vitality and juices --- to the **Sustentive Power of Life** which, along with the dispatch of the natural acute malady, had to conquer the consequences of inexpedient treatment and so, in the innocuous cases, by means of its own energy, the functions could resume their normal relationship, however, often laboriously, imperfectly and with many an ailment.

§63.5. This back-action belongs to the **Sustentive Power of our Life** and is an automatic function of the same, called after-action or counteraction.

§262.1. In thermal diseases on the contrary -- except with spiritual-mental aberration-derangement -- the subtle, unerring internal sense of the here very lively, **instinctual Life-sustentive-drive** decides, so distinctly and definitely, that the physician simply needs to advise the relations and the attendants of the patient to put no obstacle in the way of this voice of nature, be it by denial of that which the patient urgently demands in enjoyments or by deleterious proposals and persuasions.

§205.1.^{all} Therefore, I cannot recommend, for example, local eradication of so-called labial or facial cancer (a fruit of advanced Psora? not seldom in unity with Syphilis?) by the Arsenical means of Frere Cosme, not only because it is extremely painful and frequently fails, but more because when this means indeed locally frees the bodily site from the malignant ulcer, the fundamental to be diminished in the least hereby; the **Sustentive Power of Life** is therefore necessitated to transfer the focus for the great internal malady to a still more noble site (as it does with all metastases) and allows blindness, deafness, insanity, suffocative asthma, dropsy, apoplexy, etc. to follow.

§63.5. this is repeated above – why? This back-action belongs to the **Sustentive Power of our Life** and is an automatic function of the same, called after-action or counteraction.

Curing disease requires the physician to engage the Living Power in its generative aspect using medicines on the basis of similar resonance (see below).

GENERATIVE POWER (LEBENS-ERZEUGUNGS-KRAFT)

From his understanding of the two competing views of the life energy and of the dynamic nature of disease, Hahnemann came to grasp that natural disease also involved another side of the Living Power, that which was involved in the generation of life, such as conception and cell division.

Hahnemann saw this as the power to engender ("erzeugen"), the generative power or the Lebens-Erzeugungs-Kraft.

This power of generation must have been involved in disease because Hahnemann observed that the sustentive power could not get rid of natural disease, except in a few simple, acute diseases (which were naturally self-limiting, such as measles or scarlet fever).

See: Self-Limiting Disease

Where the "disease," or more correctly the disturbance of the Living Principle, does not implicate the generative power, this is only an indisposition, not a disease per se. Balance of healthy functioning can easily be re-established by the organism's inherent healing capacity, resident in the sustentive aspect of the Living Power.

However, if the generative power is in some way damaged or affected, the efforts of the sustentive power to restore balance will of necessity be unsuccessful. Of course, with sufficient rest and nutrition over time a reasonable balance can be achieved, but the disease itself will remain to cause problems later.

By observing that the contracting of natural disease is a generative act, Hahnemann meant that the Wesen of the disease agent (usually an infectious agent, or microbe) penetrated the Wesen of the human being and caused the generation of a distinct disease Wesen within. This impingement on the Living Principle occurred through its generative power.

The impingement causes an engenderment of a disease Wesen akin to a pregnancy. This disease Wesen cannot be destroyed except by a medicinal intervention that affects the generative power. Thus, the act of curing means the use of the disease Wesen of the resonant medicine (artificial disease) to destroy ("abort"), on the basis of the law of similar resonance, the Wesen of the natural disease within.

*See: Wesen and Geist
Wesen: A Closer Look*

58.1 No! that glorious power innate in the human being, ordained to conduct Life in the most perfect way during its health, equally present in all parts of the organism, in the sensible as well as the irritable fiber, and untiring mainspring of all normal natural bodily functions, was not at all created for purposes of helping itself in diseases, nor for exercising a Remedial Art worthy of imitation -- no! true remedial art is that cogitative pursuit that devolved upon the higher human spirit, free deliberation, and the selecting intellect deciding according to reasons, in order to retune that instinctual, intellect- and awareness-lacking but automatic, energetic Living Power, when said Living Power has been mistuned by disease to abnormal activity, by means of a resonant affection to the disease, engendered by a medicine selected homeopathically, the Living Power being medicinally diseased to such a degree, and in fact to a somewhat higher degree, that the natural affection could work on it no more, and thus it becomes rid of the natural disease, yet remaining occupied solely with the so resonant, somewhat stronger medicinal disease affection against which the Living Power now directs its entire energy, soon overcoming it, the Living Power thereby becoming free and able again to return to the norm of health and to its actual intended purpose, "the enlivenment and sustenance of the sound organism," without having suffered painful or debilitating attacks by this transformation.

The concept of the generative power of the Living Principle, and the profound insight that true disease is a generative act, an act of creation between two Wesen (human and disease Wesens), is contained in Hahnemann's writings in the term erzeugen or "engenderment."

You will note that the action of the medicinal Wesen also engages the generative power (engenders an artificial disease).

Cure must involve the generative power and be a generative act between the disease Wesen of the patient (itself engendered by the human and original disease Wesens) and the remedial Wesen (medicine) based on the law of similar resonance.

17.⁹¹⁴ Usually such a stomach-vitiation is of dynamic origin, engendered by emotional mind [Gemüt] disturbances (grief, fright, chagrin), chill, exertion (mental or bodily) directly upon eating — often even after moderate fare.

58.1. ...when said Living Power has been mistuned by disease to abnormal activity, by means of a resonant affection to the disease, engendered by a medicine selected homeopathically...

62.2. The vitality gradually sank only the more deeply the more wine the patient had been talked into taking, (because the engenderer of the weakness, the chronic disease, could not be remedied by the prescription) since the Living Power in the after-action opposes enervation to artificial excitations.

68.2. The old medicine does indeed engender great alterations, but constantly such which are not good, and it continually ruins the health altogether with this extremely ruinous metal given out of place.

88.2. Surprisingly, one sees that it always happened by means of a medicine which is fit to engender by itself a similar suffering to that contained in the disease case, though these doctors were not immediately aware of what they were doing and did it in a fit of forgetfulness of the contrary doctrines of their school.

§4.1. At the same time he is a health sustainer if he knows the things that disturb health, that engender and maintain disease, and is aware of how to remove them from healthy people.

§21.1. Since now, the curative Genius [Wesen] in medicines is not in itself discernible, which nobody can deny, and ... therefore, we have only to abide by the disease occurrences that the medicines engender in the healthy body as the only possible revelation of their indwelling curative power, in order to learn what disease generative power, that is, at the same time, what disease curative power each single medicine possesses.

§22.1.⁹¹⁵ The morbidly mistuned Living Power possesses so little remedial ability worthy of imitation that all of the alterations of condition and symptoms it generates in the organism are indeed just the disease itself!

§80.1. -- Psora, that true fundamental cause and engenderer of almost all remaining frequent, indeed countless disease forms, which figure in the pathologies as their own self-contained diseases (idiopathic) under the names of nerve weakness, hysteria, hypochondria, mania, melancholy, imbecility, raving, epilepsy, convulsions of all kinds, of softening of the bone (Rhachitis), scrofula, scoliosis, and kyphosis, bone caries, cancer, fungus hematodes, neoplasms, gout, hemorrhoids, jaundice and cyanosis, dropsy, amenorrhoea and hemorrhage of the stomach, nose, lungs, from the bladder and uterus, of asthma and suppuration of the lungs, of impotence and infertility, of migraine, deafness, cataract and amaurosis, kidney stones, paralyses, defects of the senses and pains of a thousand kinds, etc.

§148.1. The natural disease is never to be regarded as some noxious matter situated somewhere internally or externally (§11 - 13), but rather as something engendered by an inimical spirit-like Potence that disturbs the spirit-like Living Principle reigning in the entire organism in its instinctual governance, as if by a kind of contagion (fn. §11), as an evil spirit torments, and forces it to engender certain sufferings and disorders in the course of life which one calls (symptoms) diseases.

These references are pervasive throughout the Organon.

Thus, while Hahnemann does not explicitly use the term Lebens-Erzeugungs-Kraft he is clear that there is such a force active in the Living Principle, besides the sustentive power (Lebens-Erhaltung-Kraft).

In the quotes given there, it is obvious that Hahnemann sees a side of the Living Power or Life Force that is other than simply the maintenance of health, and that is involved in the engenderment (erzeugen) of disease. He makes clear that this capacity of engenderment is related to the Living Power, thus is an integral aspect of it.

Thus, we can ask ourselves:

1. Did Hahnemann use the term Erzeugungskraft? - the answer is clearly yes.

2. Did Hahnemann state that this Erzeugungskraft (capacity to engender) is a function of the Lebenskraft (Life Force or Living Power)? - the answer again is yes.

3. Is this power of engenderment (Erzeugen) the only one he links to the Life Force? - the answer is no. The other one is the power of sustenance - Lebens-Erhaltung-Kraft.

Thus, in §22 for example, Hahnemann states that the "morbidly mistuned Living Power ... generates [symptoms] in the organism." The question is, what power in the Lebenskraft does this engendering? It is the Erzeugungskraft of the Lebenskraft. Thus, while Hahnemann does not explicitly use the term Lebens-Erzeugungs-Kraft he is clear that there is such a force active in the Living Principle, besides the sustentive power (Lebens-Erhaltung-Kraft).

In one reference noted here, the footnote to §22, Hahnemann identifies the Lebenskraft (Life Force) itself as the "engenderess." In the Introduction, near the end of the fourth section, Hahnemann states: ...die...Lebenskraft ist die Erzeugerin der sich offenbarenden Krankheit!

§101. These efforts are indeed simply the disease itself, and the morbidly affected Living Power is the engenderer of the self-manifesting disease!

And from the Synopsis to Hahnemann's 6th Edition, #15, Hahnemann refers to "the Living Power and the disease symptoms that are engendered thereby."

What we can see clearly is that the generative power is grounded in the Living Power. The disease Wesen "fathers" and the Living Power of the human Wesen "mothers" the disease issue. So the generative act involves both generators (Wesen).

INITIAL ACTION AND COUNTER-ACTION

Along with Hahnemann's insights into the dual nature of the Living Power and disease, Hahnemann also came early on to a comprehension of the dual nature of the process of becoming sick and equally the process of removing the disease and restoring health, what he called Heilkunst (remediation, i.e., the process of curing and healing).

The process of disease, whether of natural disease or of artificial disease, consists of two parts.

1. The action of the Wesen of the disease agent (natural or artificial) involving the penetration of the generative aspect of the Living Power. This part of the process is akin to an impregnation.

This part of disease Hahnemann called the "initial action" (Erstwirkung).

§63.1. Each Life-impinging Potence, each medicine, resonifies [*stimmt*] the Living Power more or less and arouses a certain alteration of condition in man for a longer or shorter time.

§63.2. One designates it by the name of initial-action [*Erstwirkung*].

2. The action of the sustentive aspect of the Living Power to rid the organism of the disease Wesen now growing (being generated) by means of the generative aspect of that power. This attempt to eliminate the disease Wesen can so stress the organism that it becomes part of the disease.

Hahnemann called this part of disease the "counter-action" or "back action" (Gegenwirkung).

§63.4. Our Living Power strives to oppose this impinging action with its own energy.

§63.5. This back-action belongs to the Sustentive Power of our Life [*Lebens-Erhaltungskraft*] and is an automatic function of the same, called after-action or counteraction.

Thus, the process of Heilen (literally, wholing or salvation) also has two parts. First, the Wesen of the remedy (artificial disease potency) impinges on the generative power of the patient and destroys the disease Wesen therein. This is the initial or curative action of the remedy. In this process, the Living Power acts receptively, not resisting the impingement.

Second, the sustentive aspect of the Living Power now reacts to the impregnation (generative stimulus) by the remedial Wesen, attempting to remove it in turn and to restore normal functioning. This is the counter, or healing, reaction of the Living Power of the patient. This dual action constitutes the complete living function of Heilen.

§63.4. Our Living Power strives to oppose this impinging action with its own energy.

§63.5. This back-action belongs to the Sustentive Power of our Life [*Lebens-Erhaltungskraft*] and is an automatic function of the same, called after-action or counteraction.

The initial action itself also has two aspects. The eradication of the natural disease through the initial action occurs as a result of the action of the medicine and the action of the generative side of the Living Power. Thus, the initial-action consists of two sides as well, although the action of the medicine is the more important of the two.

§63.3. Although a product of medicinal and Living Power, it belongs more to the impinging Potence.

Here Hahnemann gives us a clear image of the effect of the medicinal Wesen and leaves no doubt that this is in the nature of a sexual act, which involves the generative aspect of the Living Power.

That the generative side is involved is reinforced by the previous Aphorism wherein Hahnemann explains the two actions. The first, the *Erstwirkung*, is said to resonify or re-tune the Living Power. The term Hahnemann uses here is *stimmt*, which is the term used when he is speaking of the action of the generative power.

See: *Two Sides of the Living Principle*

TWO TYPES OF AFTER-ACTION

In §64, Hahnemann speaks of two types of after-action of the Living Power.

§64.1. During the initial-action [*Erstwirkung*] of the artificial disease Potences (medicines) upon our healthy body, our Living Power appears (as seen from the following examples) to comport itself purely conceptively (receptively, passively as it were) and thus, as if forced, to allow the *impressions* of the artificial Potence impinging from without to take place in itself, thereby modifying its condition, but then, as it were, to rally again and

a) to generate the exact opposite condition-state, when there is such a one (counteraction, after-action) [*Gegenwirkung, Nachwirkung*], to this impinging action (initial-action) in equal degree to that which the impinging action (initial-action) had on it by the artificial morbific or medicinal Potence, and according to the measure of the Living Power's own energy,

-- or, b) when there is not an exact opposite state to the initial-action in nature, the Living Power appears to strive to assert its superiority by extinguishing the alteration actuated in itself from without (by the medicine), in place of which it reinstates its norm (after-action, healing-action) [*Nachwirkung, Heilwirkung*].

First, the Living Power can respond to the artificial disease by bringing forth the exact opposite condition-state to oppose the initial action, and to as great a degree as the initial action. He then gives several examples of this in §65.

Second, the Living Power can assert its superiority by extinguishing the initial action and re-establishing balance.

The first circumstance occurs where such an opposite condition exists in nature. The second occurs where there is no state in nature exactly opposite to the initial action.

§64 but then, as it were, to rally again and a) to generate the exact opposite condition-state, when there is such a one (counteraction, after-action), to this impinging action (initial-action) in equal degree to that which the impinging action (initial-action) had on it by the artificial morbific or medicinal Potence, and according to the measure of the Living Power's own energy,

-- or, b) when there is not an exact opposite state to the initial-action in nature, the Living Power appears to strive to assert its superiority by extinguishing the alteration actuated in itself from without (by the medicine), in place of which it reinstates its norm (after-action, curative-action).

Two Questions

Two questions then arise: What is the importance of the distinction made in the mode of action of these two after-actions? In what situations is there no opposite action in nature?

To answer these questions, we need to look at the related Aphorisms. In §68, Hahnemann gives us a further clue to this second mode of after-action.

§68.1. Experience shows us that in homeopathic cures following the uncommonly small medicinal doses (§275-287) which are necessary in this curative mode, and which were just sufficient, by similarity of their symptoms, to tune-over the similar natural disease and to expel the natural disease from the *Feeling* of the Living Principle, some small amount of medicinal disease still continues on alone initially in the organism occasionally after extirpation of the natural disease, but, because of the extraordinary minuteness of the dose the medicinal disease disappears so transiently, so easily and so quickly by itself, that the Living Power has no more considerable counteraction to take up against this small artificial mistunement of its condition than the counteraction of elevating the current condition up to the healthy station (that is, the counteraction suitable for complete recovery), to which end the Living Power requires but little effort after extinguishing the previous morbid mistunement. (Italics added)

Hahnemann explicitly links Aphorism 68 to 64B, namely referring to the situation of the after-action of the Living Power where there is no exactly opposite state in nature for it to copy. Here Hahnemann is speaking of situations where some of the medicinal disease continues on "alone" in the organism after the eradication of the natural disease, or *Wesenskrankheit*. If there were an exactly opposite state in nature, then the correct remedy, chosen on the basis of the law of resonance (in accordance with the principles of the correct dimension or jurisdiction) would leave no trace – there would have been a perfect similitude.

In those cases where there is no exactly opposite state in nature, however, part of the medicinal disease remains ("goes on alone") after the eradication of the natural disease. This is not a failure of insufficient remedies (such that none cover the entire disease), but a reality of the fact that there is not always an exact similitude to be found.

Following the initial action, in which the natural disease was eradicated, the Living Power organizes counter measures. To the extent that there is such an exact opposite condition-state to the initial action in nature, the Living Power draws on this energy form or template to exactly oppose the initial action (through the sustentive side). This opposition is conducted on the basis of equal energy (as great a degree as the impinging action) because there is no disease to overcome, just the restoration against the stimulus of the initial action to restore balance. This would seem to operate on the basis of re-establishing balance in the vacuum left by the eradication of the natural disease.

However, where there is no exact opposite condition-state in nature, we have the continuation of the medicinal disease alone in some form. Instead of acting against a vacuum, the Living Power now faces the remains of the medicinal disease. In the face of this, it cannot simply oppose an equal energy to the vacuum; it must assert itself by a superior power to first overcome the medicinal disease. In addition to the ability of the Living Power to re-establish balance in the absence of disease, it is also able to overcome the artificial or medicinal disease where some is left after the removal of the natural disease. After this extinguishing of the medicinal disease, the Living Power then easily re-establishes balance.

There is a distinction in these two cases. In the first case, where there is an exact opposite condition-state in nature, the healing action is wholly against the natural disease effect. However, where there is no exact opposite condition-state in nature, the healing action is also partly in the counteraction. This is seen in the second term (*Heilwirkung*) Hahnemann uses for part b) of §64.

§64.1. During the initial-action of the artificial disease Potences (medicines) upon our healthy body, our Living Power appears (as seen from the following examples) to comport itself purely conceptively (receptively, passively as it were) and thus, as if forced, to allow the *impressions* of the artificial Potence impinging from without to take place in itself, thereby modifying its condition, but then, as it were, to rally again and a) to generate the exact opposite condition-state, when there is such a one (counteraction, after-action) to this impinging action (initial-action) in equal degree to that which the impinging action (initial-action) had on it by the artificial morbid or medicinal Potence, and according to the measure of the Living Power's own energy, -- or, b) when there is not an exact opposite state to the initial-action in nature, the Living Power appears to strive to assert its superiority by extinguishing the alteration actuated in itself from without (by the medicine), in place of which it reinstates its norm (after-action, healing-action - "*Heilwirkung*"). (Italics added)

Heilwirkung refers to either the curative action or the healing action. If by "extinguishing the alteration" Hahnemann means simply that the Living Power overcomes the artificial imprint by dint of its "superiority," it would seem that the superiority consists more in the more substantive robustness of natural energy overcoming the shadowy artificial energy than in its supplying a resonant tone by itself, which leads to the use of the term healing action to render *Heilwirkung* here.

This distinction between the two types of after-actions also provides some insight into the intensity of the counter-action in some cases. It is in precisely those cases where there is no exact opposite condition-state in nature that the counter-action is stronger (because the Living Power has to over-power the artificial disease that remains and re-establish balance).

The question, then, is when do we not have the exact opposite condition-state in nature for the initial action?

This would seem to arise in those cases where the disease itself is not natural, that is, not arising from nature. Nature here would seem to mean that state that does not involve the *Geist*. The only type that would seem to fall into this category are the diseases [dynamic affections] originating in the *Geist* by way of conceiving a belief (superstition or *Aberglaube*) which is then spun and maintained by the soul before passing on into the emotional (*Gemüt*) realm, and thence on into the *Leib* (organic functioning). These are unique to the human animal.

It is that range of disease that comes via the imagination and that can leave the same way [footnote 17a] that can produce a strong healing reaction. The so-called mind-cures and faith healings must then also operate in this realm. The emotional shocks in the homogenic realm as well as disturbances (adverse cravings) occasioned by beliefs in the regimen and diet (*Regimenal*) would also seem to fall within this realm. Also, the iatrogenic diseases are created by the mind of man and may have no counterpart in nature.

This would explain the generally observed strong after-actions (termed healing reactions) where emotional traumas and drug diseases are being treated by medicines acting on the basis of the law of similar resonance.

The tendency of many in the natural health field is to view disease solely as the effort of the Living Power to restore balance. Thus, all efforts are directed at supporting the efforts of the Living Power to eliminate toxins through diet, exercise, massage, meditation, etc. As if one could "cure" a pregnancy by attending to its effects on the sustentive level (e.g., morning sickness) by means of improved regimen. One could mitigate the morning sickness, but the patient would still be just as pregnant.

As important as these efforts are in the restoration of health, to limit disease to the sustentive power is to ignore the fact that disease also consists of a damage to, or impingement on, the generative side of the Living Principle. The "damage" of the generative power can be due to a backlash effect from a waning sustentive action, which can come from "sustaining" deleterious effects or previously "ingenerated" diseases. This damage or impingement can only be corrected by means of a remedial action prescribed on the basis of the law of similars, but is not confined to application of that law by means of pathic (sensible) data only.

See: *Hahnemann and the Natural Healing Power*

TWO WAYS OF KNOWING (WISSEN AND KENNEN)

We cannot fully grasp the importance of Hahnemann's teachings if we have not understood the duality he refers to in our process of gaining knowledge (in this case, about disease and cure). We live in a world that validates only one form of knowing, namely through the intellect and the senses. This gives us knowledge about the external world and the world of appearances. This is often falsely referred to as "objective" knowledge implying that it is somehow more real or valid than the other form of knowing.

Hahnemann uses the term *wissen* meaning to be aware of something through the intellect, such as knowledge gained from books, lectures and other formal means that engage the mind (see §3, 4, and 99). *Wissen* involves the senses and the brain (but as spectators rather than participators in the experience). The German word for science is *Wissenschaft*.

There is another type of learning, however, which involves participation in the experience (a true form of observation - as in the sense of observing a tradition or practice: "Our family faithfully observes Thanksgiving.") and which has an aesthetic component. Modern Man tends to label it "subjective" knowledge, thereby according it a lesser value, a "soft" form of knowing compared to the "hard" knowledge gained through the senses. This is in actuality a deeper form of knowledge. (see §3, 4, 52) that is encapsulated in the German term *kennen*.

English, unfortunately, no longer preserves this distinction between the various forms of knowing, but used to have the verbs "to ken" and "to wit" (retained more in the Scottish dialects). French still retains the distinction in the verbs *savoir* and *connaître*, and Spanish has *saber* and *conocer*. This makes it difficult to read the various English translations and to know to which form of knowing Hahnemann was referring. However, this distinction is brought out and preserved in the new interlinear version of the *Organon*, translated by Steven Decker, in the use of the English terms *witting* and *kenning*. 

This *kennen* is a function of different organs of knowing than the sensory organs. Hahnemann calls these the *Gemüths-organe*. They are a function of our emotional mind, our capacity to feel, involving the Living Power flowing through us in response to things that impress themselves on us, causing a change in the flow of our Life Energy. Out of this form of knowing we find our capacity for objective feeling (*Das Gefühl*), sensibility (*Empfindung*) and impression (*Eindruck*). We can call this form of knowing supersensible as it involves organs of knowing that are not in the sensory realm. This supersensible realm of objective feeling and impression is entirely objective and real. It provides knowledge of the inner world of man, as the sensory organs provide knowledge of the outer world of man. However, just as one must have eyes to see, and ears to hear, so must the practitioner have the ability to discern things that lie beyond the sensory organs. The practitioner's own organs of supersensible perception (discernment) must be highly developed. He or she must have this ability to receive an impression and identify a feeling (called the sensibility). Otherwise, as regards feeling and impression, he or she is blind and deaf to them. Since the supersensible knowledge is based on the active engagement of the Living Power, the practitioner must in a very real sense participate in the Living Power of the patient. He must allow the particular flowings of the patient's Living Power to make an impression on his Living Power, thus generating an objective feeling (response). Participation is essentially the enactment of the patient's *Wesen* by the Living Power of the *Dia-gnostician*.

Provings are a form of participation, but of a special sort that Hahnemann further qualifies as *Kenntniss* (*kenning*). *Erkennen* is a higher form of participative knowledge that is raised beyond the level of the personal (aesthetic) to the realm of pure thought (noetic *dia-gnosis*). (See §3, 6, 11).

Hahnemann gradually developed the more participative form of knowing later in the *Organon*. These two types of knowing (*wissen* and *kennen*) are important because they relate to the two sides of disease that Hahnemann brings out - the pathic and the tonic.

To understand the pathic, the outward arrangement as Coleridge would say, one engages the wit, the intellect and senses as passive perceiver (*wissen*). The pathic diseases are to be identified by their symptoms, the external expression open to the senses.

To understand the tonic diseases, which are based on states of mind, one must actively observe (participate) the patient using our own Life Force to resonate with that of the patient. This involves the emotional mind, the *Gemüt*. This form of knowing goes beyond the sensory world of solid bodies and into the world of consciousness. One can know about a person's sadness or joy just by experiencing that person as they are, their behaviour and spirit. We often refer to this form of knowledge as intuition. It is just as real as that based on the intellect. It has its own organ of knowledge, the emotional [enacting] mind, the *Gemüt*. This form of [artistic-gnostic] noetic knowledge is not necessarily available to everyone to the same degree and requires different levels of development to master. It is more difficult to teach to others, which is why science prefers to deal with sense-based knowledge (*wissen*).

§142.1. But how some symptoms of the simple medicine employed for cure may be spotted, even in diseases, especially of the static chronic type, among the ailments of the original disease, is an object of the higher art of judgment and is to be left only to masters of observation.

§213.1. Thus we will never cure in accordance with nature, that is never homeopathically, if in every case of disease, even acute ones, we do not take heed of the symptom of the psychic alterations together with the other symptoms and do not select from among the remedies such a disease Potence for aid, that, along with the similarity of its other symptoms with those of the disease, is also capable of engendering of itself a similar psychic state.

PUTTING THE TWO SIDES TOGETHER

Disease conceptually contains a functional duality, which reflects the duality of nature more generally, and the duality of the Living Power more specifically. Disease as a concept has a pathic side and a tonic side whereas the Human Being has a sustentive and a generative aspect to its Living Power. This means that there are diseases that are pathic in nature and diseases that are tonic in nature.

FUNCTIONALISM

Before we can properly begin to understand what is meant by the two sides of disease, we must grasp that Hahnemann was a functional thinker. He was not, as is often maintained, a vitalist, but rather a dynamist/functionalist, much as his contemporaries, Goethe and Coleridge were (and earlier the much traduced Bacon).

Vitalism is really just the flip side of materialism. Materialism excludes from consideration everything that is not quantifiable. It is the world of solid bodies manifested through the senses – touch, sight, hearing, smell, and taste. Vitalism emerged to claim that realm of nature that was excluded, which is the realm of the living, the vital. This is the realm of qualities, of things that cannot be measured or quantified but only experienced. But they could only hypostatize it, not come to know it by participation (what Hahnemann would call pure experience). 

Both have a dualistic view of the world. Where materialism says that the world of the living can be understood from principles derived from studying the world of the non-living (using the disciplines of chemistry, mathematics, and physics), vitalism asserts that the non-living is a projection of the vital principle. Each posits a simple reality with a dualistic nature; they just differ on which is superior. Each position leads to extremes, either of a rejection of emotion and feelings (as we see in allopathy) or of a mystical rejection of pathology in favour of the subjective (as we see in the neo-Kentian approach to homeopathy – it is important to remember that Kent himself realised the pitfalls of his earlier constitutional teachings late in his life – see Eizayaga, *Treatise on Homeopathic Principles* pp. 259, 279)

See: Kent and the Two Sides

Functionalism is a way of seeing the world that unites the dualistic aspect of life by means of the underlying common functioning principle. It recognises that something can be both complementary and oppositional to another aspect, forming part of a dynamic process (function) of life. Functionalism is based on a pure observation of nature (not just nature in its appearances as a finished product, nature natured – *Natura Naturata*, but as it is in the process of becoming, nature nating – *Natura Naturans*). This prevents functionalism from falling into either the materialist or vitalist fallacy. Hahnemann was a functional thinker of the Dynamic System and not a postulating vitalist. What he has to say and the terms that he uses are real and not abstract.

This can be readily seen in the references in the Aegidi Affair to the two sides of disease. It is hard, at first glance, to comprehend the enthusiasm with which Hahnemann greeted the news from Aegidi about the use of the two remedies. He knew all too well that this seemingly went against much of what he had taught and, in particular, seemed to violate the rule against the use of more than one remedy at a time.

This injunction was established in the period prior to Chronic Diseases, which is the realm of what Hahnemann himself called “General Homeopathy” (mainly that of idiopathic diseases, but also of the “highest diseases,” those of the ideogenic core delusions – see footnote 17a).

Hahnemann’s discovery of the chronic miasms, as well as of the blockages to cure caused by physical and emotional traumas and allopathic drugs led him to a deeper understanding of disease. There must have begun in him as well an unconscious process of realisation of a new dimension of disease that went beyond the pathic (pathology = suffering) expression of the disease. He had learned that the chronic miasms could lie latent in the organism with few if any symptoms to rely upon. As well, for the initial stage of each chronic miasm, before the disease could find idiosyncratic expression in the individual bodily constitution, Hahnemann discovered that a single remedy worked – Sulphur for psora, Mercury for syphilis. Sycosis was somewhat different in that Hahnemann suggested the use of Thuja and Nitric acid in alternation.

He had also discovered remedies that have a specific, homogenic relationship to disease irritants (shocks and traumas, such as Arnica for contusion disease). Hahnemann discovered the principle that for diseases of a fixed nature, one could use remedies of a fixed nature.

See: Homogenic

Essay on a New Principle

From Two Specifics to Two Sides of Disease

We can come to appreciate that Hahnemann was developing his understanding of and participation in the dynamic, and thus the functional, nature of disease.

For example, Hahnemann seldom presents a concept without also presenting its functional complement. He speaks of the human Wesen whose complement is the human Geist or spirit (with the common functioning principle of the human being). He writes of the sustentive power and its complement, the generative power, whose common functioning principle is the Living Power. He refers to the common functioning principle of knowledge or knowing, with its complements of wissen (intellectual knowledge) and kennen (participative knowledge). Hahnemann’s understanding is a functional one. Part of functional thinking is the realisation of functional pairs. Each of the functional pairs in Hahnemann’s system set the stage for seeing disease as a functional pair, the two sides of Dr. Aegidi.

FUNCTIONAL PAIRS

Geist and Wesen

In §9 and 10 we can see the functional pair of the Geist and the Wesen, united by the common functioning principle of the human being (Mensch). We have the Geist, that aspect of the human being that dwells in the organism and involves the intellect and reason. We have also the Wesen, or Dynamis, which is the instinctual aspect of human being. The Wesen lacks intellect and awareness. Both inform the organism and are necessary for health. Neither is more important than the other. The spirit sets the tone and the Wesen suffers or enjoys the reverberations.

See: Disease as a Dynamic Duality

Wesen and Geist

Psychic and Somatic

We also have the functional unity of the psychic state (spirit, soul and intellectual mind operating in unison) and somatic state (Wesen, body and Gemüt) in §224, 225 and 226. In §224 Hahnemann speaks of the spirit, in 225 of the Gemüt (or emotional mind) and in 226 he mentions the intervenient soul).

It may appear from the above that the psychic and somatic states are separate. However, the psychic state also includes the Gemüt, just as the somatic state also includes the Sinn. Thus, each, having a locus in one side of the organism, also contains a connection to the other. The two states interpenetrate as it were.

We can further see a functional psychical unity in the Geistes-Krankheit (spiritual-mental disease) and Gemüths-Krankheit (emotional disease).

Hahnemann distinguishes between those psychic diseases that derive from somatic sufferings and can be treated with medicines on the basis of the law of similar resonance (and the optimum dose) and those that develop purely “...outward from the emotional mind due to persistent worry, mortification, vexation, abuse, or repeated exposure to great fear or fright.” These latter may be treated using psychotherapy or psychokinesiology on the basis of the law of opposites (exhortation, reasoning, even deception). However, Hahnemann makes an important qualifier here: this use of opposites only works if the emotional disease is new and has not yet affected the somatic state “all too much.”

See: Opposites and Similars

For the deeper use of “medicinal deception,”

See: Moral Remedies

Tonic and Pathic

Along with all of this functional duality, however, we find the very profound link and interplay between the tonic and pathic aspects of disease. This appears to be the basis of the two sides of disease mentioned by Aegidi.

See: From Two Specifics to Two Sides of Disease

In summary then, we have various functional pairs in Hahnemann’s system, which was emerging in his writings out of his genius such that he was ready to grasp immediately, using his holistic mode of consciousness, the value of Aegidi’s use of two remedies and the concept of the two sides of disease. Hahnemann’s functional mind divined that this was consistent with the reality of disease as it operated in nature.

As Hahnemann’s casebooks show, he not infrequently gave two remedies in close proximation (the same day). It would seem that one was for the tonic aspect (e.g., Sulphur for the underlying psora) and one for the pathic (e.g., Aconite). He did this on the basis of the distinction he made, as expressed in the Organon, between the initial action of a remedy and the after-action (Aph. 63). The initial action belongs more to the remedy and the generative aspect of the Living Power and the after-action to the sustentive function of the Living Power. 

This is well-described by Rima Handley in her second book, *In Search of the Later Hahnemann*. For example, she writes:

This combination of frequent repetition of remedies, and frequent changing of remedies in response to the appearance of new symptoms, necessarily led quite commonly to situations in which Hahnemann could be found prescribing Sulphur and an apsorice remedy (or sometimes even another antipsoric) in tandem. However, even when it is clear that the administration of Sulphur had been suspended, the prescription of the second remedy seems to have been made within a time span which a modern homeopath (and Hahnemann himself in earlier days) might well regard as being within the duration of the [after] action of Sulphur. The truth is that by now Hahnemann was not concerned to wait for its [initial] action of Sulphur to end – he was more interested in prescribing on the results of its [after] action: characteristically he prescribed on symptoms given expression, as it were, by the Sulphur.

It was usual for him to prescribe Sulphur (or the bass remedy) in a higher potency than the subsidiary (or melodic) remedy, or else to instruct that one of them be inhaled rather than taken orally. (p. 69) [Comments in square brackets added to clarify the meaning. Bold emphasis added].

From the earliest days of the Paris practice it was common for Hahnemann to prescribe Sulphur at the outset of a case, and to continue to do so until other symptoms more characteristic of other remedies manifested themselves... Hahnemann thus seems to have seen Sulphur, with its vast field of symptoms reflecting the psoric to which in humanity, as of the bass remedy to which others were the melody. He always returned to it when in doubt, or when the progress of the case was slow or stuck. (p. 44)

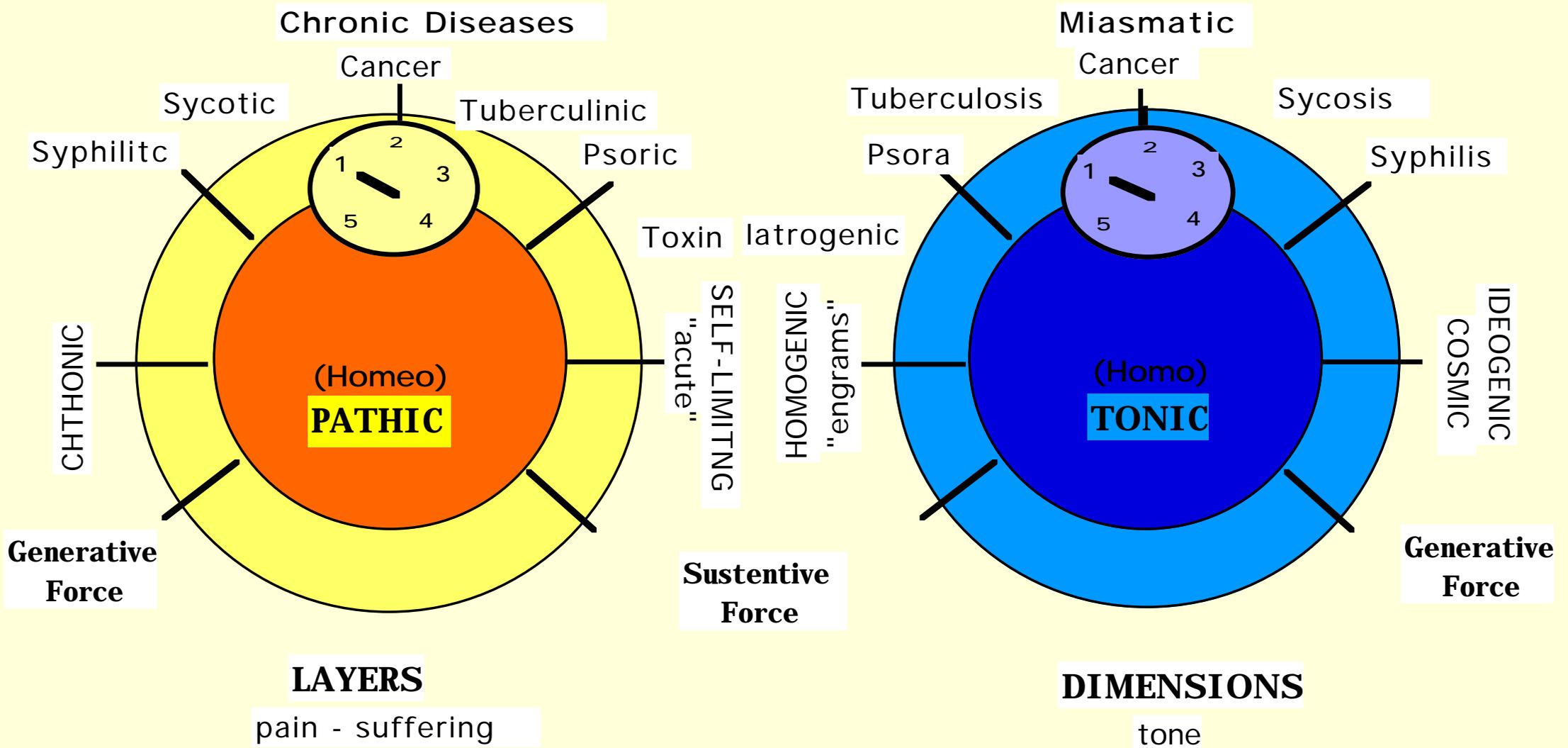
What, of course, is missing in Handley is the extent of Hahnemann’s dual prescribing in terms of percentage of cases. When is the first case, when the last? What is the percentage of the total? Where did this practice peak statistically, etc.? All of this would be useful for our better understanding of Hahnemann’s own evolution on the tonic side of disease. We have obtained copies of the Paris Casebooks and will be examining them further to try to help answer these questions.

It would be a mistake to assume that because we use different terms to distinguish this duality the two sides are separate. They form an indissoluble aspect of a living, organic process. While pathic diseases express themselves mainly in terms of a disturbance of the sustentive power, they also involve, as diseases, a degree of disturbance of the generative power. While tonic diseases are more likely to involve a disturbance of the generative power, they also involve the sustentive power. Pathic diseases have more variability and tonic diseases more fixity of nature, but it would be incorrect to assume that there is no element of variability on the tonic side, or of fixity on the pathic side.

One way of imagining the workings of these elements of disease is to consider the state of remediation (heilen) as you might the heating or cooling of a house. You have the basic state of hot or cold that has to be adjusted (tonic), as well as the amount of air circulation (fan speed) required (pathic aspect). It is by a combination of adjustment of both aspects that produces the greatest state of comfort. Adjusting one alone will only produce an imbalance. Imagine then a control panel with two rheostats – one for heat/cold and one for the fan/air circulation. It requires turning each to their fullest extent gradually and in tandem, according to the circumstances produced, to arrive at the maximum state of comfort.

We can use this concept and transpose our concepts of health/disease, tonic/pathic, sustentive/generative to the control panel.

RHEOSTAT MODEL FOR DISEASE



The process of cure of the diseases is akin to turning each of the rheostats from the inside out. They may be turning at somewhat different speeds, but the important point is that they are both turning. As we address and cure each of the diseases, both tonic and pathic, following the hierarchy of the dimensions (tonic diseases) and the layers (pathic diseases), we increase the degree of generative power. Within the chronic miasmatic and chronic disease range of the rheostats, there is then a smaller rheostat in each case that turns through each of the chronic miasms or chronic diseases, while the larger rheostat continues as well.

PART III: DISEASE DIAGNOSIS

HAHNEMANN'S DISEASE CATEGORISATION (NOSOLOGY)

Disease is not defined as such by Hahnemann (other than as a dynamic disturbance or affection of the Living Principle). Being a functional thinker, Hahnemann realised disease is not an abstract concept, but a living entity that needs to be described from observation. The importance of understanding the categorisation of disease becomes most evident when we try to understand the tonic side of disease, which contains disease dimensions. The pathic side of disease exists in layers.

Disease can be described in nosological terms (i.e., in terms of categorisation) by its various aspects as revealed by a close reading of Hahnemann's works:

Elements of Disease

Modalities of Disease

Dimensions and Geneses of Disease

Temporality of Disease

Principles of Disease

Members Affected

Typology

Pathology

ELEMENTS OF DISEASE: PATHIC SIDE

These are the various facets or features (Merkmale) that Hahnemann mentions relating to the data of the case on the pathic side: the circumstances, signs, occurrents, symptoms.

It also includes the terms that are compounded from these basic elements: Gestalt, image (Bild), totality (Gesamtheit), complex (Inbegriff) and character (Character) of the disease.

It is still not entirely clear what Hahnemann had in mind for each term, but they are not to be construed as synonyms for each other.

Gestalt and Image

Gestalt and image seem to be correlated as are totality and complex.

Gestalt has more of the sense of action in progress, whereas image has a more static aspect. Gestalt is like an action in progress, such as an athlete running or a jellyfish moving through the water. The various aspects of this action combine to form a moving reality we call the Gestalt. The disease image that Hahnemann is talking about is a shape-changing one, and also is supersensible in nature, in the sense that the image is beheld by the organs of supersensible knowledge (that is, knowledge that derives from other than the organs of sensory perception, such as sight, sound and touch, and elaborated by the intellect). The physician must be "alive" to the image (this implies the cognitive engagement of his Living Power).

§7.1. ...so must be the totality of these its symptoms, this outwardly reflecting image of the inner Wesen of the disease, that is of the suffering of the Living Power...

§82.1. ...since in the acute ones, the main symptoms are more readily conspicuous, becoming more discernible to the senses, and thus a far shorter time is necessary for noting down the disease image...

§§91.1. The occurrents and condition of the patient during some previous medicinal use do not give the pure image of the disease; on the contrary, those symptoms and ailments which he suffered before the use of the medicine or several days after its suspension give the genuine fundamental concept of the original morphology [Gestalt] of the disease, and the physician must record these particularly.

§100.1. In investigating the symptom complex of the epidemic and sporadic diseases, it is quite a matter of indifference whether formerly something similar had been met with in the world under this or that name.

§100.2. The novelty or peculiarity of such an epidemic makes no difference in either its examination or cure, since the physician presupposes the pure image of each presently reigning disease as new and unknown, and he must explore it for himself from the ground up if he wants to be a genuine, thorough Remedial-Artist ...

§101.1. It can well be that the physician does not perceptually get a complete image of the epidemic disease with the first case...

§101.2. In the meantime the carefully delving physician can often come so close to the true state with the first or second patient already, that he becomes alive to the characteristic image thereof -- then searches out a fitting, homeopathically commensurate remedy for it.

§104.2. During treatment, the Remedial-Artist then has the image always before him, especially in cases of chronic disease, and can behold it in all of its parts...

§220.1. If we yet add to these symptoms the psychic state, accurately observed by the relations and the physician himself, then a complete disease image is put together...

Complex and Totality

Hahnemann used the term Gesamtheit meaning "totality," and Inbegriff meaning "complex." In many translations, these two German words are rendered the same in English as "totality." Even where they are translated using different words, the distinction is often ignored. Yet the meaning is different for Hahnemann.

The idea of Inbegriff has been discussed in detail.

See: Symptom Complex versus Symptom Totality

ELEMENTS OF DISEASE: TONIC SIDE

On the tonic side, we have state (Zustand), tonation (Stimmung), affection (Affektion), the feeling (Gefühl), impression (Eindruck), sensibility (Empfindung). These will be discussed in more detail later.

See: Disease State and Other Tonic Elements

The term "state" is used by Hahnemann with reference to a psychic state and a somatic state, each of which have repercussions in the psychic and the somatic realms. The psychic realm, the realm of the Geist, Seele and the Gemüt (the spiritual and emotional mind), is the primary realm of beliefs and, in disease, of a distortion of truth into delusions and illusions, which can then have an impact eventually at the somatic level.

See: Members Affected

The somatic realm, pervaded by the Wesen, is the realm of organic warmth and, in disease, of a disturbance of that thermal organisation (infections, inflammatory reactions, expansive or contractive symptoms of the organism). However, warmth (heat being but a sensible occurrence thereof) is a principle that extends through both the somatic and psychic realms.

MODES OF DISEASE

This encompasses the mode of expression of the disease: the ambient (the occurrents around the patient), behavior, condition and appearance of the patient. For example, if someone has an accident, or meets a certain person leading to a particular result, this is occurring in the ambient of the patient. The state of health or disease of the patient affects what happens to him, so that occurrences are meaningful in the context of the case-taking. A person's behaviour and appearance are also related to the disease. Someone who is suspicious or who is dressed in dark clothes as a general mode of being will be reflecting a particular disease state. The condition is the disease state being expressed in the feelings (sadness), functions (constipation) and sensations (burning pains).

TEMPORALITY OF DISEASE

This refers to the limited or protracted nature of the disease as expressed in duration.

See: Self-limiting versus Protracted Diseases

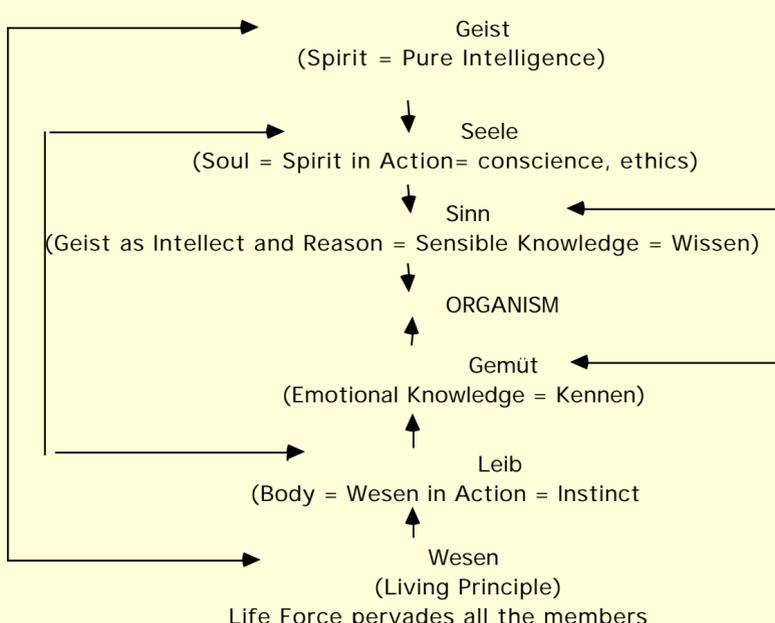
DIMENSIONS AND GENESES OF DISEASE: TONIC SIDE

Disease manifests in various dimensions depending on its origins or genesis. Each of these is identified in Hahnemann's works.

See: Disease Origins and Dimensions

MEMBERS AFFECTED

Hahnemann established a comprehensive functional relationship between the different members of the organism. These members relate to the two sides of the organism – the side of Spirit and of Wesen. These are the Geist, the Seele, the Sinn, the Gemüt, the Leib and the Wesen.



Geist: the spiritual aspect of man. Hahnemann connects the Geist with pure intelligence or pure reason. It is one of two supersensible (not directly perceivable by the senses) presences that permeate the organism, the other being the Wesen.

Seele: the soul, which partakes of the Geist on the one hand and of the sense (sentience) on the other. It is the seat of feeling and conscience and includes the world of morals and ethics. It is the functional opposite of the Leib. Hahnemann uses the term Leib und Seele (body and soul) frequently.

Sinn: the mental aspect of sense involving the intellect and reason. This involves the discursive (reasoning), as well as the intuitive aspect of the Mind. The term often used by Hahnemann is here too, as Geist in German has the meaning of mental operations in the world of sensibilia (intellect) and mind operating at the supersensible level of pure reason (when unclouded by beliefs).

The organism: the physical vehicle for the members, consisting of solid, fluid, gaseous and thermal elements.

Gemüt: the emotional mind. It is instinctual rather than intelligential (Sinn). It is the basis of knowledge derived from emotional reactions relating to the activity of the life energy (Leib). It is the Leib function raised up into various gradations of consciousness. A certain part of the functional energy of various organs of the Leib give up some of their life energy to develop the supersensible organ of consciousness. This is the basis, along with Geist as sense (Sinn), for the reference Hahnemann uses to the Geistes-und Gemüths-Organe (§216), the organs of knowledge (both emotion and reason, instinct and intellect), which relates to what we call "mind" in English. Each of these has a functional relationship within a hierarchy and all relate to the organism, which is the vehicle with respect to which all these members operate together at various levels of harmony or disruption.

Leib: the action or organised activity and functions of the Wesen. The Wesen manifests as the Living Principle in the individual and the Leib is the primary realm of its action. The Leib is not the organism, but the bodily activity perceptible through effects and appearances and discernible in phenomena. It relates to the old concept of body, meaning activity of the Living Principle: cf. the body politic – a body (a political entity) which has activity that you can see in its effects and appearances, but which is also more than the outward appearances.

Wesen: the pure instinct, the wise Dynamis in the organism. It is that entity which is the unchanging quintessence of something. It is not material, yet it is real. It permeates the whole of something and cannot be considered as separate from that something.

TYOLOGY

This involves us in the area of character types and constitution. The realm of constitution is the realm of health, and the principle operating here is that of maintenance of health, or what is today referred to as homeostasis. Hahnemann speaks of this when he talks of the person in full bloom:

276.2 A psora slumbering within, which still allows the favorite of a prince to live with the appearance of almost **blooming health** unfolds quickly into a chronic ailment of the body, or distracts his mental organs into insanity, when by a change of fortune he is hurled from his brilliant pinnacle and is exposed to contempt and poverty.

§78.2^{a)} In the most **blooming years of youth** and with the commencement of regular menstruation, coupled with a beneficial regimen for spirit, heart and body, they often remain indiscernible for several years; those afflicted then appear in the eyes of their relatives and acquaintances as if they were completely healthy and as if the disease, implanted into them by infection or heredity, were completely vanished; however, it comes inevitably anew to the fore in later years and with adverse events and relations in life, and, increasing all the more rapidly, takes on an all the more onerous character the more the Living Principle has been deranged by enervating passions, grief and worry, especially, however, by inexpedient medicinal treatment.

§288.4. However, the action of communicated human power upon the entire organism by means of the most powerful genial [*Gemütlich*] will of a man in the full bloom of Living Power... regarding whom there are but few in humanity... with great good nature and full-blown somatic power.

There we have the true state of health. Given that the principle of the constitution is health, the use of a constitutional remedy restores health if no impediments exist. This includes the well-known data provided by the patient in his or her suffering, as well as clinical findings, and is the basis for the pathic approach to finding a remedy.

See: Constitution and Prescribing

What is important to realize here, however, is that pathology has a dual aspect. The suffering of the patient has an internal and external reference.

The internal reference (bodily discomforts, psychic aggravations) is relatively well known and recognized by us and represents the pathic or sensible side of suffering.

The external reference is less well known.

The external reference involves one's suffering at the hands of others – e.g., people are always denigrating his good name thereby lowering his estimation in the eyes of others; people are always hitting him up for a loan; people are always infecting him with cold germs; people are always denying him satisfaction, etc.). Included in these are the sufferings we experience due to our circumstances: a job that sent us to the Arabian desert, which we hate, to work in the oil fields; a string of financial misfortunes that have reduced us to penury; never being able to meet the right mate, etc.

These external references involve what Hahnemann called the ambient of the patient. The "ambiently based sufferings" are as much a part of the whole "pathology" as aches and pains.

When seen functionally, the internally and externally referenced sufferings will be found to have a common functioning principle, the discovery of which should be the goal of the therapist. Hahnemann speaks of the Inbegriff (complex), which is that essential inclusive concept that is focal to the case.

Indeed, when the patient comes in to tell their story (anamnesis), the sufferings of both types are usually recounted.

A patient's case is brought out by his suffering the consequences of his beliefs, as well by the suffering of those who interact with him. The sum of both reports contains a living pathology with respect to that individual. That is why Hahnemann emphasizes the importance of eliciting reports from family and friends as to the patient's case. In more communal times, it was common for the whole family to come in and report on the sufferings.

This whole field of disturbance contains the underlying "determinations" that need to be exposed. By concentrating on only somatic complaints and some psychic aggravations, we gain a very one-sided picture of the case as a whole. We speak of people or events being "hard to take" or "easy to take" without thinking in terms of medicines or diseases. So, in dealing with this side of a case, it would be advantageous to reconnoitre the whole field of discomfort rather than just a portion of it.

The problem we face, unfortunately, is that the record of disease data does not always contain this type of information, or it has to be translated into a form that does exist.

Pathology, which forms the pathic side of disease, has no dimensions per se, but ranges across all the dimensions of the tonic side. But it does have a principle of its own – the thermotic principle.

See: The Thermotic Principle for the Pathic Side of Disease

IDENTIFICATION OF DISEASE: PATHIC SIDE

PATHIC APPROACH TO THE SPECIFIC REMEDY:

TOTALITY OF CHARACTERISTIC SYMPTOMS

For the pathic approach to the treatment of disease, the physician must, of necessity, use the picture of the suffering of the patient and compare this with all the pictures of symptoms produced by the provings to find the medicine that has produced the most similar picture in healthy persons.

What symptoms are we looking for here?

Generally, we take the term "symptoms" to mean the sufferings of the patient, that is, the complaints recounted to the physician. We also tend to include the obvious signs of disease that are visible to the senses, either directly or by a medical examination.

However, Hahnemann had a more comprehensive sense of "symptoms" than just the sufferings of the patient (pathology in the true sense) and the signs of disease.

Consider the various elements of the "totality" identified by Hahnemann in Aphorism #6:

§6.1. The unprejudiced observer, even the most sharp-witted -- knowing the nullity of supersensible speculations which are not born out in experience -- sensibly perceives in each single disease nothing other than outwardly discernible alterations in the condition of the body and soul, disease signs, occurments, symptoms; that is, deviations from the former healthy state of the now diseased patient, which the latter himself feels, the bystanders perceive and the physician observes.

Elements of the Totality of Characteristic Symptoms

- "outwardly discernible alterations in the condition of the body and soul" which "bystanders perceive"
- "disease signs" which the "physician observes"
- "occurrents" (Zufälle) which come out in the case history
- "symptoms" which the patient "himself feels (pathos = suffering) – this is true pathology.

The term Zufälle, which is translated as "occurrents," refers to incidents or accidents that happen to a person in his or her life.

Zufall: Occurrent: Oxford English Dictionary: That occurs, presents itself, or happens; occurring; current (at a time or place). Sometimes spec. That presents itself casually or by the way, incidental.

It is important to realize that after having defined the different aspects of totality at this early stage, Hahnemann generally used the term "totality of symptoms" throughout the rest of the Organon as a form of shorthand. Everywhere the term is used, it means what he defined it to be here. It does not simply mean the suffering of the patient, although in simple, self-limiting natural diseases, this is generally sufficient to find the remedy.

Finding the remedy on the basis of the sensory data, or the totality of symptoms, is the approach that Hahnemann mainly used with the various natural diseases of his time. Prior to his discovery of the chronic miasms, Hahnemann treated the secondary conditions that were engendered in individuals by the chronic miasms as being particular diseases in the sense of idiopathic, or of independent origin.

§80.1.^{a13} Before I was in the clear with this knowledge, I could only teach the treatment of the collected chronic diseases as isolated single individuals with the medicinal substances proven up till then in their pure action in healthy people, so that each case of protracted disease was treated by my students the same as a peculiar disease, i.e., according to the symptom group met with in it, and was often cured to such an extent that diseased humanity could rejoice over the already so widely flourished wealth of help afforded by the new Remedial Art.

Treating mainly the acute (self-limiting) diseases and the acute expressions of the, as yet undiscovered, chronic miasms, Hahnemann initially developed a system of medicine that was mainly for the treatment of these natural, acute diseases using the pathic approach.

See: Self-limiting Diseases

Hahnemann chose a name for this particular treatment of natural disease that was addressed formally in the Organon (and remained the center of the aphoristic portion through subsequent editions). This name both reflected its essence and emphasized the fact that, contrary to the medicine of his day, his system was based on the conscious use of an ancient and abiding principle of cure of natural disease, the law of similars. The name, homeopathy, comes from the Greek words homoios (similar) and pathos (suffering).

Since the prevailing system of medicine, what Hahnemann referred to as the Old School, was based on no conscious application of either the law of similars or opposites, Hahnemann termed this system "allopathy," for "allo" meaning "other."

The pathic approach to natural disease formed the foundation for the first edition of the Organon. The number of fixed diseases that had been discovered or known at the time was small and the challenge was to find curative remedies for the many diseases that remained. Since such remaining diseases had no fixed character, but seemed to be highly individual and varying in form, the pathic approach seemed the more fruitful one.

Medicine had striven for centuries to find specific remedies for specific diseases, but had not achieved much progress. Hahnemann's revelation that the specific medicines for the many diseases that remained could be determined by means of provings and the careful noting of the totality of characteristic symptoms of the disease in the patient, promised to open the door to great advances in medicine.

The early Organon was mainly the textbook for the application of the law of similars to diseases of varying character, which Hahnemann rightly named homeopathy. It did not include much in the way of advice on diet, which had been addressed by Hahnemann in earlier works, and which advice he continued to provide to his patients. It also did not include, until the Introduction provided for the 5th Edition, as well as the writing of Chronic Diseases, much in the way of treatment of diseases of a fixed nature (physical and emotional traumas, chronic miasms). Nor did it treat much in the way of purely mental diseases deriving solely from false belief (ignorance and superstition), which he called moral diseases.

These other elements existed, and formed part of the more comprehensive system of medicine he called Heilkunst, but the heart of the Organon, and the focus of Hahnemann's considerable genius, was the pathic treatment of disease. However, Hahnemann left us a remarkable blueprint, in the aphorisms of the Organon and in the related writings written at various stages or periods of his life, for identifying and treating disease in its entirety. There also seems to be a profound functional polarity between the "aphoristic" and the periodic or occasional writings, some of which are formally noted in the Organon and the others of which provide us with an historical context for the development of Hahnemann's insights. Both types of writing must be read to gain a full appreciation of the multi-dimensional system of remediation known as Heilkunst.

We will now examine in more detail what is meant by the totality of symptoms.

TOTALITY OF CHARACTERISTIC SYMPTOMS OF THE DISEASE

The first point to note here is that Hahnemann refers to the totality of symptoms of "each single disease." Disease is not the same as the patient. This point may seem a simple one, but it is all too easy to fall into the trap of assuming that, since it is the patient who has the symptoms, the disease and the patient are one. This can only be true where the patient has one disease, which is seldom the case.

It is the person that has a disease but it is the disease that must be cured by the similar remedy and it is the disease for which we must find the totality. The patient's symptoms cannot be equated with the symptoms of a given disease. This important distinction is reinforced by the section Hahnemann provides to underline that two dissimilar diseases cannot destroy each other (only similar diseases can do so).

§40.1. Or the new disease, after long impingement on the organism, joins the old one dissimilar to it, and with this forms a complicated disease, so that each of them takes in their own region in the organism – that is, the organs especially appropriate to it – and, as it were, only the peculiar place proper to it, but the remainder is left to the disease dissimilar to it.

§40.2. So a venereal patient can also become psoric, and conversely.

§40.3. They can, however, as two dissimilar diseases not lift, not cure one another.

§40.4 Initially the venereal symptoms become silent and suspended, while the itch eruption begins to appear; with time, however (since the venereal disease is just as strong as the itch), both associate themselves to one another – that is, each takes up solely the suitable parts of the organism for itself – and the patient is thereby made more diseased and more difficult to cure.

The patient can have more than one disease (each disease goes to a particular part of the organism). The patient, he is saying here, can become psoric and venereal, because he may have psora (a disease) and a venereal disease. The patient then becomes more diseased.

Ultimately, it is the patient that we are treating in a general sense, but it is the disease that must be cured from a therapeutic standpoint. The remedy destroys the disease, not the patient. After the disease is gone, the patient remains.

Hahnemann roundly condemned the allopathic treatment of disease. However, he did so not on the basis of the treatment of disease per se, but because allopathy treats as disease that which is really only the naming of conditions (secondary diseases) resulting from a primary disease. Hahnemann gives us examples of what he means:

[Psora] thus unfolds into manifold forms of disease, with so many varieties, that they are by no means exhausted by the disease-symptoms enumerated in the pathology of the old school, and erroneously designated there as well-defined, constant and peculiar diseases.

They bear the following names: Scrofula, rickets, spina ventosa, atrophy, marasmus, consumption, pulmonary consumption, asthma, tabes mucosa, laryngeal pthisis, chronic catarrh, constant coryza, difficult dentition, worms and consequent diseases, dyspepsia, abdominal cramps, hypochondria... [Hahnemann continues to cite hundreds of other allopathic disease names].

§80.1. Psora, that true fundamental cause and engenderer of almost all remaining frequent, indeed countless disease forms, which figure in the pathologies as their own self-contained diseases under the names of nerve weakness, hysteria, hypochondria, mania, melancholy, imbecility, raving, epilepsy, convulsions of all kinds, of softening of the bone (Rhachitis), scrofula, scoliosis, and kyphosis, bone caries, cancer, fungus hematodes, neoplasms, gout, hemorrhoids, jaundice and cyanosis, dropsy, amenorrhoea and hemorrhage of the stomach, nose, lungs, from the bladder and uterus, of asthma and suppuration of the lungs, of impotence and infertility, of migraine, deafness, cataract and amaurosis, kidney stones, paralyses, defects of the senses and pains of a thousand kinds, etc.

Disease for Hahnemann is real and not an abstraction. The disease Wesen, or dynamic, self-subsisting presence (but not material nor having mass), is an integral part of the disease agent (whether an infectious agent – microbe or an affective agent – false belief, for example), permeating it entirely. Each human being has a Wesen in turn, which is then impinged upon by the Disease Wesen, resulting in an engenderment of disease within the Living Power.

See: Wesen and Geist

§7.1. ...so must be the totality of these its symptoms, this outwardly reflecting image of the inner Genius [*Wesen*] of the disease,

§10.1. The material organism, thought of without Living Power, is capable of no sensibility, no activity, and is not self sustaining; only the immaterial Genius [*Wesen*] (the Living Principle, the Living Power) enlivening the material organism in the healthy and diseased state bestows on it all sensibility and actuates its living functions.

§64.1. During the initial-action of the artificial disease Potences (medicines) upon our healthy body, our Living Power appears (as seen from the following examples) to comport itself purely conceptively (receptively, passively as it were) and thus, as if forced, to allow the *impressions* of the artificial Potence impinging from without to take place in itself, thereby modifying its condition... (italics added)

Hahnemann tells us that medicines also have a Wesen.

§20.1. This hidden spirit-like power in the inner Genius [*Wesen*] of medicines to alter the condition of man and thus to cure diseases, is in itself in no way discernible with mere intellectual exertion; it only permits itself to be perceived in experience, and distinctly to be sure, solely by its manifestations while impinging on man's condition.

Let's look at some of the diseases that Hahnemann considers true diseases:

42.1 Homeopathy alone taught first how to cure the great self-contained diseases, the old, smooth scarlet fever of Sydenham, the more recent purples, whooping cough, croup, sycosis, and autumnal dysenteries, by means of the specifically aiding homeopathic remedies. Even acute pleurisy, and typhous contagious epidemics must now allow themselves to be speedily turned into health by a few small doses of rightly- selected homeopathic medicine.

49.1 The continually repeated fact that the nonvenereal chronic diseases, after being time and again removed homeopathically in the best way by the remedies fully proved up to the present time, always returned in a more or less varied form and with new symptoms, or reappeared annually with an increase of complaints, first disclosed to me:

that the homeopathic physician in such a chronic (non-venereal) case, yea, in all cases of (non-venereal) chronic disease, is not only dealing with the disease appearance before his eyes, and should not view and treat it as if it were an idiopathic disease, to be speedily and permanently expunged and cured homeopathically (which empirical results refuted) but that he was always dealing with some separate part of a more deep-seated original malady, whose great extent is shown in the new occurments emerging from time to time;

that the homeopathic physician may not hope to permanently cure single disease cases of this kind under the presupposition, hitherto entertained, that they were idiopathic, self-contained diseases which would never again sprout forth with other, new, troublesome symptoms;

and that consequently he would first have to come to know as far as possible the whole extent of all the occurments and symptoms belonging to the unknown arch malady before he might hope to discover one or more medicines homeopathically capable of covering the whole of the fundamental malady by means of its peculiar symptoms, by which means he would then be in a position to curatively conquer and extinguish the sickness in its whole extent, consequently also its single members - that is, all its disease fragments appearing as so many various disease cases.

Hahnemann did not mean that there are no diseases, only that the determination of disease could not be based on a consideration of common and single symptoms as allopathy attempted to do, leading to the false naming of conditions as fictitious diseases.

Matching the Symptoms of the Patient to a Particular Disease

Thus, the totality of characteristic symptoms must be sought for each single disease. These symptoms are expressed through the patient, but the true physician must be able to match the symptoms to a particular disease. When the patient has only one disease, this does not pose many problems. However, problems arise if the patient has two or more diseases, which is less likely in terms of natural diseases (or what could be termed *Wesens-Krankheiten*), but quite likely in terms of the diseases of civilisation (what Hahnemann called *Geistes-Krankheiten*).

See: Natural Diseases and Diseases of the Spirit

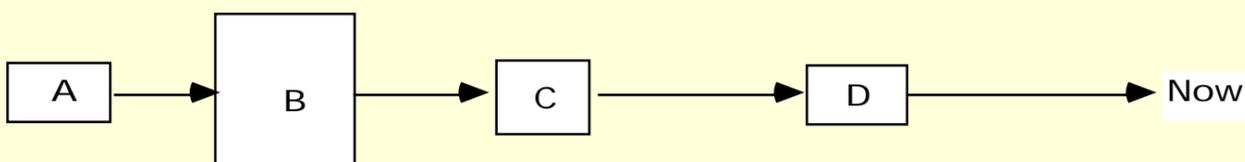
Here, the physician must link each symptom to a particular disease. Where one particular disease is actively being expressed, as in self-limiting diseases of childhood or acute flare-ups of an underlying chronic disease or miasm the physician can, for all practical purposes, take the most prominent symptoms of the patient and assume that they represent the active disease, that is, the one that is uppermost in the symptom layer of the patient. In this case, the physician can limit himself to those symptoms that are most recent or most intense.

See: Self-Limiting Diseases

However, where there are no true acute diseases, the ability to find a remedy for a disease will decline in proportion as no one disease dominates the symptom picture of the patient. In protracted cases, with several diseases that have accumulated over time, the symptom picture is less clear. It is also more difficult to link a given symptom of the patient with a given disease. Of necessity, one is forced to take the totality of symptoms of the patient, at least in the sense of the ones that represent a change from the normal state of the patient. This, of course, requires the patient to recall a period of health, which is all the more difficult as the period of illness is protracted. Assuming that the patient and the physician can establish a baseline of health to identify the symptoms of disease, the physician now needs to link the symptoms of the patient to particular diseases in order to find a remedy for one of them, namely the one that is the most dominant in the layer of symptoms of the patient (pathic layer).

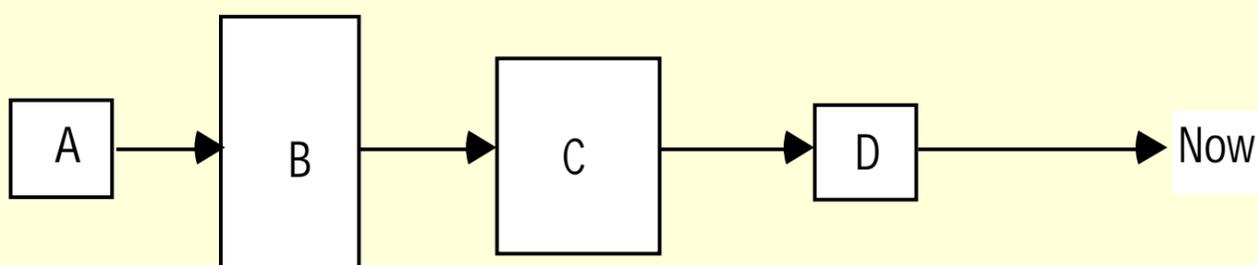
Consider the following examples:

Case One



Each of the rectangles represents a disease being expressed in symptoms. The size of the box represents the relative percentage of the total symptoms of the patient for a given disease. In the example above, there is a good chance of finding a remedy that matches Disease B because its symptoms dominate the symptom picture of the patient. If the symptoms of Disease B provide, let us say, some 80% of the symptoms of the patient, we can say that the likelihood of finding the remedy for Disease B is 80%.

Case Two



In the second example, the percentage of the symptoms represented by Disease B in the patient's total symptoms is much less, let us say 60%. The probability of finding the remedy for Disease B, or any disease for that matter is now around 60%.

There have been attempts to link the symptoms of the patient to particular diseases of the patient, known as layers theory.

See: Layers Theory

However, this effort has been generally abandoned by most because of the difficulties faced. Most of these difficulties result from a failure to understand the other type of disease, the tonic side. Even where the pathic diseases can be identified and treated as they manifest, which usually means waiting for a clear picture to emerge over time, the failure to consider the tonic diseases blocks successful cure.

More often than not, the attempt to use the pathic approach in complex cases involving various pathic and tonic diseases results in a false disease image, which may match one of several substances in the *Materia Medica*. No one match is really right, but they all seem close. The physician then tends to choose one, which often doesn't work, and another is tried, etc. Eventually the patient has been given up to a dozen or more remedies, none of which relate to a real disease picture in the patient. There can even be cases where the symptom picture seems to be a perfect match for a particular medicine, but when given fails to work. This is either because the picture is a mirage, however real-looking, or because of a blockage caused by a so-called hidden or tonic disease.

CHARACTERISTIC SYMPTOMS OF THE DISEASE

We now understand that we are to consider the totality of symptoms as understood above (the totality of data) of a given disease. However, which symptoms or indications are we to take into account? An arithmetical totality?

Hahnemann directs us to look at the characteristic symptoms of the disease.

Hahnemann then provides clarifications as to what is meant by the term "characteristic."

§153. What kind of symptoms must especially be attended to?

§153.1. In the quest for the homeopathically specific remedy... the more conspicuous, exceptional, unusual, and odd (characteristic) signs and symptoms of the disease case are to be especially and almost solely kept in view...

Hahnemann next distinguishes between so-called acute (self-limiting) and so-called chronic (protracted) diseases. In self-limiting diseases, the characteristic symptoms are, not surprisingly, more striking (§152). In protracted diseases, however, one must pay attention to even the smallest detail in order to detect them (§95).

See: *Self-Limiting versus Protracted Diseases*

§95 Therefore, in chronic diseases the investigation of the above-mentioned and all remaining signs of disease must take place as carefully and minutely as possible, going into the smallest details, partly because in these diseases the details are most exceptional, least resembling those of the rapidly passing diseases, and cannot be taken meticulously enough for cure to succeed; partly because the patients become so accustomed to the long sufferings that they pay little or no attention to the smaller, often very characteristic accompanying occurments – so decisive in searching out the remedy – and view them as almost a part of their natural state, well-nigh mistaking them for health, whose true *feeling* they have fairly well forgotten during the course of their fifteen to twenty year long suffering, so that it hardly occurs to them to believe that these accompanying symptoms, these remaining smaller or greater deviations from the healthy state, could have a connection with their main malady. (bold and italics added)

Thus, we have a reasonably clear idea of what we are looking for. However, this is not yet the whole picture. Characteristic includes, but is not limited to, the "more conspicuous, exceptional, unusual and odd" symptoms. Hahnemann reinforces this elsewhere:

§67.1.^{a13} Also, a homeopathic medicine is not therefore inappropriately selected for a case of disease because one or the other medicinal symptoms corresponds only antipathically to some of the intermediate and minor disease symptoms; if only the remaining, the stronger, especially distinguished (characteristic) and exceptional symptoms of the disease are covered and satisfied by the same medicament by symptom similarity (homeopathically), that is, are over-tuned, extirpated and extinguished, so also do the few opposed symptoms fade away by themselves after the active duration of the medicament has elapsed, without in the least delaying the cure.

Here, characteristic is that which distinguishes, which is not always congruent with that which is unusual or exceptional.

While the more common symptoms are generally of little use, Hahnemann introduces the possibility that they can become characteristic.

§153.2. The more common and indeterminate ones: lack of appetite, headache, lassitude, restless sleep, discomfort, etc., merit in their generality, and if they are not more closely characterized, but little attention, since such generality is to be seen in almost each and every disease and medicine.

§102.1. This sketched image always becomes more complete upon recording several cases of this kind, not larger and more verbose, but more characteristic, more encompassing of the peculiarity of this collective disease; the general signs (e.g., loss of appetite, sleeplessness, etc.) obtain their own narrower determinations, and on the other hand, the more marked, particular, and at least in this connection, rarer symptoms belonging to but a few diseases emerge and form what is characteristic for this epidemic.

Hahnemann here provides us with a useful clarification that what is more characteristic is not so in quantity (more symptoms), but in its quality (more encompassing of the peculiarity). He also clearly includes the general and the marked, particular and rarer symptoms, both of which form part of the characteristic symptoms.

This opens the possibility that some common symptom, seemingly insignificant in nature can be characteristic. It may not be rare, strange or peculiar (e.g., a cramping pain in the calf muscle a 4 P.M.), yet it can be characteristic. But characteristic in reference to what?

Characteristic refers to a pattern of information that is distinctive. Each element may not be unusual or odd, but it is the arrangement of the elements in time and space that gives something its distinctiveness. What is characteristic is what helps to distinguish one thing from another.

The term characteristic is derived from the Middle English "carecter," which means a distinctive mark or imprint on the soul. This is what later came to be called the genius, keynote or essence of a remedy or disease.

That Hahnemann had this in mind can be seen by reference to the Organon.

§130.1. If, right at the outset, a properly strong medicinal dose has initially been administered, there is the advantage of being able to record the exact sequence of the symptoms that the prover experienced and the times when each has appeared, which is very instructive for knowledge of the character of the medicine, because then the order of the initial-actions as well as that of the counter-actions comes to light most unambiguously.

We see this in chemistry, where the slight re-arrangement of an atom or chemical bond provides a completely different substance. We see it in genetics, where subtle differences in the arrangement of protein molecules can have dramatically different effects on an organism. We see it in living organisms, where we have many of the same elements (nose, eyes, ears, etc.), but slight changes or arrangements create a distinctiveness that makes us individual. We all can remember situations in which we visited a region with people who were ethnically different from us. At first, they all looked alike, but after some time we learned to tell each person apart. Others can do this with animals, whales for example. Few of the details are what you might call strange, rare or peculiar (height, weight, color, sex, voice, for example), but it was the subtle difference in the arrangement that created a character that was unique (this is all the more the case for identical twins). It is interesting that Boenninghausen also noted that the anti-psorics were more difficult to distinguish one from the other than the psoric remedies:

It must be confessed that one of the most difficult tasks of the physician is to always make the most suitable choice among the antipsoric remedies, as most of them have almost the same symptoms and very few truly characteristic symptoms are found with the different remedies. (*Lesser Writings*, p. 115)

So, we are looking for indications that are characteristic of the disease. It is the disease that we must treat and for which we must find a remedy.

Thus, the peculiar arrangement of indications in time and space is what distinguishes one disease from another, not whether a symptom is strange, rare or peculiar when considered in isolation (and which may be available only in a limited number of cases).

Again, it is the particular arrangement of symptoms in time and space for a given disease that provide their "conspicuous, exceptional, unusual, and odd" characteristics. It is this arrangement of indications in time and space that we must reproduce for each disease.

This means that we need to understand what disease is. One picture of disease, mainly that of natural disease, is derived from the provings and clinical information. Another picture, mainly that of iatrogenic diseases, is derived from poisonings and drug pictures (the Physician's Desk Reference).

Boenninghausen, a contemporary and close student of Hahnemann, was one of the first to understand that the characteristic indications were those that bore a particular relationship to one another. This was later taken up by another homeopath of the 19th Century, Guernsey.

Boenninghausen's discovery of the concomitant symptoms came from an understanding of the pattern of disease. His repertory was organized along the line of relationships of symptoms. Indeed, in Aphorism 153 where he discusses the characteristic indications, Hahnemann added a footnote praising Boenninghausen's Repertory for "arranging the characteristic symptoms of homeopathic medicines."

If you examine Boenninghausen's Repertory, we find little of the "...conspicuous, exceptional, unusual, and odd." It is only in their particular arrangement that the indications become characteristic.

In summary, the term "totality of symptoms" covers more than the suffering of the patient (true symptoms). This broader totality must be related to each disease of a patient, not the patient as a whole who may be suffering from several diseases or various effects of faulty regimen. And it is the characteristic data of a given disease that we are looking for, namely the indications that fit the unique pattern in time and space that distinguishes the disease from other diseases.

SYMPTOM COMPLEX VERSUS SYMPTOM TOTALITY

There is another aspect of the analysis of the indications of disease that is not generally known, and yet is as important as the "totality of symptoms." This is the disease complex, or what Hahnemann referred to as the Inbegriff.

Hahnemann used the term *Gesammtheit* (totality) and *Inbegriff* (complex). In many translations, these two German words are rendered the same in English, namely as "totality." Even where they are translated using different words, the distinction is often ignored. Yet the meaning is significantly different for Hahnemann.

The idea of *Inbegriff* is not easy to translate into English. It has the meaning of the quintessential inclusive concept, or that group of characteristic symptoms of a disease representing the essence (*Wesen*) of the disease. In effect, the totality represents an arithmetical sum of the indications. There is no ordering or valuing of one over another, no pattern.

The *Inbegriff* contains a thought component that tinges all of the indications of disease and creates a pattern amongst them that one can perceive and discern. In this, the *Inbegriff* is the essence that runs through a disease like a red thread. It is an organizing idea, which is to be found in each characteristic indication.

Indeed, what makes an indication characteristic is that it is permeated by the essence, or the *Inbegriff*.

§11.1.¹⁶ The cultivated person, practiced in comparison and abstraction, is alone capable of forming for himself withal a sort of supersensible idea, sufficient, upon comprehension of such concepts, to keep everything material or mechanical in his thoughts distant therefrom; he calls such actions dynamic, virtual, that is, such, which result by absolute, specific, pure power and action of the one upon the other.

The term complex was made famous by the psychologist, Carl Jung. A complex for Jung is a collection of indications which is organised on the basis of some essential insight. This is why the English term "complex" is used to translate the German term *Inbegriff*.

The idea of prescribing on this complex (*Inbegriff*), instead of on the more mechanical totality, was further developed, after Hahnemann, by Kent and then elaborated on by Vithoulkas and others in the last three decades. This approach has come to be known as "essence prescribing".

It is interesting that Stuart Close, in his *The Genius of Homoeopathy*, saw the features of the symptom-complex within the totality. His ability to clearly distinguish the two was, no doubt, hampered by the poor translations, which used the same term in English for *Gesammtheit* and *Inbegriff*.

The totality must express an idea.

As a machine set up complete and in perfect working order is more than a numerical aggregate of its single dissociated parts, so the Totality is more than the mere aggregate of its constituent symptoms. It is the numerical aggregate *plus the idea or plan which unites them in a special manner to give them its characteristic form.*

The same idea underlines the phrase, "*Genius of the Remedy.*" Genius, in this sense, being the dominant influence, or the essential principle of the remedy which gives it its individuality. (all quotes from Chapter XI; author's original emphasis).

The "totality of symptoms" is based more on intellectual knowledge (*wissen*). It is generally adequate for the pathic side where the symptoms are striking in nature. Here, the striking nature of the symptoms makes them easy to analyze.

§152.1. The worse the acute disease is, the more numerous and striking the symptoms usually making it up; all the more certainly may then a fitting remedy be found for it if a sufficient number of medicines known according to their positive action is on hand for selection.

However, the underlying pattern behind symptoms, the characteristic nature in the form of a complex or image, is not as readily discernible from the pathic data of the case information. In these cases, there is need for a more aesthetic faculty of knowledge, that of *kennen*. The search for the underlying pattern has led to the search for the essence of a case or a remedy.

This essence is to be found in Hahnemann's *Inbegriff* and *Wesen*. The *Inbegriff* is the 'cognitive infrastructure' that pervades the pathic disease once the disease has been engendered by the Disease *Wesen* (the dynamic entity that engenders the disturbance of the life energy) through a dynamic interaction with the generative power of the Human *Wesen*.

A traditional example of seeking out the remedy complex would be that of Kent, who departed from the more traditional *Materia Medica* with his *Lectures on Materia Medica*. Here he provided a more interpretive image of the remedies than hitherto, one that tended to give an image or portrait of the artificial disease (remedy) by interpreting the different proving symptoms in a wider context. Kent also continued the trend begun by Hahnemann to include clinical evidence in the remedy descriptions. Kent's approach to understanding the artificial disease relies more heavily on the mental and emotional symptoms as well as on behaviour, desires and aversions and general characteristics that are not generally found in the existing *Materia Medica* but derive from observation of patients in a clinical setting. The existing data is used as a way to anchor the wider observations, but it is clear that the picture being drawn is both supersensible and an artistic creation.

The first part of Kent's description relates the various physical complaints. But even here he attempts to draw out some more general conclusions:

The complaints of Phosphorus are most likely to arise in the feeble constitutions such as have been born sick, grown up slender, and grown too rapidly. Its complaints are found in such as are emaciated, and in those who are rapidly emaciating; in children who are going into marasmus, and in persons who have in them the foundation of consumption fairly well laid [this reflects the growing incidence of tuberculosis in Kent's day, a disease for which Phosphorus is often used]. Delicate, waxy, anaemic and emaciated subjects. In persons who are vehement, irascible. This expresses the person's disposition somewhat as well as his internal constitutional state. Internally he is in turmoil.

This approach was followed by others such as Gutman, Whitmont and Coulter.

As Catherine Coulter explains it:

Capturing the unique, amorphous, idiosyncratic essence of the homoeopathic remedy means expressing the unity of its diverse actions – crystallizing in a characteristic unitary form the varied phenomena of the provings and clinical cures. Thus, the wealth and diversity of the ideas and emotions associated with *Natrum muriaticum* are captured by the image of the absorbing, retaining, condensing, and preserving salt, which brings out the taste of other foods but also corrodes. (p. xii, Vol. II).

Let's take the example of *Phosphorus* from Catherine Coulter in her *Portraits of Homoeopathic Medicines, Vol. I*, to illustrate this approach more fully:

Loss of perspective, lack of proportion, confusion of mind and overdevelopment of the imagination are sometimes revealed in the Phosphorus love life, especially in women. Their willingness to be carried away by enthusiasm finds ample scope here, and Phosphorus has a notorious tendency to perceive in those she loves more qualities than they actually possess. Like Titania in Shakespeare's *A Midsummer-Night's Dream* who has received a love potion which makes her see beauty even in an ass's head, she credits the love object with what she wants to see in it.

Sometimes Phosphorus is carried away unwittingly by his active or "excited imagination" (Boenninghausen). At other times he embroiders reality deliberately. He cannot resist making some incident just a little more colorful, to give others greater pleasure or to make a statement more interesting... Whatever the underlying motives, when facts fail him fancy, waiting in the wings, is ready to step on stage.

Compare this to Kent's description above. What you will notice as well is that Kent's picture is mainly one of the *Phosphorus* disease, whereas Coulter's portrait is much closer to a picture of the *Phosphorus* constitutional type, which is a state of health (these are not clearly delineated in the *materia medicas*).

See: *Constitution and Prescribing*

Another example of the ordering of data related to remedies based on symptomology is that of Paul Herscu. In his book, *Stramonium*, Herscu describes this approach to identifying the *Inbegriff* of a remedy:

I have been working on a way that I think will allow us to easily and succinctly describe a remedy. It involves formulating a phrase or sentence for each remedy that will fit every symptom of that remedy, every patient we have ever seen who needed that remedy, fit every *materia medica* we have read, every lecture we have heard, and every live case as well as paper cases we have studied of that remedy. It must be a precise statement that sums up not only all that this remedy encapsulates, but also the dynamic aspect of it, how it moves from one stage of the illness to the next. (p. 7)

If we can begin to understand each remedy in the *materia medica* in this way, there will be much less need to memorize facts and facts and facts.

...The symptoms are the main characters, not just some bit players entering and exiting in some haphazard fashion. They move within a script in a logical pattern. (p. 8)

I believe this pattern is what Hahnemann meant when he spoke about a *totality of symptoms*. By totality he did not simply mean the total number of symptoms, but rather the *total pattern* of the disease. (p. 8)

The fluid action of disease [here he is referring to the dynamics of initial action and counter-action without identifying them as such] establishes a certain pattern and then renews itself by falling into the same groove over and over again, each time sinking deeper, spiraling downward... This pattern, this cycle of events, will (in some way) be recognizable everywhere – in all the symptoms of the patient, in all the symptoms listed in the *materia medica* for that remedy, and in all the symptoms brought out in the provings.

If we can look at disease in this way, we will be better able to identify and isolate the main elements or ideas, which I call fundamental segments, within each of the remedies. (p. 9)

THE THERMOTIC PRINCIPLE FOR THE PATHIC SIDE OF DISEASE

Hahnemann has two singular passages wherein he adduces, from particulars, a general principle – that of a unique fever – for the pathic side. Later we will see a principle for the highest dimension of disease on the tonic (state-based) side – that of a unique psychic state.

See: Mental and Emotional Diseases and the Importance of the Mental/Emotional State

In the first passage, Hahnemann is talking about epidemic diseases, and then makes this comment:

§73.3. Thence arise every time fevers of their own nature, and because the cases of disease are of the same origin, so also do they always put the one who has fallen ill into a disease process of the same kind, which, however, left to itself settles upon death or recovery in a moderate period of time.

In a second passage, where he is distinguishing purely local ailments from diseases, Hahnemann emphasizes the importance of fevers in disease, along with the psychic state.

§186.3. For maladies of any import whatsoever inflicted on the body from without draw the entire living organism into sympathy; fevers arise, etc.

Hahnemann elaborates on the characteristic forms that fevers can take.

§235.1.^{a12} But there are yet far more important diversities with respect to said intermittent fevers besides the intervals of their recurrence; there are countless numbers of these fevers of which many cannot even be named cold fevers since their attacks consist only of heat; again others, which have only cold, with or without sweat following thereupon; again others which have chill, cold over and over at the same time with the sensation of heat or with externally tangible heat; again others, where the one paroxysm consists only of shivering, or merely cold followed with well-being, the other paroxysm, however, consists merely of heat with or without subsequent sweat, where the heat comes first and chill only following thereafter; again others, where after chill and heat apyrexia comes on, then in a second attack, often many hours later, only sweat follows; others, where not even sweat follows, and still others where the entire attack consists only of sweat without chill or heat, or where the sweat is only present during the heat; — and thus still other incredible differences show themselves, especially in regard to the auxiliary symptoms, the particular headache, bad taste, nausea, vomiting, diarrhea, absent or intense thirst, particular pains of the trunk or limbs, sleep, delirium, emotional [*Gemüt*] mistunements, cramps, etc. — before, with or after the chill, before, with or after the heat, before, with or after the sweat, and thus still countless other deviations.

§89.1.^{a1} For Example:...When did the chill come? was it only a chilly sensation or was he cold at the same time? in what parts? or was he even hot to the touch during the chilly sensation? was it merely sensation of cold without shivering? was he hot without being flushed in the face? what parts were hot to the touch? or did he complain about heat without being hot to the touch? how long did the chill last, how long the heat? When did the thirst come? with the chill? with the heat? or before hand or afterwards? how strong was the thirst and for what? When does the sweat come? at the beginning or at the end of the heat? or how many hours after the heat? in sleep or in waking? how strong is the sweat? hot or cold? on which parts? what is the odor? What ailments does he complain about before or with the chill? with the heat? after the heat? with or after the sweat?

From this he concludes that each fever demands its unique treatment (remedy).

§235.1.^{a13} All of these are evidently very differently fashioned intermittent fevers, each of which demands, quite naturally, its own (homeopathic) treatment.

§235.2. For this reason the remedies for these intermittent fevers chosen from the general class of proven medicines, usually not anti-psorics, must be able, likewise, to similarly arouse either both or all three reciprocal states in healthy bodies, or as much as possible correspond homeopathically in symptom similarity to the strongest and most peculiar reciprocal state (either to the state of chill with its auxiliary symptoms, or to the state of heat with its auxiliary symptoms or also to the state of sweat and its auxiliary ailments, depending on whether one or the other reciprocal state is the strongest and most peculiar); but especially the symptoms of the patient's condition in the fever free time must guide in the selection of the most apt homeopathic remedy.

A little later on Hahnemann brings out a principle applicable to fevers. It is important to understand that Hahnemann's fever does not equal our own allopathic concept of someone having a body temperature over 98.6 degrees Fahrenheit or 37 degrees Centigrade. Fever doesn't equal high temperature, but equals thermal disturbance (much as the symptoms don't just equal symptom presentation), which can be visualised today via thermography, and Boenninghausen's induction of general principles out of particular items.

§239.1. Since almost every medicine in its pure action arouses its own specific fever and even a kind of intermittent fever with its reciprocal states, that deviates from all of the fevers generated by other medicines, homeopathic help is to be found for the numerous natural intermittent fever in the great realm of medicines and, for many such fevers, already in the moderate number of medicines proven on healthy bodies up till now.

In this thermal concept we have a unique thermal signature for each remedy, that is, each remedy produces a thermal disturbance which can be discerned both in terms of sensible heat and cold and latent heat and cold (in terms of expansion and contraction, both physically, e.g., muscle contraction and relaxation, and psychically, e.g., depression and hysteria). The thermal concept offers the principle for the pathic side.

It is interesting that there are three chapters related to sensible heat in the repertory (Fever, Chill, Perspiration), just as there are three sections related to state-based (delusions) prescribing (Dreams, Delusions, Fears). Of course, just as the mental, state-based prescribing can manifest itself at the psychic and somatic level (e.g., delusions; food aversions, food cravings) so, too, can the thermal principle operate at both levels (warm/cold heart, soul, personality, etc.).

With the thermal principle, we can, if it is properly applied, know when a pathic remedy will work and when it won't, thus enabling us to gain true knowledge from each case. We should be able to take the symptoms of the provings and organize them into contractive and expansive categories, and place them as well into a characteristic pattern or functional schema, which is the thermotic fingerprint of the remedy at the pathic level. This work remains to be undertaken, however, as no one has yet fully grasped the significance of Hahnemann's references to the thermotic principle.

DISEASE STATE AND OTHER TONIC ELEMENTS

Disease is a disturbance or mistunement of the human organism that impinges on the generative power. Not every disturbance (such as overheating slightly on a warm day) will result in disease. Disturbances that do not impinge on the generative power are simply indispositions. A healthy person is in a state of health. Disease is a different state from that of health.

§10.1. ...the immaterial Genius [*Wesen*] (the Living Principle, the Living Power) enlivening the material organism in the **healthy and diseased state** bestows on it all sensibility and actuates its living functions.

§70.1. After what has been submitted it is unmistakable:

1st) that everything the physician can find that is really morbid and curable in **diseases** consists only in the **state** and the ailments of the patient and the sense-perceptible alterations of his condition, in a word, only in the totality of those symptoms by which the disease demands the suitable medicine for its aid

§19.1. Now, in that diseases are nothing other than alterations of condition in healthy people which express themselves by disease signs, and in that remediation is likewise only possible by an alteration of the patient's condition into the **healthy state**, so it is easily seen that the medicines would in no way be able to cure if they did not possess the power to retune the human condition residing in feelings and functions; indeed, that their curative power must rest solely on this their power of altering man's condition.

§22.1. ...so it follows, on the one hand, that medicines only thereby become remedial and are capable of annihilating diseases, and that the medicament lifts and extirpates the already present symptoms by arousal of certain occurrents and symptoms, that is, by engenderment of a certain **artificial disease state**,

There can be more than one disease state in an individual, all the more so due to allopathic medical intervention.

§41.2. To the **natural disease** which should be cured, there then **associate** themselves by persistent repetition of unsuitable medicaments, new, often very protracted **disease states** corresponding to the nature of the latter; these new disease states gradually pair up and complicate themselves with the dissimilar chronic malady (that the unsuitable medicinal means could not cure through similar action, that is, not homeopathically), thereby **adding to the old one a new dissimilar artificial disease** of a chronic kind, thus making the hitherto simply diseased individual doubly diseased, that is to say, much more diseased and more incurable, sometimes even entirely incurable, often indeed even killing him.

The state of health and the state of disease each generate a condition particular to it, which is identifiable in the feelings, functions and sensations of the person. The condition relates to the manifest consequences of a state (either psychic or somatic) and/or of surrounding conditions and regimen. The alterations of condition, which are the manifestations of disease, are expressed in abnormal feelings and functions.

§19.1. Now, in that diseases are nothing other than **alterations of condition** in healthy people which express themselves by disease signs, and in that remediation is likewise only possible by an alteration of the patient's condition into the healthy state, so it is easily seen that the medicines would in no way be able to cure if they did not possess the power to retune the **human condition residing in feelings and functions**; indeed, that their curative power must rest solely on this their power of altering man's condition.

§31.1 The partly psychical, partly physical inimical Potences in earth Life, which one calls disease malignities, do not possess the power to morbidly tune the human condition absolutely; we become diseased by them only then, when our organism is just exactly and sufficiently disposed to be assailed by the present cause of disease and in its **condition altered, mistuned and transposed into abnormal feelings and functions** -- they therefore do not make everyone sick at all times.

These abnormal feelings and functions are reflected in the body and soul (Leib und Seele), which are the members of the human being through which the Wesen and Geist are respectively manifested.

See: Members Affected

§6. 1. The unprejudiced observer, even the most sharp-witted -- knowing the nullity of supersensible speculations which are not born out in experience -- sensibly perceives in each single disease nothing other than outwardly discernible alterations in the condition of the body and soul [*Befinden des Leibes und der Seele*], disease signs, occurrents, symptoms; that is, deviations from the former healthy state of the now diseased patient, which the latter himself feels, the bystanders perceive and the physician observes.

STATE (ZUSTAND)

The state is a supersensible reality, a way of being. An individual's state manifests itself in one's condition as well as in other modes, such as circumstances, behaviour and appearances.

§7.1. Indeed, there were even doctors from time to time who had inklings that medicines by their power to arouse analogous disease symptoms, cure analogous **disease states**.

§9.1. In the healthy human state...

§6. 1. ...deviations from the former healthy state of the now diseased patient...

§10.1. ...the immaterial Genius [*Wesen*] (the Living Principle, the Living Power) enlivening the material organism in the healthy and diseased state bestows on it all sensibility and actuates its living functions.

§39.9. These also merely weaken, suppress and suspend the malady only for a short time, without being able to cure it, and then always add, by protracted use, a new disease state to the old malady.

Disease is a state which represents a departure from the normal, healthy state of the patient. Each disease has its unique altered state which can be reflected in a uniquely altered condition. Those who view disease as material in nature cannot grasp this.

§8.1^{ap} ...because he still had entirely material concepts of disease which he was not yet able to think of as an altered state of Being of the organism brought about dynamically by the morbidly mis-tuned Living Power, as a modified condition;

Cure involves the use of remediation to modify the altered condition to natural feelings and functions and, thus, to bring about a return to the healthy state

§19.1. Now, in that diseases are nothing other than alterations of condition in healthy people which express themselves by disease signs, and in that remediation is likewise only possible by an alteration of the patient's condition into the healthy state, so it is easily seen that the medicines would in no way be able to cure if they did not possess the power to retune the human condition residing in feelings and functions; indeed, that their curative power must rest solely on this their power of altering man's condition.

Thus, medicines work by engendering an artificial disease state which arouses certain occurrents and symptoms, that is, by then manifesting a similar disease condition, which then destroys this condition, following the natural law of cure (law of similars) and restores the patient to his previous healthy state.

§24.1. Thus there remains no other manner of medicinal application promising aid against [*natura*:] disease than the homeopathic one, by virtue of which a medicine is sought for the totality of symptoms of the disease case, with regard for the originating cause when it is known, and for the accessory circumstances, a case which among all medicines (known by its proven condition-altering ability in healthy individuals) has the power and tendency to engender the artificial disease state most similar to the disease case.

If one is using the pathic approach, as detailed in the Organon, it is important to match the particular condition (expressed in altered feelings, functions and sensations) to the particular remedy. If not, then there can be no similarity between the artificial disease state of the medicine and the state of the disease (usually natural) in the patient.

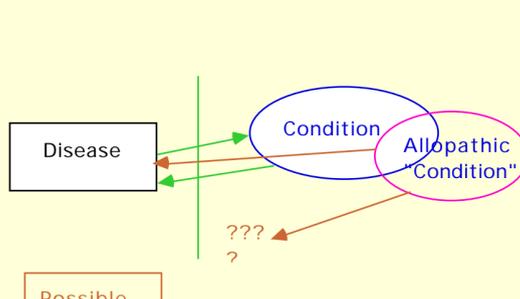
What the allopaths do is to arbitrarily chose a few symptoms of the condition that certain patients have in common, then to call this a disease. In so doing, they do not even identify the real condition, and consequently do not have the real image of the disease. They then try to find a medicine to fix this illusory notion. With the pathic approach (homeopathy), the physician is able to correctly identify the condition and by analogy then able to identify the remedy for the disease state from which the condition is derived. However, this is predicated on the physician correctly grouping the symptoms of the patient to ensure that they relate to a particular state of disease, not just the overall diseased patient.

12.1. For all that, this sublime project, to find an inner, invisible, a priori disease cause, resolved itself, at least among the more self-styled astute doctors of the old school, into a search, **admittedly also derived from the symptoms**, for what was to be **assumed**, perchance surmisedly, as the **general character** of the present disease case,^{al} whether that be cramp? weakness? paralysis? fever? inflammation? induration? infarcts of this or that part? blood-excess (plethora)? lack or superfluity of oxygen, carbon, hydrogen or nitrogen in the humours? raised or lowered arteriability, venosity or capillarity? relative proportion of the factors of sensibility, irritability or reproduction?

— surmises which, honored with the name of Causal-Indicant by the hitherto school and regarded as the only possible rationality in medicine, were all too **deceptive hypothetical assumptions** than that they would have proven themselves to be practically useful --

incapable, even if they would have been or had have been well founded, of **appropriating the most apt remedy for the disease case**, flattering indeed to the self-love of the learned concocters, but mostly leading astray in subsequent practice, whereby the aim was more at ostentation than at seriously finding the remedial indicant.

12.1.^{al} Every doctor who treats according to such general characters, no matter how much he presumptuously affects the name of a Homeopath, is and remains indeed a generalizing Allopath, since without the specializing individualization no Homeopathy is thinkable.



The state is a supersensible reality, a way of being that exists beyond the sensory world that is manifest in the condition. Thus, an individual's state manifests itself not only in one's condition, but also in other modes, such as circumstances, behavior and appearances. This alteration in behavior and circumstances derives from that fact that a disease state is reflected in the body and soul (Leib und Seele), which are the members of the human being through which the Wesen and Geist are respectively manifested.

§6.1. The unprejudiced observer, even the most sharp-witted -- knowing the nullity of supersensible speculations which are not born out in experience -- sensibly perceives in each single disease nothing other than outwardly discernible alterations in the condition of the body and soul [*Befinden des Leibes und der Seele*], disease signs, occurrents, symptoms; that is, deviations from the former healthy state of the now diseased patient, which the latter himself feels, the bystanders perceive and the physician observes.

CONDITION-STATE (BEFINDENS-ZUSTAND)

Hahnemann occasionally uses this term to express the idea that condition and state are part of a functional polarity of the human being.

§37.1. And so also an old chronic malady remains uncured with an ordinary medical treatment and as it was when it is gently treated allopathically according to the common manner of treatment that is, with medicines which cannot engender a **condition-state** similar to the disease in healthy human beings, even when the treatment lasted many years.

The condition-state functional whole is then related to the totality of symptoms. The totality of symptoms (of a given disease) then becomes the perceptible and discernible manifestation of the change in state and condition. Thus, the totality of data includes alterations in feelings and functions in the broadest sense of behaviour, occurrents and circumstances (the Wesen manifesting in the ambient of the patient) and disease signs and patient suffering (symptoms proper).

§70.1. After what has been submitted it is unmistakable:

1st) that everything the physician can find that is really morbid and curable in diseases consists only in the state and the ailments of the patient and the sense-perceptible alterations of his condition, in a word, only in the **totality of those symptoms by which the disease demands the suitable medicine for its aid...**

Notice here how “totality” is linked to the disease, not the patient.

In the following quote, we can see the interaction of the state and condition and the role of the totality of symptoms:

§95.1. Therefore, in chronic diseases the investigation of the **above-mentioned and all remaining signs of disease** must take place as carefully and minutely as possible, going into the smallest details, partly because in these **diseases** the details are most exceptional, least resembling those of the rapidly passing diseases, and cannot be taken meticulously enough for cure to succeed; partly because the patients become so accustomed to the long sufferings that they pay little or no attention to the smaller, often very characteristic accompanying occurrents -- so decisive in searching out the remedy -- and view them as almost a part of their **natural state**, almost as health, whose true *feeling* they have fairly well forgotten during the course of their fifteen to twenty year long suffering, so that it hardly occurs to them to believe that these accompanying symptoms, these remaining smaller or greater deviations from the **healthy state**, could have a connection with their main malady. (Bold and italics added)

DORMANT STATE

Disease states can be dormant and active.

§73.2. Pleasurable excesses or their deprivation, physically vehement *impressions*, chillings, heatings, fatigues, strains from lifting etc., or psychical agitations, affects etc., are the occasion of such acute fevers, but fundamentally they are mostly only transient flare-ups of latent Psora, which returns spontaneously into its dormant state when the acute diseases were not all too vehement and were soon dispatched (italics added)

PSYCHIC AND SOMATIC STATES

§210.3. They do not, however, constitute a sharply separate class of diseases from the remaining ones, in that even in each of the remaining so-called somatic diseases, the frame of mind [*Gemüt*] is always altered and, in all disease cases to be cured, the patient's psychic state is to be taken up into the complex of the symptoms as one of the most pre-eminent symptoms if one wants to record a true image of the disease, in order thereafter to be able to cure it homeopathically with success.

§212.1. The Creator of the curative Potences has also pre-eminently taken into consideration this chief ingredient of all diseases, the altered psychic state [*Gemüths- und Geisteszustand*], in that there is no efficacious medicinal substance in the world which does not very noticeably alter the psychic state of the healthy individual proving it, and each medicine, to be sure, in a different way.

§213.1. Thus we will never cure in accordance with nature, that is never homeopathically, if in every case of disease, even acute ones, we do not take heed of the symptom of the psychic alterations together with the other symptoms and do not select from among the remedies such a disease Potence for aid, that, along with the similarity of its other symptoms with those of the disease, is also capable of engendering of itself a similar psychic state.

§225.2. In time, emotional [*Gemüt*] diseases of this kind often then ruin the somatic state of health to a high degree.

§226.1. Only these emotional [*Gemüt*] diseases, first spun and sustained by the soul, allow themselves, as long as they are new and have not yet deranged the somatic state all too much, to be rapidly transmuted by psychotherapeutic means such as confidingness, amicable exhortation, reason, but often too by a well-camouflaged deception, into well-being of the soul (and with appropriate regimen, apparently into well-being of the body also).

Each remedy has the capacity to engender particular states (uniquely) and conditions (diversely). It is in this capacity to modify the state, each in its own unique way, that gives the remedy its uniqueness.

§119.2. Each of these substances works in its own different, but determinate way, prohibiting their confusion, and engenders modifications of the state of health and of the condition of people.

§212.1. The Creator of the curative Potences has also pre-eminently taken into consideration this chief ingredient of all diseases, the altered psychic state, in that there is no efficacious medicinal substance in the world which does not very noticeably alter the psychic state of the healthy individual proving it, and each medicine, to be sure, in a different way.

§239.1. Since almost every medicine in its pure action arouses its own specific fever and even a kind of intermittent fever with its reciprocal states, that deviates from all of the fevers generated by other medicines, homeopathic help is to be found for the numerous natural intermittent fevers in the great realm of medicines and, for many such fevers, already in the moderate number of medicines proven on healthy bodies up till now.

It should be noted that each substance has the capacity to engender more than one state. This can be seen clearly in §108.1.a, 131.1, 135.2:

§. 108.1. ^{al} Not a single physician that I am aware of came upon this so natural, so absolutely necessary, solely genuine proving of medicines in their pure, peculiar actions of returning the human condition in the last two and a half thousand years, in order thus to learn **what disease states** each medicine were capable of curing, than the great immortal Albrecht Von Haller.

§131.1. If however, in order to experience anything at all, the same medicine must be given as a test in ever-heightened doses to the same person several days in a row, then, to be sure, the various disease states which this medicine can in general bring to pass are experienced, but not their sequence,

§135.2. One can only then be assured of having thoroughly proven a medicine for the disease states which it can arouse, that is, for its pure virtues in altering the human condition, when the subsequent provers can notice little more that is new about it and perceive in themselves almost always the same symptoms already observed by others.

See: *The Thermotic Principle for the Pathic Side of Disease*

This supersensible realm of disease is part of the tonic side of disease, which is discernible, not through the sensory organs (symptoms), but through the supersensible organs, which have a different data set to contend with. These are the unific elements of disease we must search for in addressing the state as opposed to the condition with its prolific elements (symptoms) one finds in pathic disease.

See: *Members Affected*

OTHER UNIFIC ELEMENTS

Stimmung - Tonation

This is the basis for the tonic side of disease, which was discussed earlier. The concept of tone underlies the unific nature of one side of disease. Tonation is wholistic in nature, much like a hologram in that each piece still contains the whole image. The image becomes clearer the more the pieces are brought together. This is in contrast to the prolific side of disease where the various pieces, each containing some part of the puzzle, must be put together in order to create the entire image. It may be possible, based on experience, to recognize the entire image of disease from a partial image. This is different, however, from the unific side, where the entire disease state is contained in each piece of data. More pieces only make the image clearer, but not more whole.

5.2. It can easily persuade each reflecting person that the diseases of humans rest on no matter, on no acidity, that is to say on no disease matter; rather that they are only spirit-like (dynamic) mistunings [*verstimmungen*] of the spirit-like enlivening power (of the Living Principle, of the Living Power) of the human body.

§31.1. ^{al} When I call disease a sonation [tonation] or mistunement ^{al} of the human condition, I am far from wanting to give thereby a hyperphysical explanation about the inner nature of diseases generally, or of a single case of disease in particular.

§31.1. ^{al2} This expression is only meant to imply what diseases, as has been proven, are not and cannot be: not mechanical or chemical alterations of the material corporeal substance and not dependent upon a disease matter — but solely spirit-like, dynamic mistunements of Life.

Affektion - the Affection

This term derives from the Latin term affectare the meanings of which include "to attack with a disease." Here it has the meaning of an abnormality of the mind or body originating in a disturbing influence of the mind.

58.1. ...no! true remedial art is that cogitative pursuit that devolved upon the higher human spirit, free deliberation, and the selecting intellect deciding according to reasons, in order to return that instinctual, intellect- and awareness-lacking but automatic, energetic Living Power, when said Living Power has been mistuned by disease to abnormal activity, by means of a resonant **affection** to the disease, engendered by a medicine selected homeopathically, the Living Power being medicinally diseased to such a degree, and in fact to a somewhat higher degree, that the **natural** affection could work on it no more, and thus it becomes the natural disease, yet the remaining occupied solely with the so resonant, somewhat stronger medicinal **disease affection** against which the Living Power now directs its entire energy, soon overcoming it,

§26.1. This rests, to be sure, on that homeopathic natural law divined here and there from time immemorial, but hitherto unacknowledged, lying at the foundation of all true curing: A weaker dynamic **affection** in the living organism is, languidly extinguished by a stronger one when the latter (differing from it as to mode) is very similar to the former in its manifestation.

§29.1. As each disease (not devolving solely upon surgery) consists only in a specific, dynamic, morbid mistunement of our Living Power (Living Principle) in feelings and functions, so is this Living Principle, dynamically mistuned by natural disease, seized during homeopathic cure by a somewhat stronger, resonant, artificial disease **affection** [*Krankheits-Affektion*].

Gefühl - the Feeling (Singular)

§34.2. It is above all required for cure that it be an artificial disease as resonant as possible to the disease to be cured so as to shift, albeit with somewhat stronger power, the instinctual Living Principle, capable of no deliberation and of no recollection, into a morbid sonation {tonation} very resonant to the natural disease, in order not only to obscure the *feeling* of the natural disease mistunement in the Living Principle but to entirely extinguish and so to annihilate the *feeling*. (Italics added)

It is important here to distinguish between subjective feelings and objective feeling. Subjective feelings (plural) derive from a disturbance of one's condition. Hahnemann states that, on the pathic side, the disease state results on a change of condition manifested in altered feelings, functions and sensations. These are the source of the pathology (suffering) of the patient used to determine the pathic remedy. However, objective feeling is unific in nature and is independent of the particular feelings of the observer. One example would be the feeling of a summer's day when it is not summer, or the feeling of a day being like Sunday, when it is not a Sunday ("Today feels just like Sunday."). Such a feeling is objective and available to each careful observer. We can also say that a particular country or unit of culture and history has a particular feeling. We can say that a particular town reminds us of the feeling of an English country village, or a Moorish town. Each state represents a state of mind.

Currently, art is the domain of objective feeling and provides us a means of understanding the importance of this concept in science. To date, science has been about the sensorial world and about quantity, but it must also, to become a true science, include the supersensible world and quality. Quality is just as objective as quantity though it requires different organs of perception, namely those of the supersensible aspect of our being.

To return, at long last, to the unanswered question: who has a naive but intimate and expert knowledge of feeling? Who knows what feeling is like? Above all, probably, the people who make its image, artists, whose entire work is the making of forms which express the nature of feeling. feeling is like the dynamic and rhythmic structures created by artists; artistic form is always the form of felt life, whether of impression, emotion, overt action, thought, dream or even obscure organic process rising to a high level and going into psychical phase, perhaps acutely, perhaps barely and vaguely. It is the way acts and impacts feel that makes them important in art; their material identity may be suggested in quite sketchy or distorted fashion, where it is wanted at all, for it serves artistic purposes only in so far as it helps the expressive function. This does not mean that it is always unimportant to the artist; representation may be the prime purpose of the thing he makes, which gives him the occasion to create a work of art. In the hands of a natural artist, professional or not, called "artist" or "artisan" or whatever else; almost anything may become a work of art: a bed, a doll, a scientific drawing, a photograph. Haydn wrote the bugle calls for the Austrian army, and they are music. In the course of projecting the forms of feeling into visible, audible or poetic material, an artist cannot escape an exact and intimate knowledge of those passages of sentence which he succeeds in expressing. His range may be small, but if any of his work is good he has found some true expression of felt experience. He knows something of how feeling rises, develops, tangles or reverses or breaks or sinks, spent in overt action or buried in secrecy.

Feeling is a dynamic pattern of tremendous complexity. Its whole relation to life, the fact that all sorts of processes may culminate in feeling with or without direct regard to each other, and that vital activity goes on at all levels continuously, make mental phenomena the most protean subject matter in the world. Our best identification of such phenomena is through images that hold and present them for our contemplation; and their images are works of art. What makes a work important is not the category of its expressed feeling, which may be obvious or, on the contrary, impossible to name, but the articulation of the experiential form. In actual felt activity the form is elusive, for it collapses into a condensed and foreshortened memory almost as fast as the experience passes; to hold and contemplate it requires an image which can be held for contemplation. But there is no simple image of our inner dynamisms as there is of visually perceived forms and colors and of sound patterns. A symbol capable of articulating the forms of feeling is, therefore, necessarily presented in some sort of projection as an extraorganic structure that conveys the movement of emotive and perceptive processes. Such a projection is a work of art. It presents the semblance of feeling so directly to logical intuition that we seem to perceive feeling itself in the work; but of course the work does not contain feeling, any more than a proposition about the mortality of Socrates contains a philosopher. It only presents a form which is subtly but entirely congruent with forms of mentality and vital experience, which we recognize intuitively as something very much like feeling; and this abstract likeness to feeling teaches one, without effort or explicit awareness, what feeling is like. "The art in painting," as Albert Barnes called it, or what some aestheticians of his generation called "significant form," is this image of feeling, the "life" of lines and colors themselves, which requires no pictorial record of people in emotional states, in fact, is rather endangered by such distracting elements of representation.

The chief reason for our general hesitancy to undertake a serious study of psychological data themselves is that there seems to be no instrument to negotiate it; few people realize how excellent a presentation of such data is to be found in the arts. The questions dealt with in this book pertain equally to all the creative arts. What is a projection? How does an artist project an idea of feeling by means of his work? How does the idea become perceptible? And finally: what new empirical knowledge of the morphology of feeling can we derive from its image in works of art, and what light can this knowledge throw on the unfelt processes of life and the emergence of feeling, animal mentality, human experience and mind? These are far-reaching issues that invade many fields of special study. (Susanne Langer, Essay in Human Feeling) (Italics added)

Although art represents a form of "hothouse" of objective feeling, it is possible to go out in nature and obtain the feeling of a plant or mineral. Hahnemann did precisely that when he ingested the plant or mineral and did a proving. The proving is founded on the objective nature of the experience – the impression, the feeling, the sensibility, the affection – such that each proving is a scientific event upon which a true science of medicine can be based.

Dr. Jayesh Shah from India is one of the few homeopaths currently dealing directly and consciously with this objective feeling in the case-taking. In the Winter 1995 edition of the homeopathic journal, Simillimum, one of his cases was presented, based on notes from a seminar. The focus of the case is on using the behaviour and situation to understand the objective feeling of the patient – not his secondary, subjective feelings of anger, paranoia or resentment, but the underlying feeling of the case, here one of persecution.

Concentrate on what the patient is *feeling*, not on what he is doing or saying. In the center is what he *feels*; on the periphery is the behavior and the speech. What exactly is this child *feeling*? Even with a one month old infant you must understand what the patient is *feeling*. Go to the main point.

The inner *feeling* of his *state* became clear to me after he narrated the following incidents:

The first incident involved getting a bad remark in his conduct diary in school. He had to have this signed by his parents. He said, "I gave them the calendar to sign and they scolded me. I got very angry. It is not my fault that I got this remark. Two boys were talking and the whole class gets the remark. We were not talking yet we got this remark. They scolded me in the morning and I was upset the whole day. I did not play football at school, refused to talk to my friends. I sat alone and was upset the whole day."

In reality he and his brothers are the most mischievous, notorious trouble-makers in the school. [Why is he feeling this way? What is his *state*? What is his suffering? Why is he suffering? What is the main point of his illness? What exactly is this *feeling*? Is it injustice, for example? Gather your impressions and then watch how we arrive at a beautiful and clear understanding of the patient.]

It was amazing to see the similarities between the two boys and their grandfather. They were in a *state* where they were behaving as if they were persecuted and surrounded by enemies – the *state* the grandfather had actually been in years before they were born. Their feeling of persecution was underlying their compulsion to collect knives. They boys also created and lived in a group-enmity kind of situation. The *feeling* of persecution come through very clearly when we try to understand the situations in their lives. The *feeling* of the doctor making him "mental;" the identification with the teacher who was harassed, their *feeling* unjustly scolded by parents, upset about the mark they received without being at fault, being beaten up by a classmate, etc. – these are *varied expressions of the same persecuted feeling* in both the boys. (bold and italics added)

Eindruck - the Impression (& Responson)

§117.1. The so-called idiosyncrasies belong to this latter category, whereby individual bodily constitutions are to be understood which, although otherwise healthy, possess a tendency to be displaced into a more or less morbid state by certain things which seem to make no *impression* or alteration at all in many other people.

§117.2. However this lack of *impression* on some persons is only apparent.

§117.3. For since both the indwelling power of the impinging substance, as well as the ability of the spirit-like Dynamis enlivening the organism to be aroused by this impinging substance are required for these above-mentioned conditions, as well as for the generation of all other morbid condition alterations in people, so can the conspicuous disorders in the so-called idiosyncrasies not only be laid to the account of these particular bodily constitutions, but must be derived from these occasioning things, in which the power must at once lie to make the same *impression* on all human bodies, except that few amongst the healthy bodily constitutions are inclined (italics added)

Impressions are made upon the life force and registered in the emotional mind (Gemüt). These impressions are not perceptible data, but rather experienced by the physician who participates in the disease process of the patient, much as one allows a work of art to impress itself upon us (artistic impression). For example, the physician is told that he can discern alterations in the patient in the form of ameliorations or aggravations that are not easily quantifiable or grasped objectively with the intellect, but rather require a different skill, that of being able to allow the state of disease or health make an impression on our life force, organised in the Gemüt.

The reaction to impressions are "responsons." Impression and responson are a living function, which is part of the basis of true knowledge about life. In the example below, the patient's state makes an impression upon the observer and the responson is one of pity.

§253.3. But in the case of an ever-so-small beginning of aggravation -- a more self-conscious, helpless state of mind [*Gemüt*], of the spirit, of the whole behavior, and of all attitudes, positions and actions, drawing more pity to itself, which [state] allows itself with exact attentiveness to be easily seen or shown but not to be [easily] described in words.

In The Substance of Homoeopathy, Rajan Sankaran also discusses this process of impression and responson. Sankaran mentions the instinctive reaction, which involves the physician's reaction to the patient, whether one of disgust or wishing to comfort the patient, etc. This requires the physician himself to be relatively free of the restraints of false morality and beliefs in order to properly experience instinctual feelings without suppressing them if they seem inappropriate by society's moral codes or parental upbringing.

If we disregard morality, parental, social and religious conditions, our animal instinct will speak if we dare to let it. The Platina woman will draw forth from us an instinctive reaction which will be alternating and opposite, namely of intense admiration alternating with intense criticism and even abuse, simulating the exact childhood story of Platina. The Silica child will make us adopt the stance of an examiner, the very person Silica is afraid of. The Kali carb woman will tempt us by her general sourness and her extreme dependence to shirk our responsibility to her, exactly similar to the origin of her state, which comes from a neglecting and irresponsible husband... (p. 270)

This reaction occurs because the state of being of the patient is reflected, as Hahnemann has pointed out, in his ambient (surroundings), in the occurrences and circumstances of his life, in his relationships with others. As Sankaran underlines:

This way is based upon the idea that a state will create around it (the dog will usually chase the one who is most scared of it), the very situation for which it is appropriate. (p. 270)

The ability to receive an impression and to have a responson lies in the development of the organs of supersensible knowledge.

In coming to this central delusion of the situation the physician has to take into account every single piece of information and every observation about the patient: his behaviour, attitude, hobbies, relationships, the narration of his complaints, etc. All this data is not only to be logically fitted in and reasoned out, but one has to look through the inner eye and understand the patient as only one human is capable of understanding another. (pp. 269-270)

Empfindung - the Sensibility (Singular)

§148.2. If then, however, the *feeling* of the impinging action of this inimical agent, that strove to actuate and continue this mistunement, is again withdrawing from the Living Principle, that is, if the physician lets an artificial disease Potence impinge on the patient against the agent, an artificial disease Potence able to morbidly mistune the Living Principle most resonantly, and which continually exceeds the natural disease in energy (§33, 279), in the smallest dose, then the sensibility of the original disease agent gets lost for the Living Principle during the impinging action of this stronger, similar, artificial disease; from then on the Malady exists no more for the Living Principle; it is annihilated. (Italics added)

Sensibility is the capacity to feel sensations but also the aesthetic capacity to receive impressions and to respond mentally or emotionally to stimuli.

DISEASE ORIGINS AND DIMENSIONS

If we focus on the tonic side of disease, we find that there are various dimensions of disease, generally divided according to origin or genesis.

REGIMENAL DIMENSION

We can start where Hahnemann himself started when he renounced the use of medicine according to the dictates of his day – regimen.

Regimen is the dimension of disturbances of the Living Principle by the lack of various elements such as vitamins, enzymes, minerals, exercise, rest and relaxation, meditation, spiritual and intellectual stimulation, or by over-stimulation of various elements at the expense of a proper balance (the Greek ideal of the Golden Mean).

These factors can disturb the Living Principle and produce changes in feelings, functions and sensations. For example, a persistent lack of Vitamin C can produce a disease called scurvy (physical regimen) or a lack of exposure to edifying literature can produce a moral deficiency (moral regimen).

See: [Regimen](#)

HOMOGENIC DIMENSION

This dimension relates to the various accidents and injuries as well as mental and emotional shocks experienced by people. These are injuries that generally affect each individual in the same way, creating blockages to the normal flow of life energy. Thus, for each of these fixed, constant events, there are also specific remedies. This is also the basis for first aid and the home treatment of simple traumas, which can be done by almost anyone without more extensive knowledge of Heilkunst. The emotional shocks are generally more serious and can generate a host of mistunements of a person's normal state of health. Hahnemann notes the effects of extended grief, vexation and fear on one's health as being powerful triggers of the latent chronic miasms.

§93.1. If the disease has been caused by a remarkable event, recently or, in the case of a protracted malady, some time ago, the patient -- or at least the relations questioned in private -- will then readily declare it, either of his own accord or upon cautious inquiry.^{a1}

§93.1^{a1} The physician must seek to trace by astutely phrased questions or other private inquiries the possible dishonoring occasions which the patient or the relations do not readily confess, at least not voluntarily.

§93.1.^{a2} To these belong: poisoning or attempted suicide, onanism, common or unnatural lascivious debaucheries, revelry in wine, liquor, punch and other heating drinks, tea or coffee, — luxuriating in eating generally or in particularly deleterious foods, — venereal or prurient infection, unhappy love, jealousy, domestic discord, vexation, grief over family misfortune, abuses, dogged revenge, offended pride, disruption of the pecuniary circumstances, superstitious fear, — hunger, — or perhaps bodily infirmities in the private parts, a hernia, a prolapse, etc.

Hahnemann speaks of remedies that are specific to the disease irritation and mentions that they are homogenic.

14.2 The reliably availing ones could not have been any others than the specific ones; that is, medicines which were homogenic in their action to the disease irritation, whose use, however, by the old school was forbidden and tabooed as highly damaging because observation had taught that, with the so highly intensified receptivity for homogenic irritations in diseases, such medicines in the conventional large doses had proven themselves life-endangering.

It is important to note the last comment, namely that the use of homogenic medicines in large doses is dangerous. Prescribing the tonic remedy at the right time is capable of unleashing a strong healing reaction, because it shifts force fields releasing tremendous amounts of energy, which can potentially overwhelm the Living Power if caution is not used.

PATHOGENIC DIMENSION

This is the dimension of natural diseases or Wesenskrankheiten. Natural diseases are in the nature of dynamic infections. Nature employs microbes as the carrier for each particular disease Wesen. As you learned earlier, the disease Wesen attempts to penetrate the Wesen of the human being. If successful, a separate disease Wesen is engendered within us and develops along a pre-determined path. If the disease Wesen is self-limiting (so-called acute), the Living Principle is able eventually to recover once the disease has run its course, through its counter action. The main forms of pathogenic diseases are epidemic and sporadic diseases and the chronic miasms.

IATROGENIC DIMENSION

Each medicine is capable of engendering an artificial disease. Thus, it has the potential to harm as well as to cure. In very small doses, the medicine seems to be mainly self-limiting in nature, allowing the sustentive power of the Living Principle to re-establish balance relatively easily.

In crude form, the medicine has a high risk of harming the human organism, disturbing its healthy state and giving rise to abnormal functioning, the more so the larger the dose and the longer the medicine is applied. Eventually, the medicine may penetrate the generative power and engender a disease Wesen of its own. This is called iatrogenic disease (doctor-caused). Hahnemann was quite vocal in his criticism of this aspect of allopathic medicine and was often pessimistic about the ability of medicine to correct the damage caused by allopathic prescribing. However, with the subsequent development of isodes, remedies made from the medicine, we now have an effective curative method for dealing with these man-made diseases, which are as much the scourge of our times as in Hahnemann's day.

IDEOGENIC DIMENSION

Hahnemann was fully aware of the ability of suggestion (operating in the context of ignorance or superstition) or false belief to generate disease, even leading to death. These diseases involve dynamic affections, which he called "the highest disease." Originally, disease arose out of a primordial split between the emotional and intellectual minds, which derived from a lack of true knowledge, giving ground to belief or delusion.

§17... the highest disease can be brought to pass by sufficient mistunement of the Living Principle by means of imagination, and so, in the same manner, taken away again.

§17.1.^{a2} A premonitory dream, a superstitious fancy or a solemn fateful prophecy of inevitable death on a certain day or at a certain hour has not infrequently brought to pass all signs of arising and increasing disease of approaching death and death itself at the indicated hour which, without simultaneous actuation of the internal alteration (corresponding to the outwardly perceptible state), was not possible; thus, in such cases from the same cause, all the near-death-signaling disease features were in turn not infrequently scared off by an artificial deception or persuasion to the contrary and health suddenly again established, which would not have been possible without removal of the death-preparing internal and external morbid alterations by means of these merely moral remedies.

See: [Mental and Emotional Diseases and the Importance of the Mental/Emotional State](#)

PRINCIPLES OF DISEASE JURISDICTIONS

Disease acts, and must be treated, on the basis of a principle, and each principle will vary according to the genesis. The Natural Law of Cure includes, as does the realm of human law, various “jurisdictions.”

Each dimension or jurisdiction that arises from the genesis has its own particular competence and principles by which cure and healing are affected. All dimensions operate on the natural law of similarity of resonance, but the nature of this resonance will vary according to the nature of the genesis of disease:

REGIMENAL: resonance (suitability) of diet/regimen. The operating principle here is that of opposites, or the remedying of deficiency or excess. If you are thirsty, you drink water. If you are cold, you put on warm clothing or sit near a fire. The emphasis in the case is the sensations reflecting the imbalance of the sustentive power. The resonance is between the individual and his diet and regimen (cf. Norman Walker, Max Gerson, Ann Wigmore and Dr. Bieler).

GEOPATHIC STRESS: resonance of geopathic stress. We are more aware today how geography can affect our health. Hahnemann talks of living in damp cellars and marshy regions. There was recognition that people are differently affected by the sea, the mountains, and the environment in general (reflected in our materia medica and repertories). There are also geopathic stress lines running through the earth’s crust that can affect us. The remedy here is to remove the person from the stress. In general, the healthier a person is, the better able they are to resist geopathic stress. And it is also more likely he will not live in an area that engenders such distress.

HOMOGENIC: resonance of specific irritant action. The focus in this dimension is the irritant actions. Irritant actions involve both traumas and toxins, both of which act on the life force. The traumas are further divided into psychic (grief, fear, etc.) and somatic (physical accidents, surgeries, etc.) ones. The toxins are divided between those that act from outside (exogenous) and those that are produced from within (endogenous). In the realm of the homogenic, we have the principle of specific irritant action. The first level (traumas) has been admirably addressed by Dr. Jean Elmiger of Switzerland with his isotherapeutic system of the sequential treatment of traumas (see his book, *Rediscovering Real Medicine*

[See: Isotherapeutic Treatment of Disease](#)

and the second (toxins) by Dr. Reckeweg in his comprehensive system of tissue detoxification at the humoral and cellular level called homotoxicology

[See: Homotoxicology](#)

Kent himself also realised later in life, based on close observation, that tissue change required the prescription of remedies based on that change, not the psychic state.

As Eizayaga expresses it, “During the last years of his active life as a physician, Kent published a most interesting article entitled ‘Remedies related to pathological changes in the tissues.’ In it Kent expresses diametrically opposed ideas to those known by everybody in his Homeopathic Philosophy, surely on account of his remarkable clinical experience and his acute observation of reality.” 

Eizayaga then goes on to quote from the article:

When a remedy has been prescribed for a patient in whom tissue changes have occurred, the prescription being based on the symptom-image, resolution of the existing tissue changes has occurred as a result of the reaction to the remedy. These become reliable clinical symptoms of the remedy, demonstrations of the power of the remedy over the altered tissue. These remedies are then recognised to be suited to constitutions in which these pathological changes can develop. Hence they are as important to the prescriber as though they had appeared actually in the proving.

Eizayaga explains Kent’s reasoning further:

The author goes on to say that when said lesional changes occur in the tissues, usually the patient’s symptoms have disappeared, especially those on which the prescription was based: thus, the prescription must be based on the symptoms of the pathology, except in the case when the doctor can individualise a medicine covering the lesional symptoms plus the patient’s own. Further on he advises not to ever indicate in any case a medicine which does not cover the present pathology when the physician is dealing with serious or lesional patients and quotes numerous examples. The article finishes with these words:

‘By reference to the repertory, the prescriber may find remedies which have thus been established as suitable for suppuration, those suited for cancer, those related to apoplexy, etc., and as an intelligent prescriber, the physician should select a remedy for the patient similar to the condition of the ultimate disorder. This is totally different from prescribing on the pathology alone, or seeking a specific for the name of the ultimate, regardless of the patient.’ (Eizayaga, *Treatise on Homeopathic Medicine*, pp. 259-260).

For a more detailed discussion of this article by Kent,

[See: Kent and the Two Sides](#)

Iatrogenic: resonance of drug. What are emphasised here are the conditions (e.g., dropsy), or what was caused as a “side effect” of the material drugs. The principle is one of tautopathy; namely the matching of the drug disease with the drug that produced the disease on the basis of similars. However, as in the case of homogenic remedial action, the substance used must be rendered safe by the process of dynamisation (normally serial dilution and succussion). This is not the principle of equal action (aequilia aequilibus curentur), but the use of isodes, which is very different (see footnote 56 of the Organon).

Pathogenic: resonance of pathogen. This is the realm of infection. Pathological signs are emphasised. Here we have a principle of disease, which leads to the use of isodes (remedies made from the disease agent) or nosodes (products made from disease discharges).

Ideogenic: resonance of psychic state. Emphasis here is on the behaviour, which exhibits and demonstrates the core delusion (arch-belief). The principle is one of matching the psychic state of the patient with the remedy. However, in some cases, the use of the Law of Opposites comes into play (see §226 where Hahnemann talks of using psychotherapeutic means and appropriate living habits to treat those truly psychic diseases that are not of long-standing).

[See: Opposites and Similars](#)

Within each of these dimensions we have relationships based on the form of the disease. Goethe was the first to speak of the form or morphology of something as being the underlying nature which is not sensible (open to the senses) but supersensible (open to our higher organs of knowledge, involving kenning).

- **Regimenal:** a relationship with the regimen (regimorphic).
- **Geopathic:** a relationship with the geopathic stress (geomorphic).
- **Homogenic:** a relationship with the irritant action (homomorphic).
- **Iatrogenic:** a relationship with the drug (isomorphic)
- **Pathogenic:** a relationship with the pathogen (pathomorphic)
- **Ideogenic:** a relationship with the belief (core delusion) (ideomorphic)

The Heilkünstler needs to decide where to go to settle the case, and at which level, in accordance with Aphorism 3.

The Heilkünstler decides the competent jurisdiction to begin the case, and prosecutes according to the principles of treatment valid in that jurisdiction. He then proceeds, according to the hierarchy of jurisdictions, up the scale.

HOMOGENIC DISEASE

Hahnemann raises the issue of a specific relationship between a “disease irritation” and a remedy. He uses the term “homogenic” for this relationship. It is a little known and appreciated concept within Heilkunst, Hahnemann's complete medical system. It has important implications for the treatment of disease as it involves the various shocks and traumas we experience in life (short of physician-induced iatrogenic diseases) that impinge on (in a cumulative fashion) our generative power. They are not infections and impingements like the natural (pathogenic) diseases, but more in the manner of pieces of shrapnel lodged in our organism, impeding our functioning and weakening our generative capacity (even, in extreme cases rendering us impotent).

CONCEPT

Let's take a look at the concept and Hahnemann's development of it both practically and theoretically.

The first reference is in the Introduction:

14.1. The reliably availing ones could not have been any others than the specific ones; that is, medicines which were homogenic in their action to the disease irritation, whose use, however, by the old school was forbidden and tabooed as highly damaging because observation had taught that, with the so highly intensified receptivity for **homogenic irritations** in diseases, such medicines in the conventional large doses had proven themselves life-endangering.

Let's first look at the context within which Hahnemann raises this issue.

Hahnemann is, in this section of the Introduction, criticising the allopaths for their empty speculations on material cause (as opposed to the true cause).

He then elaborates in a footnote that if they had understood the true cause, they would have been able to discover the remedy to treat a particular disease (and here Hahnemann is speaking of true diseases – the dispute at this point is over the method of finding the remedy and of understanding the true cause, not over the treatment of disease). However, such a search could only be successful if we were looking for a remedy for a disease that has the “same originating cause” or the “same source.” Instead, because of their misunderstanding of disease, allopathic disease theories remain fruitless on the therapeutic plane.

See: False and True Diseases

11.4.^{all} It would have been far more suitable for sound common sense and for the nature of the matter if, in order to be able to remedy a disease, they would have tried to find the originating cause of the same as the *causa morbi*; thus would they have been able to employ with success the remedial plan which had proved itself helpful with diseases from the same originating cause, also with those from the same source, as for example, the same Quicksilver is to be helpfully employed with an ulcer on the glans after impure coitus, as with all hitherto venereal chancres.

Hahnemann then goes on in the main text to criticise the allopaths for coming up with the general characters of disease (e.g., cramp, paralysis, fever, inflammation, etc.) as the cause of disease. These are false disease causes.

Hahnemann next asks, after having criticised the false allopathic nature of disease cause, where the allopaths expected to get the remedies for the “alleged general characters” of disease. Certainly their empty surmises about disease would not lead to anything. He answers that “the reliably availing ones,” that is, the ones that would work to cure diseases could only have been the ones that had a similar resonant (homogenic) relationship to the disease irritation, as had been discovered in the past through trial and error. Hahnemann is here talking about a category of disease with a common originating cause or source (see footnote above). He uses the term “homogenic” to describe this category containing a specific relationship between disease irritation and remedy. In a short footnote, he says this was “called homeopathic,” meaning that this is not the correct term (because not based on symptoms of the patient but on the disease irritation), but comes within the general scope of the law of similar resonance from which the term homeopathy first was coined.

Hahnemann states that where the allopaths utilised the homogenic relationship, they used crude doses and found that this killed patients. They became frightened, not understanding how to make the dose non-toxic, and outlawed the use of homogenic remedies. The allopaths also were unable to discover any homogenic remedies because of their over-generalising about disease and their mixing of remedies so that it would not be known which remedy produced which effect.

14.1. The reliably availing ones could not have been any others than the specific ones; that is, medicines which were **homogenic** in their action to the disease irritation, whose use, however, by the old school was forbidden and tabooed as highly damaging because observation had taught that, with the so highly intensified receptivity for **homogenic irritations** in diseases, such medicines in the conventional large doses had proven themselves life-endangering.

14.2. However, of smaller doses and of most extremely minute doses, the old school had no inkling.

14.3. Accordingly, to cure in a direct (most natural) way by means of **specific homogenic medicines**, was not allowed, and could not be, since most of the medicinal actions were and remained unknown, and even if they were known, it would never be possible to divine the apt remedy with such generalizing views.

Hahnemann then makes a second reference in the Introduction to the allopathic attempts indirectly to cure disease by imitating nature (he means here that they tried to imitate the sustentive power of the Living Power) and instead created “heterogenic irritations” (e.g., an ulcer in another part to “divert the malady”). In this context, he repeats the need to treat directly (that is, working on the generative side of the Living Power) to create an artificial homogenic irritation with potentised medicines. He places a footnote after the term “indirectly.”

32.1^{all} Instead of extinguishing the malady rapidly, without digression, without loss of vitality, with **homogenic**, dynamic, medicinal Potences leveled directly at the diseased points in the organism itself as Homeopathy does.

It is clear, from what Hahnemann states here, that the use of homogenic remedies does clearly cure, directly and naturally, but that diluted and dynamised doses must be used for the cure to be safe. Homogenic remedies, that is, remedies chosen on the basis of a resonant relationship with a given disease irritation, are not allopathic as some have alleged, but part of Hahnemann's Heilkunst.

If we look elsewhere in Hahnemann's writings, we find many examples of homogenic relationships as well as a further discussion of the principle involved.

Hahnemann here puts his finger firmly on the fallacy of the old school – it wanted to take this principle, only applicable to true, fixed diseases, and make it apply to all disease conditions (the false diseases Hahnemann criticised so strongly). We find the same problem in cases where homeopaths see all disease as pathic in nature, ignoring the tonic type of disease.

In other words, they want to address all diseases as pathic by means of the "symptomatic indication" while not having any realizing principle (i.e., thermal) for so doing. They test groupings of symptoms, but they lack a fixed principle to ground such groupings, leaving them intellectual and random in nature. When they get a positive effect, they are none the wiser for why one such grouping worked and the others, seemingly as well-indicated (rather better indicated as they were chosen prior to the grouping that worked), did not.

EXAMPLES OF HOMOGENIC DISEASE AND REMEDIES

Homogenic diseases are a subset of diseases of a constant nature. People are more familiar with the epidemic and sporadic diseases and the acute and chronic miasms. Sporadic and epidemic diseases, with the exception of acute miasms, represent a bridging category between the fixed and the varying diseases. On the one hand, they are not constant through generations (being unique for each appearance). On the other hand, only one or sometimes a few remedies are needed to treat all the sufferers in any given outbreak. In a sense, these sporadic and epidemic diseases are varying in each occurrence as a disease, but fixed in their expression in each occurrence.

Let's now take a look at the various examples Hahnemann gives in his writings of homogenic relationships:

17.2.^{al7} If however the sufferer... sniffs only a single time at highly diluted Pulsatilla juice (on a large mustard seed sized moistened globule), whereby the mistunement of his condition in general (and of his stomach contents in particular) is certainly abrogated so that in two hours he is recovered,... This is true causal treatment...

17.2.^{al13} Even the corrosive gastric acid... recedes of itself if its dynamic origin is curatively abrogated by a very small dose of highly diluted sulphuric acid or, if often manifested, is better abrogated by the use of an antipsoric means in subtlest doses also more compatible in similarity to the remaining symptoms.

17.2.^{dl4} So it spills blood, often to the brink of death, if the inflammatory fever does not subside, in order to take away this buffy coat or supposed plethora, without suspecting, that the inflamed blood, a product only of the acute fever, only of the morbid immaterial (dynamic) **inflammatory-irritation**, the latter being the **only cause** of this great storm in the vascular system, is to be abrogated by the smallest dose of a **homogenic** (homeopathic) medicine, e.g., by a dose of a fine globule moistened with a decillion-fold diluted **Aconite juice**, while avoiding vegetable acids, so that the most violent pleuritic fever, with all its threatening occurrents, without blood decrease and without coolants, is turned into health and cured in a few hours (at most 24).

By an infinite number of trials of all imaginable simple substances used in domestic practice, in a well-defined disease, which shall constantly present the same characters, a true, certainly efficacious, specific remedy for the greater number of individuals and their friends suffering from the same disease might certainly be discovered, though only *casu fortuito*.

But who knows how many centuries the inhabitants of deep valleys were forced to suffer from their **goitres** before [it was discovered] that **roasted sponge** was the best thing for it...

It is well known that for many years after its first invasion, the **venereal disease** was treated in a most unsuccessful manner by the physicians of the schools..., until at last, ... **mercury** was hit upon, and proved itself specific in this dreadful scourge...

The **intermittent fever** endemic in the marshy regions of South America, which has a great resemblance to our own marsh ague, had long been treated by the Peruvians, probably after innumerable trials of other drugs, with **cinchona bark**, which they found to be the most efficacious remedy, and which was first made known by them as a febrifuge to Europeans in the year 1638.

The **bad consequences resulting from blows, falls, bruises and strains** were long endured, ere chance revealed to the labouring classes who principally suffered from such accidents, the specific virtues of **arnica** in such cases... (*“Examination of the Sources of the Common Materia Medica”* - Lesser Writings)

89.1 If one discounts the cases where the empiricism of the common man furnished the ordinary doctors (rather than their inventive art.) with the **specific means for a static disease**, whereby they could thus directly cure, e.g., **venereal chancre disease with mercury, contusion disease with Arnica, intermittent swamp fever with China bark, freshly arisen scabies with sulfur powder, etc.**"

327.1 Among the mishaps which disturb the treatment only temporarily, I include: overloading the stomach (this may be improved by hunger, i.e., by only taking a little thin soup instead of the meal and a little coffee); disorder of the stomach from fatty meat, especially from eating pork (to be addressed by fasting and pulsatilla), a disorder of the stomach which causes rising from the stomach after eating and especially nausea and inclination to vomit (by highly potentized antimonium crudum); taking cold in the stomach by eating fruit (by smelling of arsenicum); troubles from spirituous liquors (nux vomica); disorder of the stomach with gastric fever, chilliness and cold (bryonia alba); fright (when the medicine can be given at once, and especially when the fright engenders timidity, by poppy-juice (opium); but if aid can only be rendered later, or when vexation is joined with the fright, by aconite; but if sadness follows the fright, ignatia seeds); vexation which produces inner, quiet chagrin, grief or shame (ignatia); vexation which engenders anger, violence, heat, irritability, (chamomilla, but if beside the irritability there is chilliness and coldness of the body, by bryonia); vexation with indignation, deep internal mortification (attended with throwing away what is currently in the hand, by staphisagria); indignation with silent internal mortification (by colocynthis); unhappy love with quiet grief (by ignatia); unhappy love with jealousy (by hyoscyamus); a severe cold (conjoined with staying indoors or in bed by nux vomica); when diarrhea resulted, (by dulcamara), or if followed by pains, by raw coffee, or if followed by fever and heat, by aconite; a cold attended with suffocative fits, (by ipecacuanha); colds followed by pains and an inclination to weep, (by coffea cruda); cold with consequent coryza and loss of the sense of smell and of taste, (by pulsatilla); overlifting or strains (sometimes by arnica, but most certainly by rhus toxicodendron); contusions and wounds inflicted by blunt instruments (by arnica); skin burns (by compresses of water mixed with a solution of highly potentized arsenicum, or uninterrupted application for hours of alcohol heated by means of very hot water); weakness from loss of fluids and blood, (by china), homesickness with redness of the cheeks, (by capsicum).

The homeopathic literature is replete with examples of remedies for accidents and traumas, which are prescribed with little or no reference to symptoms or modalities. These are justified on clinical experience or simply rationalised as being “percentage” remedies, that is remedies that somehow are more, or almost exclusively, used as opposed to other possible remedies (without any attempt at explanation as to the basis for such use). Much of the literature relates to the use of certain remedies for etiological prescribing, which means accidents and shocks (see, for example, Shinghal, Quick Bedside Prescriber; Gunavante, Introduction to Homeopathic Prescribing; Watson, Guide to Methodologies; Eizayaga, Treatise on Homoeopathic Medicine). Dr. Elmiger's work represents the most systematic and clinically proven attempt at using the homogenic dimension in treatment.

See: *Isotherapeutic Treatment of Disease*

SELF-LIMITING VERSUS PROTRACTED DISEASES

Hahnemann, like many others, observed that disease could be distinguished on the basis of temporality.

In the case of natural disease, Hahnemann clearly distinguished between those that were short in time, and that went on for a somewhat longer time but were essentially self-limiting, and those that had a much longer duration in the sense that they ended only with the death of the patient.

The diseases of a self-limiting nature were generally called acute diseases in his day, and are even to this time. The term acute is misleading, however, as acute has more the sense of intensity, and even diseases of long-standing can have acute flare-ups. Thus, Hahnemann refers to these as "so-called acute diseases."

The diseases that are of a longer duration (protracted) are those that are not self-limiting, such as the degenerative diseases (chronic miasms) and the ideogenic diseases (false beliefs).

SELF-LIMITING DISEASE

Self-limiting, or so-called acute diseases, are generally those diseases that have a sudden onset, fairly quick climax and a rapid resolution, usually resulting in complete recovery of the patient, much like a one-act play. Occasionally, acute diseases result in death. Such diseases do not require medical intervention in most cases (where the patient is otherwise in good health). Self-limiting diseases often seem to involve a fever of some sort.

For so-called acute diseases Hahnemann made some useful distinctions.

In §73, Hahnemann sets out two main categories:

1. Individual acute fevers of which there are two types, depending on their origin:

- a) Due to exposure to excessive emotions, physical traumas, deprivations, etc.
- b) Due to flare-ups of a chronic miasm

§73.1. With respect to acute diseases, they are partly such as assail the single individual upon inducement by malignities to which just this person was particularly exposed.

§73.2. Pleasurable excesses or their deprivation, physically vehement *impressions*, chillings, heatings, fatigues, strains from lifting etc., or psychical agitations, affects etc., are the occasion of such acute fevers, but fundamentally they are mostly only transient flare-ups of latent Psora, which returns spontaneously into its dormant state when the acute diseases were not all too vehement and were soon dispatched (Italics added)

These are the "diseases" that Hahnemann criticised the allopaths for giving a name as if they were independent diseases capable of being treated as such. They are not diseases in their own right, but only manifestations of a deeper disease (chronic miasm).

See: Idiopathic Disease

2. True acute diseases that exist independent of a chronic miasm (idiopathic in nature). Within this category, there are two main sub-types:

a) Diseases with a uniquely occurring Wesen (each occurrence is unlike the one before it). Here, there are two further sub-types:

- i. Sporadic (affect only a few people)
- ii. Epidemic (affect many people at the same time due to dense population)

Both are due to influences from the atmosphere or space (meteoric) or from the earth itself (telluric) and can be triggered by natural and man-made disasters (war, famine).

§73.4. Wartime exigencies, floods and famine are their not infrequent occasions and engenderers -- they are partly such as assail some people at the same time here and there (sporadically) by occasion of meteoric or telluric influences and malignities, whereby only some people possess the receptivity to become morbidly aroused at the same time; hereon border those acute diseases which epidemically seize many people with very similar ailments from a similar cause, which then usually are wont to become contagious when they spread over thronged masses of people.

These diseases can re-occur, but each time the Wesen is different (e.g., influenza). Of these diseases, some attack several people at the same time (sporadic) and others seize many people similarly (epidemic).

b) Diseases with an unvarying Wesen (each occurrence is like the one before) which are labelled acute miasms (miasms are diseases that recur with the same Wesen).

These involve mainly the childhood infectious diseases, but also certain other diseases, such as Yellow Fever, or Asiatic Cholera. These also can be triggered or brought on by strife and stress.

§73.4. ... -- partly they are peculiar acute miasms recurring in the same manner (thus known under a traditional name) which either befall the individual once in a lifetime, like smallpox, measles, whooping cough, or the old, bright red scarlet fever of Sydenham, mumps, etc. or recur often in a rather similar way, like Levantine plague, coastal yellow fever, Asiatic cholera, etc.

OTHER ACUTE DISEASES

A close reading of Hahnemann's works reveals that there are acute diseases other than those that he listed in §73. For example, the highest diseases can be acute in nature. For example, if someone with authority and presumed power over life and death tells a person that they will die in 60 days, this will provoke an ideogenic disease of sudden onset and fairly rapid climax with a swift resolution. However, most of the highest diseases are protracted in temporality.

See: Highest Diseases

SELF-LIMITING DISEASE VERSUS PROTRACTED DISEASE

If we look at the 6th Edition of the aphoristic Organon, we find that much of the advice on treatment of disease pertains specifically to acute disease. This makes sense if we consider the Organon in its historical development. It was initially written to deal with acute natural disease.

The section of the Organon on the homeopathic treatment of disease (§146-203) first identifies that homeopathy is for the cure of natural disease.

See: Natural Diseases and Diseases of the Spirit

§148 then specifies that the use of the homeopathic medicine is for the acute form of natural disease, either one that arose shortly before or is of somewhat longer duration. The former requires only one dose, while several doses may be required for one that is of longer duration.

§148.3. If, as was said, the fitting selected homeopathic medicine is properly employed, then the acute natural disease needing to be retuned passes away unnoticed, frequently in a few hours, if it had arisen shortly beforehand, but the somewhat older natural disease passes away somewhat later, likewise with all traces of indisposition, after application of yet a few doses of the same higher-potentized medicine or after careful selection of one or another still more resonant homeopathic medicine.

In §49, Hahnemann states that the old wasting sicknesses (mainly the chronic miasms and the iatrogenic diseases) require more time for cure and are often incurable. Thus, the application of a single remedy for the acute natural disease state is not applicable to the chronic miasms or the iatrogenic diseases. Indeed, we need to refer to other sections that deal with these diseases in more detail (see below).

In the sections commonly pointed to as dealing with the "strange, rare and peculiar" symptoms, §152-155, Hahnemann specifies that this refers to acute natural diseases at the start of §152. He then goes on to repeat that he is dealing with diseases of not-too-long-duration (a sub-category of acute natural diseases), in which case the disease will be removed with little in the way of a healing reaction and usually by the first dose (see above). This is not the case with chronic disease, both natural (pathogenic) and artificial (iatrogenic), or with ideogenic cases of long-standing.

§154.1. If the counter image construed from the set of symptoms of the most apt medicine now contains those special, uncommon, odd and distinguishing (characteristic) signs which are to be met with in the disease to be cured in the greatest number and in the greatest similarity, then is this medicine the most fitting, homeopathic, specific remedy for this disease state; a disease of not too long a duration is consequently lifted and extinguished usually by the first dose thereof without significant ailment.

For the sporadic and epidemic diseases, once a few cases are known and the symptom pattern (schema) determined, others could be treated using the same remedy (or chosen from amongst just a very few remedies).

For the acute miasms, which formed part of the epidemic diseases, Hahnemann discovered that they could, once identified, be treated almost always using the same remedy.

Generally, Hahnemann treated for most of the self-limiting diseases by means of remedies chosen on the basis of their symptom similarity (the indirect or pathic approach). However, within this side of disease, there can be a range of "fixity" of disease. Thus, in some cases, there is a great deal of individual expression and in other cases the nature of the disease Wesen is such that there is little variation amongst individuals impinged upon by the Wesen. In these latter cases few pathic remedies are required to treat most people, such as in epidemics or the childhood illnesses such as measles or scarlet fever.

If a remedy have been discovered for one of these, it will always be able to cure it, for such a disease always remains essentially identical, both in its manifestations (the representatives of its internal nature) and in its cause. (*Lesser Writings*, p. 440)

This explains how one or only a very few pathic remedies (ones based on the symptoms of the patient) can be used on many people in an epidemic, as well as the one tonic remedy.

It should also be noted here that so-called acute diseases, even after seemingly complete remission, represent, according to Hahnemann, "little deaths" in the form of some loss of vitality. Thus they are punctuating degenerations (that is, impingements of the generative power) instead of steady ones, as is the case with protracted disease.

PROTRACTED DISEASE

Hahnemann realized that some diseases went on forever, without any resolution possible by the Living Principle, until death intervened. These he called protracted diseases. An important sub-category of protracted diseases is to be found in the degenerative diseases, what he called "chronic miasms."

See: Discovering the Chronic Miasms

44.1 Since in protracted [*langwierigen*] diseases the evacuations, organized by the nature of the patient, announce themselves not infrequently as reliefs, though only brief, of troublesome states of terrible pains, paralyses, cramps, etc.; so the old school considered these evacuations as the true way to remedy diseases when it furthered, maintained or even increased such evacuations.

68.1 When the old medicine is not aware of how to set about dealing with a protracted disease...

73.1 The fundamental cause of the chronic (non-venereal) diseases, along with their remedies, remained unknown to these vainly boastful practitioners, with their causal treatments and diagnostic inquiry into the *Genesis*; how, indeed would they have wanted to lift that monstrous majority of protracted diseases with their indirect treatments, which were only ruinous imitations of the intellect-lacking Living Power's self-help, not ordained as a remedial model.

THE CHRONIC MIASMS VERSUS THE CHRONIC DISEASES

A fundamental aspect of Heilkunst is the discovery by Hahnemann of primary, constant diseases of a chronic nature that are infectious, but can also be passed on from one generation to another. These represent archetypal disease forms, out of which emerge the numerous variable, individual diseases. The constant infectious forms Hahnemann called chronic miasms (as their Wesens were as constant as those of the acute miasms, such as measles or whooping cough). This is part of the tonic side of disease. The variable forms he termed the chronic diseases which form part of the pathic side.

The chronic miasms Hahnemann discovered were three in number: Psora, Sycosis and Syphilis. Later, with the emergence of tuberculosis in the 19th Century, this was found to be an infectious disease of constant Wesen. It had been considered part of Psora early on and in some of the books had been initially referred to as pseudo-Psora. Tuberculosis has many features of Psora, but also of Syphilis. The isolation by Koch of the tubercular microbe confirmed the infectious nature of this miasm. Later, with the rise of cancer and with the discovery by Rife that cancer too, in its primary form, had an infectious origin, led to the view that this scourge of mankind was a fifth chronic miasm, sharing elements of Sycosis and Syphilis.

See: [The Discovery of the Chronic Miasms and the Chronic Diseases Arising Therefrom](#)

Acute miasms, as with other true acute diseases, had a relatively sudden onset, climax and resolution (self-limiting). In contrast, the chronic miasms had a slower onset, seldom grew to any climax (although there were periodic flare-ups) and continued until one's death. Their course could not be prevented, only slowed by diet and lifestyle, or the absence of stresses. The prognosis was poor and the outcome often fatal.

The chronic miasms were infectious natural diseases, and each had a characteristic skin lesion. This lesion was the first response of the Living Power in its efforts to evict the disease. Unable to do so, the Living Power, in its counter-action, pushes the disturbance of its energy, as far as possible, to the periphery of the organism where it can do the least harm and is visible to the physician so that he can effect a cure.

However, if the natural law of cure is not followed, the treatment only provides temporary relief (palliative) or it suppresses the expression of the disease on the skin and forces the Living Power to set up a line of defense deeper in the organism, affecting more important (what Hahnemann called "more noble") organs.

IDIOPATHIC DISEASE

Hahnemann often spoke of diseases that were specific, self-contained and peculiar, in other words, idiopathic diseases. These were the true, primary forms of disease. Such diseases were of an independent origin, not being derived from other diseases.

The term he used was *eigene und in sich abgeschlossenen Krankheit* which we have translated as "well-defined idiopathic diseases."

Webster's New 20th Century Unabridged – idiopathy

[Gr. *idiopatheia*, feeling for oneself alone, from *idios*, one's own, peculiar, and *pathos*, feeling, suffering] an independent disease, neither induced by nor related to another disease; spontaneous or primary disease.

Taber's idiopathic [idio- Gr. *idios*, own]

Prefix indicating individual, distinct, or unknown.

Pert. to conditions without clear pathogenesis, or disease without recognizable cause, as of spontaneous origin.

Hahnemann admits that prior to his discovery of the chronic miasms as primary (tonic) diseases, he and his students mistakenly treated the secondary (pathic) diseases stemming from them (in particular, those stemming from Psora, which were most developed in his time) as being primary diseases. However, Hahnemann came to fundamentally discover that there were two sides to disease: the primary type, constant in its Wesen and the secondary, or individual type, with its variable Wesen. This led later to the more profound discovery of the use of dual remedies to treat both types.

See: [From Two Specifics to Two Sides of Disease](#)

§80.1. – Psora, that true fundamental cause and engenderer of almost all remaining frequent, indeed countless disease forms,³¹ which figure in the pathologies as their own well-defined idiopathic diseases under the names of nerve weakness, hysteria, hypochondria, mania, melancholy, imbecility, raving, epilepsy, convulsions of all kinds, of softening of the bone (Rhachitis), scrofula, scoliosis, and kyphosis, bone caries, cancer, fungus hematodes, neoplasms, gout, hemorrhoids, jaundice and cyanosis, dropsy, amenorrhea and hemorrhage of the stomach, nose, lungs, from the bladder and uterus, of asthma and suppuration of the lungs, of impotence and infertility, of migraine, deafness, cataract and amaurosis, kidney stones, paralyses, defects of the senses and pains of a thousand kinds, etc.

§80.1.³³ Before I was in the clear with this knowledge, I could only teach the treatment of the collected chronic diseases as isolated single individuals with the medicinal substances proven up till then in their pure action in healthy people, so that each case of protracted disease was treated by my students the same as a peculiar disease i.e., according to the symptom group met with in it, and was often cured to such an extent that diseased humanity could rejoice over the already so widely flourished wealth of help afforded by the new Remedial Art.

42.1 Homeopathy alone taught first how to cure the great self-contained diseases, the old, smooth scarlet fever of Sydenham, the more recent purples, whooping cough, croup, sycosis, and autumnal dysenteries, by means of the specifically aiding homeopathic remedies.

Even acute pleurisy, and typhous contagious epidemics must now allow themselves to be speedily turned into health by a few small doses of rightly- selected homeopathic medicine.

49.1. The continually repeated fact that the nonvenereal chronic diseases, after being time and again removed homeopathically in the best way by the remedies fully proved up to the present time, always returned in a more or less varied form and with new symptoms, or reappeared annually with an increase of complaints, first disclosed to me:

that the homeopathic physician in such a chronic (non-venereal) case, yea, in all cases of (non-venereal) chronic disease, is not only dealing with the disease appearance before his eyes, and should not view and treat it as if it were an idiopathic disease, to be speedily and permanently expunged and cured homeopathically (which empirical results refuted) but that he was always dealing with some separate part of a more deep-seated original malady, whose great extent is shown in the new occurrents emerging from time to time;

that the homeopathic physician may not hope to permanently cure single disease cases of this kind under the presupposition, hitherto entertained, that they were idiopathic, self-contained diseases which would never again sprout forth with other, new, troublesome symptoms;

and that consequently he would first have to come to know as far as possible the whole extent of all the occurrents and symptoms belonging to the unknown arch malady before he might hope to discover one or more medicines homeopathically capable of covering the whole of the fundamental malady by means of its peculiar symptoms, by which means he would then be in a position to curatively conquer and extinguish the sickness in its whole extent, consequently also its single members - that is, all its disease fragments appearing as so many various disease cases.

50.1 But that the arch malady sought for must also be of a miasmatic, chronic nature clearly showed itself to me from this circumstance, that after flourishing and evolving to a certain height, it is never lifted by dint of a robust constitution, or overcome by the most wholesome diet and regimen, nor does it quench itself.

51.1. I was so far along in my investigations and observations of such non-venereal patients, when I perceived, even in the beginning, that the homeopathic obstacle to cure, with the already proven medicines, of many cases which appeared deceptively like idiopathic, self-contained diseases, seemed all too often to lie in a frequently confessed previous eruption of the itch, with the beginning of all the subsequent sufferings usually dating from that time also.

57.1. All chronic diseases of mankind, even those left to themselves, not aggravated by a perverted treatment, show, as was said, such a constancy and perseverance, that as soon as they have developed and have not been thoroughly cured by art, evermore increase with the years and during the whole of man's lifetime; they cannot be diminished by the powers of even the most robust constitution, nor by the soundest regimen and diet. Still less can they be vanquished and extinguished. Thus they never pass away of themselves, but increase and are aggravated even till death. They must therefore all have for their origin and foundation static chronic miasms, whereby their parasitical existence in the human organism is enabled to continually rise and grow.

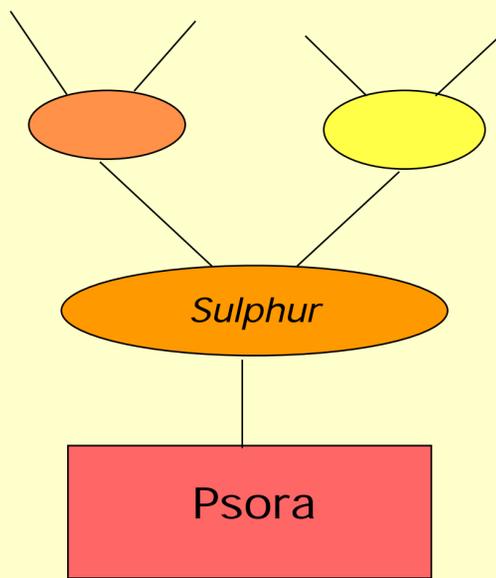
62.1.And, if we except those diseases evinced by a perverse medical practice or by deleterious labors in quicksilver, Lead, Arsenic, etc., which appear in the common pathology under a hundred proper names as supposedly separate and self-contained (idiopathic) diseases (and also those springing from syphilis and the still rarer ones springing from sycosis), all the remaining natural chronic sufferings, with or without names, find in PSORA their true origin, their only source.

The chronic miasms, Hahnemann wrote, could also be transmitted to future generations. This he discovered from observation, many years before the emergence of the science of genetics. A person is born, then, with certain latent diseases that can then be awakened by various stresses, or triggers, during one's life, including during pregnancy and the birth process.

§284.1.³³ Since Psora is usually communicated through the milk of the wet nurse to most nursing infants if they do not already possess Psora by inheritance from the mother, they are then at the same time protected anti-psorically in the indicated manner by means of the medicinal milk of the wet nurse.

§284.1.³⁴ But the care of mothers in their first pregnancy is indispensable by means of a gentle anti-psoric treatment, especially by means of the new dynamizations of sulphur described in this edition (§270), in order to extirpate in the mothers and in the fruit of their womb the Psora (engenderer of most of the chronic diseases) already imparted to the mothers through inheritance, and almost always present in them, so that their progeny might be protected against it in advance.

Thus, we have a chronic miasm, the tonic disease, giving rise over time and through the individual bodily constitutions, to the chronic diseases. The first variant of the chronic diseases will be the closest to its origin. Thus, Sulphur is the pre-eminent anti-psoric remedy, Thuja for Sycosis, Phosphorus for Tuberculosis, and Mercury for Syphilis. The chronic diseases stemming from each of these miasms then branches out like the lineage of a family through time.



THE CHRONIC MIASMS - A QUICK OVERVIEW

Psora

Hahnemann called the first chronic miasm Psora, from the Hebrew word tsorat, which has a multitude of meanings, but in this context the sense of "fault, groove, pollution, stigma." It often was applied to leprous manifestations and the great biblical plagues.

Hahnemann was able to trace this disease far back into history, seeing its origins in the reported cases of antiquity of an itch disease, manifesting itself in a skin lesion that was relatively minor, but itchy, particularly if scratched.

Psora is mainly a disease of deficiency at all levels – deficiency of knowledge, thought, assimilation of ideas and nutrition. There are a host of conditions identified by the prefix "hypo" (hypotension, hypochondriasis, hypotrophy). It causes little or no structural change, but much disturbance of functions, feelings and sensations. Most of the "as if" sensations recorded in the *Materia Medica*s and repertories derive from Psora.

It seems to involve mainly the nervous and reticulo-endocrine systems of the organism. Hahnemann identified Sulphur as the main remedy for Psora.

Sycosis

This chronic miasm is identified by the characteristic small genital warts, which reminded Hahnemann of figs in their shape and texture. The Greek word for fig is sycosis. It originally comes from a gonorrhoeal infection and leads to various excesses in mind and body function. Here a host of conditions involving the prefix "hyper" are involved (hypertension, hyperactive), as well as inflammatory conditions (various conditions with the suffix "itis").

Here we can see mind and tissue excess, providing the foundation for later tissue degeneration. People who have sycosis are more susceptible to vaccine shock, to the ill-effects of any suppression of morbid discharges (nasal secretions, vaginal discharges, etc.) and to the shock of the surgical removal of various skin manifestations (warts, cysts, fibroids, moles), which can lead to the activation of any latent sycosis.

It seems to involve mainly the blood and circulatory systems, with sycotics being highly susceptible to heart attacks, blood disorders, the ill-effects of blood transfusions, arteriosclerosis, etc. The constitutional remedy, Pulsatilla, seems to be most strongly linked to Sycosis.

Syphilis

Syphilis is represented by the characteristic genital ulcer and, in general, involves ulcerative conditions. It is marked by tissue destruction and degeneration, involving various conditions marked by the prefix "dys" (such as dystrophy, dystonia). Here we see the corrosive effects of the syphilitic infection in terms of the mind (suicide, serious mental disorders, addictions) and the body (ulcers, decay, congenital defects). The constitutional remedy, Calcarea, has been identified by one student of the chronic miasms (Ortega) as being related to the chronic miasm, Syphilis.

Tuberculosis

Hahnemann may have realized later in his life that there was another miasm hidden in Psora. His followers called it "pseudo-Psora." This is the term used by homeopaths until later in the 19th Century when tuberculosis emerged as a full-fledged illness in Europe. The creation of a nosode by Compton Burnett in England from the morbid secretion of a tubercular patient (which he named Baccillinum), plus the later allopathic discovery of the same infectious agent by Koch, led to Tuberculosis being more closely associated with this newer miasmatic discovery. Nebel and Vannier in Europe did more work in identifying the characteristics of Tuberculosis as a chronic miasm.

Tuberculosis is familiar to most of us in its manifestations and appears to have elements of both Psora and Syphilis. It has a strong connection with the constitutional remedy Phosphorus.

Cancer

The essence of cancer is sensitivity to the world and criticism and anxiety for others and events generally. It shares some noteworthy features of Tuberculosis, such as the hair on the spine, blue sclerae, genupectoral sleep position and the desire for travel. There are also links to Sycosis – hyperactivity in children, increased sexual desire, amelioration by the ocean, desire for salt, sweets and fats, and insomnia. Carcinosis is fastidious and worse from consolation. It desires chocolate and has a love of dancing. It is exhilarated in thunderstorms. It has a strong connection with the constitutional remedy *Silicea*.

It is also a great remedy for opposites. There can be great love or desire, then intense hate or aversion.

Whitmont called cancer the penalty for the un-lived life, and Wilhelm Reich saw it as a process of contraction of the life energy.

The child can have high fevers or no childhood fevers. They have a magnetic energy and attraction. The sexual desire of the cancer type is high.

The best description of Psora, Sycosis and Syphilis are to be found in Hahnemann's *Chronic Diseases*. Other books exist that provide comparative descriptions of the chronic miasms (with the exception of Cancer, which is more recent) are those by Phyllis Speight, *A Comparison of Chronic Miasms* and H. Choudhury, *Indications of the Miasms*. The picture of Cancer has been more recently filled in. One example is Dr. J. Hui Bon Hoa, *Carcinosis - A Clinical and Pathogenetic Study*.

More recently, we have the discovery, based on close observation of cases, that most people have most of the chronic miasms through inheritance. We also have the discovery of a particular order of appearance of these miasms during treatment. This particular order, called the law of succession of forces by its discoverer, Dr. Elmiger of Switzerland, adds to the sequence of treatment that Hahnemann laid down in his writings.

See: Isotherapeutic Treatment of Disease

What emerges clearly from the discovery of the chronic miasms is the fact that these idiopathic diseases need to be treated directly. It is not enough to treat simply their variants that can be seen in the symptom image.

THE HIGHEST DISEASES (IDEOGENIC DIMENSION)

It is sometimes assumed that the origin of all disease is psora, the first chronic miasm. Yet, Hahnemann makes mention in a footnote to §17 of “the highest disease.”

§17.1.^{a11} The highest disease can be brought to pass by sufficient mistunement of the Living Principle by means of imagination, and so, in the same manner, taken away again.

If Psora is the origin of all disease, why does Hahnemann use this term? First, we need to understand what Hahnemann means by this “highest disease.”

Hahnemann states that the “highest disease” can be brought about by means of the imagination. This is the realm of the Geist (the pure Spirit, as well as the soul and the mentative mind – intellect and reason) The examples Hahnemann gives here are “a premonitory dream, a superstitious fancy or a fateful prophecy of death.”

See: *Disease as a Dynamic Duality*
Wesen and Geist

§17.1.^{a12} A premonitory dream, a superstitious fancy or a solemn fateful prophecy of inevitable death on a certain day or at a certain hour has not infrequently brought to pass all signs of arising and increasing disease of approaching death and death itself at the indicated hour which, without simultaneous actuation of the internal alteration (corresponding to the outwardly perceptible state), was not possible; thus, in such cases from the same cause, all the near-death-signaling disease features were in turn not infrequently scared off by an artificial deception or persuasion to the contrary and health suddenly again established, which would not have been possible without removal of the death-preparing internal and external morbid alterations by means of these merely moral remedies..

It is clear that such diseases are not infectious (the pathogenic dimension of disease), nor do they involve a trauma or poison (irritant action – homogenic dimension) or drug-induced disease (iatrogenic dimension).

We can find other examples Hahnemann gives of such diseases that operate purely in the realm of the Geist.

§11.1.^{a20} If you look at something disgusting and it makes you sick to your stomach, did some material emetic perchance get into your stomach that compelled this peristaltic movement?

§11.1.^{a21} Was it not solely the dynamic action of the disgusting sight upon your imagination?

§51. How often has not already an offending word... a superstitious death prophecy, a demise at the proclaimed time, and an abrupt, sad or exceedingly joyful news brought to pass a sudden death?

We also have the section provided by Hahnemann for mental and emotional diseases. Hahnemann makes the distinction in §224 between those Geistes-Krankheiten (psychic diseases) that result from somatic diseases, i.e., that come originally from the somatic side or state and those that stem from the psychic side. He then elaborates on these diseases “first spun and maintained by the soul” in §225-226.

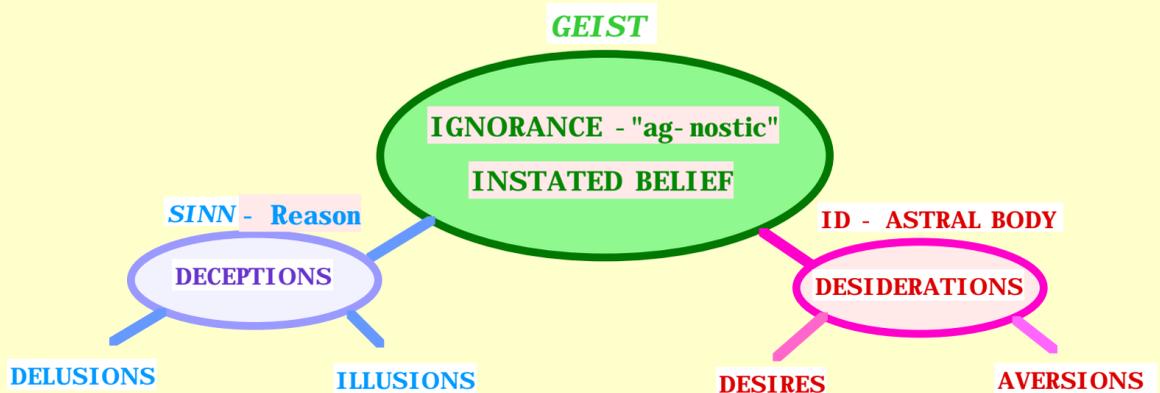
What we have here are diseases that have an origin in the somatic state, and can involve any one or more of those dimensions that have their genesis in this side (regimenal, homogenic, pathogenic, iatrogenic).

We also have diseases that have their origin from the psychic side.

The psychic state is of the Geist, or “Mind as Spirit.” This is the realm of pure knowledge or ignorance. The Geist manifests itself in the soul (as imagination or fancy) and informs our organ of intellectual knowing (wissen), the Sinn or “Geist as mentation” (mind as intellect and reason). Equally, the Wesen (somatic side) is manifested in the Leib (physiological activity) and produces our organ of emotional (instinctual) knowledge, the Gemüt.

See: *Wesen and Geist*

Hahnemann tells us that these true psychic diseases originate in ignorance. Ignorance is a lack of pure knowledge. This then leads to superstition, or the filling of the vacuum of ignorance (absence of knowledge) with an arch belief (Aberglaube - super-stitio). From this arch belief we ‘spin’ (fancy) secondary delusions and illusions as well as distorted desires and aversions (the belief acting out on down the line).



Since we are in a principle-based system of remediation (Heilkunst), there should be a difference in the principle of treatment for such Geistes-Krankheiten depending on their origin.

What treatment does Hahnemann then give for such diseases?

First, he mentions those diseases originating in the Geist. Medicines can be used to treat such diseases. Where these are not longstanding (acute in nature) and have not disturbed the somatic state too much, psychotherapeutic (non-medicinal) means can be used. This approach can either apply the law of opposites (displays of trust, friendly exhortations, reasoning with the patient) or that of similars (well-camouflaged deception).

See: *Moral Remedies*

If medicines are to be used, they are to operate on the basis of the law of similars.

§214... these diseases are to be cured in the same manner as all the other diseases, that is, by means of a remedy that offers a disease potency as similar as possible to a given case of disease (with respect to the remedy’s symptoms that were brought to light in the body and soul of the healthy prover).

What form are these medicines to take and on what principle are they to be given?

In the quote above, Hahnemann tells us that it is the symptoms of the body and soul (Leib und Seele) that we are to match.

In the footnote to §17, Hahnemann states that the purely psychic diseases can be remedied by persuasion to the contrary (psychotherapeutic means) or by an “artificial deception.” Both of these are termed “moral remedies,” meaning that they involve the soul in an ingenerated psychic state.

Thus, the principle at the level of purely psychic disease (ideogenic dimension) is one of resonance of belief. We need to match the belief of the patient with the belief state of a remedy.

The reference to “artificial deception” implies that a remedy, through its psychic state, can provide a similar deception to that of the patient. Hahnemann gives us an important indication of this in one of the prefaces to his Chronic Diseases (Preface to the Fourth Volume):

20.1. But if we physicians are able to present and oppose to this instinctual Living Power its morbidic enemy, magnified as it were through the impingement of homœopathic medicines—even if only somewhat each time—if in this way the image of the morbidic foe is magnified for the *Feeling* of the Living Principle by homœopathic medicines which deceptively simulate the original disease, we gradually induce and compel this instinctual Living Power to increase its energy, and to increase it more and more, and at last to such a height that it becomes far more powerful than the original disease, so that the Living Power again becomes sovereign in its own organism, and can again hold and direct the reins of sanative management, while the apparent increase of the disease engendered by homœopathic medicines disappears of itself as soon as we, seeing the preponderant might of the restored Living Power, i. e., of the restored health, cease to employ these remedies. (Italics added)

This is very much the realm of Sankaran’s state-based prescribing for the deceived state. The actual deception is treated by matching it to a medicine that can produce a similar state of deception in a healthy person, and comprehending this ontological state requires the spirit of the Heilkünstler to achieve this “Dia-gnosis” with reference to the spiritual state of the patient. It is not in the last resort and intellectual endeavor. One must be “in the spirit” to enter into the spirit in question and identify the archetypal orientation specified by the arch belief.

THE DEEPEST DISEASE

Hahnemann referred to the “highest diseases” (footnote 17) as those spun and maintained by the soul (Geistes-Krankheiten), deriving from ignorance and superstition (belief). He provided a principle upon which these diseases are based and from which we can determine the remedy. This remedy, relating to the determination of the state of mind of the patient altered by the disease, must, perforce, be a tonic remedy. We can say that the tonic remedy for the highest disease is then the “highest remedy.”

As we have just learned, Hahnemann also provided a principle for the pathic side, the thermotic principle. In this domain, we are dealing with the Wesens-Krankheiten (what he named “natural diseases”). The Geist and Wesen are the functional poles of the human being. The Geistes-Krankheiten and the Wesens-Krankheiten then represent a functional duality of disease, operating in the human organism. In the Organon and in Chronic Diseases, Hahnemann refers to deep and deeper diseases on the side of natural diseases (Wesens-Krankheiten). He does not yet refer to the deepest.

§244.4. It sometimes happens that when these patients exchange the marshy region for a dry, mountainous one without delay, recovery apparently ensues (the fever leaves them) if they are not yet deeply sunken in disease, that is, if the Psora has not yet fully evolved in them and thus could return to its latent state; but they can never become sound without anti-psoric help.

56. that the homeopathic physician in such a chronic (non-venereal) case, yea, in all cases of (non-venereal) chronic disease, is not only dealing with the disease appearance before his eyes, and should not view and treat it as if it were an idiopathic disease, to be speedily and permanently expunged and cured homeopathically (which empirical results refuted) but that he was always dealing with some separate part of a more deep-seated original malady, whose great extent is shown in the new occurrents emerging from time to time;

383 Such impacts in life are innumerable, such unfavorable occurrences which serve to awaken the psora (the internal sickness), slumbering till then (perhaps for some time), and which bring its germs to proliferate. They are often of such a nature that the grave maladies which follow them by and by are all out of proportion to them, so that no intelligent man can view those occasions as sufficient reason for the ensuing, often monstrous, chronic diseases which follow, but is compelled to acknowledge for this phenomenon a deeper lying inimical cause, which has now just evolved.

385 If the cause must at all times be proportionate to its effect and the reason to its consequence, as always in nature, no one can see how, after rescinding those external assaults to her health, the resulting maladies could not only continue, but even increase from year to year, if their ground did not lie in something else, something deeper,

835 ...then also wakes the psora slumbering ever so deeply, if, as is often the case, it was present within.

950 ...a sign that this medicine is intervening deeply into the very essence [Wesen] of this disease, and that consequently it will be all the more helpful in the future.

964 If we consider the great alterations which must be effected by the medicine in the many, variously composed and incredibly delicate parts of our living organism, before a chronic miasm so deeply inrooted

The fundamental duality of nature strongly suggests that there is a functional relationship between the “highest (tonic) remedy” and what must be the “deepest (pathic) remedy.” I am indebted to Steven Decker both for the discovery in Hahnemann of the thermotic principle, which has hitherto lain undiscovered in the Organon, and for the discovery of this functional reality.

This duality of the highest tonic and the deepest pathic throws new light on the matter of dual remedies. Hahnemann started with the principle of specific remedies for diseases of a fixed and (derived initially from folk medicine), as well as pathogenic diseases of fixed nature. However, he then shifted his focus to the much larger group of seemingly varied diseases, which required an indirect approach through the symptoms (pathology) using an indirect specific. This was the basis of the system he named homeopathy and described formally in the aphorisms of the Organon.

His attention returned to the tonic side with the discovery of the chronic miasms as fixed, constant diseases underlying the multitude of secondary “diseases” (more accurately, conditions). This set the stage for the emergence of the discovery of the dual remedies. Hahnemann had developed an understanding of the two sides of disease, although his conscious and formal commitment was to the indirect (pathic) approach to disease using the law of similars and grounded mainly in the provings. This had promised the best means of finding specific remedies for the many diseases yet unknown, yet with the chronic miasms Hahnemann was turning once again towards the tonic side with which he had begun, due to their fixed nature in a specific miasmatic Wesen.

When Aegidi and Boenninghausen revealed to Hahnemann their work with dual remedies, each from a different side, Hahnemann’s genius responded immediately with great enthusiasm. The approach and principle of dual remedies resonated deeply with him, so much so that he proposed a new paragraph in the newly revised 5th edition of the Organon then still at the printer. As we can see from the writings of Aegidi, and later, of Dr. Lutze, the “fourth horseman,” which have been resurrected from the dustbin of homeopathic history (thrown there by the political counter-reformation of lesser minds), the dual remedy represents a new type of relationship between single remedies. Their combined effect is greater than each one singly, as each approaches disease from a different side (tonic and pathic).

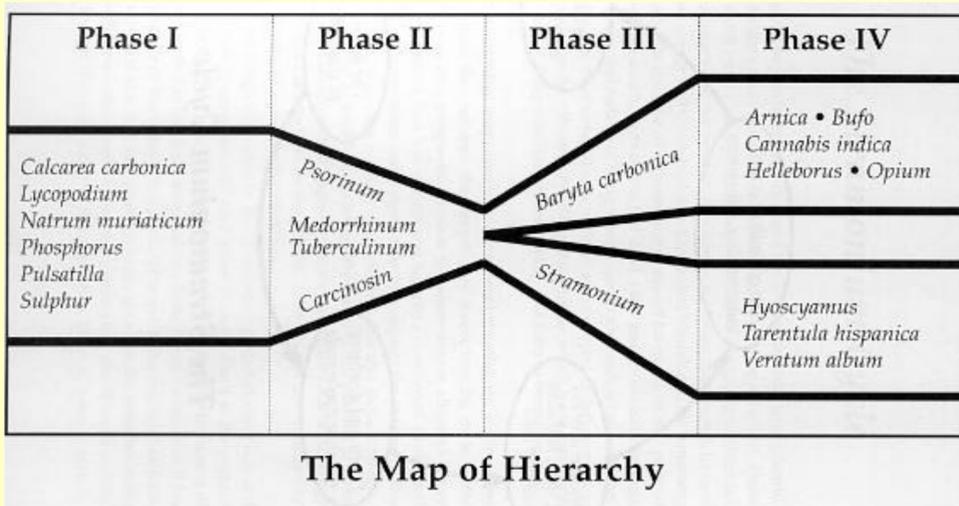
The dual remedy chapter in homeopathic history seems the culmination of the functional duality of disease and of remediation in the duality of the highest tonic remedy and the deepest pathic remedy. Although dual remedies took a modest start in narrower gauges (cf. Aegidi’s, Hahnemann’s and Lutze’s cases), they had the potential to expand to the utmost. This was made possible by the later development of treatment for the homogenic, iatrogenic and pathogenic dimensions by Reckeweg and Elmiger, not to mention all the pioneers of treatment of the regimetal dimension such as Gerson, Walker, Wigmore, etc.

See: *Regimen Homotoxicology Isotherapeutic Treatment of Disease*

We can imagine this in terms of the heights of Mt. Everest (the realm of the Geist) and the depths of the oceans in the Marianna Trench. Both were reached in this century by their respective explorers. On Mt. Everest, we find the rarified air where any error in knowledge is mercilessly uncovered by the elements and where all secondary trappings are stripped away, leaving the starkness of the individual and his communion with god. In the depths of the ocean, we find our deepest, primordial fears. Monsters lurk under the depths and all is darkness. At the very bottom of the ocean, however, we find extreme thermal geysers, spewing up from the depths of the earth, contrasting with the otherwise frigid and black waters. It is interesting that the climbing of Mt. Everest has received far more attention and renown than the discovery of the Marianna Trench, just as the exploration of the Geistes-Krankheiten has dominated much of homeopathy (in the form of keynote and essence prescribing, leading to Sankaran’s higher reaches of state-based prescribing), whilst leaving the realm of the Wesens-Krankheiten in their deeper aspects relatively unattended and unexplored (with the notable exception of Reckeweg and Elmiger).

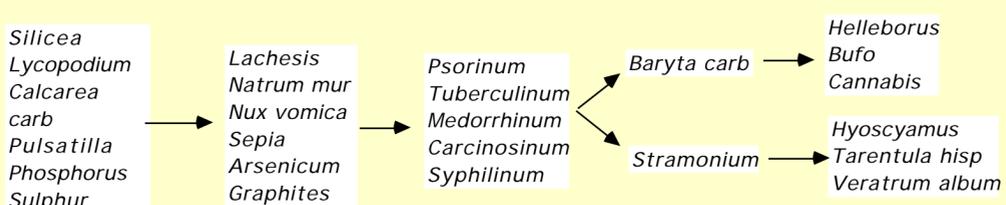
We have recently come across clinical evidence of the existence of something beyond the chronic miasms. We had noticed, following the treatment of the syphilitic miasm, that there then emerged an extreme state of terror and fear. (cf. Reich’s discovery of the orgasm anxiety encountered in the deepest segment, the pelvic.) We took the totality of characteristic symptoms of the patient in an attempt to find a remedy to deal with the situation. At first we thought that it was simply a pathic disease of Syphilis. However, we very recently came across the book, Stramonium, by Paul Herscu and were immediately drawn to the description of his stages of disease, most notably the remedies cited. Aside from the fact that the first stage contains what we have identified as the genotypes (with Silica, as so often, being mistaken for Natrum muriaticum), the third stage, following the second stage of the chronic miasmatic nosodes, involves two streams, one headed by Stramonium, the other by Baryta carb.

For the Stramonium stream as it were, Herscu identifies other remedies (stages) in Hyoscyamus, Veratrum album, Tarentula, and for the Baryta carbonica stream Bufo, Cannabis indica, Helleborus, Arnica and Opium. (Stramonium, p. 25)



Interestingly enough, some of these were precisely the remedies that we were discovering we needed to resolve the diseases that emerged so dramatically and decisively after clearing the chronic miasms (and sometimes even during their treatment, especially during the second cycle taught by Dr. Elmiger (to the 50M level). A closer examination of the remedies in the light of the new insights detailed in this book as to Hahnemann’s Heilkunst seems to confirm that these situations involve the deepest levels of the pathic side, operating on the thermal principle.

However, based on our own experience, we would amend Herscu’s table of “segments” to replace Natrum Muriaticum with Silicea (these are often mistaken for each other), add a new segment which is based on the six initial phenotypes, and add Syphilinum to the chronic miasmatic segment. So far, our experience does not yet confirm Bufo or Arnica for the Baryta carbonica stream.



NATURAL DISEASES AND DISEASES OF THE SPIRIT

The focus of Hahnemann's work in practical terms, until his rediscovery of the fixed diseases in the form of the chronic miasms (1814-1828), had been the pathic treatment of natural diseases (natürliche Krankheit). The Organon, which was originally written to document the new method of tackling variable Wesen diseases through the totality of characteristic symptoms (pathic approach), is also thus focussed on the treatment of natural disease.

NATURAL DISEASE REFERENCES

The following is only a sample of the references of this sort.

5.4. (Preface) Homeopathy... then searches out such a one whose condition-altering powers (medicinal disease) are in a position to abrogate the natural disease at issue by resonance (Similar by similars)...

§71.1. Since it is now subject to no further doubt that human diseases consist only in groups of certain symptoms, but are only annihilated and alchemized into health (whereon rests the process of all genuine cure) by means of a medicinal substance, in that this is able to artificially engender similar disease symptoms, so will the curative pursuit limit itself to the following three points:

I. How does the physician search out what he needs to be aware of about the disease for curative purposes?

II. How does he search out the implements ordained for the cure of **natural** diseases, the morbidic Potence of the medicines?

III. How does he most expediently employ these artificial disease Potences (medicines) for the cure of **natural** diseases?

§76.1. Only against **natural** diseases has the All-beneficent One granted us help through homeopathy...

§143.1. If a considerable number of simple medicines have now been proven in this manner on the healthy individual ... only then does one have a true Materia Medica --... that, in a word, contain artificial disease states, which offer for the similar **natural** disease states ...

§146. 1. The third item of the office of a genuine Remedial Artist concerns the most expedient employment of the artificial disease Potences (medicines) proven for their pure action in healthy humans for the homeopathic cure of **natural** diseases.

Hahnemann distinguishes between natural and artificial disease. In referring to medicines, he speaks of their ability to engender an artificial disease in a person. This ability is a blessing if used on the basis of the law of similar resonance and in small doses, but a curse if used in large doses allopathically or antipathically, or even in large doses homeopathically. He makes clear that the allopathic use of medicine simply engenders another, dissimilar disease in the organism, an artificial one (not from nature).

§32.1. It is an entirely different case with the **artificial disease Potences** which we call medicines.

§41.2. To the **natural** disease which should be cured, there then associate themselves by persistent repetition of unsuitable medicaments, new, often very protracted disease states corresponding to the nature of the latter; these **new disease states** gradually pair up and complicate themselves with the dissimilar chronic malady (that the unsuitable medicinal means could not cure through similar action, that is, not homeopathically), thereby adding to the old one a new dissimilar **artificial disease** of a chronic kind, thus making the hitherto simply diseased individual doubly diseased, that is to say, much more diseased and more incurable, sometimes even entirely incurable, often indeed even killing him.

§74.1. We must unfortunately yet reckon among the chronic diseases those generally wide-spread illnesses, **artificially** induced by allopathic treatments, as well as the prolonged use of violent heroic medicines in large and increasing doses,

References of this type abound in the Organon and in Hahnemann's wider writings.

While Hahnemann uses the Latin terms of natural and acute/chronic diseases, a close study of this writings reveals that he is really speaking of Wesenkrankheiten, or diseases which originate from dynamic impingements within nature, not from the spirit of man. The realm of nature – living (dynamic) nature, what Roger Bacon called natura naturans (as opposed to inertial nature, or natura naturata) – is the realm of Wesen. For Hahnemann's system of treatment of such Wesen (nature) diseases, a remedy Wesen (medicine) is needed.

The following quotes illustrate that Hahnemann discerned that disease agents in nature have a Wesen, as do medicinal substances. Both are able to act dynamically on the Human Wesen.

22.1. Now the **Wesen** of diseases...

§10.1. The material organism, thought of without Living Power, is capable of no sensibility, no activity and is not self sustaining; only the immaterial **Wesen** (the Living Principle, the Living Power) enlivening the material organism in the healthy and diseased state bestows on it all sensibility and actuates its living functions.

§20.1. This hidden spirit-like power in the inner **Wesen** of medicines to alter the condition of man and thus to cure diseases...

§103.1. In the same way as has here been taught about the mostly acute epidemics, the chronic sicknesses (mainly Psora) remaining the same in their **Wesen**...

§269.3^{dit}. We still hear daily homeopathic medicinal potencies called mere dilutions, when they are, however, the opposite of this; that is, a true opening up of the natural substances produced by trituration and succussion, bringing to the revelatory light of day their specific medicinal virtues lying hidden in their inner **Wesen**, whereby a non-medicinal dilution-medium is merely prayed in aid as a supervening accessory condition.

We can say that the natural diseases are really Wesen diseases (Wesenkrankheiten). Hahnemann also broached the idea of a realm of disease that is beyond, and indeed predates, the Wesenkrankheiten, namely the realm of spiritual diseases (Geistes-Krankheiten). Wesen and Geist are the two poles of the human being, and each produces its distinct form of disease.

MENTAL AND EMOTIONAL DISEASES AND

MENTAL/EMOTIONAL STATE

Disease can be concentrated more in one member of the human being than in another. The Geistes und Gemüths-Krankheiten mentioned by Hahnemann are, thus, diseases which are felt more in the mental and the emotional mind of the patient than at the physical level.

Hahnemann states that some of the diseases that affect the mind start in the somatic realm and then gradually disrupt the psychic (mental/emotional) sphere as they progress in seriousness. In his day, this seemed to be the majority of cases. However, there are also diseases that originate in the mind and then gradually affect the somatic state as they get worse over time.

§225.1. There are by comparison, as was said, indeed some few emotional [**Gemüt**] diseases which, conversely, with but little infirmity, having not simply degenerated from somatic diseases, owe their rise and continuance to the mind [**Gemüt**] due to persistent worry, mortification, vexation, abuse and great, frequent occasions to fear and fright.

§225.2. In time, emotional [**Gemüt**] diseases of this kind often then ruin the somatic state of health to a high degree.

§226.1. Only these emotional [**Gemüt**] diseases, first spun and sustained by the soul, allow themselves, as long as they are new and have not yet deranged the somatic state all too much, to be rapidly transmuted by psychotherapeutic means such as confidingness, amicable exhortation, reason, but often too by a well-camouflaged deception, into well-being of the soul (and with appropriate regimen, apparently into well-being of the body also).

Hahnemann states that these are "so-called mental and emotional diseases" because in all diseases the mental and emotional state of mind is always affected, and in a characteristically unique way.

Diseases generally are divided by allopathic medicine into somatic diseases (those that seem to involve the physical organism) and psychic diseases. Hahnemann states that this distinction is a false one, as all disease will disturb the psychic sphere. An accident can lead to depression, or a snakebite can lead to hallucinations. What is important is that the altered mental and emotional tenor of the patient in all diseases can be used to determine the remedy required to cure the disease by the law of similars.

§210.1. To Psora belongs almost everything that I called above one-sided diseases (where all remaining disease signs vanish, as it were, before the single, great, prominent symptom), which, on account of this one-sidedness, seem more difficult to cure.

§210.2. Of this kind are the **so-called psychic diseases.**

§210.3. They do **not**, however, constitute a sharply **separate class** of diseases from the remaining ones, in that even in each of the remaining **so-called somatic diseases**, the frame of mind [**Gemüt**] is always altered and, in all disease cases to be cured, the patient's state of mind [**Gemüt**] is to be taken up into the complex of the symptoms as one of the most pre-eminent symptoms if one wants to record a true image of the disease, in order thereafter to be able to cure it homeopathically with success.

§211.1. The patient's state of mind [**Gemüt**] goes as far as being most often the sign of determinate individuality in the selection of the homeopathic remedy, that which amid all such signs can least remain hidden to the exactly observing physician.

Alternate rendering: This goes so far that the patient's state of mind [**Gemüt**] most often settles the matter [tips the scales] with respect to the selection of the homeop[athic] remedy as the sign of decided peculiarity which can least remain hidden among all such signs to the exactly observing physician.

§212.1. The Creator of the curative Potences has also pre-eminently taken into consideration **this chief ingredient of all diseases, the altered psychic state**, in that there is no efficacious medicinal substance in the world which does not very noticeably alter the psychic state of the healthy individual proving it, and each medicine, to be sure, in a different way.

The state of mind of a patient produced by a disease must be discerned using a different capacity from that of the intellect. It cannot be grasped simply by means of data collection (symptoms), but must be grasped more wholistically, using our supersensible organs of perception, which produce the knowing that Hahnemann called kennen.

See: *Two Ways of Knowing (Wissen and Kennen)*

This attempt to discern the state of mind supersensibly involves us in the tonic side of disease, which is unific in nature, that is, being of one unit, not made of different parts. Hahnemann developed a hierarchy of unific elements that relate to the different dimensions of the tonic side.

The unific list of elements of the "phenomenon" of disease disturbance are as follows:

Zustand - state

Stimmung - tonation

Affektion - affection

Gefühl - feeling (singular)

Eindruck - impression (& resposion)

Empfindung - sensibility (singular)

These elements are to be ranged against the prolific elements (plural) of the pathic "schema" that we have already become acquainted with: signs, sensations, symptoms, dysfunctions, feelings, occurrents and circumstances. The pathic elements remain prolific in nature, that is, composed of various parts or units, even when they are taken up into a higher level of prolific unity such as is contained in the disease image, gestalt, character or complex.

These unific elements are discussed in detail in a subsequent section.

See: *Disease State and Other Tonic Elements*

PROGRESSION OF PSYCHIC DISEASES

Hahnemann also gives us the progression of the mental and emotional diseases:

Disease would originally have started from ignorance (lack of knowledge). Ignorance then leads to superstition, as superstition is arch belief (Aberglaube), and belief operates where there is a vacuum caused by lack of knowledge. Belief (which is false knowledge) then gives rise to a neglect of the spirit (almost like trying to run a car on contaminated fuel). This, in turn, results in false morality and immorality (as opposed to ethics, which is the thought form and activity that results from pure knowledge). False morality and immorality are opposite functional pairs of the imbalance of the soul. Finally, the false morality or immorality leads to bad habits and the visiting of these habits onto other generations (faulty upbringing).

Of course, once this progression is established, the course of disease can run in the opposite direction: faulty upbringing can lead to bad habits, then to false morality/immorality (to control the bad habits), spiritual neglect and superstition (beliefs). All of this is entailed within states of ignorance.



§17.1.^{a11} Just as also the highest disease can be brought to pass by sufficient mistunement of the Living Principle by means of imagination, and so, in the same manner, taken away again.

§17.1.^{a12} A premonitory dream, a superstitious fancy or a solemn fateful prophecy of inevitable death on a certain day or at a certain hour has not infrequently brought to pass all signs of arising and increasing disease of approaching death and death itself at the indicated hour which, without simultaneous actuation of the internal alteration (corresponding to the outwardly perceptible state), was not possible; thus, in such cases from the same cause, all the near-death-signaling disease features were in turn not infrequently scared off by an artificial deception or persuasion to the contrary and health suddenly again established, which would not have been possible without removal of the death-preparing internal and external morbid alterations by means of these merely moral remedies.

§224.1. If the spiritual/mental disease is not yet fully developed, and were there still some doubt as to whether it had really arisen from somatic suffering or rather stemmed from faulty upbringing, bad habits, perverted morality, neglect of the spirit, superstitions or ignorance, what then serves as a criterion is that the latter will subside and improve by understanding, well-intentioned exhortation, consolation or earnest and rational expostulations...

MORAL DISEASES

Hahnemann makes references to moral diseases as a distinctive type of spiritual disease flowing from superstition and belief.

7.1. As long as there were people, they were exposed, individually or in mass, to disorders from physical or moral causes.

§26.1. This rests, to be sure, on that homeopathic natural law divined here and there from time immemorial, but hitherto unacknowledged, lying at the foundation of all true curing: A weaker dynamic affection in the living organism is lastingly extinguished by a stronger one when the latter (differing from it as to mode) is very similar to the former in its manifestation.

This happens with physical affections as well as with moral maladies.

§26.1.^{a11} So also are physical affections and moral maladies remedied.

Such moral diseases will also then have a moral remedy.

MORAL REMEDIES

Hahnemann gives us an insight into the kinds of moral remedies of which the physician could avail himself:

§17a...all the near-death-signaling disease features were in turn not infrequently scared off by an artificial deception or persuasion to the contrary and health suddenly again established,

§26.1.^{a12} — So also is mourning and grief extinguished in the mind [*Gemüt*] by a new, stronger bereavement befalling someone else, be it only fictitious.

§224.1. If the spiritual/mental disease is not yet fully developed, and were there still some doubt as to whether it had really arisen from somatic suffering or rather stemmed from faulty upbringing, bad habits, perverted morality, neglect of the spirit, superstitions or ignorance, what then serves as a criterion is that the latter will subside and improve by understanding, well-intentioned exhortation, consolation or earnest and rational expostulations.

§226.1. Only these emotional [*Gemüt*] diseases, first spun and sustained by the soul, allow themselves, as long as they are new and have not yet deranged the somatic state all too much, to be rapidly transmuted by psychotherapeutic means such as confidingness, amicable exhortation, reason, but often too by a well-camouflaged deception, into well-being of the soul (and with appropriate regimen, apparently into well-being of the body also).

If we examine the examples carefully, we see that there are two types of moral remedies. There are those that involve the Law of Opposites and those that involve the Law of Similars:

- "a new, stronger bereavement, befalling someone else be it only fictitious" – Law of Similars
- "understanding, well-intentioned exhortation, consolation or earnest and rational expostulations" – Law of Opposites
- "an artificial deception or persuasion to the contrary" – Law of Similars/Opposites
- "confidingness, amicable exhortation, reason, but often too by a well-camouflaged deception" – Law of Opposites/Similars

The best example of this type of remediation is given in the chapter "Homoeo-Psychotherapy" from The Spirit of Homoeopathy by Rajan Sankaran.

Recently I conceived the idea of giving the "similar stimulus" through words and images instead of medicines...

To do this we must confront the patient with an image of his own state, which is similar to his central *feeling*, so that the person sees through his mind's eye the image of his exact *feeling*... Once a person appreciates his own delusion this begins to work on him like a homoeopathic remedy...

As an example, we can look at the case of a woman who came with the problem of abnormal behaviour caused by her depression... Our patient felt inferior [to her sister-in-law] and developed severe "not okay" feelings about herself... [S]he wanted to be like her sister-in-law... So the patient was now confronted with her own perception/delusion that she had to be like her sister-in-law to be loved or cared for), while in reality this was not possible nor necessary... This exposure to her delusion acted effectively. (p. 250-251) (Italics added)

Deceptions involve the Law of Similars. Hahnemann shows us that deception can operate at the level of medicine as well as moral remedies.

Preface to 4th Volume of Chronic Diseases:

But if we physicians are able to present and oppose to this instinctual Living Power its morbid enemy, magnified as it were by the impingement of homoeopathic medicines--even if only somewhat each time--, and if in this way the image of the morbid foe is magnified for the Feeling of the Living Principle by homoeopathic medicines which deceptively simulate the original disease, we gradually induce and compel this instinctual Living Power to increase its energy, and to increase it more and more, and at last to such a height that it becomes far more powerful than the original disease, so that the Living Power again becomes sovereign in its own organism, and can again hold and direct the reins of sanative management, while the apparent increase of the disease engendered by homoeopathic medicines disappears of itself as soon as we, seeing the preponderant might of the restored Living Power, i.e., of restored health, cease to employ these remedies.

PART IV: THE BASIS FOR PRESCRIBING

TREATING THE DISEASE VERSUS TREATING THE PATIENT

Clearly it is the patient that comes for treatment, but it is the disease that is addressed by the remedy. The Wesen of the medicine (artificial disease) acts directly on the Wesen of the natural disease in the patient. This is what Hahnemann termed the initial action of the remediation process (which involves both healing and curing). It involves the generative aspect of the Living Power and results in the removal of the natural disease. This is the application of the law of similar resonance.

Once the natural disease is removed, the sustentive aspect of the Living Power then seeks to restore order in the organism, opposing to the artificial disease an equal and opposite state in nature. This is called the counter-action.

The entire process of remediation is designed to remove the disease in the patient. The wholistic nature of this treatment resides in the fact that disease is seen as a phenomenon, a dynamic supersensible reality. Disease is the result of an impingement on the generative power, which then (pro)creates in the patient a disease entity manifesting in a set of malfunctions including feelings, functions and sensations (physiological condition).

At the same time, the sustentive power, that aspect of the Living Power mandated to keep us in health, attempts to rid the organism of the disease Wesen and produces various changes in the processes of our biochemical anatomy (toxic elimination reactions) that can themselves become so strong that they further disrupt the Living Principle and add to the disease. It is subjectively difficult to distinguish the one set of indications from the other.

The disease expression (condition or behavior) will be largely determined by the nature of the disease Wesen and the individual nature (including the constitution) of the patient.

Thus, it is the disease that must be the focus of the physician, although he will need to take into account the individual disease expression of the patient.

As Hahnemann states at the beginning, the art of medicine lies in identifying the disease, selecting the remedy based on the law of similar resonance and then determining the proper dose.

§3.1. If the physician clearly realizes

what in diseases, that is, what in each particular case of disease, is to be remedied (disease discernment, indication),

if he clearly realizes what in medicines, that is, in each particular medicine, is curative (knowledge of medicinal virtues)

and if he is aware of how to adapt what is curative in medicines according to clear reasons to that which he has undoubtedly discerned in the patient as diseased so that recovery must result, to adapt with respect to the commensurability of the most appropriate medicine for each case according to its mode of action (selection of the remedy, indicator) as well as with regard to the exact necessary preparation and amount of the same (right dosage) and of the proper timing of the repetition of the dose;

finally, if he knows the obstacles to recovery in each case and is aware of how to remove them so that the restoration be enduring

-- then does he understand how to act expediently and thoroughly and is a genuine Remedial-Artist.

The term Hahnemann used for his complete system of restoring health is Heilkunst, and the term he then gave to the true physician, the one practicing according to this system was Heilkünstler (Remedial Artist)

There can be some confusion that arises when the Heilkünstler seeks to cure the pathic diseases, as he must then be careful to ensure that he is matching the symptoms of the patient to particular diseases. The symptoms of the patient are not a true basis for prescribing in and of themselves.

MORE THAN ONE DISEASE AT A TIME:

CONCORDANT AND SEQUENTIAL

As noted earlier, in the discussion of the action of dissimilar diseases in nature, Hahnemann observed that there could be more than one disease in a person at a time, including man-made diseases. This occurred where the two (or more) diseases were dissimilar in nature. Then, each disease would take up residence in the Living Power much as different energy frequencies can coexist in the same atmosphere.

See: Dissimilar Diseases

§40.1. Or the new disease, after long impingement on the organism, joins the old one dissimilar to it, and with this forms a complicated disease, so that each of them takes in their own region in the organism -- that is, the organs especially appropriate to it -- and, as it were, only the peculiar place proper to it, but the remainder is left to the disease dissimilar to it.

Hahnemann observed that more than one disease could occur concurrently in a patient, that is, at the same time, as well as sequentially (over time, one after the other).

§73.4.^{a1} After the year 1801 a purple miliaris (Roodvonk) coming from the West was confused by the doctors with scarlet fever, irrespective of the fact that purple miliaris had quite other signs than scarlet fever and that purple miliaris found its preventative and remedy in Belladonna and scarlet fever in Aconite, scarlet fever appearing also mostly only sporadically, purple miliaris always only epidemically.

§73.4.^{b2} In latter years both of them appear to have combined themselves here and there into an eruptive fever of its own kind, against which the one as well as the other of these two remedies is by itself no longer found to be exactly homeopathically fitting.

§40.5. Upon the meeting of dissimilar acute infectious diseases, e.g., smallpox and measles, one usually suspends the other, as has been adduced a little while ago; however, there were also violent epidemics where in rare cases two acute diseases of this kind, in themselves dissimilar, turned up in the same body and thus, as it were, complicated themselves for a short time.

§40.6. In an epidemic, where smallpox and measles reigned at the same time, there were close to 300 cases in which these diseases avoided or suspended each other and in which the measles befell people only 20 days after the smallpox outbreak, but the smallpox 17-18 days after the measles outbreak, so that the earlier disease had previously already fully run its course; nevertheless there was a single case where P. Russell came across both dissimilar diseases at the same time in the same person.

§41.1. Incomparably more frequently than the natural dissimilar diseases associating and so complicating themselves in the same body are those disease complications that the inexpedient medical procedure (the allopathic mode of treatment) is wont to bring to pass through the protracted use of unsuitable medicines.

An example of a concurrent disease would be where a patient was given two drugs (cortisone and antibiotics) at the same time – here we have two iatrogenic disease potences impinging on the Living Power.

An example of a sequential disease would be where a patient contracted scarlet fever and then the measles.

The possibility of more than one disease in the patient occurs frequently in patients who have protracted diseases.

It is possible for a patient to have a concurrence of diseases (more than one at the same time) as well as a sequence of diseases (several over time); all the more so where allopathic treatment is concerned or the disease is psychical in nature.

The treatment may then involve the use of more than one remedy at a time, but this treatment would not contravene the rule to never use more than one remedy at one time per disease.

It is helpful if we consider the musical analogy of scales. Hahnemann used the term *stimm* when using words to refer to treatment of disease. This term refers to tone, which includes a musical connotation. We can have a musical scale, ascending or descending, of notes. The scale can also consist of two sides, diatonic and chromatic, as well as various chords which play several notes at one time.

THE EMERGENCE OF DUAL REMEDY PRESCRIBING

If we examine the history of Hahnemann's emerging consciousness about health and disease, we find the following developments:

1. The examination of the role of regimen (diet, both material and moral, and exercise) in treating sick persons.

Hahnemann started with regimen, operating on the basis of the law of opposites, to treat conditions and diseases arising solely from improper regimen. Rather than to harm giving crude drugs which actions in the body were only partially known and which disease-generating effects were obvious to all (iatrogenic dimension), he chose the more Hippocratic approach. Examples were fresh vegetables for scurvy, spongia tosta for goitre and encouragement or admonitions for moral issues (reading too much or too little, for example).

See: Regimen

2. Consideration and identification of certain constant, static diseases (constant Wesen), appearing everywhere and everytime in the same form or type, for which folk medicine (domestic practice) had discovered some specific diseases, such as Arnica for contusion disease and Opium for fright (homogenic dimension of disease).

See: Homogenic Disease

Hahnemann next turned to domestic medicine (folk medicine) to discover the few efficacious medicines for the few constant disease forms, and discovered that these operated on the basis of the law of similars. The constant diseases also included the miasmatic (infectious) diseases of childhood as well as others such as yellow fever and cholera. This added a pathogenic dimension to the constant (tonic) diseases.

3. Tackling of the remaining majority of variable, individual diseases (of variable Wesen) by means of matching the symptom image of the disease with the most similar picture produced by a medicinal substance in healthy persons (provings) - homeopathy, or pathic prescribing.

Aside from the few fix, constant diseases, for which specific medicines had been found by chance (casu fortuito), the cure of the many remaining diseases of variable Wesen (nature) had preoccupied medicine for centuries. The Old School, misunderstanding the dynamic nature of disease, tried to find fixed specifics for diseases of variable nature. They operated under the delusion that they had found a fixed nature in the "general character" of disease, namely a concocted, illusory image of disease based on a few common symptoms or signs.

4. Discovery of the dual nature of medicines (artificial disease) as well as of the disease process (initial action and counter-action).

See: Two Approaches to and Two Types of Specific Remedies for Disease

Hahnemann was concerned about the repetition of dose within the action of the first dose (with crude doses, the duration of the initial action was the more important of the two). He warned against a repetition of dose so long as the first dose was still acting. This was the basis for the "one dose and wait" approach found in his writings, in particular up to and including the 4th edition of the aphoristic Organon.

5. Hahnemann's discovery between 1816 and 1828 of the chronic miasms as also being primary diseases of fixed and constant nature, giving rise to the numerous chronic diseases (pathic). The fixed, constant nature of the chronic miasms brought his attention back to the direct (tonic) side of disease. At the same time, he was moving more and more to the use of dynamised medicines, realising that the active principle was the energy of the substance as opposed to the matter itself. He discovered that in the treatment of these protracted diseases of chronic origin that the counter-action was significantly more important, lasting for weeks and months. This posed a problem for the prior "one dose and wait" approach, and Hahnemann searched for a way to speed up the remedial process.

See: The Chronic Miasms versus the Chronic Diseases

While his more formal statement on the new system of medicine was essentially directed against the pathic diseases (and the natural ones at that), Hahnemann knew from the start that this was not the full extent of the application of the law of similars nor that it covered the use of the law of opposites (diet and lifestyle, which he used extensively in all his cases). Thus, he entitled his major formal work of 1810 (and subsequently), Organon der Heilkunst (Organon of the Art of Remediation). It was intended to cover more than pathic prescribing (homeopathy) even if this was the early and continued focus.

In revising the Organon for the fifth edition, in the light of his discoveries of the chronic miasms, Hahnemann included an introduction that brought the homogenic dimension, with which he had started, consciously back into his system. Later, in his remaining few years, he began to use and be aware of nosodes and isodes as tonic remedies for the chronic miasms. He also began to include clinical evidence (published poisonings - natural and medical - and his own experience) in the preparation of the Materia Medica for the treatment of the chronic miasms. This is in stark contrast to the use of only proving information for his first work of this nature, the Materia Medica Pura, which underpinned the indirect (pathic) approach to disease treatment. Hahnemann also allowed for the more frequent repetition of dose, including the use of olfaction (smelling of a moistened medicated globule). This led him to situations where the subsequent dose was taken before the full action of the first dose had been completed, but still after the initial action (the higher potencies having a shorter initial action).

The existence of the two sides of disease, and of two approaches to the cure of disease, was now emerging more clearly in Hahnemann's mind. However, they remained conceptually somewhat separate, as they had at the very beginning. There were diseases of a constant, fixed nature and those without such a nature, it seemed. Hahnemann had not yet come to the realisation that the two aspects were but different sides of the same phenomenon.

Then, in the Spring of 1833, Hahnemann, now in his 79th year (his first wife having died a few years earlier, in 1830) received a most remarkable communication from one of his closest disciples, Dr. Julius Aegidi. Hahnemann could be forgiven for thinking, as he did, that his accomplishments lay mostly behind him. He no doubt thought that he had already experienced a full and productive, if controversial, life and that not much more remained except to expand on what he had already created. Little did he realise that a remarkable chapter in his life, perhaps his most important, was about to unfold.

Part of this chapter was his second marriage at the age of 80 to the dynamic and much younger French noblewoman, Melanie d'Hervilly, which marriage resulted in the move to more cosmopolitan Paris. This move ushered in an intense, if relatively brief period (eight years) of significant changes in his life and practice. These are admirably detailed in Rima Handley's books A Homeopathic Love Story and In Search of the Later Hahnemann.

The second part of this remarkable final chapter in Hahnemann's life is the discovery of the dual remedy, each medicine designed to treat from a different side of disease. Here we see the logical convergence of theory (duality of disease and remediation) and therapeutics (use of dual remedies, each from a different side of disease). This story, which underlies all of Hahnemann's teachings and writings, is detailed in the historical part of this work.

See: The Case for Dual Remedies

ONE REMEDY PER DISEASE

One of the fundamental aspects of Hahnemann's criticisms of the allopaths was that they practised polypharmacy, that is, the use of more than one remedy at one time with the patient.

When Hahnemann left the university to begin his practice as a doctor, he was none the wiser as to the question of disease and treatment. Medicine in his day was one of accumulated authority and academic theories, with little or no real observation as to the actual nature of disease and little or no true knowledge as to the curative powers of medicines. The practice at the time was largely one of prescribing set mixtures according to various theories and in large doses.

There were sweetening medicines, diluting and dissolving ones, coagulating, blood-cleansing, cooling, evacuating, phlegm-secreting ones, etc. To prescribe one medicine alone never occurred to anyone and would not have satisfied anyone. After an old custom every medicine prescribed for the patient had to consist of a basis, a constructive part (the constituents), a supporting part (adjuvans) and a taste-improving part (the corrigers), to which Hahnemann ironically proposed to add a "dirigens." (Haehl, Vol. I, p. 306)

Hahnemann the scientist realised that this practice of mixtures could never lead to any true knowledge of the curative power of medicines. His initial work on reform of medicine was a clarion call to create a true materia medica, Essay on a New Principle for Ascertaining the Curative Powers of Drugs (1796). Here Hahnemann reviews the various ways in which one could discover the curative power of a substance, including chemistry and botany, but concludes that this can not furnish anything other than a partial understanding at best. What is needed is to test each substance on a healthy person, as testing on sick persons would mix the disease process with the effects of the medicine on the patient, leaving the physician none the wiser as to the action of the medicine. He does not disparage the discovery of curative remedies through clinical work, as this can reveal the specific remedy in cases of diseases of constant nature (Wesen), but does not see this as a very effective means of discovery for the many diseases of changing nature, which are more numerous.

Nothing remains for us but experiment on the human body. But what kind of experiment? *Accidental or methodical?*

I have no intention of denying the high value of this [accidental, empirical] mode of discovering medicinal powers -- it speaks for itself. ... Will the chance of such discoveries suffice to perfect the healing art, to supply its numerous desiderata? From year to year we become acquainted with new diseases, with new phases and new complications of diseases ...what we imagine, or what appear to us to be, similar diseased states. But how often shall we fail in accomplishing our object, for if there be any difference, the disease cannot be the same! Sadly we look forward into future ages, when a peculiar remedy for this particular form of disease, for this particular circumstance, may, perhaps, be discovered by chance, as was bark for pure intermittent fever, or mercury for syphilitic disorders.

Such a precarious construction of the most important science -- resembling the concourse of Epicurean atoms to make a world -- could never be the will of the wise and most bountiful Preserver of mankind. (*Lesser Writings*, p. 258-259)

Nothing then remains but to test the medicines we wish to investigate on the human body itself. (Lesser Writings, p. 263)

Hahnemann also condemned the use of large doses of crude drugs, realising from his knowledge of chemistry that these substances mingle and mix in a way that is completely unpredictable (unlike the potentised medicines that do not obey such chemical laws but are more akin to radio waves that can mingle in the air without cross interference).

Thus, Hahnemann came to strongly condemn the practice of established mixtures of medicines in crude dose for presumed similar diseases, or for presumed partial roles in the treatment of a presumed single disease.

I have no hesitation in asserting that whenever two medicines are mingled together, they almost never produce each its own action of the system, but one almost always different from the action of both separately -- an intermediate action, a neutral action, -- if I may be allowed to borrow the expression from chemical language.

... Formerly I was infected with this fever; the schools had infected me...

Are we in earnest with our art?

Then let us make a brotherly compact, and all agree to give but one single simple remedy at a time, for every single disease, without making much alteration in the mode of life of our patients (*Lesser Writings*, p. 320)

Dare I confess, that for many years I have never prescribed anything but a single dose until the action of the former one had ceased... (*Lesser Writings*, p. 321)

And thus, as though they were independent beings endowed with free volition, each ingredient in a complete prescription has its task allotted to it [by the doctor] ... For there are many learned considerations in a regular classical prescription. This indication and that one must be fulfilled; three, four and more symptoms must be met by as many different remedies. Consider, Arcesilas! how many remedies must be artistically combined in order to make the attack at once from all points. Something for the tendency to vomit, something else for the diarrhoea, something else for the evening fever and night-sweats, and as the patient is so weak, tonic medicines must be added, and not one alone, but several, in order that what the one cannot do (which we don't know) the other may.

But what if all the symptoms proceeded from one cause, as is almost always the case, and there were one single drug that would meet all these symptoms? (*Lesser Writings*, p. 349)

From this beginning, the need to have accurate knowledge of the curative action of medicines in true diseases (not fragments of one, or false diseases that are but conditions arising from several diseases) became the lodestar of Hahnemann's system. Already in 1805, in the Medicine of Experience, the precursor of the Organon of 1810, he writes:

The knowledge of diseases, the knowledge of remedies, and the knowledge of their employment, constitute medicine. [viz.§3]. (*Lesser Writings*, p. 439)

While Hahnemann did accept, as we have seen, the validity of clinical knowledge, in the case of diseases of constant Wesen (tonic side) to find the specific remedy, as the cause would normally be known (e.g., exposure to measles), he realised that the specific remedy for the variable, individual (pathic) diseases could only really be found through an analysis of the symptoms. In addition, he had not yet fully comprehended the principles underlying the tonic side, through its various dimensions. Accordingly, he attempted to find the specific remedy for the as yet undiscovered specifics for already known tonic diseases (e.g., Scarlet Fever), as well as for newly discovered tonic diseases, through the symptoms as well (e.g., Sulphur for Psora).

What we come to see here, as did Hahnemann, is that disease is a phenomenon that is a unity. This unity cannot be broken down into separate, abstract parts (the false unity of the materialists), or a unity that somehow exists outside the parts (the false unity of the vitalists). It is an emergent unity that can be approached either directly, through the phenomenon itself, using our organs of supersensible knowledge (Geistes- und Gemüths-Organen) or indirectly through the meaningful parts (characteristic symptoms).

See: Epistemology of Wholeness

Thus, there can be only one remedy per disease. Polypharmacy is the giving of more than one remedy for a given disease.

To prescribe a mixture of medicines as was done by the allopaths was false, according to Hahnemann, because it was based on no true knowledge of disease and no true knowledge of the medicines used. Without both, there could only be blind empiricism (simply prescribing for effect), or the breaking up of the unity of the disease being treated on arbitrary grounds, such that each part of the medicinal recipe was to treat a supposed part of the disease.

Let us look at what Hahnemann states regarding this matter in the final edition of the Organon.

§273.1. In no case of cure is it necessary, and on this account alone even admissible, to employ more than a single, simple medicinal substance at one time with a patient.

§273.2. It is inconceivable how it could be subject to the least doubt as to whether it be more in accordance with nature and more reasonable to prescribe only a single, simple well-known medicinal substance at one time per disease, or a mixture of several different ones.

§273.3. In Homeopathy, the only true and simple Remedial Art in accordance with nature, it is absolutely prohibited to administer two different medicinal substances at one time to the patient.

§273 was wholly re-written for the 6th Edition. Hahnemann here combined §272 and 273 from the 5th Edition and added a third sentence. He also eliminated the footnote he had added to §272 in the 5th Edition to caution against, for political reasons, the use of two remedies "at the same or almost at the same time."

Hahnemann gives us in this sentence a time reference "at a time" (auf einmal). Time is a very concrete term, more so in German than English. Time exists in units depending on the circumstances. Time, in living organisms, is a function of the life energy. Time can be slow or fast depending on the organism and its functions. We know that time passes very slowly for children and much more quickly for adults. Veterinarians know that time goes more quickly for animals and that they seem to be able to take remedies more quickly, that is, within a shorter time frame. We have also seen that the duration of the action of a remedy is dependent on the disease and the dose, the smaller doses having a shorter action and the action being shorter in the more intense diseases, particularly as regards the initial action.

So, we need to understand what unit of time Hahnemann is referring to here. The use of **auf (upon)** is the clue. If we look elsewhere in the Organon for a similar reference, we find §63, which speaks of the initial action of the remedy.

§63.1. Jede auf das Leben einwirkende Potenz, jede Arznei, stimmt die Lebenskraft mehr oder weniger um, und erregt eine gewisse Befindens-Veränderung im Menschen auf längere oder kürzere Zeit.

Each upon the Life in-working Potence, each medicine, tunes the Living Power more or less, around and arouses a certain condition-alteration in the human for a longer or shorter time.

§63.1. Each Life-impinging Potence, each medicine, re-sonifies the Living Power more or less and arouses a certain alteration of condition in man for a longer or shorter time.

§63.2. Man benennt sie mit dem Namen: Erstwirkung.

One names it with the name: first-working.

§63.2. One designates it by the name of initial-action.

The measure of time Hahnemann is speaking of is, thus, the time of the initial-action of the remedy on the Living Power. This is consistent with Hahnemann's own continued use of two remedies in one day in protracted and chronic diseases, or even acute situations, wherein the full action of the remedy would not yet have been completed before the giving of the second remedy or the second dose. 📖

Now let's look at the next sentence which links time with the disease(s) to be treated:

§273.2. Es ist nicht einzusehen, wie es nur dem mindesten Zweifel unterworfen seyn könne, ob es naturgemäßer und vernünftiger sey, nur einen einzelnen, einfachen, wohl gekannten Arzneistoff auf einmal in einer Krankheit zu verordnen, oder ein Gemisch von mehren, verschiednen.

It is not realizable, how it even to the least doubt subjected be could, whether it more in accord with nature and more reasonable be, only a single, simple, well known medicinal stuff at one time in a disease to prescribe, or a mixture of several, different ones.

several, different ones.

§273.2. It is inconceivable how it could be subject to the least doubt as to whether it be more in accordance with nature and more reasonable to prescribe only a single, simple well-known medicinal substance at one time per disease, or a mixture of several different ones.

Here, Hahnemann links the single remedy to disease – “at one time per disease”. Again, we have the time concept of **auf einmal**, meaning that a second remedy should not be given until after the initial action of the first has been completed. 📖

Hahnemann then appears to summarize the message in a final phrase. Here he reiterates the reference to patient. However, given the earlier reference to disease, the emphasis here would more logically go on the phrase “at one time.” Whether there is one disease or several, Hahnemann is saying that the principle here to be observed is that of the timing of remedies to the initial action. This is consistent with his practice.

§273.3. In der einzig wahren und einfachen, der einzig naturgemäßen Heilkunst, in der Homöopathie, ist es durchaus unerlaubt, dem Kranken zwei verschiedne Arzneisubstanzen auf einmal einzugeben.

In the only true and simple, the only natural wholing Art, in the homeopathy, is it altogether unauthorized, to the patient two different medicinal substances at one time to administer.

§273.3. In Homeopathy, the only true and simple Remedial Art in accordance with nature, it is absolutely prohibited to administer two different medicinal substances at one time to the patient.

Thus, Hahnemann has here laid down the rule that derives from his previous practice and insight, namely that two remedies should not be prescribed within the initial action one of the other. At this point, since this has been his position all along, we can reasonably ask how it is that dual remedies in mixtures (simultaneity of ingestion, not just of action) fits in.

Some answer to this can be gleaned from the principle of relationship between the dose and the duration of the initial action. If we examine the history of the dual remedies in mixture, we note that Hahnemann congratulated Aegidi for the “happy idea” of two remedies, each from a different side and in the “smallest dose or by olfaction.” The smallness of the dose is an important factor here. Given that Hahnemann also refers to the olfactory (smelling) method, and given that he was here advocating direct doses and smelling using at least the 30C potency, it would seem that such smallness of dose (the dynamic level) would reduce the initial action to the point that mixtures would not breach the general concern he earlier had with chemical action. He had already learned that the use of infinitesimal (dynamic) doses (30C and olfaction) allowed the closer repetition of dose. Then, with Aegidi's mixture of two well-selected medicines, he learned that the same infinitesimal doses allowed the closer repetition of remedies, in this case, to the point of being given not just within the overall action of the medicine (simultaneity of action), but at the same time (simultaneity of ingestion). To the extent that the dynamic action of the medicine shortens the initial action to the point that it no longer exists, this would be consistent. However, there also seems to be another aspect involved here.

The mixing of two remedies in potency seems to create a new remedy of sorts such that there is no violation of the rule regarding repetition.

If we examine what the other two main protagonists of dual remedies in mixture have written, we see that they had a similar line of thought.

Aegidi, in an article written for Stapf's Archives refers to the dual remedies in mixture as “the informed remedy.”

If he doesn't find a single remedy completely correspondent to the symptom totality of the disease and its peculiar relations, rather the best choice covers only one part of the characteristic symptoms, then he is to select a second remedy which corresponds to the other side of the disease in a genuinely homeopathic manner, but which also stands in an antidotal relation to the first one, and to combine both by putting one or more pellets from each into a flask of water, intrinsically mixing them by vigorous shaking, and then having the patient draw from this solution. In especially difficult individual cases, the homeopathic physician will be able to make good use of this procedure, which has already been proven beyond all doubt, not only by my own extensive experience alone, but also by that of other highly distinguished men.

Indeed, Hahnemann has given us his scruples about this procedure inasmuch as he opines: “it is not at all easy to find the correct Simile for each case of disease, and if most Homeopaths could find but one medicine to fit the characteristic symptoms in exact similitude, a next best one would be gladly remitted to them.” But when this one perfect remedy is not to be found, when selection is wavering among several, and one is at odds with himself whether to give the nod to this one or that, when the most promising remedies have already been used without success, then I regard, guided by nature and experience, the informed remedy combined from two suitable remedial substances, but each fitting from different sides, to be a rare find, for which the perplexed physician, uncertainly vacillating, is to be sincerely congratulated in difficult cases, and which procedure, grounded as it is upon the irrefutable high law of Homeopathy, does not deserve the reproach already leveled at it of smacking of allopathy and endangering the purity and simplicity of Homeopathy.

On reading the chapter by Lutze on dual remedies, there are several matters in addition to the issue of dual remedy use that emerge clearly and importantly.

The first matter, one that has not been raised elsewhere, except by Aegidi years earlier, is the concept of two remedies that have a mutually supportive action that going beyond the individual actions of each remedy acting separately. This is not an arbitrary mixture of substances but a dynamic combination based on principle.

He also underlines, seemingly paradoxically, as did Aegidi, that the dual remedies have an antidotal relationship to each other.

There are no exceptions pertaining to remedies which could not be given together in high as well as at the highest potency. I am thinking here of antidotes, since I was sometimes asked: May antidotes be given together as well? Experience teaches, that where two antidotes are indicated in a disease case and are given together, the effect is striking." (Lutze)

...then he is to select a second remedy which corresponds to the other side of the disease in a genuinely homeopathic manner, but which also stands in an antidotal relation to the first one, and to combine both by putting one or more pellets from each into a flask of water, intrinsically mixing them by vigorous shaking, and then having the patient draw from this solution." (Aegidi)

This brings up the obvious question how two antidotal substances can even work mutually. This involves the relatively new phenomenon in nature known as symbiosis (mutually cooperative nature). For a discussion of this matter.

See: [Aegidi and Lutze on Dual Remedies](#)

PART V: GUIDELINES FOR TREATMENT

WHAT IS CURE?

What is cure? It can only mean the removal of disease itself in its complete extent, including in its latent form (where few if any symptoms exist).

In the aphorisms of the Organon Hahnemann is dealing essentially with diseases that have no known fixed nature, such that the specific remedy must be found by way of the totality of symptoms. This totality is the outward manifestation of the underlying disease process producing that alteration of the healthy condition.

§6.1. The unprejudiced observer, even the most sharp-witted -- knowing the nullity of supersensible speculations which are not born out in experience -- sensibly perceives in each single disease nothing other than outwardly discernible alterations in the condition of the body and soul, disease signs, occurments, symptoms; that is, deviations from the former healthy state of the now diseased patient, which the latter himself feels, the bystanders perceive and the physician observes.

§6.2. All these perceptible signs represent the disease in its entire extent; that is, together they form the true and only conceivable *Gestalt* of the disease.

Next Hahnemann goes on to specify that the removal of the disease is only achieved by the removal of this "totality of symptoms" that is the sensory expression of that disease.

§7.1. Now, since one can perceive nothing else in a disease, from which there is no obvious occasioning or maintaining cause (Occasional Cause) to be removed other than the disease-signs, so also must it be only the symptoms, along with regard to any contingent miasm and with attention to the attendant circumstances (§5), through which the disease demands and can point to the same medicine appropriate for its help -- so must be the totality of these its symptoms, this outwardly reflecting image of the inner Genius [*Wesen*] of the disease, that is of the suffering of the Living Power, the most important or only thing, whereby the disease can make the remedy that it may require discernible -- the only thing that can determine the most suitable auxiliary means -- so in a word, must the totality of the symptoms be the most important thing, indeed the only thing for the Remedial Artist, that he has to discern and clear away in each disease case by his art, so that the disease be remedied and transmuted into health.

§8.1. It is not to be thought, likewise not to be shown by any experience in the world, that, after the lifting of all disease symptoms and the entire complex of the perceptible occurments, something other than health were left over or could be left over, so that the morbid alteration in the interior would be left unabandoned.

Hahnemann emphasizes that one has to remove not only the true symptoms, but also the "entire complex of perceptible occurments" in order to restore health.

Perceptible here and elsewhere means to become aware of something through any of the senses. The German word for perceive is wahrnehmen (meaning true [ware] taking). The sense is that of someone taking hold of the truth (the underlying, hidden disease – the disturbance of the Living Power) through the senses (the perceptible expression of the disease process). Hahnemann makes a distinction between knowing by perception and knowing by discernment (impression).

See: Two Ways of Knowing

Hahnemann elsewhere warns against the assumption that the removal of the presenting symptoms in the case of acute mental and emotional disease can be taken to constitute a cure. The physician must continue to treat for the underlying, latent chronic miasm, in this case psora (or syphilis):

§221.1. If, however, a mania or frenzy (upon occasion of fright, vexation, spirituous drink, etc.) has suddenly broken out from the ordinary, quiet state as an acute disease, although it is almost always without exception sprung from internal Psora, (flaring up as it were as a flame), then the disease cannot, however, in this, its acute onset, be treated straight away with antipsoric medicines but must first be treated with the medicines here indicated, (e.g., Aconite, Belladonna, Stramonium, Hyoscyamus, Mercury, etc.) selected from the class of the other proven remedies in highly potentized, subtle homeopathic doses, in order to dispatch the acute disease to such an extent that the Psora returns for the present to its previous almost latent state, wherein the patient appears to recover.

§222.1. But such a convalescent, recovered from an acute psychic disease by means of said apsoritic medicines, may never be regarded as cured from the chronic miasm (Psora), which to be sure is now latent again, but from now on is very liable to re-erupt in the form of fits of the previous psychic disease; on the contrary, no time should be lost in entirely freeing him from the chronic miasm (Psora) by means of a continued anti-psoric, perhaps also anti-syphilitic treatment; no similar future fit is then again to be feared if the patient remains true to the dietically ordered regimen.

In summary, curative treatment for disease consists of remediation that can engender (through the generative power) an artificial state which destroys the existing disease and removes the altered condition by restoring the Living Power to the state of health.

§19.1. Now, in that diseases are nothing other than alterations of condition in healthy people which express themselves by disease signs, and in that remediation is likewise only possible by an alteration of the patient's condition into the healthy state, so it is easily seen that the medicines would in no way be able to cure if they did not possess the power to retune the human condition residing in feelings and functions; indeed, that their curative power must rest solely on this their power of altering man's condition.

§114.1. With the exception of these narcotic substances, in tests with moderate doses of medicine in healthy bodies, only the initial-action of the same is perceived, that is, those symptoms whereby the medicine retunes the condition of the person and generates in and on the same a disease state for a longer or shorter time.

§64.1. During the initial-action of the artificial disease Potences (medicines) upon our healthy body, our Living Power appears (as seen from the following examples) to comport itself purely conceptively (receptively, passively as it were) and thus, as if forced, to allow the *impressions* of the artificial Potence impinging from without to take place in itself, thereby modifying its condition, but then, as it were, to rally again and a) to generate the exact opposite condition-state, when there is such a one (counteraction, after-action), to this impinging action (initial-action) in equal degree to that which the impinging action (initial-action) had on it by the artificial morbidic or medicinal Potence, and according to the measure of the Living Power's own energy, -- or, b) when there is not an exact opposite state to the initial-action in nature, the Living Power appears to strive to assert its superiority by extinguishing the alteration actuated in itself from without (by the medicine), in place of which it reinstates its norm (after-action, curative-action). (Italics added)

ALLOPATHIC APPROACH

Allopathy can only see and address the condition (which they wrongly term states), without in any way addressing the diseased state behind the condition. This only further disturbs the condition and leads to another change in state from health into disease.

§75.1. These botchings of the human condition produced by the allopathic calamitous art (at its worst in recent times) are among all chronic diseases the saddest, the most incurable, and I regret to say that when they have been driven to some height, remedies never indeed seem to be able to be invented or devised for them.

§8.1.^{al2} And nevertheless, the former director of the old school, Hufeland, maintained such a thing with the words (see Homeopathy p 27. I.19.): "homeopathy can lift the symptoms but the disease remains." — maintained it ... partly because he still had entirely material concepts of disease which he was not yet able to think of as an altered state of Being of the organism brought about dynamically by the morbidly mis-tuned Living Power, as a modified condition;

§54.4. They declared the diseases to be states which always reappeared in rather the same manner.

§54.6. Actions were attributed to medicines according to presumptions (see the many pharmacologies) which were supposed to lift, that is to cure, these abnormal states.

Even where the medicine is similar to the disease, the too-large dose can disturb the state and then the condition:

§276.4.^{al2} In the same way, the Allopath gives China bark and quinine in intermittent fevers in very large daily doses, where such were correctly homeopathically indicated and where one very small dose of highly potentized China must unfailingly have helped (in intermittent swamp fevers and even with persons who suffered with no apparent Psora), thereby engendering (while Psora is evolving at the same time) a chronic China-sickness which, if not gradually killing the patient by corruption of internal organs important for Life, specially the spleen and the liver, at least makes him suffer in a sad state of health for years on end.

DIRECTION OF CURE

How do we know that the remedy is working, namely that a cure is taking place? This is the question that rightfully occupies each practitioner.

Hahnemann gives us some guidance how to determine whether cure is taking place in terms of the expansive (improvement) and contractive (worsening) aspects of the patient that can be discerned (requires some supersensible knowing) by the knowing physician.

§253.1. Among the signs which show a small beginning of improvement or aggravation (not visible to everyone) in all diseases, especially the rapidly arising (acute) diseases, the state of mind [*Gemüt*] and of the entire behavior of the patient is the surest and most enlightening.

§253.2. In the case of an ever-so-slight beginning of improvement -- a greater comfort, an increasing composure, freedom of spirit, increased courage, a kind of returning naturalness.

§253.3. But in the case of an ever-so-small beginning of aggravation -- a more self-conscious, helpless state of mind [*Gemüt*], of the spirit, of the whole behavior, and of all attitudes, positions and actions, drawing more pity to itself, which [state] allows itself with exact attentiveness to be easily seen or shown but not to be [easily] described in words.

Hahnemann also spoke of the disease proceeding from the less to the more noble organs, a hierarchical observation based on the structural functions of living organisms. The curative process is here the opposite of the process followed by suppressive treatment (allopathic).

1.4. It falsely deems the maladies located on the outer parts of the body as merely local and existing alone there by themselves, and imagines them to have been remedied if it has driven away the same by external means, so that the inner malady now is necessitated to break out at a **more noble and critical place**.

45.2. When, in chronic diseases, the Living Power seemed to soothe this or that troublesome symptom of the internal condition, e.g., by means of a moistening skin eruption, then the servant of the crude power of nature (Minister of Nature) applied a Cantharide-plaster or an exutorium (spurge-laurel) to the ensuing ichorous surface, in order (to Guide According to Nature) to draw still more moisture from the skin and so to further and to support nature's purpose, namely the remedy (by removal of disease matter from the body?);

...or, with milder impinging action on the perhaps still recent local-malady, he expelled the local symptom, effectuated by nature on the skin for the relief of the inner suffering, from its site by means of a sort of misapplied external homeopathism, thus renewing the inner more dangerous malady, and seduced the Living Power into the preparation of a worse metaschematism through **this expulsion of the local symptom onto other more noble parts;** the patient got **dangerous eye-inflammations, or deafness, or stomach-cramps, or epileptic seizures, or asthmatic or apoplectic attacks, or mental or emotional [*Gemüt*] disease, etc., for it**^{a1}

45.2.^{a1}Natural consequences of the expulsion of such local symptoms — consequences, which are declared by the allopathic doctor to be entirely other newly arisen diseases.

§.205.2. I myself have endeavored to present their internal cure, as far as a single physician was able to bring them to light after many years of cogitation, observation and experience, in my book on the chronic diseases, to which I herewith refer the reader.

§.205.1.^{a1} Therefore, I cannot recommend, for example, local eradication of so-called labial or facial cancer (a fruit of advanced Psora? not seldom in unity with Syphilis?) by the Arsenical means of Frere Cosme, not only because it is extremely painful and frequently fails, but more because when this means indeed locally frees the bodily site from the malignant ulcer, the fundamental malady is not diminished in the least hereby; the Sustentive Power of Life is therefore necessitated to **transfer the focus** for the great internal malady to a still **more noble site** (as it does with all **metastases**) and allows blindness, deafness, insanity, suffocative asthma, dropsy, apoplexy, etc. to follow.

§.216.1. The cases are not rare when a death-threatening so-called somatic disease -- a suppuration of the lung or the **corruption of any other noble organ**, or another heated (acute) disease, e.g. in labor, etc., **degenerates by rapid ascent of the hitherto mind symptom** into an insanity, a kind of melancholy, or a frenzy and thereby makes all deadly peril of the somatic symptoms vanish; in the meantime the **somatic symptoms** improve almost up to the point of health, or rather **decrease** to such a degree that their crepuscular presence can only be discerned by the steadfastly and subtly observing physician.

891 It is true that many such chronic patients by the first bath treatment of this kind seem to get rid of their original disease symptoms for some time (therefore we see an incredible throng of many thousands, suffering from innumerable different chronic maladies at Teplitz, Baden, Aix-la-Chapelle, Nenndorf, Warmbrunn, etc.); but they are not on that account by any chance healthy, but instead of the original chronic (psoric) disease, they have for a time come under the dominion of a sulphur-disease (another, perhaps more bearable, indisposition). This in time passes away again, when the psora again lifts its head, either with the same disease symptoms as before, or with others similar but gradually more troublesome than the first, or with symptoms **germinating in nobler parts**.

998 The most recently added symptoms to a chronic disease which has been left to itself (not botched by medical bungling) are the first to yield in an antipsoric treatment; but the oldest maladies and those which have been most constant and unchanged, among which are the constant local maladies, are the last to give way, and only after all the remaining disorders have disappeared and health has in all other respects almost totally returned.

Hahnemann also spoke in general terms about the improvement in well-being (Wohlseyn) and soundness (Gesundheit). For Hahnemann, this was a function of kennen and would be determined as part of the observation following the prescription. However, one of his closest followers, Constantine Hering, a fellow German who emigrated to the United States and corresponded closely with Hahnemann in his latter years, has provided us with some guidance.

These guidelines are often referred to as Hering's Laws or Principles of Cure. Hering based his guidelines on Hahnemann's and his own observations. He set them out in the prologue to Hahnemann's first American edition in English, New York, 1845. In this prologue he borrows from an earlier essay he had written, Guide to the Progressive Development of Homoeopathy. These guidelines are used widely by those in the natural health field.

First, Hering describes the natural development of a disease:

As acute diseases terminate in an eruption upon the skin, which divides, dries up, and then passes off, so it is with many chronic diseases. All diseases diminish in intensity, improve, and are cured by the internal organism freeing itself from them little by little, the internal disease approaches more and more to the external tissues, until it finally arrives to the skin.

Next he states the principle that he derives from this observation:

Every homoeopathic physician must have observed that the improvement in pain takes place from above downward; and in disease, from within outward.

After further emphasising the importance of the skin eruption in preventing a more serious disease, Hering goes on again to spell out the principles:

The thorough cure of a chronic disease is indicated by the most important organs being first relieved; the disease passes off in the order in which the organs had been affected, the more important being relieved first, the less important next, and the skin last.

Even the superficial observer will not fail in recognizing this law of order. An improvement which takes place in a different order can never be relied upon.

Hering then claims that all this is based on Hahnemann's important rule to attend to the moral symptoms [mental/emotional], and to judge of the degree of homeopathic adaptation, existing between the remedy and the disease, by the improvement which takes place in the moral condition (morale), and the general well-being of the patient.

In summary, Hering's observations are as follows:

1. The "improvement in pain takes place from above downward..."

Note that this direction of cure relates to pain or pathology. Pain is a sensation that is mainly physical and superficial, in terms of the main nerve endings. A painful rash would move down from head to toe, as does the characteristic rash of measles.

2. "...and in diseases, from within outward." "The thorough cure of a chronic disease is indicated by the most important organs being first relieved..."

Hering now turns to the disease itself. The order of remediation is here from deeper in the organism to the outer layer, the skin, from the centre to the circumference. This accounts for the numerous skin eruptions during treatment even where none had existed before.

However, Hering also qualifies this, as does Hahnemann, by stating that the order is one of importance – from more important to least important. Hahnemann always speaks of "nobler" organs, implying a hierarchy of organs, including those of the emotional mind (Gemüt). Thus, the direction of cure here is not simply spatial, but dynamic and functional.

3. "...the disease passes off in the order in which the organs had been affected, the more important being relieved first, the less important next, and the skin last."

Here Hering again refers to a disease. He further specifies that this order of "within outward" is the same order as the disease process.

Let's take an example, which reflects any acute miasm or acute epidemic disease:

Indeed, just like symptoms appear first in the psychic sphere, then in the organs and lastly on the surface, healing follows the same order because in this case there is no difference between the order of getting ill and of getting cured. Infections, eruptive diseases which, in a few days, allow us to observe objectively and clearly what happens in an acute case are typical examples. At the beginning the child is sad, depressive and changes his temper (psychic symptoms). Then he has chills after which he feels terribly tired, has fever (he can get very thirsty), suffers from anorexia, etc. (general symptoms). Lastly, the eruption appears starting by his face, neck, trunk, limbs, and ending in the same order. Before the eruption is cured, the psychic and general symptoms have already been normalized, and this proves Hering's observation is correct. The same happens with chronic pathological manifestations. (all the above quotes of Hering as well as this one taken from Eizayaga, *Treatise on Homeopathic Medicine*, p. 105).

What happens if you have more than one disease in a patient?

In fact, we can observe in nature that their cure proceeds from one disease to the next, in the reverse order of time. Let's see how this was expressed almost a century ago by one of the most influential homeopaths in the United States, James Tyler Kent:

...The first prescription antidotes the drug and liberates the patient from the drug disease, and then you see the most acute or last appearing natural disease which comes back first. This is in accordance with fixed law; the last miasma or the last symptoms that have been made to disappear will be the first to return and go away to appear no more. (Kent, *Lectures on Homeopathic Philosophy*, p. 121)

Thus, within a disease, the curative process is in the same order as the disease. However, between diseases the curative process is in the reverse order of the diseases, that is, in the reverse order in which the diseases were acquired, the most recent going first. It is similar to the accounting principle for handling inventory: FIFO or "First In, First Out."

DIFFERENCES IN TONIC AND PATHIC DIRECTION OF CURE

There seems also to be a difference in the process of cure resulting from the two sides of disease, the pathic and the tonic, and from the two actions involved, the initial action and the counter-action.

This discovery comes initially from an observation by Rajan Sankaran, which has been identified and developed by Steven Decker.

Sankaran, in defending himself against the concern that his treatment of the state (tonic side) leads to a seeming worsening of the mental/emotional level, makes a particular observation. In this, he implies that the central disturbance is separate from the pathology.

Disease always proceeds from the central disturbance to the periphery. In pathology, it proceeds from the periphery towards the centre; this is the idea. In a curative direction, disease first abates from an important organ that is affected pathologically, and the last disorder to go will be that of the least important organ affected; only then will the central disturbance be relieved. When you have a patient of Lyco., he will first have lack of confidence, i.e., the central state of Lyco., and following this if his central disturbance cannot be contained, he will develop eczema and asthma. When cure takes place, his asthma will go first, the eczema second, but lack of confidence will be there throughout. If lack of confidence goes then there is no basis for the eczema or asthma. Without the central disturbance, there cannot be peripheral pathology, because peripheral pathology is only a diversion from the central disturbance. (*The Spirit of Homeopathy* (1991) p. 97)

The initial action of the disease Wesen creates a profound alteration of the state of the patient into a disease state (as a result of the engenderment of the disease Wesen onto the human Wesen). This is what Rajan Sankaran calls the central disturbance and what Hahnemann identified as the unique mental and emotional state of each disease in §210-212. Steven Decker has pointed out that this involves the tonic dimension of disease.

This realm, Decker further points out (private communication with the author), of the tonic side of disease per se and the initial action operates independently from that of the peripheral disturbances, which represent the pathic side.

Sankaran observes that the central disturbance may actually increase as a result of state-based prescriptions (tonic remedies), whereas the peripheral symptoms may actually improve.

In the context of the insights into the two sides of disease, we can grasp that the tonic remedy (Sankaran's state-based prescription) will create a profound reaction at the level of disease. This can be perceived as a worsening at that level (healing reaction), but is really a strong counter-action of the sustentive power to match the profound initial action of the remedy.

The pathic remedy, in contrast, will create a reaction at the level of pathology and we can then see changes in the periphery, but not necessarily changes in the central disturbance (confirming that disease is still there).

In the case of continued and repeated emotional traumas in particular, the treatment of the central (ontological) disturbance does indeed, in our experience, result in seeming exacerbation of the psychic state when the central traumas (usually in childhood) are dealt with. Psychoanalysts have made a similar observation as they approach the central issues in their cases.

The external emotional traumas derive from our core delusions or arch beliefs. Without them, we would feel emotions (part of being human) but we would not be open to emotional disease. Thus, as one approaches the central internal emotional traumas, the psychic state (delusion) that is connected to them inevitably is affected.

Hahnemann also gives us an example of this in the footnote to Aphorism 210:

§210.3.^{al1} How often, for instance, in the most painful, protracted diseases do we not meet with a mild, gentle mindedness [Gemüt], so that the Remedial-Artist feels impelled to bestow attention and sympathy upon the patient.

§210.3.^{aj2} If he, however, conquers the disease and restores the patient again. -- as is not seldom possible in the homeopathic mode -- the physician is often astonished and startled over the dreadful alteration of the mind [Gemüt], where he often sees ingratitude, hard-heartedness, deliberate malice and the most degrading, most revolting tempers of humanity come forward, which had been precisely the patient's own in his former days.

HOMEOPATHIC AGGRAVATION

Another important concept in the curative process is called the "homeopathic aggravation."

Hahnemann identified an apparent worsening in the disease symptoms of the patient shortly after the taking of the homeopathically selected remedy.

§157.1. As certain as it is, however, that a homeopathically selected remedy, on account of the appropriateness and smallness of its dosage, quietly voids and annihilates the acute disease analogous to it without amplification of its remaining non-homeopathic symptoms, that is, without arousal of newer, more significant ailments, it is nevertheless usual (but likewise only with a dosage not properly diminished) for it to actuate a kind of small exacerbation in the first hour or [few] hours immediately after taking it (one lasting several hours, however, with a dosage somewhat too large), which has so much similarity to the original disease, that it appears to the patient to be an aggravation of his own malady.

This exacerbation of the original disease symptoms is due to the fact that the artificial disease (remedy) now adds its initial action to the existing disease. It is not really a worsening of the original disease, but only appears so to the patient. It would be more correct to say that it is an exacerbation of the patient's condition, not an aggravation. However, the term "homeopathic aggravation" is commonly employed in the literature.

§157.2. It is, however, in fact nothing other than a highly similar medicinal disease surmounting the original malady in strength.

This homeopathic aggravation is generally a positive sign of the curative process.

§158.1. This small homeopathic exacerbation in the first hours -- a very good portent that the acute disease will be mostly finished by the first dose -- is not infrequent, since the medicinal disease must naturally be somewhat stronger than the malady to be cured if it shall overtake and extinguish the natural disease, just as a similar natural disease can also void and annihilate one similar to it only if it is stronger than the other (§43-48).

The various aspects of the homeopathic aggravation are:

- 1. It applies mainly to acute natural diseases (see also §60)**
- 2. It is due to the dosage not being small enough.**
- 3. It occurs in the first hour or few hours of the taking of the remedy.**
- 4. It appears to the patient as an aggravation of the original symptoms of the disease because of the similarity of the artificial disease (remedy) to the acute natural disease. But it really is a sign of the artificial disease taking hold and destroying the natural disease.**
- 5. The aggravation is almost unavoidable (because of the difficulty of prescribing the perfect dose) and is a good sign in acute diseases.**

What of the homeopathic aggravation in chronic disease (that is, chronic natural disease, or the chronic miasms)? Hahnemann states that this will occur almost solely at the end of treatment, when the cure is almost completed. This is consistent with the observation in self-limiting or so-called acute natural diseases that such an aggravation is a sign that the disease is near a cure.

§161.1. When I place the so-called homeopathic aggravation, or rather the initial-action of the homeopathic medicine, appearing to somewhat heighten the symptoms of the original disease, within the first hour or the first few hours, this is thus certainly the case with the more acute, recently arisen maladies; but when medicines of longer active duration have to combat an old or very old sickness, no such apparent heightenings of the original disease may show themselves during the course of treatment and do not show themselves if the aptly selected medicine in properly small, only gradually heightened doses becomes somewhat modified every time by new dynamization (§247); such heightenings of the original symptoms of the chronic disease can then only come to light at the end of such treatments when the cure is almost or entirely completed.

The homeopathic aggravation is part of a curative action which involves the initial action of the remedy on the generative (disease engendering) aspect of the Living Power

It is, thus, distinguished from that other apparent aggravation known as the healing reaction, which involves the counter-action of the sustentive aspect of the Living Power.

HEALING REACTION

There can be confusion between the homeopathic aggravation and the healing reaction. This is because both are experienced as aggravations, or apparent worsening of the original condition, by the patient.

The healing reaction is the product of the sustentive aspect of the Life Force acting to restore balance against disease (either the natural disease, or the artificial disease of the medicine). The healing reaction is, thus, related to the counter-action.

The homeopathic remedy, given on the basis of the law of similars, destroys the existing disease through lysis, but then may, under certain conditions (encountering of internal blockages or barriers) generate a strong reaction in the form of a counter-action. This is all the more the case in non-natural disease, such as those generated by allopathic treatment (called iatrogenic disease).

Just what these conditions are is explained by Hahnemann in a passage from *Allopathy: A Word of Warning to All Sick Persons*.

The mischievous effects to chronic patients that lie in this their blind treatment, in this **overloading of them with strong unknown drugs**, will be perfectly obvious to every reflecting, unprejudiced person, who knows that every medicine is a disease-creating substance, consequently every powerful medicine taken day after day in several and increasing doses will **infallibly make any, even healthy persons, ill**, -- at first obviously and perceptibly so, but when longer continued their hurtful action is less apparent,

*Least of all perceptible if the doses be not increased, in which case the allopathic physician seeks to persuade himself and his patient by saying, "his nature has become habituated to this medicine, therefore the dose of it must be increased," -- a radically wrong notion, leading to the **patient's ruin!**

but all the more profoundly penetrating, and productive of **permanent injury**, in this way, because the ever active-life-sustaining power silently endeavours to **ward off the injury** with which these frequent assaults threaten life itself, by **internal counter-operations by means of the construction of invisible protections and barriers against the life-invading medicinal enemy**, -- by the formation of **morbid alterations in the organs**, in order to exalt the function of one, and render it intolerably sensitive and hence painful, and the others again insensible and even indurated, whilst it deprives the other parts (that in their healthy state were easily excited to action) of their irritability, or even paralyses them; in short it brings about as many **corporeal and mental morbid alterations as were requisite for warding off the danger to life from the hostile attacks of the constantly reiterated medicinal doses**; that is to say, it effects in secret innumerable disorganizations and abnormal organizations, so that a **persistent permanent derangement of the health of the body and mind is the consequence**, -- for which there cannot be a more appropriate appellation than **chronic medicinal disease** -- an internal and external crippling of the health, whereby, if the powerful drug have only been used some months, the nature of the individual is so permanently altered that even should all medicine thereafter be discontinued, and the system be subjected to no further loss of humours and forces, yet this **morbid metamorphosis in the interior** cannot be again removed nor re-transformed into health and the normal condition by the Living Power under two or three years.

Thus, for instance, the Living Power of our organism, that is always exercising a preservative {sustentive} function, protects the sensitive parts of the palm of the hand of the pavier (as also of the worker among fire, the glassblower and the like) against the scratching and lacerating sharp angles and points of the paving stones, with a hard, horny covering, to protect the skin with its nerves, blood-vessels and muscles, from being wounded or destroyed. But should the man from this time forth cease to handle rough stones, and take nothing but soft things in his hands, at least a year must elapse ere the vital force (for no surgical or other art can do this) brings about the removal of this horny skin, which was formerly constructed by it on the workman's hands, for their protection against the continued action of the rough stones.

Equally protective does our preservative power exert itself to rescue life at least, if it can do no more, by the **formation of organic and dynamic barriers in the interior, against the injurious and inimical assaults of long-continued doses of strong allopathic medicines**, that is, by the establishment of permanent alterations of our organisms, which always form a persistent medicinal disease that often lasts for years, that is not capable of being cured and removed by any human art, and that can only be changed back again to the normal state in several years by the vital force itself, provided all medicines are discontinued and the requisite strength of constitution still remains.

The action of the remedy (initial action) in curing the disease itself is a gentle one. Hahnemann explains the gentle (curative) action of the homeopathic remedy in natural disease.

5.4. Homeopathy avoids therefore even the least enervation, also as much as possible every arousal of pain, because pain also robs the vitality, and therefore for cure it avails itself of only such medicines whose capacity to (dynamically) alter and resonify the condition it exactly knows and then searches out such a one whose condition-altering powers (medicinal disease) are in a position to abrogate the natural disease at issue by resonance (Similars by similars), and administers this simply, in **subtle doses** to the patient (so small that they, **without causing pain or weakening, exactly suffice to lift the natural malady**); whence the sequel: that **without in the least weakening, tormenting, or torturing him, the natural disease is extinguished** and the patient soon grows stronger on his own already while improving, and is thus cured -- to be sure a seemingly easy, however very cogitative, laborious, arduous business, but that which fully restores the patients in a short time to health without ailment, and so becomes a salutary and blessed business.

Hahnemann explains in §64 of the Organon that in the case of natural diseases the counter-action is almost imperceptible.

However, where there are non-natural diseases, involving blockages to cure (namely, homogenic, iatrogenic, or ideogenic diseases), the counter-action is of a different nature.

The sustentive aspect of the Living Power has to increase its strength to the point that it can overcome the artificial disease. This is the basis of a perceptible, even strong, counter-reaction, which Hahnemann distinguishes by the further term, Heilwirkung, which is best translated here as "remedial action."

§64.^{b)} when there is not an exact opposite state to the initial-action in nature, the Living Power appears to strive to assert its superiority by extinguishing the alteration actuated in itself from without (by the medicine), in place of which it reinstates its norm (after-action, remedial-action).

James Tyler Kent explains what Hahnemann meant by the violent action of allopathic medicines and by the "gentle cure" by resonant means.

The cure must be quick or speedy, it must be gentle... Whenever violent drugs are resorted to there is nothing mild in the action or the reaction that must follow...

The manner of cure can only be mild if it flows in the stream of natural direction, establishing order, and thereby removing disease. The direction of old-fashioned medicine is like pulling a cat up a hill by the tail... The curative medicine does not act violently upon the economy, but establishes its action [initial action] in a mild manner; but while the action is mild and gentle, very often that which follows, which is the reaction [counteraction], is a turmoil, especially when the work of traditional medicine is being undone and former states are being re-established. (Kent, *Lectures on Homeopathic Philosophy*, p. 22)

Very often a remedy that will go to the very centre and restore order to the economy will cause quite a turmoil. (Kent, *Lectures on Homeopathic Philosophy*, p. 275)

The centre that Kent speaks of is akin to the tonic side of disease, or Sankaran's central disturbance.

See: *State-based Prescribing*

Hahnemann also explained how the various traumas a person experienced could create blockages to healing. To the extent that blockages exist due to trauma or allopathic prescribing, establishing health will involve more energy and be more dramatic (healing crises). See the previous quote above from *Allopathy: A Word of Warning to All Sick Persons*. The question then arises whether or not to intervene in such situations. This is dealt with in the next chapter.

INTERVENING IN THE HEALING REACTION: NEW SYMPTOMS

Because the healing reaction can be strong or lengthy where the blockages are great, there can be concern to intervene. Is this justified?

When the physician gives a medicine and new symptoms arise, as can occur in the healing reaction, or in the giving of the wrong remedy, the question also arises as to whether this is a sign of cure or of disease.

Remember, the medicine is an artificial disease capable of engendering a new disease state in the patient. It is only the application of the medicine on the basis of the law of similars and the use of the optimal dose (no more nor less than needed) that protects the patient from the creation of new disease states. The similarity of disease states allows the medicine to destroy the existing disease in the patient, and the appropriate dose means that the Life Force of the patient is able to quickly remove it afterwards.

There are two aspects to the appearance of new symptoms.

1. The generation of new symptoms that relate to the disease of the patient.

This is covered by Hahnemann in two contexts:

a. cases with insufficient remedies

b. cases with insufficient symptoms (one-sided cases).

2. The generation of new symptoms unrelated to the disease to be treated.

Hahnemann discusses this in §249.

In 1(a) above, Hahnemann states that the emergence of "accessory symptoms" is not a problem for eventual cure. The remedy should be allowed to act and then a more fitting remedy selected for the disease.

§163.1. Admittedly, in this case we cannot expect from this medicine a complete, untroublesome cure; for upon using it there emerge some occurments, which were not to be found earlier in the disease, accessory symptoms of the incompletely fitting medicine.

§163.2. This, to be sure, does not hamper a more considerable part of the malady (the disease symptoms similar to the medicinal symptoms) from being expunged by this medicine, and thus does not hamper a fair beginning of the cure from arising by this means, although not without those accessory ailments which are, however, only moderate with properly small medicinal doses.

§166.1. Meanwhile, such a case is very rare due to the recent increase in the number of medicines known according to their pure actions, and, if such a case indeed should turn up, its disadvantages diminish as soon as a subsequent medicine of apt resonance can be selected.

However, in acute (that is, urgent) cases under 1(a) the homeopath should not wait, but prescribe on the basis of the new, now altered disease state.

§167.1. That is to say, if accessory ailments of some moment arise with the use of this first employed, imperfectly homeopathic medicine, do not let this first dose work itself out fully in acute diseases nor abandon the patient to the full active duration of the means; rather examine the now altered disease state anew and bring the rest of the original symptoms into connection with the newly arisen ones for purposes of recording a new disease image.

In case 1(b), Hahnemann explains clearly that the new symptoms, while induced by the remedy, are really parts of the disease state. They were hidden from view and have now been brought to the surface:

§180.1. The medicine selected as well as possible to be sure, but only incompletely because of said cause, will, in its action against the disease, arouse accessory ailments only in part analogous to it -- just as in the above mentioned case (§162), where the dearth of homeopathic remedies alone left the selection incomplete -- and will mix several occurments out of its own set of symptoms into the condition of the patient, which occurments are, however, at the same time, ailments of the disease itself, although rarely or never felt up till now; occurments will disclose themselves or develop to a higher degree which the patient shortly before had not perceived at all or not distinctly.

§181.1. Let it not be interposed that the accessory ailments now appearing and the new symptoms of this disease were to be laid to the account of the medicament just used.

§181.2. They do come from it;^{a1} but they are however only such symptoms for whose appearance this disease, and also in this body, was already capable of in itself, and which were merely prompted to appear by the medicine used -- autogenic of similar symptoms.

§181.2.^{a1} When they were not caused by an important fault in regimen, a violent passion, or a stormy development in the organism, eruption or departure of menstruation, conception, childbirth, etc.

§181.3. In a word, one has to accept the entire symptom complex, now become visible, as belonging to the disease itself, as the present true state, and to manage it further accordingly.

Kent has the same interpretation as Hahnemann. In the context of the healing reaction, Kent states that the reaction can be severe:

But the remedy cannot give him symptoms that he has not. (*Lectures on Homoeopathic Philosophy*, p. 246)

For case #2 above, involving new symptoms that arise from the giving of a medicine that is not related to the disease of the patient, Hahnemann specifies two courses of action:

- to antidote the remedy if the new symptoms are significant in their aggravation
- to give a new, more appropriate remedy

§249.1. Each medicine prescribed for a case of disease which in the course of its action generates new symptoms not peculiar to the disease to be cured, and troublesome ones to be sure, is not capable of engendering veritable improvement] and not to be deemed as homeopathically selected; it must therefore first be, if this aggravation was significant, either partly extinguished as soon as possible by an antidote before giving the next means more precisely selected according to its resonant action, or the latter must be administered at once if the symptoms prove not to be all too violently adverse, in order to take the place of that incorrectly selected one.

Concerning the issue of the degree of acuteness for either palliating the new symptoms (where they are related to the disease) or antidoting them (where they are not part of the disease), Hahnemann uses the same terms:

§183 - palliating: "die neu entstendnen Beschwerden, ihrer Heftigkeit wegen" (newly arisen ailments, because of their seriousness/intensity).

§249 - antidoting - "bei... heftigen widrigen Symptomen" (with ... serious/intense adverse symptoms).

Hahnemann also, earlier in §49, uses the term "beschwerliche Symptome" to refer to the new, "troublesome symptoms."

This suggests that, in both cases, the new symptoms represent, or are derived from an ailment, not just an indisposition, which means that they can be addressed with another remedy without being suppressive.

SUPPRESSION

The issue of suppression is important because the true physician does not want to suppress, but to annihilate (cure) disease and, thereby, to allow the sustentive power of the organism to heal, leading to remediation.

Hahnemann identifies three possible approaches to the medical treatment of disease

1. **Law of Opposites**
2. **Law of Similars**
3. **No principle at all**

§22.1. -- whereas, on the other hand, it follows that for the complex of the symptoms of the disease to be cured that medicine must be sought (according as experience shows whether the disease symptoms by similar or opposite medicinal symptoms are to be lifted and transmuted into health most easily, most certainly and mercifully) which has proven the greatest tendency to engender similar or opposite symptoms.

§22.1.^{all} The other possible manner of employing medicines against diseases besides both of these is the allopathic method in which medicines are prescribed whose symptoms have no direct pathic reference to the disease state, therefore are neither similar nor opposed to the disease symptoms; rather, are entirely heterogenic.

Opposites is a valid principle in some dimensions (regimen, psychotherapy), but in the realm of natural disease, opposites can only palliate. This is a temporary form of suppression of the symptoms of the disease, which only leaves the disease stronger than before. The allopathic means (e.g., blood withdrawals, as done on no principle) also leads to suppression.

§106. In not very dangerous cases, the acute diseases were held down so long by the old school by means of blood withdrawals or suppression of one of the chief symptoms by an enantiopathic palliative means, (Contrary Things by Means of Contraries)

§151. even by use of violent palliatives, according to the old popular motto: Let Contrary Things be Cured by Contrary Things;...

§23.1. However, each pure experience and each exact experiment persuades us that persistent disease symptoms are so little lifted and annihilated by the opposed symptoms of the medicine (in the antipathic, enantiopathic or palliative method) that rather, after short lasting apparent relief, they again break forth only then in an all the more strengthened degree and evidently get worse (see §56-62 and 69).

§56.1. With this palliative (antipathic, enantiopathic) method, introduced seventeen centuries ago according to Galen's teaching, the hitherto doctors could still most certainly hope to win the trust of the patient in that they deceived him with almost instantaneous improvement.

Suppression, as was noted briefly above, can also occur by the use of medical treatments on the basis of no principle. Either the treatment simply weakens the sustentive power (such as bloodletting or a deficient diet) or it irritates the system without even providing any palliation (drugs applied on no specific principle).

§74.1.^{all} Amidst all the methods which have been devised for helping against diseases, no more allopathic, no more nonsensical, no more inexpedient one can be thought of than the Broussaic enervation treatment consisting of blood-letting and a starvation diet spread over a large part of the earth for many years, regarding which no intelligent human being is capable of thinking anything medical, anything medicinally helpful; whereas real medicine, even blindly seized and administered to the patient, has improved a disease case here and there after all because it was accidentally homeopathic.

§145.2. ...the general and special therapies of the hitherto allopathic medicinal art, with their unknown compound means which only alter and aggravate but cannot cure chronic diseases, but protract rather than promote the cure of acute diseases, often even bringing about endangerment to life.

§149.2. ...the often long-continued application of large doses of violently acting means according to empty, false suppositions about their alleged use in similarly appearing disease cases...

Hahnemann further discusses the impact of too large a dose of a drug when given homeopathically (which he terms un-homeopathic or allopathic) as having a damaging effect (we now know this through the Arndt-Schultz Law). 

§276.4.a^{ll} Thus arise almost incurable mercurial sicknesses by persistent use of aggressive allopathic mercurial means prescribed in large doses against Syphilis, when yet one or several doses of a mild but effective mercurial means would certainly have thoroughly cured the entire venereal disease along with the chancre in a few days, if the chancre had not been dispelled by external measures (as always happens with Allopathy).

§276.4.^{all} In the same way, the Allopath gives China bark and quinine in intermittent fevers in very large daily doses, where such were correctly homeopathically indicated and where one very small dose of highly potentized China must unfailingly have helped (in intermittent swamp fevers and even with persons who suffered with no apparent Psora), thereby engendering (while Psora is evolving at the same time) a chronic China-sickness which, if not gradually killing the patient by corruption of internal organs important for Life, especially the spleen and the liver, at least makes him suffer in a sad state of health for years on end.

The application of the law of contraries in natural disease, if applied in small doses and judiciously, only leaves the patient where he was or worse off because of the natural progression of the disease. There may be some worsening due to the drug, but usually only because the effort of detoxification drains the sustentive power of the patient. It is large drug doses over extended periods of time that tend to engender iatrogenic diseases. Kent also makes the useful observation that the more drugs are refined, the more they can impinge on the Living Power and cause disease.

But the drugs of today are ten times more powerful than those formerly used, because more concentrated...The chemical discoveries of petroleum have opened a field of destruction to human intelligence, to the understanding and to the will, because these products are slowly and insidiously violent. When drugs were used that were instantly dangerous and violent, the action was manifest, it showed upon the surface, and the common people saw it...The apparent benefits produced by these drugs are never permanent. They may in some cases seem to be permanent, but then it is because upon the economy has been grafted a new and most insidious disease, more subtle and more tenacious than the manifestation that was upon the externals and it is because of this tenacity that the original symptoms remain away. (Kent, *Lectures on Homoeopathic Philosophy*, p. 21)

PROVING A REMEDY

The same thing can happen where the drug is given on the basis of similar resonance but in too large a dose or repeated too often (which is a form of the first). This is the origin for the often-heard charge that a patient is “proving” a remedy. Kent gives an example of this in the context of the homeopathic aggravation (caused by the remedy):

Now Hahnemann observes...that the disease itself is actually intensified and made worse by the remedy, if the remedy be precisely similar, but if we pass away from the crudity of the medicines, ranging upwards towards the 30th potency, we get a milder action... and the smaller the dose of the homeopathic medicine the less and the shorter is the aggravation...

It is sometimes true that after the third or fourth potencies of Belladonna in a violent congestion of the brain, the aggravation is violent, and if the medicine is not discontinued the child will die...but with the 30th potency, as Hahnemann observes, this aggravation is slight and of short duration...

This aggravation is unnecessarily prolonged by giving too low potencies; it is also prolonged by a repetition of the dose. I recently observed a state that occurred from repetition. I sent a very robust young woman, twenty years old, a dose of Bryonia to be taken dry on the tongue. However, she dissolved it in water, and was taking it at the end of the second day, when I was sent for, at which time she seemed to be going into pneumonia. She had a dry, harsh cough. "What is the matter with my daughter, doctor, is she going to die?" She was proving Bryonia. I stopped the Bryonia, and next morning she was well. This has been seen a great many times when the remedy was similar. (*Lectures on Homoeopathic Philosophy*, p. 249)

Kent observes that the aggravation due to too large a dose is dangerous in situations where the similarity of the remedy-disease equation is “precise.” This is also the same observation Hahnemann made in respect of homogenic remedies, which were forbidden by the allopaths because of their ability to kill the patient in the large doses then considered necessary. Hahnemann rendered the use of homogenic and homeopathic remedies safe in terms of the concept of the optimal dose.

See: Homogenic Disease

Kent raises the issue of the vitality of the patient. Where patients have a particular sensitivity to a drug, the question of large doses and repetition is a relative one.

See: Arousability and Sensibility

Hahnemann confirms that the antipathic and allopathic methods work on the basis of irritation of the Living Power when he counsels their use in cases of a severe shock that threatens to end life:

§67.1.^{all} Only in highly urgent cases, where danger to Life and imminent death permit no time, not hours, often not quarter hours and hardly minutes, for the action of homeopathic auxiliary means in suddenly arisen accidents to previously healthy persons, e.g., asphyxiation, apparent death from lightning, from suffocation, freezing, drowning, etc., is it permissible and expedient, at least for the time being, to excite the irritability and sensibility (the physical life) again by means of a palliative, e.g., by gentle electric shock, by clysters of strong coffee, by excitative olfactory means, gradual warmings, etc.; once the physical life is again roused, the play of the life organs goes along on its previous healthy course, because no disease* was to be done away with here, but rather only obstruction and suppression of the in itself healthy Living Power.

All of the discussions by Hahnemann regarding suppressions are related to allopathic (including antipathic) treatment.

And yet as one experienced observer has stated:

Important personalities in the homeopathic world affirm that homeopathic suppression could be possible, and some of them maintain that it could be more serious than the allopathic suppression...

Taking into account this clinical reality [the action of homeopathic remedies in stimulating immune system activity at the humoral and cellular level], we are unable to understand through what kind of mechanisms a remedy partially similar could produce any of the suppressive mechanisms of the allopathic medicine and therefore, their consequences. (Eizayaga, p.114)

This same observer has stated:

In no part of the *Organon* does Hahnemann speak of homeopathic suppressions, nor has its possibility, in theory or practice, been demonstrated. (Eizayaga, p. 44)

It is only logical that a remedy given on the basis of the law of similars would be curative. It may be only partly curative, but curative nonetheless. Where then does the charge come that a homeopathic remedy can be suppressive? It seems to arise because of cases where the patient gets worse after the well-indicated remedy, or the patient produces a serious pathology thereafter and possibly even dies.

The problem we face is that there can be dire consequences from taking some remedies. This occurs because the remedy prescribed pathically or tonically releases the underlying disease process or triggers the healing process such that the Life Force begins to tackle the next disease state. This can result in an uncontrolled release unless the physician is aware of the underlying diseases (tonic level) and is then able to treat for them as they arise.

Hahnemann gives a good example of this shift in the footnote to Aphorism 210, where he notes the change to a negative mental-emotional state upon the application of a curative remedy. These releases are not generally amenable to the pathic remedy and then the patient may be told that their case is unclear because the well-indicated remedies (the ones based on the symptomatology) do not resolve the situation. Yet, the prescription of the correct tonic remedy quickly resolves the situation in most cases. However, this may not be effective in those situations where there is a deeper pathology that is unknowingly released by pathic treatment and which does not take account of the underlying disease layers. The removal of the existing discharge of the disease layers may force the disease layers to find a different route for their expression. If this cannot be done, the pressure may prove fatal. That is why it is dangerous to believe in the mythologem of homeopathic treatment always being “safe” simply because it is toxic.

ACUTE DISEASE TREATMENT

While nowhere documented in a specific case to our knowledge, the charge of suppression is often raised in the context of the treatment of acute disease. This can arise in two contexts:

- the treatment of an acute disease which is just a flare-up of an underlying chronic disease
- the treatment of an acute reaction as part of the healing process

In the first case, the argument is generally made that to treat for the acute flare-up and not the broader and deeper case is suppressive, although no convincing example of this has ever been given. Also, the argument goes directly counter to Hahnemann's own directions to treat for acute disease of any sort first, even where this is a flare-up of a chronic miasm. In §94, Hahnemann speaks of acute diseases that rest on a psoric foundation, then details the treatment in §195:

§195.1. In such cases, by no means rare, after tolerable liquidation of the acute state, there must then be directed against the still remaining ailments and the morbid condition-states (habitual for the previously suffering patient) together with an appropriate antipsoric treatment in order to achieve a thorough cure (as has been taught in the book about the chronic diseases).

The argument is also made that one should not treat for any acute reactions during the treatment of a chronic case. Again, this is not exactly what Hahnemann stated. In looking at his directions in this situation (the second noted above), we may gain some further insight into the origin of the claims of suppression.

In the context of one-sided cases (mostly chronic), Hahnemann notes that a remedy may arouse accessory ailments but that they are part of the disease being treated and should not be addressed with a remedy unless they are intense.

§183.1. Therefore, as soon as the dose of the first medicine effectuates nothing more beneficial, (if, on account of their intensity, the newly arisen ailments do not demand prompt aid -- which, however, in very protracted diseases and due to the smallness of the homeopathic dose, is almost never the case) new findings of the disease must again be gathered, recording the State of Disease as it now is, and, in accordance therewith, a second homeopathic means selected that exactly fits the present, the current state, which can be deemed all the more appropriate since the group of symptoms has become more numerous and complete.

Thus, Hahnemann allows for the treatment of an acute situation as part of a healing reaction when the suffering is intense. He seems to imply that otherwise the treatment of the acute situation here would disrupt the remedial process.

This is consistent with our own clinical experience. If relatively mild reactions, such as congestion, skin reactions, loose stool, coughs, etc. are treated because the patient finds them inconvenient, the result is the blockage of the healing process and even a worsening of the condition (return or worsening of deeper symptoms e.g., anxiety that had disappeared or improved upon taking the prior remedy that produced the healing reaction). However, if the suffering is intense, then the application of the acute remedy does not have the same reversal effect. Indeed, it seems to assist in the healing reaction. Why?

The answer would seem to lie in the distinction that Hahnemann makes between state and condition, as well as the concept of Heftigkeit, which has the meaning of both seriousness and intensity. Disease can arise from intense and repeated stress on the organism (shocks, drugs, faulty regimen). Thus, it seems that if the healing reaction is intense enough, it creates a form of acute disease, which then can properly be addressed with a remedial agent. The chronic disease and the healing process are at risk of being suspended while the Living Power of the organism tries to deal with this new, acute disease. Homeopathic aid at this point is consistent with the law of cure and cannot be suppressive because it is treating a disease state. However, giving a remedy for an orderly discharge or reaction which is only inconveniencing or discomforting for the patient is not the treatment of a disease, but only of a condition which risks blocking the required healing process as it is not then based on the law of similars, that is, it is not similar to a disease.

Kent, in commenting on §183, also provided for the use of acute remedies during chronic treatment where the symptoms involve an intense/serious situation, not just an indisposition:

It is right for you, when your patients are under constitutional treatment, to prescribe for a cold, but only when it is not an ordinary one. If the cold is likely to cause serious trouble, then you must prescribe for it; slight indispositions, however, should not receive remedies...

On the other hand, it is an easy matter to prescribe for severe acute diseases; they are decisive, they strongly manifest their symptoms, they are sharp cut in their expressions, the symptoms are prominent, and you will not be confused as you will be in the slight indispositions. The slight indispositions are nondescript; you do not know what to do for them. In vain you seek to find that which characterizes them, and hence it is doubtful about any remedy that is administered being of any value. (*Lectures on Homoeopathic Philosophy*, pp. 227-228)

POTENCY

Sankaran makes the same charge that treatment for the peripheral symptoms is harmful. He does so first on the grounds that allopaths use to charge homeopathy, namely that it prevents the patient from seeking proper treatment:

By ameliorating the joint, it will relieve the patient temporarily, but it is harmful in the long run, because if we keep repeating Rhus Tox, we will find no amelioration in the mentals and generals, which shows it is not the remedy for the patient. (*Spirit of Homeopathy*, p. 96)

This charge is consistent with what Hahnemann is saying, to the extent that the remedy is not for a true disease, but for the manifestations of a primary disease, such as psora. If, however, the person has a Rhus tox disease (due, perhaps, to a physical trauma or exposure to poison ivy which is manifesting itself in a joint pain), then the use of Rhus tox at the right time would be curative.

Sankaran then makes an interesting observation, that the degree of suppression, in the example given by him, is linked to the degree of dynamisation of the remedy. This is because you have to go to higher and higher potencies to keep removing the local symptoms and this forces the Living Power to try to express the disturbance elsewhere, usually at a deeper level in the organism:

So, if you keep on repeating a high potency for a long period of time based on the local modalities, the result will be suppression." (*Spirit of Homeopathy*, p. 96)

Of course, the observation only applies to the degree that the remedy for the treatment of a more peripheral symptom is not linked directly to the disease producing it. This is verified in our own experience and it is also consistent with what Hahnemann stated about the treatment of chronic disease, namely that it requires often the use of several remedies in sequence.

See: *Dose and Harm*

PART VI: CONSTITUTION AND PRESCRIBING

CONSTITUTION: WHAT DOES IT MEAN?

A person's nature is made up of various elements:

1. predispositions
2. temperaments
3. constitution

The predisposition essentially represents the cosmic influences on our development, which can be studied through the symbolic language of astrology. Astrology, if done seriously, attempts to find the interrelationships between our human Wesen and the cosmos. This reflects to a large degree the ancient saying "so above, below."

The temperaments refer to an ancient and medieval aspect of natural philosophy and are dealt with in a more modern version in the medical and educational teachings of the German scientist, Rudolf Steiner.

The temperaments are the choleric (quick to anger and emotion), sanguine (highly reactive and warm emotionally), melancholic (tendency to sadness and introspection) and phlegmatic (calm and slow to react to situations). These temperaments are each related to one of the main fluids or "humours" of the organism. We each possess all of the four temperaments, albeit in different proportions.

The constitution has to do with the state of health. It is what we are when we are healthy; it is what is left when all disease has been removed. Health is not simply the removal of disease, but a positive state of its own.

Rather than symptoms (which belong to the state of disease), we can be said to have characteristics and characterological features in our state of health. These characteristics and features are expressed in behavior, modalities and preferences (likes and dislikes) as well as in certain physical attributes, although these attributes are not as fixed as many think and also vary according to ethnic and racial origin.

We choose remedies that relate to the constitution by means of the totality of distinguishing characteristics and characterological features.

Treatment of the constitution, however, does not address disease, because the constitution has to do with the state of health (sustentive power). Balancing the constitution instead strengthens the ability of the Life Force to resist disturbance and can often make many symptoms disappear, at least for a time. The underlying diseases remain and must be treated eventually, if not at the same time, in order to achieve the curative goal of the true physician.

We might be said to receive our constitution upon conception. If the conditions of our conception are largely healthy, involving no major traumas (either physical or psychological) or protracted diseases, we receive our base constitution, which is referred to as the genotype.

If during our lifetime, we are subjected to significant and persistent shocks, we develop inner armoring that results in a distortion of our normal, healthy energy flow, and may result in a shift from our genotype to a damaged state of health. This altered constitutional state is referred to as a phenotype. These concepts are discussed more fully in the next chapter.

HAHNEMANN'S REFERENCES TO CONSTITUTION

Strange as it may sound, Hahnemann himself never prescribed on the constitution! This is a more modern approach, although a very useful one.

Hahnemann's only references to the constitution arise in the context of assessing the vitality of the patient in terms of dose and potency, not in the choice of remedy:

§5.1. As remedial aids, the data of the most probable occasion of the acute disease as well as the most significant factors in the entire history of the protracted sickness serve the physician in finding out its fundamental cause, which mostly rests on a chronic miasm, whereby there is to be taken into account (especially in lingering cases) the patient's discernible **bodily constitution**, his emotional [*Gemütlich*] and spiritual [mental] character, his occupations, his lifestyle and habits, his civic and domestic relationships, his age and his sexual function

Equally protective does our preservative power exert itself to rescue life at least, if it can do no more, by the formation of organic and dynamic barriers in the interior, against the injurious and inimical assaults of long-continued doses of strong allopathic medicines, that is, by the establishment of permanent alterations of our organisms, which always form a persistent **medicinal disease** that often lasts for years, that is **not capable of being cured** and removed by any human art, and that can **only be changed** back again to the normal state in several years by the vital force itself, provided all medicines are discontinued and the requisite **strength of constitution** still remains. *Allopathy: A Word of Warning to All Sick Persons*, p. 747-48 of the *Lesser Writings*).

Hahnemann also refers to the **bodily constitution in the context of the multitude of individual expressions of the psoric disease. He clarifies here that these expressions of the disease through the individual bodily constitutions produce "disease forms" (i.e., conditions), which are taken by the old pathology (allopathy) as diseases themselves (false disease names).**

§81.1. It becomes thereby to some extent understandable how it could now unfold itself in so many countless disease forms in all the human race, especially when we give ourselves up to the consideration of what multitude of circumstances are wont to contribute to the formation of this great diversity of chronic diseases (secondary symptoms of Psora), besides the also indescribable manifoldness of people's congenital bodily constitutions, which already in and of themselves so greatly deviate from one another, that it is no wonder, if so many different malignities [noxae], impinging from within and without, often lastingly, upon such a variety of organisms permeated with Psoric miasm, should generate untold different deficiencies, deteriorations, mistunements and sufferings, which hitherto were falsely listed in the old pathology as diseases existing in and of themselves under a multitude of their own names.

This idea of the different bodily constitutions is again raised in the context of epidemic disease:

§102.2. All of those afflicted by the epidemic at that time have, to be sure, one disease flowing from one and the same source, but the entire extent of such an epidemic disease and the totality of its symptoms (knowledge of which belongs to the overview of its complete image, in order to be able to choose the most fitting homeopathic remedy for this symptom-complex) cannot be perceived in a single patient, but can only be completely abstracted and gathered from the sufferings of several patients of different bodily constitution.

We gain another clue as to the meaning of constitution in the context of provings. Here Hahnemann deals with the fact that only some people seem to react to a remedy with certain symptoms because of their individual bodily constitutions (which he calls idiosyncrasies):

§117.1. The so-called idiosyncrasies belong to this latter category, whereby individual bodily constitutions are to be understood which, although otherwise healthy, possess a tendency to be displaced into a more or less morbid state by certain things which seem to make no impression or alteration at all in many other people. (*Italics added*)

Idiosyncrasies presented Hahnemann with a theoretical problem regarding his position that medicines affect everyone. His observations proved that this was the case, but then why did this not show up in the provings? Why did not everyone produce the same symptoms in the provings?

The answer lay in the observation that there are two factors involved: the dynamic power of the remedy and the dynamic power of the organism in health. The non-production of certain symptoms in most provers (healthy persons) is only apparent. The remedy acts on each person (has the power to do so), but no apparent change occurs because the bodily constitution resists the disturbance from the state of health. The manifestation remains in latency like Psora in some people because of the overall robustness of the constitution.

Thus, we have here introduced to us the concept that the constitution has to do with the sustentive aspect of the Living Power and, thus, with the domain of health, not disease.

§117.3. For since both the indwelling power of the impinging substance, as well as the ability of the spirit-like Dynamis enlivening the organism to be aroused by this impinging substance are required for these above-mentioned conditions, as well as for the generation of all other morbid condition alterations in people, so can the conspicuous illnesses in the so-called idiosyncrasies not only be laid to the account of these particular bodily constitutions, but must be derived from these occasioning things, in which the power must at once lie to make the same *impression* on all human bodies, except that few amongst the healthy bodily constitutions are inclined to let themselves be transposed by them into a so conspicuous disease state. (*Italics added*)

This concept of constitution as being related to the state of health is reinforced in Aphorism 136:

§136.1. Although, as said, a medicine during its proving in the healthy state cannot generate all of its condition-alterations in one person, but only in many different, divergent body and soul constitutions, however, the tendency thus lies in it (§117) to arouse all of these symptoms in each person according to an eternal, immutable natural law, by virtue of which, all of its actions, even those seldom generated by it in healthy people, are brought to bear in each person to whom it is administered in a disease state of similar ailments;

Hahnemann comes back to the issue of the individual reaction to remedies when he treats the reappearance of symptoms in a prover (that is, the return of old symptoms). This reaction is due to the individual bodily constitution, that is, the action of the artificial disease potency working through the particular state of health of the person.

§138.2. The reappearance of the same symptoms during the proving only then indicates that this person, by virtue of his particular bodily constitution, is especially disposed to be aroused to such like symptoms.

In these references to constitution, Hahnemann raises the issue of the state of health of the organism. Disease, whether natural or artificial, works through the particular constitution of the individual, which resists change for health, whose true *feeling* they have fairly well forgotten...so that it hardly occurs to them to believe that these accompanying symptoms, these remaining smaller or greater deviations from the healthy state, could have a connection with their main malady. (*Italics added*)

Thus, the idea of constitution refers to health, not disease.

To the extent that it is involved in the state of disease, it is only as the filter through which a disease Wesen operates, modifying the various expressions of disease in each individual.

STATE OF HEALTH

The state of health involves the sustentive power, that which maintains the organism in homeostasis. Hahnemann recognized this function of the Living Power as that which is related to health, not to disease. Hahnemann also makes clear that the state of health is a state of nature, different from that of disease.

§95.1. Therefore, in chronic diseases the investigation of the above-mentioned and all remaining signs of disease must take place as carefully and minutely as possible...partly because the patients become so accustomed to the long sufferings that they...view them as almost a part of their natural state, well-nigh mistaking them for health, whose true *feeling* they have fairly well forgotten...so that it hardly occurs to them to believe that these accompanying symptoms, these remaining smaller or greater deviations from the healthy state, could have a connection with their main malady. (*Italics added*)

(Preface) In the yet raw, natural state, few auxiliary means were needed, since the simple way of life admitted of but few diseases...

Hahnemann treated for disease, which is a divergence from the state of health. He did not treat for the constitution, because natural states contain no morbidity in and of themselves, although they clearly modify the expression of morbidity.

Constitutional remedies then, to the extent that they are used, can only act on the sustentive aspect of the Living Power, that aspect of the life energy involved in maintaining a state of health. As such they cannot cure disease. They can only remove indispositions (disturbances of the Living Power that have not yet triggered the generative power) and strengthen the sustentive power to the point that the state and its expression are rendered pathologically latent (back to its pure tonic aspect).

Thus, the constitutional remedy will work restoratively in cases of disease that are not too complicated but will generally fail where there are many or (deeply) entrenched or (highly) inveterate diseases in a patient, in particular the chronic miasms.

CONSTITUTIONAL TYPES: GENOTYPES AND PHENOTYPES

An important contribution has been made to our understanding of disease by the Argentinian homeopath, Francisco Eizayaga, in his Treatise on Homoeopathic Medicine.

Eizayaga perceives, in accordance with Hahnemann, that the constitution has to do with health, not disease. He then points out usefully that there are many features derived from the expression of the constitution but these are, in effect, false ones. They differ from those symptoms that are related to disease itself.

General constitutional characteristics: when a human being is born, he is born with hereditary genetic characters, such as the color of his skin, the structure of his bones, the size and shape of the different parts of the organism, the color of his hair and his eyes, etc. **All these organic structures, just as the different functions of the organs, take place within certain average margins of normality and are acceptable within a range of minimum and maximum degrees beyond which we consider that the individual suffers from some abnormality.** His general and organic functions also move and oscillate within certain limits, such as vital heat, the desire for open air, and his way of perspiring, his way of sleeping, his thirst, his desires and aversions for food. We shall never cure an individual from being inclined to sweets or to highly seasoned food or from wanting iced drinks strongly, by means of any medicine, for the simple reason that the latter are not pathological symptoms and thus cannot undergo any treatment.

Characterologic features: these are not **real symptoms**, but just **psychic characteristics which pre-exist in the individual before any pathogenesis** and must not be considered abnormal either, even though they are taken into consideration for the prescription. If these characteristics figure in our Materia Medica and in our Repertories this is also due to the proven fact that certain individuals who possess the same psychic characteristics of certain medicines are especially stimulated by them; **these constitutional characterological features have been put together with the really pathogenetic symptoms produced by the medicine.** We shall now mention some of the most remarkable characteristics which figure in our Repertory: desiring activity (industrious); cheerful; disappointed; desires affection; passionate; busy; shrewd; quiet; singing; desires company; aversion for company; conscientious; critical; censorious; joking; mildness; frowning; naive; introspective; industrious; weeping easily when talking about his symptoms; active memory; sensitive to music, to rudeness, to external and sensual impressions; joy; reserved; sentimental; calm; courageous; vivacity.

What we wish to point out absolutely clearly is that none of these constitutional genetic characteristics, which depend on the genotype, is pathological; therefore, none of them can undergo a treatment nor is it curable. We only advise to prescribe the genotype's constitutional medicine to prevent future ailments. In other words, to prevent the diseases from which human beings will fatally suffer. (pp. 255-256 –original bold type; underlining added)

The **constitutional medicine** is, besides, the greatest preventative medicine we know for metabolic, dyscrasic, rheumatic, neoplastic diseases, etc. because it is capable of maintaining the organism in an enviable dynamic equilibrium. (p. 239) (underlining added)

GUIDE TO CONSTITUTIONAL TYPING

If we look at a common, "classic" guide to deriving symptoms (Pierre Schmidt), we will quickly see that the vast majority of questions relate to the state of health and some deviation from it under stress, not to the disease(s) of the patient.

1. At what moment of the twenty-four hours of the day do you feel least well from a general point of view?
2. During what season of the year do you feel least well?
3. What do you feel like during cold weather, warm, dry, hot weather?
4. How does fog affects you?
5. How do you feel in the sunlight?
6. How do changes of climate affect you?
7. How does snow affect you?
8. What climate is not endurable to you? Where do you like to spend your holidays?
9. How do you feel before, during and after storms?
10. What are your reactions to North Wind, South Wind? How do you like windy weather?
11. How do you endure drafts and changes of temperature?
12. How do you endure the heat in general, the heat in bed, in a room, of an oven, stoves or central heating?
13. What are your reactions to extreme temperatures?
14. What are the differences in your manner of dressing for summer and winter? What covers do you require at night when you are in bed?
15. How often do you catch a cold in winter or in other seasons of the year?
16. How do you keep the window when you sleep at night?
17. What is your most comfortable position? Seated, standing or lying down? Why?
18. How do you like standing, say for a fitting or when you are waiting for a bus or other transportation? How do you endure the kneeling position?
19. What sport do you practice? When and how frequently?
20. How do you tolerate boat trips, train trips?
21. From a general point of view, how do you feel before, after or during a meal?
22. What is your appetite like? What food could you easily omit?
23. When do you feel the need to drink? In what quantities?
24. What foods are not convenient to you? Why?
25. How do you tolerate wine, beer, coffee, tea, milk, vinegar?
26. What effect does tobacco produce in you? How much do you smoke a day?
27. What medicines or external or internal substances make you ill?
28. What vaccinations have you had and what effects did they have on your health?
29. How do you tolerate hot or cold baths and sea bathing?
30. How do you feel at the seashore and in the mountains?
31. How do you endure collars, belts, close-fitting clothes?
32. How do your skin wounds heal? How long do they bleed?
33. Under what circumstances have you ever fainted?
34. What are the worst griefs you have ever had in your life?
35. What have been your greatest joys?
36. Which are the moments during the twenty-four hours of the day when you feel depressed, sad or pessimistic?
37. How do you endure difficulties and grief?
38. What makes you cry? Does music make you cry? Admonitions? At what moment during the day?
39. What effect does consolation have on you?
40. When have been the times you felt despair?
41. In what circumstances do you feel jealousy?
42. When and why do you feel anxiety and fear? Fear of the night, the darkness, of being alone, of thieves, of crowds, of certain animals, ghosts, impending evil, a grief, insanity, noises at night, poverty, storms?
43. How do you feel in a room full of people?
44. Do you get red or pale when you are angry? What makes you angry, and how do you feel afterwards?
How do you bear waiting?
45. How do you walk, how do you eat, how do you speak, how do you write?
46. What have been the consequences or repercussions of your griefs, disappointed love, humiliations, mortifications, indignations, bad news, fears?
47. How do you deal with the idea of death when you are depressed or pessimistic?
48. Certain persons suffer when their things are not in perfect order, others are indifferent to this matter. What is your attitude?
49. What is your character like, before, during and after menstruation?
50. Which are the foods to which you feel a marked desire? Cakes and pastries, candy and sweet things, acid things, spiced foods, fatty and greasy food, butter, bread, fruit, fish, meat, coffee, wine, beer, salt?
51. For which foods do you feel aversion?
52. What foods make you ill and which are those you cannot eat?
53. In what position do you sleep, and since when have you done so? How do you place your head, your arms, your legs?
54. What do you do while you sleep?
55. At what hour do you wake up? What are the hours when you have insomnia and what are the hours when you feel sleepy? To what do you attribute this?
56. Describe the dreams which are recurrent most frequently.
57. At what age did you start to menstruate?
58. With how many days interval between periods and with what regularity?
59. How long does it last, how much, what color, how does it smell? What aspect and consistency does the menstrual blood have?
60. How do you feel before, during and after menstruating? Physically? Morally?
61. What are you suffering from and what is it you wish to be cured of?

Here we meet another important concept, that of the constitutional genotype. This is the primordial state of the individual in a primary state of health, ulterior to any traumatic events or natural diseases affecting the organism and ulterior to the chronic miasms being engendered and/or becoming active in the individual.

When events occur which stress the person in its original state of health, the constitution can shift to another, protracted state, which Eizayaga calls the "phenotype." Essentially the phenotype is the characterological (p. 256) state induced by disturbances, or the expression of the individual under stress.

3) Constitutional phenotypical diagnosis. This is the diagnosis that emerges from the narration not only of the pathological sufferings (hereditary antecedents of the disease which last from infancy, surgical procedures the patient has had, vaccinations and serums received and from traumas experienced) but also, and especially, those which have signified a grave suffering such as an emotional trauma, a deep grief, a state of spiritual tension, a grave worry or a responsibility the patient cannot shake off. The personal history focuses not so much on the anecdotal facts in themselves, be it the death of a loved one, a grave offence received, a repressed humiliation, a fright, the abandonment of a child by his parents, the excessive rigor of his upbringing, brutal punishment received, violence carried out by a drunken father against a self-sacrificing mother, etc. as much as the emotional reaction suffered by the patient. (p. 134)

From his analysis of genotype and phenotype, Eizayaga draws a useful distinction between the features of the individual and the symptoms of the disease. Treating for the first (constitutional prescribing) does not treat for the disease, except indirectly in the earlier stages by rendering the disease latent (that is, without symptomatic expression) or in righting a non-chronic disturbance such as an astrological (meteorological?) indisposition of greater or lesser duration or imbalances due to certain anomalies in lifestyle (having to stay up late working every night for a week or being ice-locked in the Arctic while on an expedition, etc.). Disturbances which are not 'ingenerated', but stress from without, can be overcome by 'powering up' the inherent capacity for equilibrium in the constitution.

The patient's prodromal psychosomatic symptoms: they comprise psychic disturbances of an emotional, affective and volitional type, such as anxieties, fears, diverse emotions, disturbed affections, indifference, etc., and general disturbances, such as of sleep, appetite, perspiration, or perturbations of the vital temperature or of the general well-being with no particular organic localization. These are the typical symptoms of the patient who will suffer from future diseases and which therefore precede the symptoms of the disease itself. They are revealing a pathological alteration of the phenotypical constitution which must be treated with the so-called fundamental remedy or simillimum with which we shall not only cause the disturbed individual to recover but also we will prevent the future evolution and organic localization of the progressing disease. (Eizayaga p. 257)

That the phenotypical constitution can and does revert to the genotypical constitution once disease has been cured is another valuable insight provided by Eizayaga, and one confirmed numerous times by the author:

Should the local remedy be one and the fundamental remedy another, we shall be obliged to start treatment by the local remedy in order to go on with the patient's remedy or the fundamental [phenotypical constitutional] remedy at a second stage. We shall deal with the diathesis or miasmatic terrain later on, and lastly, with the genotypical constitution. (Eizayaga p. 260)

Once disease has been completely cured and the patient has recovered his psychosomatic equilibrium [treatment of the phenotype], we only prescribe the constitutional remedy. This constitutional remedy [here meaning 'genotypical' constitutional remedy] does not cure anything; it just prevents disease. (Eizayaga, p. 261).

KENT AND THE BIRTH OF CONSTITUTIONAL PRESCRIBING

What did Hahnemann mean then with his references to "constitution?" As we have seen, what was important to take into account in the case-taking was the degree of the level of health or vitality of the patient. This was important in terms of the dose and potency, as a quantitative factor, not a qualitative one in prescribing "constitutional" remedies (of which there is no mention in Hahnemann), or on "constitutional factors," or for constitutional types. Constitutions had no provings for Hahnemann.

However, the idea of prescribing on the constitution entered into homeopathy as a means of prescribing for disease. The confusion arose because of a profound misunderstanding of the two aspects of the Living Power, the dual nature of disease and the concept of constitution as meaning health, not disease. It also arose because of the one-sided view of disease as being only the expression of the disease in the individual disease symptoms of the patient, that is, the pathic (individual, variable Wesen) diseases.

Thus, prescribing for the disease symptoms of the patient became confused with prescribing for the underlying constitution of the patient because it is the patient who gives the changes in feelings, functions and sensations that produce the symptoms, and many of these are mental and emotional ones that can be related to health or disease depending on the particular situation (e.g. a man may prefer to be alone at times and this may form part of his nature, but in another it may be a sign of disease, or a man may be industrious as part of his nature, or to the point that he ignores his family and health because of anxiety, or fear of poverty, even though he his well-off).

The birth of constitutional prescribing can be traced to the influential works of James Tyler Kent in the latter half of the 19th Century in the United States.

Kent nowhere defines constitutional prescribing. However, in reading his lectures, we can see the development of his "constitutional" philosophy out of a struggle with allopathy on the basis of his misunderstanding of Hahnemann in a few key areas:

1. Rejection, along with Hahnemann, of the allopathic materialist notion of disease which saw man as a collection of parts, not a dynamic entity. For Kent, the focus was on the patient, not the diseased tissue: "It is a man that is sick and to be restored to health, not his body, not the issues." (Lectures, p. 11)
2. Acceptance of Hahnemann's dynamic idea of disease, at least in the sense that disease is first a disturbance of the Living Power of the whole person, not just the particular changes in tissue of a part of the individual, which again reinforced the view of the whole person as being the locus of attention.
3. The promotion of the idea that disease can only be known and treated through the outward expression, the totality of symptoms (homeopathic pathology or suffering) of the patient, not through the observable tissue changes (allopathic pathology or morbid matter). Kent, however, had a more limited view of what Hahnemann meant by "totality of symptoms."
4. All of the above led Kent logically to equate disease with the individual who is sick, because it is the individual symptoms of the patient that are needed to find the pathic remedy. With this focus, the need to treat the disease becomes forgotten. The individual becomes the disease. Further, mental symptoms and physical generals became for Kent the most important symptoms because they were indicative of the whole person as opposed to parts of the person (particular symptoms). Remedies that were prescribed on this basis were the deepest acting and deemed constitutional (whole person) in nature (as opposed to acute remedies or ones that only covered the lesser particular symptoms).

Each of the first three steps seems to follow Hahnemann's teachings. However, Kent's understanding of Hahnemann's teachings on these points is only partial because it leaves out two important aspects:

1. First, there is no understanding of the role of the disease Wesen, as independent entities acting on the human Wesen. A comprehension of this dynamic insight of Hahnemann would have prevented the confusion of disease and patient.
2. Second, there is no understanding of the two sides of the Living Power, the sustentive and generative powers. Again, this insight helps to distinguish the constitutional remedy which treats the whole person but does not cure from the remedy which is curative (because it eliminates the disease Wesen).

Disease represents a disturbance of the normal state of health of the individual and this leads in many cases to symptoms. However, disease can be latent and not produce any symptoms perceivable by the senses. There are many patients who are not suffering but who are nonetheless sick.

There are two aspects of disease reflected in the two aspects of the Living Power:

1. The initial action of the disease Wesen on the generative power. This leads to the engenderment of a disease entity within the Living Power.
2. The counter-action of the sustentive aspect of the Living Power attempting to rid the organism of the disease, producing symptoms (suffering) through the constitution (state of health) of the individual.

In the Introduction to the 5th Edition, which Hahnemann specifically retained for his 6th Edition, he states that disease is made up of the "primary action of the disease malignity" (what Hahnemann usually names the "initial action") and the "self-help reaction of the Living Power" (what Hahnemann also calls the "back-, after- or counter-action").

The inner process in diseases becomes known only through the perceptible alterations, ailments and symptoms — the only way our Life gives utterance to the inner disturbances — so that in each case at hand we never even come to know which of the disease symptoms is a primary action of the disease malignity or which is a self-help reaction of the Living Power. Both [actions and reactions] flow into each other before our eyes and present to us an outwardly reflected image of the total internal suffering, in that the unhelpful exertions to end the suffering of life left to itself are themselves sufferings of the entire organism.

Both of these sides of disease need to come together to form the outward image of the inner disease process. However, where the vitality of the patient is weak, there may be little response, or the patient may have effectively blocked the energy flow so that none of the disturbance appears visible to him or to others.

Disease has a functional duality that mirrors the functional duality of the Living Power and that, in turn, is mirrored in the functional duality of the remedial process (the initial action and the after-action).

IDENTIFYING THE

GENOTYPICAL AND PHENOTYPICAL CONSTITUTIONS

GENOTYPE

The genotype is the base, that which we are at conception, without significant traumas and with the chronic miasms either latent or minimal.

But, how do you determine this genotype?

We must necessarily obtain information about the individual that relates essentially to their reaction to their environment in a state of health, meaning within a range of normalcy. This requires information different from the disease symptoms

The clearest cases of health, and the most useful to identify the genotype, occurs in healthy babies. Babies make a good starting point for observation because they have usually had few traumas or stresses and their miasms are usually still latent, or in a few cases, non-existent.

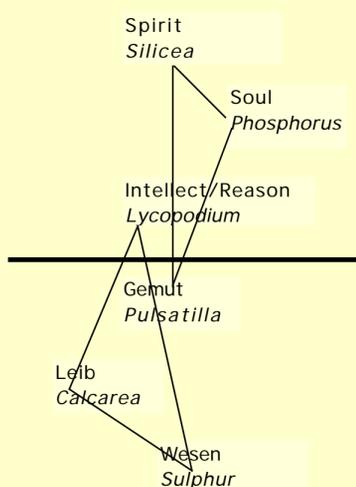
Using the criteria of constitution as health and the method of determining the genotype based on characteristics and characterological features, we have observed that for babies in a relatively healthy state the genotypes appear to be limited to six remedies:

Sulphur
Phosphorus
Pulsatilla
Lycopodium
Calcarea
Silica

Once you become familiar with these remedies, you can see that Sulphur and Silica represent the opposite ends of the constitutional spectrum, reflecting the two poles of the Geist (mental) and the Gemüt respectively. Sulphur is mostly emotion (arising out of the Wesen pole) and Silica is mostly intellect (arising out of the Geist pole). The other remedies can then be ranged on a continuum relating to the degree of Intellectual Quotient (IQ) and Emotional Quotient (EQ).

Silica - Lycopodium - Calcarea - Phosphorus - Pulsatilla - Sulphur

It seems that each of the genotypes can also be related to one of the supersensible members of the human being, again according to their particular characteristics and features. If this is the case, it may be that we each contain all of the genotypes in us, but that the locus of our activity tends to be concentrated in one or other member, thus creating a particular coloring of our constitution that comes through as one of the genotypes. Some people seem to have more than one almost evenly apportioned, some cycle more easily through two particular triads: Sulphur-Lycopodium-Calcarea and Silica-Pulsatilla-Phosphorus.



PHENOTYPE

We do find other seemingly permanent constitutional states in adults and even older children (rarer, but not uncommon). However, based on observation, these appear in those persons who have been subjected to significant emotional trauma, or more likely, a series of traumas, such as death in the family, abuse or a divorce or to the suppression of their natural creative (sexual) energy.

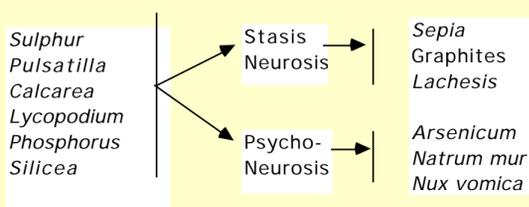
Under such stress, the constitutional state can shift into a secondary one, which we can call the phenotype. This is the constitutional state shifted seemingly permanently into one of disturbed function. The stress on the constitution, against the backdrop of the chronic miasms and false belief, is such that the original state of health cannot hold and a secondary one is created as a defense. The state of health shifts in response to the presence of disease.

Can we also identify these secondary constitutions? Again, from our experience, traumatized children (death in family, abuse, etc.) and adults will normally be found to exhibit the following further range of constitutions:

Sepia
Lachesis
Arsenicum
Graphites
Nux vomica
Natrum muriaticum

These secondary remedies represent the result of the suppression or repression of the natural flow of generative energy in a state of health, either at the psychic level or the physical level.

This adds further evidence to the work of Dr. Wilhelm Reich in the first part of this century on the development of Freud's distinction between psychoneurosis and actual (stasis) neurosis. Based on our understanding of the remedies (through the materia medica) and of the concepts of Reich's psychoneurosis (blockage of energy stemming from internal prohibitions, termed repression) and stasis neurosis (blockage of energy from the suppressive impingement of the environment), we can divide the six remedies into two groups.



It is interesting to note that Hahnemann when assessing Mesmerism also seemed to be aware, through his genius, of the creation of neurosis which could result in suffering:

§288...more equally distributes the life force that has accumulated all-too-much in other places, thereby arousing and maintaining unnamable nervous [neurotic] sufferings.

Beyond this first stage of phenotypical states, it is more difficult yet to identify others. In order for the state of health to be pushed even further into a defense against stress, the degree of stress would have to be tremendous and we would then get extreme cases which tend to be handled in the official institutions and are seldom seen by most homeopaths.

As Eizayaga interestingly notes, without naming the remedies themselves, in the constitutional domain there are only 12-14 remedies:

If we must treat all our patients only with the fundamental remedy or with the constitutional one, we shall be limited to prescribe from twelve to fourteen medicines... (p. 282).

Why then do we also have many other remedies presented as constitutional types, such as Kali carb or Natrum sulph? This is due to a failure to distinguish the "symptoms" [features] of the constitution (health) from those of the symptoms of the disease(s) that are being expressed through the constitution (i.e., the pathic dimension of disease).

DETERMINING THE CONSTITUTION

How is the constitution determined? This is an important issue when one is dealing with the totality of symptoms of the patient. Which indications are those of the patient truly in health (desire undetermined by belief), and which are of the patient through the disease (desire deformed by belief)?

As earlier noted, Eizayaga provides us with a full and clear description. It is to be based on the "general constitutional characteristics" and on the "characterological features."

General constitutional characteristics:

-hereditary genetic characters, such as the color of his skin, the structure of his bones, the size and shape of the different parts of his organism, the color of his hair and his eyes, etc.

-general and organic functions within certain limits, such as vital heat, the desire of open air, and his way of perspiring, his way of sleeping, his thirst, his appetite, his desire and aversions for food.

Characterological features

-e.g., desiring activity (industrious); cheerful; disappointed; desires affection; passionate; busy; shrewd; quiet; singing; desiring company; aversion for company; conscientious; critical; censorious; joking; mildness; frowning; naive; introspective; industrious; weeping easily when talking about his symptoms; active memory; sensitive to music; to rudeness; to external and sensual impressions; joy; reserved; sentimental; calm; courageous; vivacity.

Thus, the constitution is determined on the basis of the healthy characteristics and characterological features of the individual, within a range of normalcy. Much of this information is contained in the Materia Medica by the fact that the provings would not have distinguished clearly between the characteristics and characterological features and the indications of the remedy being proved. However, many of the features of the state of health, that is, the genotypical constitutions, are not recorded. What is still needed is a Materia Medica of health, a Materia Medica Santa. In the meantime, we can consider the pioneering works of Gutman, Whitmont and Catherine Coulter as downpayment portraits of constitutional types in health that would partially satisfy any "inquiring minds."

The phenotype, however, represents a mix of normal characteristics and characterological features and symptoms and features of disease. For the phenotype, we must also take into account the impact of the various diseases extant in the patient.

Kent's Materia Medica was an attempt to give voice to the essence of a remedy, and in particular the polychrests, which best expressed the "constitutional" dimension (albeit, without a clear understanding at that point as to what the term meant). Again, the main dozen remedies noted above seem to have received the preponderance of analysis. This was reflected in daily practice as well. More recently, attempts to analyze the constitution have also focused on these dozen remedies. We have William Gutman, Edward Whitmont, Catherine Coulter and Philip Bailey who have approached the constitution from a mainly psychological perspective and have, thereby, brought out the healthy aspects as opposed to the disease aspects of the remedies.

As Gutman explains, the conception of the remedy in a constitutional context requires that the approach to understanding be different, in order to grasp the essence, or tonic aspect of the remedy:

Science is not possible without preceding or accompanying philosophical thought. The basis of modern scientific thinking derives from Descartes. Following his approach an attempt is made to analyze the physiological effect of Lycopodium, so far never explained. Diametrically opposed follows a presentation of the picture of Lycopodium in the spirit of a different mode of thinking, signified by the names of Leibniz and Goethe. (*Homeopathy*, p. 115).

The principle of constitutional prescribing is one of a state of health. There can be deviations from this state of health that do not involve actual impregnations of the generative aspect of the Living Power. In this sense, it would seem that it is then based on a ruling desire (natural desires) uncorrupted by belief. Desires are expressed "wholesomely" and "good naturedly." This is almost the image of Rousseau's noble savage. However, it is the "noble savage" balanced by the integration of the intellect. Indeed, this is much to the image of the Heilkünstler, free of prejudice, able to use his various organs of knowledge to participate the patient and the disease case to achieve true knowledge (Diagnosis) of the disease(s), the remedial measure(s) required at any point, and how to prescribe them.

PART VII: FURTHER DEVELOPMENT OF HAHNEMANN'S SYSTEM

HAHNEMANN'S BLUEPRINT

The scope of homeopathy is a subject which has received too little consideration by teachers and practitioners alike. Hazy and confused ideas prevail. As a result we find on the one hand a few sincere but misguided enthusiasts attempting the impossible and bringing ridicule upon themselves, and on the other hand, the great majority, ignorant of the higher possibilities...one believes too much, the other too little. Neither knows why he succeeds in one case and fails in another.
— Stuart Close, The Genius of Homeopathy

Hahnemann's genius provided us with a living legacy, a blueprint for a new system of medicine and living. Because his genius was not understood by many, certain elements of his teaching were developed outside the mainstream of homeopathic thought and practice after his death. As often happens in science, it is those who have not been captured by the orthodoxy of the day who can stand back from it and see beyond its confines. We have taken a journey through Hahnemann's genial mind and we can see the outlines of the complete system of medicine that he called Heilkunst.

Let's take a look at what it comprises so far:

- Regimen - healthy living, both morally (diet and exercise for the mind and soul) and physically (diet and exercise for the body) - here we can include tissue salts, flower essences, vitamins, nutritional eating, herbs, all the various manipulative techniques such as chiropractic, osteopathy and reflexology, hydrotherapy, orgone accumulators, etc.
- Cure of acute natural diseases using general homeopathic remedies.
- Cure of natural chronic miasmatic diseases using anti-miasmatic remedies.
- Cure of iatrogenic disease using isotonic remedies.
- Cure of homogenic diseases using specific remedies relating to the disease irritation.
- Treatment of specific organs and tissue systems using organotherapeutic remedies.
- Removal of toxic build-up in the tissues and cells as well as reversal of morbid tissue through homotoxicological treatment.
- Cure of ideogenic diseases through state-based prescribing of both medicines and psychotherapy.
- Use of surgery to correct physical damage that cannot be reversed, supported by regimen and medicines.
- Use of preventative measures in terms of hygiene, homeopathic immunisations, epidemic prescribing.

One can see a hierarchy of treatment that the patient should undertake. Just as the physician and the Heilkünstler have to qualify in order to practice, the patient must also qualify for each level of treatment if it is to have the greatest chance of success. Depending on the nature of the disease and its extent, treatment without following this hierarchy may be successful or appear to be so, but the more complex the case, the less likely the results will be favourable unless the hierarchy is followed closely.

It is entirely possible for there to be success at each level, and seemingly quite dramatically in terms of the removal of the suffering of the patient. This generally only occurs if the focus of the disease state of the patient is at the level of the therapeutic approach, or if the sustentive power can be boosted sufficiently by regimen to render the disease(s) latent. Thus, we can see that the use of the law of similar resonance can operate in many different dimensions and from the two sides of disease, as well as in the realm of the constitution. Depending on the complexity (degree of multi-dimensionality and of the depth of each of the dimensions) of a case, the suffering of the patient may respond well, partially or not at all to various approaches.

We can also discover that therapies focusing on regimen can “cure” cancer in some cases or make many other serious conditions go away. Given the multi-dimensional nature of disease, we can also see that each therapy can rightly boast of thousands of “cured” cases. It is a fact that the pathic approach to the use of the law of similar resonance, with occasional forays into the tonic side (traditional homeopathy, more recently narrowed into “classical” homeopathy) has seen dramatic cures, particularly in acute cases, but also in chronic ones.

These cases can be read about in the literature as they are often published. There are clearly experienced and gifted practitioners that seem to have better success rates than others. Each seems to do well in certain areas, and each has patients that have had to go to others to see success. Most cases in the literature can be categorised as only partial cures from the information provided and in the light of the knowledge of the multi-dimensional nature of disease, much as Hahnemann categorised his cases as cures prior to the discovery that they were relapsing, or that the underlying state of health of the patient was regressing, which led him to the discovery of the chronic miasms.

However, some cases, but these are significantly fewer in number, seem to represent a more complete cure, the suffering of the patient being completely removed and changes occurring at the mental/emotional level – in the behaviour, thought process and relationships (to people, material things, work, spiritual matters), in the degree to which the heart is open. There are clearly many dimensions to curing, matching the many dimensions of disease. The more diseases that are removed along the hierarchy laid out by Hahnemann from his observations of nature, the deeper and wider the improvement, and the greater the “salvation” of the patient. The German term “heilen” has both the concept of cure/healing and salvation.

The issue then is not so much whether there are or are not cured cases based on the classical approach, but how many cured cases there are in proportion to patients treated, cured how deeply, and according to what criteria. Having a more profound understanding of disease gives us a greater appreciation of the extent to which any given case or treatment can be called a cure.

HEALTH

Disease Prevention

Regimen (maintenance doses)

Prophylaxis (potentised)

Constitutional Remedy (genotype)

DISEASE

Phase One

Physical Regimen (macro-doses)

Organotherapy

Acute Resonant Remedies (for true acutes and flare-ups)

Psychotherapy (both similar and contrary)

Homotoxicology (for morbid pathology)

Phase Two

Removal of psychic and physical scars (on dynamis)

Homogenic

Iatrogenic

Pathogenic

(supported by pathic remedies/based on law of cure of reverse order of disease states)

Phase Three

Removal of chronic miasmatic diseases

Pathogenic nosodes

(supported by pathic remedies as needed)

Phase Four

Removal of protracted ideogenic diseases (arch beliefs)

Ideogenic specifics

Grounding in the Genotype

HOMOTOXICOLOGY

57.3. Necessarily, therefore, all artificial imitation and also suppression of these efforts must either increase the malady or, by suppression, render it dangerous; allopathy does both — those are its injurious practices which it passes off as remedial art, rational remedial art!

Just as Sankaran took §211-212 as the basis for state-based prescribing, we have here the basis for the system of homotoxicology developed by Dr. Reckeweg.

Dr. Hans-Heinrich Reckeweg (1905-1986), German-born and trained, attempted to combine his knowledge of physiology with the law of similar resonance. His work led him to develop a systematic description of the natural healing reaction at the bio-chemical level in terms of a “table of homotoxicosis,” that is, the process of internal build-up of toxins and the progressive worsening of the ability of life at the cellular level to maintain a state of health in the face of disease. He has, thereby, rendered the dynamic nature of disease more transparent to us at this level. Because his focus has been the impact of allopathic drugging, he has also provided a precise description of the process of iatrogenic disease (morbid effects). This is the dangerous suppressive effect of drugs noted by Hahnemann made transparent in bio-chemical terms. Finally, whereas Hahnemann despaired of treating the chronic effects of drugs (iatrogenic disease) during his time, Dr. Reckeweg provided a means of treatment of iatrogenic disease at the tissue level using the law of similars. Dr. Eizayaga refers to the same possibility under the term “tautopathy.”

Dr. Reckeweg sees an orderly and repeatable progression in the healing reaction (which we call disease, and which Hahnemann also recognised as one side of disease) related to the action of enzymes.

The active agents in the flow system are the enzymes. They act under the direction of the hormones of the vegetative nervous system. Where there is no interference with the activity of this nervous system, the natural healing power works in a manner comparable to that of a computer.

In my researches I have found that this natural healing power always follows its proper natural course leading, under stimulation treatment, to the most unexpected solutions. (p. 13, *Homotoxicology*)

Dr. Reckeweg points out that at the level of metabolism and the tissues, the laws of biochemistry hold sway to a large degree. His focus is on foreign substances, which interfere with the normal metabolism of the organism and then cause the organism to react. The foreign substances are essentially seen as drugs or poisons that suppress the normal healing reaction and cause a progressive worsening (vicariation) of the state of health. There is a recognition that psychological stresses can also cause toxins to be produced that block normal metabolic functioning. In the Chronic Diseases, Hahnemann describes the different levels of progression of chronic miasms, from the initial, primary stage, to progressively worse conditions of the disease state. Cf. Hahnemann’s secondary (or tertiary) levels of chronic, i.e., degenerative diseases.

The value of Dr. Reckeweg’s system of homotoxicology is in the treatment of disease that has been pushed to the point of severe morbid tissue degradation where treatment of the disease at the higher level of functioning of the organism cannot produce results. This transition phase between functional disorder and severe morbid tissue change is called by Dr. Reckeweg the “biological section.” Disease prior to this section is still amenable to remedies focussed at the higher level of dynamic action. As Close and Roberts stated, homeopathy (and here they mean pathic prescribing) concerns itself only with functional disturbances, which provide clear and vigorous symptom pictures. Beyond that it is less successful. This is why Hahnemann despaired of curing those who had been drugged for years.

§75.1. These botchings of the human condition produced by the allopathic calamitous art (at its worst in recent times) are among all chronic diseases the saddest, the most incurable, and I regret to say that when they have been driven to some height, remedies never indeed seem to be able to be invented or devised for them.

This is also why Kent eventually wrote his 1911 article in his final years on the need to shift the focus of prescribing in cases of pathology (allopathic) –

See: Kent and the Two Sides

Dr. Elmiger for his part noted that there was a point beyond which his traumatic treatment (for the homogenic and iatrogenic dimensions of disease) would not work.

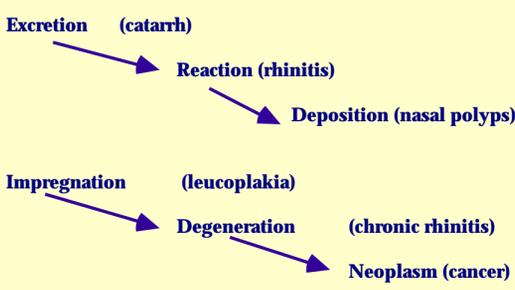
Dr. Reckeweg provides an explanation of the principles of operation of disease at the level of morbid pathology and an effective method of treatment based on a principled application of the law of similar resonance. He calls this approach Homotoxicology.

THE DISEASE PROCESS AT THE TISSUE LEVEL

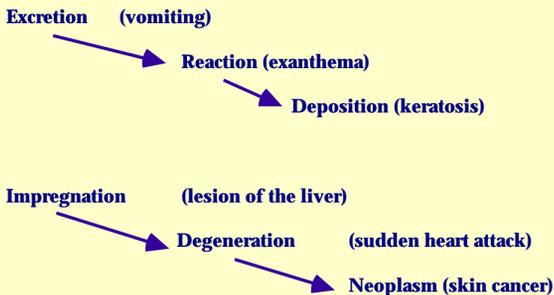
This disease process at the tissue level is divided into three parts, each of which has two phases:

- 1) Excretion of toxins – this is the first reaction phase of the organism, trying to get rid of the foreign substances. This phase can further be divided into two aspects or phases:
 - a normal physiological aspect (excretion proper, such as perspiration, discharges)
 - a more pathological aspect (inflammation, or what he calls the reaction phase).
- 2) Deposition of toxins – this is the second reaction phase of the organism wherein the organism is unable to get rid of the homotoxins and has to deposit them somewhere.
 - In the first sub-phase the homotoxins are deposited but do not damage the organism (deposition phase).
 - In the second sub-phase the homotoxins cross a biological divide and now penetrate the organism (impregnation phase) which comprises its integrity.
- 3) Degeneration of tissue through the action of the toxins – as a result of the impregnation of toxins, the toxins now begin to damage the cells.
 - In the first sub-phase of the degeneration (degeneration phase), the toxins start to break down the cells.
 - In the second sub-phase (neoplasm phase), the damage is so extensive as to present a systemic breakdown of the organism in the forms of cancer.

Disease is seen as the reaction of the Living Power of the organism to foreign substances or homotoxins. In this sense, disease in Dr. Reckeweg’s conception involves the sustentive power or what Hahnemann called the after- or counteraction. This is consistent with the understanding that homogenic and iatrogenic diseases are mainly in the realm of the sustentive side of the Living Power.



Disease can also be viewed through the second dimension of the tissue level of the organism. Here, the division is into the ectodermal, entodermal, mesenchymal and mesodermal tissues that are related to various organ systems. With this added dimension, the process of progressive vicariation (worsening of disease) along the lines of the above can change from one tissue level to another at any phase.



THE TABLE OF HOMOTOXICOSIS

This table illustrates the natural healing reaction to disease on the part of the sustentive power. It is a two dimensional view of the disease process at the tissue level.

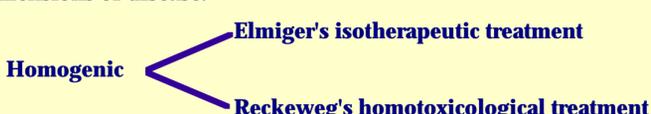
The various stages of the disease process at the tissue level are arranged horizontally, from left to right. The first three stages – excretion, reaction, deposition – are the domain of natural healing. Here, the humoral immune system is intact. The second three phases are on the other side of the biological section.

The tissue levels affected are arranged vertically from the ectodermal to the mesodermal. The table is divided by the biological section, which represents the stage of transition from functional disorder to morbid tissue change.

See: Table of Homotoxicosis

Disease which is still within the functional domain, including tissue change which has not yet broken through the integrity of the cellular structure and functioning (deposition phase), is amenable to treatment directed against the shock itself. This is because the sustentive power is capable of then restoring balance at the tissue level on its own (natural healing process). Dr. Elmiger’s treatment for the homogenic and iatrogenic dimension of disease is highly effective at this level.

However, once the cellular integrity has been breached (impregnation phase), the capacity for such treatment directed at the trauma itself is greatly diminished. The sustentive power no longer has the same capacity to reverse the process (except by heroic measures such as Gerson Therapy, and over an extended period of time). The use of medicine used according to the law of similars and directed at the tissue level is also effective. This is the realm of Dr. Reckeweg’s treatment. While Dr. Reckeweg’s research is oriented to the impact of drugs at the tissue level, it is equally applicable to any trauma at the functional level that, as part of a series over time, so overwhelms the defenses of the immune system as to move across the biological section into tissue damage. Drs. Elmiger and Reckeweg form a functional pair for treatment at the homogenic and iatrogenic dimensions of disease:



PROGRESSIVE AND REGRESSIVE VICARIATION

The change from a relatively harmless illness (tonsillitis), designated as reaction phase, into a very dangerous degeneration phase (leukemia) is called progressive vicariation.

See: Table on Homotoxicosis - Left to Right

Conversely, leukemia as degeneration phase can regress into the harmless reaction phase, tonsillitis (or into another reaction phase). This we call regressive vicariation.

See: Table on Homotoxicosis - Right to Left

The dangerous progressive vicariation is induced by non-biological methods or drugs which suppress the normal manifestations of the disease. Usually this occurs through repression of an inflammation especially by suppression of pathological (or physiological) excretions, such as pus, discharges, transpiration, etc.

In the Table of Homotoxicosis the biologically dangerous progressive vicariations appear as a transfer to the right and/or downwards, while the biologically favourable regressive vicariations appear as a transfer to the left and/or upwards. (p. 23)

The shift to the right and downwards in progressive vicariation (worsening) is due to the fact that the retention of homotoxins due to allopathic treatment will affect different levels of tissue depending on the toxins involved.

Treatment of disease to the right of the biological section involves both regimen (nutrients and enzyme/hormone replacement) and medicine (by the law of similars via the principle of tautopathy). The effect is to cause a reversal of phases, back across the biological section to the reaction phase and then excretion phase and back to health. Let’s take a look at an example of both progressive vicariation under drug treatment at the reaction phase (tonsillitis) and regressive vicariation under resonant treatment.

TABLE OF HOMOTOXICOSIS

PROGRESSIVE VICARIATION

Humoral Phases Diseases of Disposition

Tissue	Excretion Phases	Reaction Phases	Deposition Phases
1. Ectodermal a) epidermal	Perspiration, ear wax, sebura	Exanthema	Keratosi
b) orodermal	Saliva, cold, catarrh	Stomatitis, rhinitis, thrush	Nasal polyps, cysts, etc.
c) neurodermal	Neuro-hormonal cell secretion, etc.	Poliomyelitis in febrile stage, herpes zoster, etc.	Benign neuromas, neuralgias, etc.
d) sympathico-dermal	Neuro-hormonal cell secretion, etc.	Neuralgias, herpes zoster, etc.	Benign neuromas, neuralgias, etc.
2. Entodermal a) mucodermal	Vomiting, diarrhea	Pharangitis, laryngitis, enteritis, colitis, etc.	Polyps of the mucous membranes, constipation, megacolon, etc.
b) organodermal	Bile, pancreatic juice, thyroidal hormones, etc.	Parotitis, pneumonic, hepatitis, cholangitis, etc.	Silicosis, struma, cholelithiasis, etc.
3) Mesenchymal a) interstitiodermal	Mesenchymal interstitial substance, hyaluronic acids, etc.	Abscess, phlegmons, carbuncles, etc.	Obesity, gout, edemas, etc.
b) osteodermal	Hematopoiesis, etc.	Osteomyelitis, etc.	Extose, etc.
c) hemodermal	Menstruation, blood and antibody formation	Endocarditis, typhoid fever, sepsis, embolism	Varices, thrombi, sclerosis, etc.
d) lymphodermal	Lymph etc., antibody formation	Tonsillitis, appendicitis, etc.	Swelling of the lymphatic glands, etc.
e) cavodermal	Liquor, synovial fluid	Polyarthriti	Dropsy, etc.
4. Mesodermal a) nephrodermal	Urine with metabolic end products	Cystitis, pyelitis, nephritis, etc.	Prostate hypertrophia, nephrolithiasis, etc.
b) serodermal	Secretions of the serous membranes	Pleuritis, pericarditis, peritonitis, etc.	Pleural exudate, ascites, etc.
c) germinodermal	Menstruation, sperms, prostatic fluid, ovulation	Adnexitis, metritis, ovaritis, prostatitis, etc.	Myomas. prost. hyp., hydroceles, cysts, etc.
d) musculodermal	Lactic acid, lactic acidogen, etc.	Muscular rheumatism, myostitis, etc.	Myogeloses, rheumatism, etc.
Excretion principle, enzymes intact. Trends towards self-healing. Favorable prognosis			

Cellular Phases Constitutional Diseases

Impregnation Phases	Degeneration Phases	Neoplasm Phases
Tattooing, pigmentations, etc.	Dermatosis, lupus vulgaris, leprosis, etc.	Cancer
Leucoplakia, etc.	Chronic atrophic rhinitis, etc.	Cancer of mucous membranes of nose/mouth
Migraine, twitching of eye, virus infection	Paresis, sclerosis, syringoma, optic nerve	Neuroma, gliosarcoma, etc.
Asthma, ulcus ventr. et duodeni, etc.	Neurofibromatosis, etc.	Gliosarcoma, etc.
Asthma, hoarseness, ulcus ventr et duoden carcinoidal syndr., etc.	Pulmonary and intestinal tuberculosis, etc.	Cancer of larynx, rectum, stomach, intestine, etc.
Lesion of the Liver	Liver cirrhosis, hyperthyroidism, myoedema, etc.	Cancer of liver, gall bladder, pancreas, lung, thyroid, etc.
Early stage of elephantiasis, influenza virus infection.	Scleroderma, cachexia, enlarged labia minora, etc.	Sarcoma of various localisations, etc.
Osteomalacia, etc.	Spondylitis, etc.	Osteosarcoma, etc.
Angina pectoris, myocardosis, etc.	Heart Attack	Myeloid leukemia, angiosarcoma, etc.
Lymphatism, etc.	Lymphogranulomatosis, etc.	Lymphatic leukemia, lymphosarcoma, etc.
Hydrocephalus, etc.	Coxarthrosis, etc.	Chondrosarcoma, etc.
Albuminuria, hydronephrosis, etc.	Nephrosis, renal atrophy, etc.	Kidney carcinoma, hypernephroma, etc.
Preliminary stages of tumours, etc.	TB of the serous membranes, etc.	Cancer of the serous membranes, etc.
Early tumor stages - adnexia, uterus, testicles	Impotentia virilis, sterility, etc.	Cancer of uterus, ovaries, testicles, etc.
Myositis ossificans, etc.	Dystrophia musculorum progressiva, etc.	Myosarcoma, etc.
Condensation principle, impaired enzymes. Trends towards deterioration. Dubious prognosis		

BIOLOGICAL SECTION

REGRESSIVE VICARIATION

STATE-BASED PRESCRIBING

From India we have the emergence of an advocate for state-based prescribing, namely prescribing that is grounded in the tonic side of disease.

Rajan Sankaran began his discovery, much like Kent, in realising that if a remedy covered the mentals and generals of a case, it did not necessarily need to cover the particulars. This led him to the understanding of the dynamic nature of disease, which he has identified as the central disturbance, something distinct from, yet intrinsic to, the symptoms of the patient:

So the general disturbance (represented mainly by mentals and generals), the central disturbance as we called it, comes first and this is followed by changes in the various organ systems depending upon each individual's pathological tendencies. Pathology grows on the central disturbance like a creeper on a stick. What we have to do is remove the central disturbance. (*Spirit of Homeopathy*, p. 6)

Sankaran then went on to explore Hahnemann's references to the mental state. The next step was for Sankaran to realise that the mental state of the patient could not simply be determined from the mental symptoms, but rather in terms of something in the background that related to the symptoms at a deeper level. This something he called the "characteristic components of the mental state," or the particular situation the person found himself in. Thus, the person's behaviour (reflecting his mental state) was triggered by his circumstances and beliefs. If a man believed that he was being chased by a lion, he would act in ways that were consistent with that belief. From this, Sankaran began to study materia medica from the perspective of the situation:

In Fluoric acid there are components like 'indifference to loved ones, yet talks pleasantly with strangers,' another component is 'increased sexual desire' and a third is 'lack of morality.' If we look at these three aspects, they seem at first sight to be unconnected... One situation can explain all these components, namely, when a man finds that he has married someone totally unsuited to him, and needs to dissolve the marriage. In such a situation he needs to develop an indifference to his family, to become irresponsible and have increased sexual desire along with sociability. I looked into the Repertory and found the rubric, 'delusion, marriage must dissolve,' and the only remedy given is Fluoric acid! (*Spirit of Homeopathy*, p. 7).

However, his study of children, showed that states could be inherited from prior generations, which then led him to the idea of the roots of mental disturbance being delusions (neuroses in other contexts).

When I looked at cases in this new light, I found a very striking resemblance between the state of the mother during pregnancy and the state of the infant. I also found similarities between the state of the parents at the time of conception and the state of the child. This is how the idea of roots of disease developed. Roots are tendencies which, when excited, manifest as specific states of disease. These tendencies are *impressions* from specific situations in the past (or from previous generations) and make a person feel and react as if he is in that situation (delusion). [It is these "engrams" (memory traces) of past situations Sankaran calls "roots."] (Italics and comments in square brackets added)

The whole mental state of a person is an expression of this false perception (delusion). (p. 7)

To understand the mental state in terms of the core delusion, Sankaran began to focus on three sections of the repertory – desires, delusions, and dreams. Thus was born state-based prescribing. This is the hidden, or tonic, side of the case at the level of purely mental symptoms (the ideogenic realm). This was the direction in which Kent and others were heading, but had never been able to develop fully because of their pathic bias.

Sankaran grounded his state-based prescribing in the aphoristic Organon. He was the first to take §211 and 212 and relate them to the unique mental state of each disease (natural or artificial) and not just to an abstraction related to the mental symptoms. Of course, an analysis of the Organon reveals that the real grounding is in Hahnemann's use of the term state throughout the Organon.

§211.1. This goes so far that the patient's **state of mind** [*Gemüt*] most often settles the matter [tips the scales] with respect to the selection of the homeopathic remedy as the sign of decided peculiarity which can least remain **hidden** among all such signs to the exactly observing physician.

§212.1. The Creator of the curative Potences has also pre-eminently taken into consideration this chief ingredient of all diseases, the altered **psychic state**, in that there is no efficacious medicinal substance in the world which does not very noticeably alter the **psychic state** of the healthy individual proving it, and each medicine, to be sure, in a different way. (bold and comments in square brackets added)

Sankaran gave functional content to the principle of the mental state. Instead of looking to the patient's suffering and to disease signs, one now looks at the behaviour of the patient, their dreams and desires, in order to understand the aberrant mental state (core delusion from which they arise and which connects them). This approach requires that the physician use other faculties of knowledge in order to discern the core delusion that is hidden from the senses, but available to the "exactly observing physician." Although Sankaran says this is more "difficult," he does not specify which faculty he is dealing with. The German text of the Organon shows us that it entails the *Gemüt*. Thus, for the physician to understand the patient's emotional state of mind or *Gemüt*, he needs to engage his own emotional mind. Sankaran's approach very much involves the use of artistic perception and the creation of images of disease. The artistic ken raised to consciousness becomes true knowledge or gnosis. This is the correct ontological realm of diagnosis.

See: Obstacles to Cure in the Physician

We also find in Sankaran the idea that there can be more than one mental state in the patient. One will be dominant and the others will be latent, similar to Hahnemann's conception of the chronic miasms. But this ideogenic-phenotypical realm stands prior to the miasms in order of thought, if not always in existential time, because ignorance precedes the errors of omission that weaken the Living Power to the point that it can contract Psora.

What is the difference between the mental state and mental symptoms? One is tonic (underlying disease process) and the other is pathic, although Sankaran doesn't put it in quite those terms, being unaware of the two sides of disease at a conscious level. The mental state is correlated with the central disturbance, the disturbance at the dynamic level. This entails a state of mind. The person can be fairly healthy, producing only a skin reaction, or not. Only later, if the disease progresses, might mental symptoms develop. The disease state comes first, and mental symptoms (pathology) come later (see pp. 56-57). This is the basis for Sankaran's discussion of Hering's principles of cure (*See: Direction of Cure*) and also for the difference in the direction of cure for tonic and pathic prescribing. The psychic state may issue in a somatic condition, while a somatic state may give rise to a psychic condition.

See: Differences in Pathic and Tonic Directions of Cure

The purely psychic or mind diseases are not to be found in animals because they do not have the split between the ego and the id. For animals it is the stress of basic survival that creates disease (usually infectious), but in man, the existence of the ego provides grounds for psychic conflict. The ego is the ultimate delusion according to Sankaran. This is consistent with Eastern mystical teachings (pp. 36-37). However, it is also consistent with the idea expressed by Hahnemann, and our own clinical experience, that the greater the ego development (civilisation), the greater the susceptibility to disease, particularly in terms of homogenic mental/emotional shocks and iatrogenic disease (increased drug use, which comes from the group Wesen informing the whole allopathic medical establishment). The ego is developed as a function of civilisation (suppression of the emotions and the elevation of the intellect, as Freud pointed out in *Civilisation and its Discontents*). Ego development, or the cult of the individual, is found in the more intellect-developed people and cultures, in other words, where the intellect and reason (*Geist*) is developed out of proportion to and out of touch with the emotional mind (*Gemüt*). As Hahnemann stated at the very start of his Introduction to the Organon:

7.1. As long as there were people, they were exposed, individually or in mass, to disorders from physical or **moral** causes.

7.2. In the yet raw, **natural state**, few auxiliary means were needed, since the simple way of life admitted of but few diseases; with the **education of people** in the state, the occasions for falling ill and the need for help against diseases, grew in equal measure.

The issue of potency is examined by Sankaran in the context of the delusion or central disturbance. The higher the central disturbance, or the greater the delusion, the higher the potency needed to correct the disease (pp. 94-95). Also, the higher the potency used, the more objectivity the patient obtains about his delusion, which is a sign of increasing health. This accords with our own experience in the treatment of mental/emotional traumas.

It is interesting that the idea of disease as delusion can be correlated with the idea that the remedy is a deception. You need to match the delusion with a deception, which is what Hahnemann stated in terms of his references to moral remedies (*See: Moral Remedies*). It is not so much that all disease immediately derives from a core delusion (ideogenic disease), but that disease, however generated, is a form of disturbance of our natural reality and hence creates a delusion of sorts (secondary delusions).

And where does disease ultimately stem from? Aphorism 224 provides us the answer: ignorance, which leads to superstition, giving rise to neglect of the spirit, perverted morality and bad habits, passed on to others in terms of faulty upbringing. Delusion is a function of ignorance. Health provides us with the ability to see the world as it really is, free of any deception.

§224.1. If the mental disease is not yet fully developed, and were there still some doubt as to whether it had really arisen from somatic suffering or rather stemmed from faulty upbringing, bad habits, perverted morality, neglect of the spirit, superstitions or ignorance,

This idea of disease as a delusion also led Sankaran to the application of the law of similars through “words and images instead of medicine,” what he terms “homeo-psychotherapy.”

To do this we must confront the patient with an image of his own state, which is similar to his central *feeling*, so that the person sees through his mind's eye the image of his exact feeling. We can do this by taking his case first, and then throwing back his basic feeling to him. We already know that a remedy that has the basic delusion from which the whole state arises, will act curatively. The very delusion from which all his feelings and actions arise if brought home to the patient may achieve the same result. *Once a person appreciates his own delusion this begins to work on him like a homeopathic remedy. (Spirit of Homeopathy, p. 250, original italics,*

Again, this idea of the remedy as deception can be found in Hahnemann.

See: Moral Remedies

THE PHYSICIAN'S REACTION

In one very short but remarkable chapter, Sankaran describes the importance of the physician's reaction. This is the specific reaction that each patient elicits from the physician during the consultation. He distinguishes between that reaction that emerges out of the physician's own state of disease (conditional, or what we might term subjective) and that which is experienced by the physician in a state of health (unconditional, or what we could call objective). This illustrates the importance for the physician to be healthy, as the conditional reaction reflects only what is wrong in the physician, not the patient, such that “...the same behaviour of the patient with another physician would elicit a different conditional response depending upon his state of health and his own conditions for feeling OK.” (Substance of Homeopathy, p. 269)

Within the unconditional physician's reaction, the realm of the supersensible with its unific elements of objective feelings and impressions, Sankaran then distinguishes between the empathetic and the instinctive. In the empathetic response, the physician experiences the same state and feelings as the patient and is, by reason of his objectivity, able to understand the case and help the patient by identifying the central delusion. In this context, the process is more one of engaging the wholisitic capacity for knowledge (supersensible, or kennen), rather than the analytical (sensible, or wissen) capacity:

In coming to this central delusion of the situation the physician has to take into account every single piece of information and every observation about the patient: his behaviour, attitude, hobbies, relationships, the narration of his complaints, etc. All this data is not only to be logically fitted in and reasoned out, but one has to look through the inner eye and understand the patient as only one human is capable of understanding another. (*Substance of Homoeopathy, pp. 269-270*)

The physician must formulate his instinctive reaction to the patient, whether one of disgust or one of wishing to comfort the patient, etc. This requires the physician to be relatively free himself of the restraints of false morality and beliefs in order to properly experience instinctual feelings without suppressing them if they seem inappropriate by society's moral codes or parental upbringing.

If we disregard morality, parental, social and religious conditions, our animal instinct will speak if we dare to let it. The Platina woman will draw forth from us an instinctive reaction which will be alternating and opposite, namely of intense admiration alternating with intense criticism and even abuse, simulating the exact childhood story of Platina. The Silica child will make us adopt the stance of an examiner, the very person Silica is afraid of. The Kali carb woman will tempt us by her general sourness and her extreme dependence to shirk our responsibility to her, exactly similar to the origin of her state, which comes from a neglecting and irresponsible husband... (*Substance of Homoeopathy, p. 270*)

This response occurs because the state of being of the patient is emanated, as Hahnemann has pointed out, in his ambient (surroundings), in the occurrences and circumstances of his life, in his relationships with others.

This way is based upon the idea that a state will create around it (the dog will usually chase the one who is most scared of it), the very situation for which it is appropriate. (*Substance of Homoeopathy, p. 270*)

Hahnemann states that the physician must carefully consider both a person's symptoms and circumstances (§7, 18 and 24). Hahnemann also enjoins the prover to take into account everything that happens to him during the taking of the medicine because this is also part of the picture of the remedy (and how many provings actually do this?).

§138.1. All ailments, occurrents and alterations of the condition of the prover during the active duration of a medicine (in case the above mentioned conditions [§124-127] of a good, pure experiment were observed) stem only from this medicine and must be regarded and recorded, belonging peculiarly to this medicine, as its symptoms; even if the person had perceived similar occurrents some time ago in himself.

Hahnemann speaks of the origin of this impression upon the physician. It derives from the fact that the patient's diseased Wesen impinges upon the practitioner's Wesen, which will then “prove” “the Feeling” of the disease in the patient.

§64.1. During the initial-action of the artificial disease Potences (medicines) upon our healthy body, our Living Power appears (as seen from the following examples) to comport itself purely conceptively (receptively, passively as it were) and thus, as if forced, to allow the *impressions* of the artificial Potence impinging from without to take place in itself, thereby modifying its condition [feelings and functions]. (*Italics added*)

All of the impression statements in Hahnemann taken together lead us to the idea of the participation of the patient in §253 and 210.

In discussing the earliest indications of a patient's amelioration or aggravation (§253), Hahnemann shows how changes in the patient's state will make an impression on the observer.

The term for impression (Eindruck) means a dynamic effect produced by an external Wesen upon the life force and organised in the emotional mind (Gemüt), which is the aesthetic faculty in man. Thus, impression has an aesthetic connotation which can be seen by the expression “artistic impression.” The Life Force of the physician can discern changes in the patient's state through this aesthetic capacity. The physician's Life Force then responds to impressions with a similar, dynamic response using his Gemüt. Impressions and responses are dual aspects of participative experience, which is the basis of all living knowledge (kennen and erkennen).

§210.3. They do not, however, constitute a sharply separate class of diseases from the remaining ones, in that even in each of the remaining so-called somatic diseases, the frame of mind [*Gemüt*] is always altered and, in all disease cases to be cured, the patient's state of mind [*Gemüt*] is to be taken up into the complex of the symptoms as one of the most pre-eminent symptoms if one wants to record a true image of the disease, in order thereafter to be able to cure it homeopathically with success.

§210.3.³¹ How often, for instance, in the most painful, protracted diseases do we not meet with a mild, gentle mindedness [*Gemüt*], so that the Remedial-Artist feels impelled to bestow attention and sympathy upon the patient.

§253.1. Among the signs which show a small beginning of improvement or aggravation (not visible to everyone) in all diseases, especially the rapidly arising (acute) diseases, the state of mind [*Gemüt*] and of the entire behavior of the patient is the surest and most enlightening.

§253.2. In the case of an ever-so-slight beginning of improvement -- a greater comfort, an increasing composure, freedom of spirit, increased courage, a kind of returning naturalness.

§253.3. But in the case of an ever-so-small beginning of aggravation -- a more self-conscious, helpless state of mind [*Gemüt*], of the spirit, of the whole behavior, and of all attitudes, positions and actions, drawing more pity to itself, which [state] allows itself with exact attentiveness to be easily seen or shown but not to be [easily] described in words. 

Sankaran also came strongly to acknowledge that if one treated for the mental state (core delusion, core disturbance), the “pathology automatically regresses” (The Spirit of Homoeopathy, p. 12). This is close to what Kent taught until the end of his career (See: *Kent and the Two Sides*). This will be true to the extent that the pathology is directly connected to the delusion and there is not significant tissue damage (See: *Homotoxicology*), but it is a delusion itself to believe that all pathology is reversible without addressing other dimensions. Sankaran also develops the idea that all disease is a delusion and that one needs only to cure the ultimate delusion, the ego, for true health, the highest level of spirituality, to be attained. While it is true that one needs to remove any delusions, this uniformitarianism at the level of the “highest disease” instead of at the level of the constitution as previously, ignores the other real dimensions of disease contained within Heilkunst. And yet, on page 86, Sankaran lists those cases where the “...pathological tendency is quite strong and which can be aggravated by almost any state of any intensity...” as having a poor prognosis.

Sankaran is aware of the practical problems, it seems, without being able to suggest other ways to tackle the difficult cases (difficult only if looked at purely from the idea of all disease as a delusion, an unfortunate uniformitarian fallacy). This is much like so-called classical homeopathy calling people incurable when they fail to adequately respond to the well-indicated remedy. All so-called incurable cases reflect an as yet uncured limitation in the practitioner. 

See: Obstacles to Cure in the Physician

ISOTHERAPEUTIC TREATMENT OF DISEASE

Dr. Elmiger of Switzerland developed an approach to the treatment of traumatic diseases and the chronic miasms that is based on the use of homogenic, iatrogenic and pathogenic remedy-disease relationships.

Dr. Elmiger comes from a long line of eminent physicians and had a crises of faith in allopathic medicine.

In the end every doctor in this situation, which was once mine, is forced to face up to the grim fact: medicine no longer heals... It only provides splints, crutches, artificial limbs, temporary relief and patching up. (*Rediscovering Real Medicine*, p. 5)

In his search for a better approach, he first examined Chinese medicine, but then was drawn to homeopathy. He was taught by the leading classical figure of his time and locale (Dr. Senn), but quickly noticed that his patients were not really getting better despite years of classical treatment. His work with the Voll machine, as well as his earlier study of Chinese medicine, led him to appreciate Dr. Senn's teachings, derived from Dr. Voll, as to how specific shocks could leave a blockage to the energy system that prevented the use of the well-indicated remedy. It was the existence of barriers to the life force, and the failure to appreciate this on the part of the homeopathic establishment that Dr. Elmiger saw as the main reason for the decline of effectiveness of homeopathy in the last half century. It has been greatly "marginalized" into treating psychosomatic disturbances, which are one click away from placebo effect.

On that Saturday in May 1975 when I started my apprenticeship, Dr. Senn showed me his large collection of prescriptions written by some of the most illustrious contemporary homoeopaths. They had been given to Senn by the many patients who had come to him worn out and defeated by the interminable and ineffective homoeopathic treatments of these doctors. I must admit that I too had to laugh at seeing the names of some of the most famous contemporary masters, mostly French, who write scholarly books and pontificate from the platform at medical conferences.

But how was it possible that so many renowned doctors could have made such terrible mistakes? It was through Dr. Senn's answer to this question that I finally understood the real reasons for the decline of homeopathy. The concept is best summarized in one word: barriers. With the partial understanding of the underlying mechanism it was to become the key to Senn's success as a doctor and the pivotal point of his teaching. (*Rediscovering Real Medicine*, p. 23)

How does this work?

Let's take a common and simple example: a barrier created by the terrible anti-tetanus vaccination...The ohmmetric test with the patient is unequivocal: the electric current isn't passing at the 'Heart Governor.' The doctor then has his patient hold a small vial containing the nosode 'Tetantoxinum' next to the tubular electrode in his left hand. As the other electrode is placed on the 'Heart Constrictor' point of the right hand, the unbelievable occurs: contact is re-established and the ohmmetric needle regains its normal position. It is as if the energy emitted by the tetanus nosode were able to compensate perfectly the energy deficit created along the Heart Governor by the tetanus vaccine intoxication.

The treatment is logical and childlike in its simplicity: one adequately 'dynamic' oral dose of Tetanotoxinum, and the problem is solved. The effect can be truly radical. (*Rediscovering Real Medicine*, pp. 36-37).

Dr. Senn's efforts to share his theory about barriers to energy flow to the homeopathic establishment met with disinterest and opposition. Dr. Elmiger perceived that the resistance was at least partly due to a flaw in the Voll method, which he named the Mikado Effect (effet de remanence- lingering effect). The problem is that once the circuit is opened, it remains open for an indefinite time and anything introduced into the energy circuit will provide a false positive reading once the first barrier has been identified (opened the circuit). Dr. Elmiger learned this from first-hand experience when he was identified as having had a barrier due to Yellow Fever. He also learned another startling fact from his careful observations – the observer could affect the outcome of the experiment, a fact that is the bane of all efforts to use electromagnetic methods in disease detection. Dr. Elmiger discovered that he himself had energetic effects on his patients and on machines that depended on electricity:

I was unable to prevent my own energy from interfering with the electrical phenomena being measured. In fact, I had been finding myself to be abnormally exhausted each evening... At the time I didn't understand how this was taking place, but everything seemed to indicate... that, by the simple fact of my placing into the patient's hand the witness to be tested, I had spontaneously catapulted into his deficient energetic circuits a quantum of correcting energy from my hand, modulated by the witness. An instance of the mesmeric phenomenon.

But better still, I had never had to change the batteries of my machine despite daily use over a period of 9 years, whilst my almost unused back-up ohmmeter often failed me because of the run-down batteries... (*Rediscovering Real Medicine*, pp. 41-42)

But there was even more that Dr. Elmiger discovered in terms of the weakness of relying on machines to detect energy blockages.

I have to admit an even more startling fact: when my ohmmeter's batteries began to give me signs of weakness, noticed during the daily testings, this unfailingly announced a drop in my own vitality, a passing weakness of the flu. At these moments I find barriers in everyone. Then when I have recovered my normal health, my patient's barriers magically disappear, and simultaneously the battery in the apparatus is miraculously recharged! (*Rediscovering Real Medicine*, p. 42)

The strangeness of these effects led Dr. Elmiger to seek a practical solution ("since I was unwilling to let myself become entangled in esoteric complexities"). His search led him to what he thought was part of Hering's principles of cure, the concept of time (for the correct interpretation of Hering's principles of cure and for Kent's addendum regarding the reverse chronology, (See: *Direction of Cure*). It was important to treat the barriers in the reverse chronological order of their occurrence. If not, there could be an entanglement of energies that could cause unnecessary discomfort and a blockage to cure if not addressed, an effect Dr. Elmiger himself had personally experienced in treatment from Dr. Senn. In commenting on various patients who had been sent to him by Dr. Senn, Dr. Elmiger discovered the reason for their failure to be cured:

It is through the minute study of their case histories that I understood the reason for their strangely incurable nature despite the attentive care of such a reputed doctor. The reason being, of course, the repeated violations of Hering's Law. (*Rediscovering Real Medicine*, p. 47)

So, Dr. Elmiger came to rely more on his own organs of knowledge to determine the barriers that needed to be treated, through a thorough anamnesis ("the only way to get to the truth is through unprejudiced rational thinking"). Like Hahnemann, he recognised that the obstacles to cure lay as much in the physician as in the patient.

See: Obstacles to Cure in the Physician

The working level and the vibrational frequency of the examination must thus be raised. Unfortunately there are few doctors capable of this. And before anything else can be done they have to recognise the necessity of doing so!... the only way to reach the higher spheres is to raise one's consciousness until what might be called a state of grace (commonly called a 'gift') has been achieved. (*Rediscovering Real Medicine*, p. 71)

The treatment also relies on nosodes and isodes, plus homogenic remedies to remove the blockage, as opposed to the expression of the blockage (tonic treatment rather than pathic treatment). Dr. Elmiger's own clinical observations led him to the conclusion that the disease itself, the barrier in the life force, cannot be removed except by use of these remedies. This is particularly true when it comes to the curing of the chronic miasms.

They say that they are strict Kentists or Hahnemannians and respect the Law of Similarity to the letter, but they have not grasped its essence. They deceive their patients by proposing a lifetime of the remedies that are suggested by Kent's repertory, while one high potency of an appropriate major biotherapeutic would be enough to erase the weighty predisposition that the patient has inherited. (*Rediscovering Real Medicine*, p. 216)

LAW OF SUCCESSION OF FORCES

Having removed the barriers caused by life's shocks and traumas, Dr. Elmiger noticed that the chronic condition of his patients returned under new stress. He realised that he had to correct the genetic code through the treatment of the miasms. He had been taught to determine the particular chronic miasm of each patient and treat for that. However, he discovered from observation again that most people carry all of the chronic miasms. The question remained, how to determine the order of treatment. Was it random or did nature have an order in mind? What Dr. Elmiger found was that once the life traumas had been removed, all his patients first exhibited symptoms of psora, even if signs of other miasms were also there. On giving each patient Psorinum, he noticed that the next miasm to emerge was invariably the same. From this he discovered what he calls the Law of Succession of Forces at the genetic level. The order he discerned is: Psora, Tuberculosis, Sycosis, Cancer and Syphilis

This is the law that seems to govern the tonic dimension of the chronic miasms. If this sequence is not followed in the repeated use of high potencies (above 10MK) of the relevant nosodes for the miasms (Dr. Elmiger here shares Sankaran's observation that the higher potencies reach deeper into the energy level), a major destabilisation of the energy field can result.

I could cite numerous examples where the major remedies have been prescribed following exactly the Law of Similarities [he means here the choice of the remedy on the basis of the presenting symptoms] or Voll's technique. Some patients have received Medorrhinum LM or CM 20 times and none of the other three. Others took Psorinum or Luesinum for 20 years without ever seeing Tuberculinum or Medorrhinum. All these "defectors" who appeared in my consulting rooms had been treated conscientiously, even masterfully, according to the principal law of homeopathy... but they hadn't been cured! Worse, their condition had clearly been aggravated by these classical treatments. (*Rediscovering Real Medicine*, p. 246) (comments in square brackets added)

Dr. Elmiger also uses the remedy chosen on the symptoms of the patient if necessary both in treatment and in dealing with any acute illnesses, along with the right biotherapeutic remedy. This is similar to treatment of the pathic and tonic sides of disease.

See: From Two Specifics to Two Sides of Disease

PERSONALISATION

Obviously, though, the method used to administer the corrective sequence must be rigorously adapted to each patient based on the events that have marked the skein of his life. In this respect my simplistic method achieves a degree of personalisation unequalled by any other. Despite the seeming banality of the 20 or 30 causes of disorder that are usually identified, the number of their mathematical combinations is far greater than one might think. (*Rediscovering Real Medicine*, p. 241)

DIET AND PHYSICAL MANIPULATION

Dr. Elmiger includes in his system both diet and osteopathic manipulation (cranio-sacral adjustment), this latter after the traumas of childbirth (long labour, forceps) have been removed.

TREATMENT OF EMOTIONAL TRAUMAS

While Dr. Elmiger mentions emotional traumas in his works, this is not a very highly developed feature of his treatment. However, when we began to use the isotherapeutic treatment method, we discovered that the emotional traumas figured much more significantly in the etiology. In many cases, it was not so much isolated emotional shocks as consistent periods of emotional abuse or trauma, such as growing up in a dysfunctional family. We also discovered that, like Sankaran, emotional experiences of the mother could be transmitted to the child in utero. Thus, we have developed a more comprehensive approach to such traumas, both in terms of identifying and treating them.

What we learned about the treatment of certain tonic disease dimensions from our knowledge of Dr. Elmiger's approach has been written up in our first book, Homeopathy Re-newed (with Patty Smith). The first part of the book, attempting to explain how this treatment was consistent with Hahnemann's system of medicine, remains valid to a large degree, though the details of the explanation seem confused in the light of the new insights gained from our collaboration with Steven Decker since 1997. We have appended the therapeutic section here, with some small amendments to bring terminology into conformity with this work, in order to outline our approach to treatment, as it has developed beyond that we had learned from Dr. Elmiger.

APPENDIX: EXCERPT FROM HOMEOPATHY RENEWED

There are, in my view, three major areas from which homogenic, iatrogenic and pathogenic disease can arise:

The Pre-Birth Legacy

There are cases where the mental/emotional state of one or both of the parents, if influenced or induced by a specific and serious shock at or around the time of conception, can have profound effects on the health of the child concerned. Equally, any emotional or physical (including drug-related) shocks to the mother during gestation must be taken into account in treating any child. In addition to others, Sankaran refers to the importance of this in *The Spirit of Homeopathy* on p. 7 and p. 230.

This is not a genetically fixed, preordination of disease. It is, as Rupert Sheldrake would say, a kind of neo-Lamarckian inheritance of acquired characteristics, a predisposition to disease. The states of health of our parents influence the states of health of the eggs and sperm and, thus, the fertilized egg from which we derive. And the states of health of our parents are, in turn, determined by that of their parents, and so on. We carry a degree of biological baggage with us. This is the reason to be concerned about the family medical history, the extent to which respiratory, digestive, heart, liver problems, for example, run in the family. This is the particular context or terrain for the struggle between health and disease in each of us.

The Birth Experience

Birth in many respects is pictured as traumatic. The baby is forcibly ejected from its comfortable womb into a strange new world of lurking dangers. There is a separation from the mother, symbolized by the cutting of the umbilical cord. This process is normally to be considered a natural one, in that it is ordained by nature, and should not in itself be taken as a trauma to be treated.

Where trauma occurs is if the labor is unduly prolonged; if the mother has not dilated sufficiently from the start to properly shape the plates in the head of the baby still in the womb, which stresses the baby as it moves through the birth canal; if more drastic action is required such as forceps; or if there is intervention, including induction, anesthesia or episiotomy. There may be an oxygen debt for the baby, plus other interventions such as silver nitrate in the eyes.

These shocks may be experienced as such by the mother or the baby, or both.

The Life Experience

Life has always been full of risks. Accidents and emotional traumas (of fear, anger/humiliation and loss/rejection mainly) have always been with us. To the extent that the Life Force is healthy enough to deal with them, there remains no lingering disturbance of the Life Force that can produce symptoms of disease.

It is not the absolute force of the shock that is important. It is the force of the shock relative to the strength of the vital force to overcome it. In that regard, there is growing evidence that the vital force of most persons has become weaker through generations from failure to address in each succeeding generation the true cause of disease, the destabilized Life Force.

Asthma is a good example. What was once a minor respiratory ailment can now, only two or three generations later, kill. Treatment, to the extent that it has taken place, has been mainly palliation or worse, suppression of the symptoms while ignoring the underlying cause. Suppression only further weakens the Life Force.

Besides the usual range of shocks to the system, we are today confronted with, through modern allopathic medicine, an unprecedented intervention in the functioning of the person. This intervention is perceived by the person and the Life Force as a shock. The aggressive approach to treatment represented by frequent surgeries, mass vaccination and widespread use of suppressive drugs and antibiotics have been justified on the basis of their benefit, but they carry long-term and serious chronic consequences.

From a homeopathic perspective, these interventions unduly stress the Life Force, and can, if strong enough relative to the strength of the Life Force, leave destabilization in their wake. Even if each incident is not strong enough to create overt symptoms, their cumulative effects can vitiate the Life Force sufficiently to produce severe illness later in life.

The infectious diseases of the past have been overtaken by auto immune diseases and the so-called degenerative disease conditions. This onslaught on the immune system, which has shifted the problem from acute to more chronic and insidious disease states has occurred in disturbing parallel with the advent of mass vaccination, mass use of chemical drugs and aggressive intervention, such as more frequent surgery.

Despite, or perhaps because of, the unprecedented modern assault on our Life Force with drugs, surgeries, multiple and early vaccinations, my experience is that emotional shocks remain the most destabilizing, with the power, as Hahnemann himself pointed out, to arouse the latent miasm. Hahnemann's views here are worth noting: "By far the most frequent excitement of the slumbering psora into chronic disease, and the most frequent aggravation of chronic ailments already existing, are caused by grief and vexation." He gives several illustrations of this, one being the "innocent man" who can "with less injury to his life, pass ten years in bodily torments in the bastille or on the galleys rather than pass some months in all bodily comfort in an unhappy marriage or with a remorseful conscience." (*Chronic Diseases* -- p. 113, Vol. 1)

It is interesting that C. Dunham, writing about the origins of cholera in 1852, nonetheless concluded that, "... the most powerful of all predisposing causes are moral: fear, depressing dread -- PANIC!" (C. Dunham, *Homeopathy, The Science of Therapeutics*, p. 513) This could be echoed today with regard to the effects of diagnoses for cancer or HIV/AIDS.

Even the natural childhood diseases that play a role in the maturing of our immune systems -- measles, mumps, rubella, chickenpox -- can cause problems in the already weakened person and may constitute a shock of sorts that needs to be treated, either where the reaction was severe and long or where it was suppressed by allopathic drugs or even natural factors.

The immediate life experiences of the newborn are as yet an unexplored realm. We little understand what events are perceived as grief or as violation of the self. Physicians tend to see the newborn as unfeeling, yet mothers, in my experience, frequently report events previously considered innocuous or banal, as traumatic: e.g., blood tests, insertion of tubes, separation from the mother (even for a few hours), inability to breast-feed and circumcision. This entire area needs to be more thoroughly explored.

Recent psychological research suggests that adult behavior is influenced by avoidable birth complications, such as breech birth and forceps delivery, and by nurturing early in life. One study reported to the American Association for the Advancement of Science at its 1984 annual meeting found that 3.4 percent in a group of randomly selected males who had had birth complications and were rejected by their parents were responsible for 22 percent of the violent crime in the group. Another study, reported in the *Journal of Pre- and Perinatal Psychology*, found that children born by Caesarian section develop a personality based on dependence and impatience and are unaware of the rhythm of getting and sustaining relationships.

Another major factor in our response to stress and the likelihood of a destabilization of the Life Force is our constitution. This is given at conception and develops over time. It is also linked to the acquired predispositions, the miasms. It can be stronger or weaker in relative terms. Some constitutional types are more sensitive, or less resistant, to certain types of shock. Homeopaths have determined clinically that vaccinations are a very severe shock to those with constitutional remedies related to a particular miasm (sycosis). These are the children who either die or suffer severe damage from vaccinations.

C) Treatment of the Shocks

Treatment with Sequential Therapy proceeds, as the name suggests, in sequential fashion, but in the exact reverse order of the occurrence of the shocks. Each shock is identified and placed in chronological order. The nature of the shock and the corresponding remedies that have proven effective are identified (see next section). The most recent trauma is treated first, then the second most recent, etc., up to the birth trauma, and even traumas suffered by one or both parents at the time of conception or the mother during gestation. If there have been two traumas of the same kind, e.g., two periods of heavy cortisone use, with no intervening trauma of a different kind, then these two can be treated as one. Traumas exist along the space-time continuum.

The homeopathic remedies have the remarkable ability to go back into time and correct the blockages to the functioning of the vital force caused by the traumas. (This ability is to be cherished and developed to the fullest to increase our understanding and treatment of disease processes.) However, Dr. Elmiger's clinical work has shown that this process of removing blockages is most effective when done in the proper order, that is, the exact reverse order of their occurrence.

Dr. Elmiger has found not only that the higher the potency, the more the remedy can remove deeper traces of the shock, but also that the higher the potency, the greater the ability of the remedy to travel back in time. This makes the issue of what potencies to use at a given time an important one.

He has further determined that the first shock of any kind is the most serious for the body, as it has not been able to build up any resistance. Even with emotional shocks, we can become less sensitive to succeeding shocks of the same kind or type.

The practical implications of this are that when there is more than one incidence of the same type of shock, divided by other types of shock, the highest potencies (10M for traumas) cannot be used until one reaches the original, or first incidence of any particular type of shock. In the case of vaccinations, Dr. Elmiger has concluded from his experience that it is sufficient to treat the initial vaccination of any type. Thus, the booster shots can effectively be ignored, which simplifies the process of treatment considerably.

A number of principal remedies are used to treat various shocks. These are used on the basis of past experience within traditional homeopathy as the most likely effective where there are no clear presenting symptoms to prescribe on. They also reflect the tendency for the individualization of symptoms to diminish once the disturbance to the vital force moves from the present to the past, or moves down the space-time continuum into a more quiescent or latent state.

It also seems to be the case that large shocks act much like epidemic disease agents in affecting most people the same way, with little individualisation, allowing for the use of near specifics. Sankaran appears to support this view in addressing the factors to be taken into account in the case analysis: "(11) Intense, real and extreme situations faced in the life of the patient, disease agents in affecting most people the same way, with little individualisation, allowing for the use of near specifics. These are what I call epidemic situations, since an epidemic is due to an intense exciting cause that can produce a similar effect in a large majority of the population. Such situations have the same effect on most human beings, no matter what their original nature was." (*The Spirit of Homeopathy*, p. 230)

Experience indicates that in cases with multiple traumas, there is seldom a clear remedy that emerges from the presenting symptoms. This is partly due to the fact that the nature of trauma is to minimize individual reactions and this seems certainly to be the case when the trauma passes from the acute into a chronic stage. Therefore, the best approach is not to rely on the confusion of the presenting symptoms, which are really a melange of different traumas, but to treat the traumas individually with the indicated remedy (most of which are derived from the homeopathic literature). Generally, one will find that the main symptoms existing or newly emerging (may or may not be a return of old symptoms) after each treatment for a trauma can be found in the materia medica of the remedy or remedies suggested by the next trauma on the time line. However, in rare cases, a clear symptom picture may emerge which suggests a different remedy, and in such cases attention should be paid to these symptoms.

What follows is a guide, based on clinical experience and drawn from traditional literature, of the most common past traumas:

Accidents, prolonged labor, forceps, surgery:

Anesthesia (general):.

Oxygen deprivation:

Head injury/concussion; Injuries to the back:

Emotional shock perceived as a loss; involving fear; related to suppressed anger, guilt, humiliation, indignation:

Jealousy:

Sequelae from childhood and other natural diseases: Measles (red), Mumps, Rubella, Chickenpox, Smallpox, Cholera, Hepatitis B, Tuberculosis, Viral Infections, Mononucleosis, Herpes simplex, Herpes zoster, Epstein-Barr Virus, Cocksackie Virus, HIV

Iatrogenic diseases: Cortisone, X-Ray, Antibiotics

Vaccinations: Measles, Mumps, Rubella, Diphtheria, Pertussis, Tetanus, Polio, Haemophilus B (Hib), Yellow fever, Typhoid/Paratyphoid, Smallpox, Cholera, BCG, Rabies

[The above list is by no means exhaustive!]

My experience has been that:

a) the vast majority of illnesses are related to or chiefly involve emotional shocks; and

b) the emotional shocks are the most severe and produce the greatest healing reaction and subsequent improvement in health.

At the mental and emotional level shocks can be less confined in time. A long period of neglect or abuse in childhood, for example, is still to be considered as a shock or trauma to the system. It may be divided or broken-up by other types of shocks, such as dental surgery, vaccinations or accidents, but it remains a shock, particularly when it first occurs, regardless of whether it is continued. Continuation or repetition acts to deepen the "wound" or increase the degree of disturbance of the vital force occasioned by the initial abuse incident.

LAYERS THEORY

After much serious thinking and experience, an Argentinian homeopath began to venture beyond the Kentian paradigm. He wrote a book in 1972 (translated into English in 1992), *Treatise on Homeopathic Medicine*, which deserves to be read by every serious student of Hahnemann. Experience and considerable research led Dr. Francisco Eizayaga to formulate a more complex model of therapeutics involving the concept of “layers.” This concept effectively cracked the mould of the uniformitarian constitutionalism, which has dominated homeopathic philosophy in North America and other parts of the world. From the concept of layers, Eizayaga derived some valuable insights into what Hahnemann's writings were really about.

Eizayaga concluded from his observations that cases had several layers:

- Local/regional disease (mainly the morbid pathology)
- Fundamental layer (essentially the mentals and generals)
- Morbid terrain (chronic miasm)
- Constitutional layer (state of being before disease)

The homeopath needs to be able to divide the symptoms of the case into these different layers, ascribing to each what properly belongs to each. Once Eizayaga identified the layers, a plan of treatment suggested itself.

We need to address these layers consecutively, according to Eizayaga. Thus, if there is a local lesion, or morbid pathology, we start with this because it is “...the most serious and the one which must be aided by us first.” (p. 260).

It is this emphasis on the morbid pathology that set Eizayaga apart from the neo-Kentianism of his time. Eizayaga explains how classical homeopathy sees the acute layer as something to be treated by the fundamental remedy, and treating it using acutes as suppressive, an argument he rejects. Eizayaga also points out that Kent, later in life, came to see the need for this type of “local” prescribing.

See: Kent and the Two Sides

Where there is no morbid objective pathology, then the case can start from the symptoms which precede the “disease,” or the symptoms of the patient, the generals and mentals. This he calls the fundamental layer (objective pathology [clinical] & subjective pathology [sufferings], or signs and symptoms).

There can be cases where there is no pathology of either type (morbid or psychosomatic), simply tendencies in the chronic miasms, of which he distinguishes five: psora, tuberculosis, syphilis, cancer and syphilis. He suggests that these pre-disposing terrains be treated with the corresponding nosode (a tonic prescription).

Underlying all this is the constitution, which is simply the “way of being of a person.” Eizayaga then distinguishes between the natural state of the constitution, which he calls the genotype and the state produced by various shocks and traumas, which leads to a phenotypical constitution (pp. 133-134).

It is the phenotype which is the basis for the fundamental layer and which corresponds to the classical remedy, derived from the mentals and generals with no morbid pathology, or what is often referred to as purely “functional” disturbance.

See: Constitutional Types

They are revealing a pathological alteration of the phenotypical constitution which must be treated with the so-called “fundamental remedy or simillimum” with which we shall not only cause the disturbed individual to recover but also we will prevent the future evolution and organic localisation of the progressing disease. (p. 257)

In looking at the development of disease, Eizayaga sees the following order or layers that become involved:

- (1) “Constitutional layer” – involving the genotype
- (2) “Morbid terrain” – considered to be a miasmatic “diathesis” or predisposing susceptibility.
- (3) “Fundamental layer” – The generals and mentals of the case produced by shocks acting on the constitution of the patient.
- (4) “Lesional layer” – consisting of the morbid tissue signs, as well as any symptoms which can be related to the morbid tissue and not to the other layers.

In order to select this ‘local’ medicine, we recommend not to reject any symptom of the disease or clinical entity, its modalities and concomitants, but on the contrary, to make use of them all. The psychic symptoms of an emotional, affective, or volitive type and the mental symptoms corresponding to the intellect and to judgement (psychiatric symptoms) will be immensely important and will constitute a fundamental aid in individualising the acute medicine, on the condition that all these symptoms appeared or were exacerbated right from the beginning of the disease and that they are not chronic symptoms of the patient which preceded this disease. (p. 260)

PATIENT AND DISEASE

Eizayaga makes a distinction between the patient's symptoms and the disease symptoms. This comes from his development of the local morbid pathology as being important, plus his understanding of the constitution, all played against the backdrop of the prevailing orthodoxy, which reduces all disease to the disturbances in the patient.

There is a very clear dividing line between the patient's symptoms and the symptoms of the disease. It consists in the localisation of the pathological process in an organ or a system that provides us with the so-called local symptoms which Hahnemann called ‘localised.’ (p. 257)

The “lesional remedy” may be the same as the “fundamental” remedy, or may be complementary to the “fundamental” remedy, representing a pathological alteration dependent on the underlying “fundamental” susceptibility.

EIZAYAGA'S INSIGHTS INTO HAHNEMANN'S MEDICAL SYSTEM

Eizayaga, in breaking from the rigid orthodoxy of unidimensional prescribing based only on the pathic side of disease, arrived at a viewpoint in the treatment of disease that is much more complex and consistent with Hahnemann's teachings.

- (1) He speaks of many types of similitude, not simply one (see Chapter IX), such as:

Pathogenetic similitude (matching of symptoms of the disease) (pathic side)
Disease type similitude (the similar or partial remedy based on the symptoms)
Etiological similitude (use of nosodes and isodes to treat the tonic side – homogenic, pathogenic and iatrogenic dimensions).
Miasmatic similitude (nosodes to treat the chronic miasms)
Clinical similitude (remedies drawn from clinical experience).

These types of similitude are somewhat confused in the light of the analysis of disease as based on a close examination of Hahnemann's writings.

See: Disease as a Dynamic Duality

- (2) He identifies a hierarchy of diagnosis which reflects the varied and multidimensional similitude of disease and treatment (Chapter XIX):

Pathological diagnosis (domain of Homotoxicology)
Individual diagnosis (pathic remedy)
Genotypical constitutional diagnosis
Phenotypical constitutional diagnosis
(more domain of Isotherapeutic Treatment of Disease).
Psychosomatic diagnosis (realm of State-based Prescribing)

- (3) He sees that the constitution (genotype) is related to the state of health and not disease, and cannot cure disease. (p. 261)

See: Constitutional Types: Genotype and Phenotype

- (4) He sees that the use of nosodes and isodes must often be used to complete or allow for a cure where there is an etiology (homogenic or iatrogenic) – “We still do not know exactly how the nosodes act in accordance with this etiological similitude, but a vast experience does confirm it... Isopathic treatment constitutes a field, in certain aspects, that is unexplored and has great possibilities.” (p. 67)

- (5) He sees that there must sometimes be the use of remedies concordantly as well as sequentially.

Another problem appears in the special case of irreversible and incurable lesions: when must the remedy based on similitude be taken? Before the fundamental medicine, simultaneously with it or after it? It is very difficult to advise an inflexible rule. The pattern to follow... will be founded on... clinical criteria... (Eizayaga, P. 248)

Nevertheless, it is undeniable that in daily practice most of the acute and chronic diseases are cured with more than one remedy at a time or successively... and... there are a lot of circumstances in chronic illnesses with irreversible lesions where it is necessary and unavoidable to prescribe the principal remedy plus a special palliative complementary substance to alleviate the lesional symptoms. (p. 195 & cf. p. 63 on Kent).

In practice... it is unavoidable to prescribe more than one medicine at a time. (p. 37)

PROPHYLAXIS

The use of remedies as prophylaxis against a particular disease raises interesting issues regarding the relationship of remedies and disease and the need to choose remedies based on the individual symptoms of the patient.

Samuel Hahnemann, in the Cure and Prevention of Scarlet Fever (1801), another endorsed extension of the Organon, introduced the use of homeopathic remedies for prophylaxis.

Who can deny that the perfect prevention of the infection from this devastating scourge, and the discovery of a means whereby this divine aim may be surely attained, would offer infinite advantages over any other mode of treatment, be it of the most incomparable kind so ever? The remedy capable of maintaining the healthy uninfected by the miasm of scarlatina, I was so fortunate as to discover. I found also that the same remedy given at the period when the symptoms indicative of the invasion of the disease occurs, stifles the fever in its very birth; and, moreover, is more efficacious than other known medicaments in removing the greater part of the after-sufferings following scarlatina that has run its natural course, which are often worse than the disease itself. (original italics) (*Lesser Writings*, p. 377)

Hahnemann is making several claims here:

- 1. That a specific remedy will act to prevent an infectious disease in the still healthy. He likens this to the practice of vaccination (that is, the use of cowpox to prevent smallpox).**
- 2. That the same specific remedy will also treat those already infected with the disease.**
- 3. That the same specific remedy will also treat the after-effects (sequelae) of the disease.**

Hahnemann reinforces this idea in his article on the prevention and treatment of rabies (hydrophobia):

In like manner there cannot be any prophylactic of hydrophobia that does not prove itself to be at the same time a really efficacious remedy for the fully developed hydrophobia.

Let us begin at this starting point. Let a remedy be discovered that has already cured at least ten persons, really affected with hydrophobia, without exception and permanently; this will, this must be, likewise the best prophylactic; but any substance that cannot stand this test, can never, in the eyes of reason and experience, be considered as a trustworthy prophylactic. (*Lesser Writings*, pp. 390-91)

Hahnemann effectively states that the remedy that will cure is also the remedy that will act preventatively in infectious diseases. This discovery provided the basis (principle) for further work on prevention using homeopathic remedies for epidemic, and in particular, acute miasmatic diseases.

However, the use of homeoprophylaxis is not restricted to the epidemic diseases, but any other infectious disease, such as rabies. It has also been extended to include any true disease. This can include poisonous substances, such as poison ivy, mercury or arsenic, or also any shock or trauma (homogenic disease), or any drug.

Rhus tox is given as a preventative for contracting poison ivy (folk medicine often used the tonic of young poison ivy shoots as a preventative for farm workers). Coca is given to prevent high altitude sickness (again, used for centuries by the Incas). Arnica is given prior to any physical shock (such as surgery or playing sports) to prevent any contusion disease. Ledum can be given as a preventative for puncture wounds (including insect bites). Nux vomica and Cadmium sulph. can be given to act to prevent the damage (side effects) of chemotherapy. X-ray can be given to prevent the side effects of X-rays (and Ruta to protect against soft tissue damage). The list is quite long.

Hahnemann's initial trial with prevention used a pathic remedy, and other pathic remedies have been used since. However, the focus of work in this area has been in the use of nosodes (tonic remedies) to treat infectious diseases, the domain of allopathic vaccination. Here, the intuitive sense has been that the effective treatment of disease is best done by a remedy that has a direct relationship to that disease, which is the stimulus for the development of isopathic remedies (See: *Isopathy and Isodes/Nosodes: Tonic Medicines*). This intuition has also been borne out in various individual and mass trials. The model used is, as with Hahnemann, that of vaccination “which employs the isopathic principle supported by homeopathy” (Eizayaga, *Treatise on Homeopathic Medicine*, p. 282).

In homeopathy, with the nosode of each of the acute diseases we could fulfil a job similar to the one achieved by the vaccines which are known without any of their inconveniences. While the non-specific resistance of an individual to an infection is increased with the homeopathic remedy, a higher specific immunity against a given germ is obtained with the nosode; in other words, there would be certain proofs of specific antibodies being created. (Eizayaga, p. 283, original emphasis)

Eizayaga then gives various examples of the use of nosodes for prevention:

1. In August 1974 in Guaratingueta, Brasil there was a severe epidemic of meningitis. 18,640 children were given Meningococcinum 10CH (one drop, single dose) out of a total population of 78,000. 6,340 children did not receive this unproven nosode. Out of the 18, 640 children 4 cases of meningitis developed. Out of the 6,340 children 32 cases were noted. These ratios favor the effectiveness of the nosode. The trial was carried out by the Brazilian homeopath, David Castro.

2. Dr. Charles Woodhull Eaton reported to the American Institute of Homœopathy in 1907 that in the smallpox epidemic of 1902 a nosode was prepared from the content of pustules of human smallpox (Variolinum) and given to patients in the 12X and 30X potencies. The results reported were from 15 doctors: of 2806 people immunized, 547 were actually exposed to smallpox and 14 of these then contracted smallpox which was a better protective result than obtained from the official vaccine.

3. Paul Chavanon used Diphtherinum 4M and 8M single dose with 45 children. The result was negative Shick tests but still an immunizing effect. Then, after one or two months the appearance of antibodies, with the immunization lasting just as long as the antitoxin but without any side effects. Horacio Roux in Argentina repeated this test in 1946 with the same results. The tests showed that the nosodes worked best at higher potencies (above 100C).

4. Use of Influenzinum 200 annually to treat nuns in a convent near Buenos Aires who normally caught flus every winter.

Eizayaga reports on one trial where the pathic remedies were used for tetanus (using guinea pigs) but where the disease was only slowed, not prevented from appearing. This would seem to confirm the greater efficacy of the tonic remedy (nosode) which has a direct relationship to the disease agent.

The homeopathic literature contains many isolated incidents of the use of nosodes to protect against infectious diseases: Burnett, Wheeler, Shepherd, Blackie, Allen, Grimmer to name but a few.

Kent also recognised the value of prevention and the use of remedies which were not based on the individual symptom picture of the patient (which he saw as producing the highest simillimum), but effective nonetheless (he was not conscious of the two sides of disease).

Now you will find that for prophylaxis there is required a less degree of similitude than is necessary for curing. A remedy will not have to be so similar to prevent disease as to cure it, and these remedies in daily use will enable you to prevent a large number of people from becoming sick. (*Zizia*)

C.M. Boger, writing in the “Homeopathic Recorder” under the remedy, Psorinum also saw the value of prevention using nosodes (being more effective in producing immunity than the pathic remedy).

It is useful in suppressed itch; in fact, all nosodes seem to be most successful in types of disease similar to the ones from which they have been derived or in helping to clear up and bring about reaction in imperfectly cured cases of the same disease; thus Tuberculin does its best work in incipient consumption, pneumonia and other respiratory affections which do not react properly. They are also used as prophylactics, inducing a more certain immunity than can otherwise be obtained; this is especially true of Variolinum, the small-pox nosode which I have tested to my entire satisfaction, even allowing unvaccinated persons under its influence to nurse and sleep with the small-pox victim, the children of the family doing the same; out of more than a dozen of such exposures I have not had a single infection. (*Zizia*)

Eizayaga, one of the few who have systematically addressed this issue in the entire history of homeopathy, makes the next logical link, namely the systematic use of nosodes to replace allopathic vaccination:

If this immunization is valid for the epidemics we have mentioned, it is logical to deduct that, by applying the same isotherapeutic principle of the specific nosodes, we could prevent our patients, especially the children, from any epidemic. (p. 285)

The idea of using nosodes in high potencies for protection against infectious childhood diseases in particular, has been developed most systematically by an Australian homeopath, Isaac Golden. His experiences have shown its effectiveness. He has presented the results of his many years of trials and his suggestions for a complete immunization protocol in several books: Vaccination? A Review of Risks and Alternatives; Homeoprophylaxis: A Ten-Year Clinical Study and Homeoprophylaxis: A Practical and Philosophical Review.

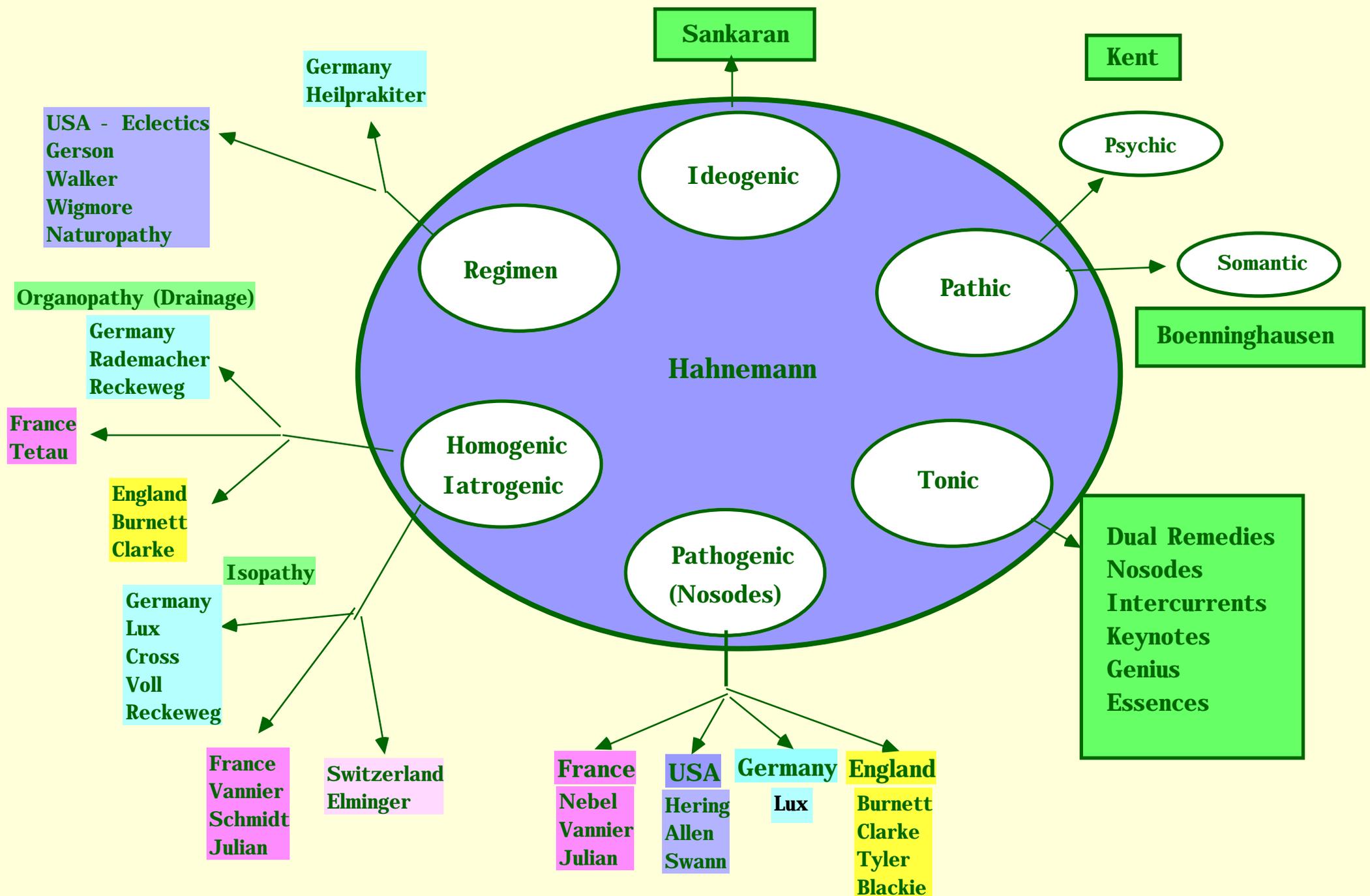
The use of nosodes for prevention is often criticised by the classical establishment. Some take the extreme position that no preventative measure is justified, that only when the patient exhibits symptoms (that is, already has the disease) can a remedy be selected and used. This is the most extreme statement of the classic orthodoxy, reflecting the logic of their one-sided, pathic world-view. This position ignores Hahnemann's own use of preventatives, as it does his other domains.

Another view accepts the use of remedies in epidemics, clearly recognising the teachings of Hahnemann about the “genus epidemicus.” What is stressed is the need to determine the remedy from several cases, then to use that remedy for others not yet (seemingly) afflicted. What is also emphasized is the fact that there may be more than one remedy needed, that while the bulk of the persons may require the genus epidemicus, some others may need a different remedy. Thus, the doctrine of selecting the remedy on the basis of the symptomology is seemingly preserved. Prescribing for epidemics seems to be an acceptable derogation from the constitutional prescribing (individual symptoms of the patient) held up as the ideal because it is still based on the use of symptoms, albeit the symptoms of the disease, not the individual (constitutional expression).

However, the extreme view highlights the degree of uneasiness the classical approach has in dealing with the idea of giving remedies for diseases, that is, without any of the individualising symptoms of the patient suffering the disease.

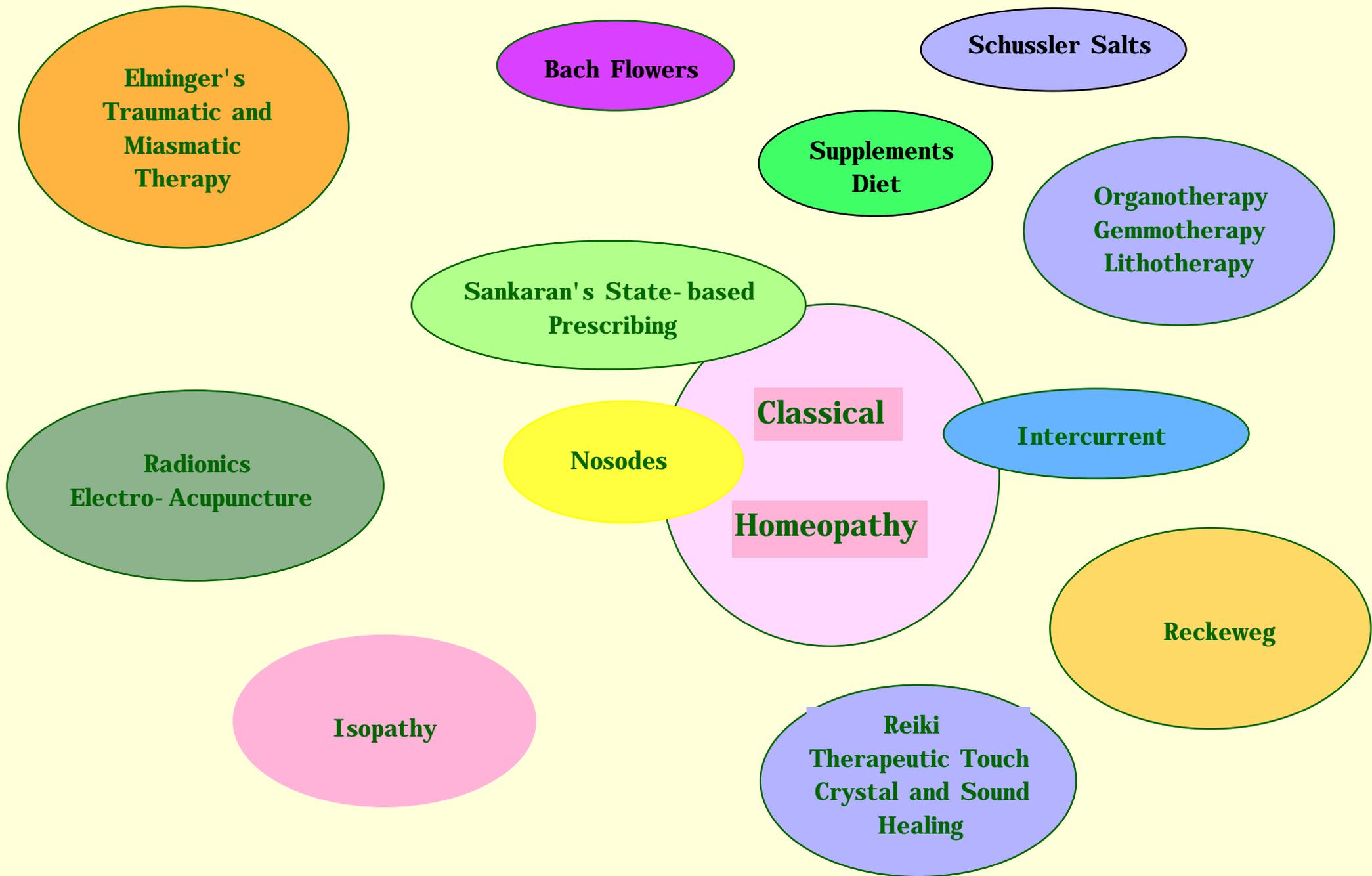
The real problem comes then from the giving of nosodes for specific diseases as prevention. These remedies were initially chosen, often without any provings, because of a specific relationship with a specific disease and are used continually on the basis of this relationship without reference to the individual symptoms of the patient. The basis for their use is seldom understood and, if justified, is done so on the basis that it works. The use of such remedies without reference to the proving symptoms underlines the reality of disease Wesen, and the reality of the selection of remedies on the basis of a non-pathic relationship. We then enter the domain of the tonic side of disease and the various dimensions with their specific principles of remedy selection (homogenic, pathogenic, iatrogenic, etc.).

DEVELOPMENT OF THE TWO SIDES



HAHNEMANN'S HEILKUNST

How the different aspects of Hahnemann's Heilkunst were developed in various directions, each reflecting a part of the whole, like a hologram.



THE CLASSICAL UNIVERSE

The classical worldview with the various clinical realities orbiting around the centre (much like the Ptolemaic Universe with its increasingly complicated orbits to explain new facts).

SELECTED ADVANCED ISSUES IN HEILKUNST

HAHNEMANN AND THE NATURAL HEALING POWER

WHY MEDICINE SHOULD NOT IMITATE CRUDE NATURE

Medicine has long been dominated by the idea of the natural healing power of the living organism. This self-help or auto-recuperative ability has been relied upon in one form or another, and to a greater or lesser degree in each system of medicine through history.

The idea of the natural healing power, or *vis medicatrix naturae*, is based on direct experience throughout history of cases of recuperation without medical intervention, what allopathy today refers to as “spontaneous remission.” Hippocrates made it into a formal observation. Because the use of medicines was limited in its effectiveness, efforts to assist patients were seen by Hippocrates and others since in terms of supporting this natural healing power. So-called modern medicine no longer relies on it directly in treatment, but relies on it indirectly for the patient’s recovery from the effects of drugs and surgery. In contrast, the natural medicine movement relies on it almost exclusively in treatment.

Allopathic medicine in Hahnemann’s time used harsh methods, such as purgatives and bloodletting, which were justified on the basis that they were imitations of the very efforts of nature to remove disease. In theory, this sounded laudable. Who could object, at least in theory to trying to follow what nature herself, the great natural healing power, attempted in cases of disease?

Hahnemann objected, and strenuously. He condemned not only the practical excesses of this medical approach, which others had done before him, but the very theory itself on which it was based, namely the idea that the natural healing power could ever cure disease. For this he was strongly attacked.

Hahnemann’s enemies had cast upon him the reproach -- Your method of treatment is a direct contradiction of our great teacher, Nature. Open your eyes! A rush of blood to the head, a congestive headache, is healed by nature by a wholesome bleeding from the nose. We copy nature and draw blood when congestion is present. You fly in nature’s face and reject bleeding. In case of ophthalmia you see an eruption make its appearance in the contiguous parts of the face, and the inflammation is thereby diminished. We follow this hint of nature and excite an artificial eruption or inflammation by means of blisters, moxas, cauteries, setons, etc. Have you never seen the original malady relieved by metases? Have you never seen a skin eruption disappear on the supervention of diarrhoea? At variance with nature you try to fulfill her requirements. (Bradford, p. 213, quoting from Aemeke’s *History of Homeopathy*).

Hahnemann’s views were a problem not only for the allopaths, as there were many homeopaths who had difficulties with them.

Hahnemann’s attitude towards natural healing was just as great a stumbling-block to his friends as the psoric theory. A large part of the hostile attacks on him and his theory was based on reputed statements of the innovator concerning this very question... From our modern point of view it does indeed seem incomprehensible that any reasonable man -- especially if he have a medical training -- should deny the existence of natural healing or, in other words, the occurrence of self-healing in the human organism. (Haehl, Vol. I, p. 282).

Not much seems to have changed from the time this was written (1922).

In 1836, the Central Homeopathic Society of Magdeburg, Germany passed a resolution rejecting Hahnemann’s views:

Hahnemann certainly does not deny the existence of natural healing. But he describes its action as not being always worthy of imitation and as being rarely sufficient. This opinion of Hahnemann’s as everyone must know, has never been shared by the majority of homoeopaths. (Haehl, Vol. I, p. 282)

Both of the main biographers of Hahnemann, Bradford and Haehl, found this issue a thorny and embarrassing one and both took pains to try to show that the criticism leveled at Hahnemann was incorrect. Both cite passages that show that Hahnemann supported this power despite other passages that seem to say the contrary. Both conclude that Hahnemann accepted the natural healing power, but that he had a very limited view of its role. In the end, Hahnemann’s views remain an embarrassment and apparent contradiction, papered over by his supporters through weak protests that he did indeed support the *vis medicatrix naturae*. The apparent contradiction is never really explained and this awkward conclusion is at odds with the general view as to Hahnemann’s genius and the truth of his system of remediation.

As the two main biographers, Bradford and Haehl point out, Hahnemann was highly critical of the natural healing power of the human being, but also had some positive things to say about it.

How can such seemingly contradictory statements be reconciled, other than to cite the positive passages and protest rather weakly that Hahnemann was indeed a friend of nature? One is reminded of the line from Shakespeare, “Methinks he doth protest too much.”

Indeed, homeopathy is today often represented in terms of this prevailing orthodoxy such that the action of the remedy is seen solely as one of supporting the natural healing power, which is seen as synonymous with the vital force.

Most modern books explaining homeopathy usually contain a section that describes the positive role of symptoms of the patient in removing disease matter and thus helping to heal the organism in the case of disease. This action of the system is attributed to the abstract “vital force” and is often referred to as the “defense mechanism.” Such a section also tends to make clear that this positive view of the symptoms of the patient is in contrast to the allopathic tendency to see such symptoms as negative and harmful.

When disease occurs, the first disturbance occurs on the dynamic electromagnetic field of the body, which then brings into play the defense mechanism. This concept was first enunciated definitively as the basis for therapeutics by Samuel Hahnemann...In Aphorism 11 of his monumental masterpiece, *The Organon of Medicine*, Hahnemann writes, “This vital force is the one which is primarily deranged by dynamic influences upon it of a morbid agent.”

For any therapy to be effective, it is obvious that the practitioner must cooperate with this process and must not deviate from it at all. Since the defense mechanism is already responding with the best possible response, any deviation from the direction of its action must inevitably be of a lesser degree of effectiveness. This is why therapies that are based upon intellectual theories and partial comprehension of the totality can only inhibit the process of cure, and often produce actual harm to the organism through suppression.

Since the activity of the defense mechanism originates on the dynamic plane, the most logical therapeutic approach would be one which enhances and strengthens this level, thus increasing the effectiveness of the organism’s own healing process. (Vithoukias, *The Science of Homeopathy*, p. 87-89)

This view is reinforced by the argument that allopathic medicine strives to suppress the symptoms, seen as the efforts of the vital force to remove the disease. Surely, homeopathy does the opposite of what allopathy does!

Thus, we have the following picture in so-called classical homeopathy: Disease is an imbalance in the “vital force,” and the symptoms of the patient are the efforts to restore balance. The homeopathic remedy acts to support and strengthen the ‘vital force’ so that this natural healing process can then overcome the disease. Disease is seen mainly as a quantitative disturbance of the patient’s ‘vital force,’ which is equated to the natural healing power; the removal of disease is seen, in turn, as a function of the strength (quantity) of the ‘vital force.’ Finally, the symptoms of disease are seen as positive efforts of the ‘vital force’ to restore health and are to be supported. 📖

See: *Disease as a Dynamic Duality*
Thermotic Principle

This view is very much like the vitalism prevalent in the late 18th and much of the 19th century.

Vitalism teaches that the final basis of all processes in the organism is the vital principle...Illness is an affection of the life power and is expressed by disturbances in the movement, sensibility, etc. All disturbances call forth a reaction of the life power. Consequently, in treatment of illness the natural tendency to heal must be supported or regulated and the individual disease factors must be influenced by remedies having that specific effect... Healing takes place as a rule through the organism itself. Treatment should have primarily as its aim the maintenance of those forces needed by the organism for healing ... (Haehl, Vol. I, p. 285)

This vitalist doctrine “...acquired a prevalence in Germany lasting for decades under Hufeland’s influence (1762-1832).” (Haehl, Vol. I p. 285). 📖

Yet, we cannot find this view of disease and of the remedial process in Hahnemann himself! Hahnemann was not a vitalist.

Thus, we have a false dichotomy today between an allopathy (crude drugs) that opposes the symptoms of the patient, seen as the disease, without being able at the same time to remove the actual disease, because ignorant of the curative law of nature, and an allopathy (natural medicine) that seeks to support the symptoms, seen as the efforts of the organism to remove disease, without again being able to remove the actual disease because equally ignorant of the curative law.

We then find a presumed homeopathy that is cognizant of the curative law, but conceives of the symptoms of the disease as something to support because it can only conceive of the symptoms as a positive function of the vital force (a one-sided abstraction of the functionally dual Living Power). The curative action of the homeopathic remedy [initial action] is reduced to a Living Power. Hahnemann stands apart from all of these views. His position was that the medicine destroyed disease, which the natural healing power was not capable of doing and that the ineffectual efforts of the natural healing power only added to the disease.

DUAL NATURE OF THE LIVING POWER

We can only resolve the apparent conundrum by first understanding the unique, dynamic insight Hahnemann had developed into the dual nature of the Living Power, and with it, the crucial distinction between curing and healing. Prior to Hahnemann, there was no clear distinction made between the two processes. The true dichotomy is between those who accept the dual nature of the Living Power and those who have a unidimensional view limited to the natural healing power (vitalism).

The *vis medicatrix naturae* is, for Hahnemann, only one side of this Living Power. It is another name for what he maintains in the sustentive power (Lebens-Erhaltungskraft). This side of the Living Power is what maintains us in health and what restores balance in the case of quantitative disturbances (over-eating, a cut to the hand, for example). It is also the side that restores balance once disease has been removed. Thus, the *vis medicatrix naturae*, for Hahnemann, cannot directly cure, that is, remove disease. This is because disease involves the other side of the Living Power, the generative power. Disease is not a quantitative disturbance, but a qualitative change in the state of the human being. It is an act of engenderment and this qualitative change cannot be removed by the quantitative efforts of the sustentive side (*vis medicatrix naturae*). It can only be removed by another disease, usually an artificial disease (medicine) based on the law of similars. This discovery of the fundamentally generative nature of disease is the greatest and most original revelation contained in Hahnemann’s writings. It is also the one least understood and the origin of much of the confusion over the role of the homeopathic medicine.

The discovery of the dual nature of the Living Power and the generative nature of disease came from Hahnemann’s genius. However, it took the penetrating mind of Steven Decker to consciously discern the dual nature of the Living Power in Hahnemann’s writings when translating the *Extended Organon*. Until Mr. Decker’s careful scholarship, there was only a unidimensional view of the Living Power in homeopathy, expressed in the term “vital force,” which was only the sustentive aspect being made to carry the whole burden of disease and remediation.

WHAT HAHNEMANN SAID

Let us now examine what Hahnemann had to say on the matter of the natural healing power in the context of disease and treatment and try to resolve the apparent contradictory statements. In essence, Hahnemann accepted the reality of the natural healing power in terms of removing indispositions (quantitative imbalances affecting the sustentive power), but also saw that its efforts to remove disease could not be successful, and actually contributed to the disease itself. Thus, a true medical approach could not be based on an imitation of these misguided efforts by crude nature (that is, nature acting in terms of quantitative measures), but had to be able to affect the generative side of the Living Power, which is what potentised medicines did on the basis of the law of similars. The medicine removed (cured) the disease because it was able to effect a qualitative change to this side of the Living Power and the natural healing (sustentive) side was then able to restore balance (heal) once the disease Wesen had been destroyed, giving us the complete process called remediation (heilen).

Hahnemann's criticism of the Old School thinking on the role of the natural healing power, which is contained centrally in the Introduction to the Fifth Edition of the Organon (retained by Hahnemann for the final, Sixth Edition), is a model of reasoning based on solid observation. It was important for Hahnemann to challenge the theory itself, for the excesses of treatment were always defended on the basis of this theory (substantial bloodletting, for example), leaving any criticism of any excesses ineffective. To destroy the excesses, one must reveal the false basis of such action.

Hahnemann's argument concerning the vis medicatrix naturae (what he termed crude nature) is as follows:

- The efforts of crude nature against disease involve healing (quantitative measures), not curing (a qualitative process, that is, changes in state).
- These self-help efforts are, thus, imperfect and because they cannot remove the disease on their own result in damage to the organism - small in the case of self-limiting diseases, more significant in the case of chronic, protracted diseases.
- Artificially assisting or encouraging these efforts through invasive intervention only weakens the sustentive aspect of the Living Power. If this invasion is persisted in, eventually the patient dies or a further disease is added to the organism.
- Thus, allopathic intervention, which presumed to be assisting nature, was a false approach to treatment.

68. The old school merely followed the operation of crude instinctual nature in its indigent^{al} strivings to pull through only in moderate, acute disease attacks -- it mimicked solely the Sustentive Power of Life, incapable of deliberation left to itself in diseases, which, incapable of acting according to intellect and deliberation, resting simply as it does on the organic laws of the body, works only according to these organic laws, -- crude nature, which is not capable, like an intelligent physician, of bringing the gaping flews of a wound together and of healing by fusion, which does not know how to straighten and fit together the oblique ends of broken bones far apart from one another, however much it lets bone gelatine exude (often to excess), can tie off no injured artery, rather, in its energy, makes the injured bleed to death, which doesn't understand how to reset a dislocated shoulder, but, to be sure, hinders the art of bone-setting by the swelling that comes quickly to pass round about, -- which, in order to remove a splinter stuck in the cornea, destroys the entire eye by suppuration and only knows how, with all its exertion, to dissolve a strangulated inguinal hernia by gangrene of the bowels and death, also, often in dynamic diseases, makes patients far unhappier by its metaschematisms than they previously were.

68.^{al1} In ordinary medicine one regarded the self-help of the nature of the organism in diseases where no medicine was employed as model treatments worthy of imitation.

68.^{al2} But they were greatly mistaken.

68.^{al3} The lamentable, highly imperfect exertion of the Living Power for self-help in acute diseases is a spectacle that summons up active pity in humanity and musters all of the powers of our intelligent spirit in order to put an end to this self-torment by genuine remediation.

68.^{al4} If nature cannot homeopathically remedy an already-existing disease in the organism by employment of another new similar disease (§43-46), the likes of which are extremely rarely at her disposal (§50), and if it remains for the organism left to itself alone to overcome a newly arisen disease out of its own powers without outside help (in chronic miasms its resistance is powerless anyway), we see nothing other than agonizing, often dangerous exertions of the nature of the individual to save itself, cost what it will, ending not seldom with the dissolution of the earthly existence, with death.

68.^{al6} The inner process in diseases becomes known only through the perceptible alterations, ailments and symptoms — the only way our Life gives utterance to the inner disturbances — so that in each case at hand we never even come to know which of the disease symptoms is a primary action of the disease malignity or which is a self-help reaction of the Living Power.

68.^{al7} Both [actions and reactions] flow into each other before our eyes and present to us an outwardly reflected image of the total internal suffering, in that the unhelpful exertions to end the suffering of life left to itself are themselves sufferings of the entire organism.

68.^{al8} Therefore, often more suffering than remedial help lies even in the organized evacuations, called crises, brought about by nature at the end of rapidly arisen diseases.

68.^{al10} In the mean time, so much is certain, that the Living Power sacrifices and destroys more or less of the suffering parts in order to save the rest.

68.^{al11} This self-help of the Living Power, going to work upon elimination of the acute disease only according to the organic constitution of our body, not according to spiritic [mental] deliberation, is mostly only a sort of Allopathy; it arouses, in order to free the primary suffering organs by crises, an increased, often stormy activity in the excretory organs, in order to divert the malady of the suffering organs onto the excretory organs; there result vomiting, diarrhea, urination, perspiration, abscesses, etc., in order, by this provocation of remote parts, to achieve a sort of diversion from the originally sick parts, since then the dynamically strained nerve-energy appears to discharge itself as it were in the material product.

68.^{al12} Only by destruction and sacrifice of a part of the organism itself is the nature of the individual, left to itself alone, enabled to save itself from acute diseases and, if death does not ensue, to reconstitute the harmony of Life and health; however, only slowly and imperfectly.

68.^{al14} In a word: the entire process of the self-helping organism befallen with diseases shows the observer nothing other than suffering, nothing that he could or might imitate in proceeding in a genuine remedially artistic fashion.

80. However they did not realize that all those discharges and eliminations (apparent crises) organized by nature left to itself were only palliative, short lasting alleviations in chronic diseases, which contributed so little to a true remediation; that they, much to the contrary, only aggravated the original internal sickness by means of the thereby resultant squandering of vitality and humours.

83. Thus, when nature is left to itself with life-threatening endangerments from an internal chronic malady, it does not know how to help itself otherwise than by generation of outer local symptoms in order to divert the danger from the indispensable parts of Life and to guide them onto those formations dispensable for Life (metastases); however, these arrangements of the energetic, intellect-lacking Living Power, incapable of deliberation and foresight, lead to anything but true help or remediation, they are merely palliative, short appeasements for the dangerous, internal suffering, dissipating a great portion of the humours and vitality without reducing the arch-malady by so much as a hair; without genuine homeopathic remediation, they can at most delay the inevitable downfall.

94. Since what crude nature does in order to help itself in diseases, in acute as well as chronic ones, is highly imperfect and is disease itself...

100. What intelligent human being would want to imitate it in its rescue operations?

101. These efforts are indeed simply the disease itself, and the morbidly affected Living Power is the engenderer of the self-manifesting disease!

In a state of health, the sustentive aspect of the Living Power works admirably to keep the organism in dynamic balance. Discharges and eliminations are in the natural order of things and do not weaken the organism; rather they sustain it in health.

However, in a state of disease, the sustentive power now tries but is unable to restore balance. The continual efforts to restore balance result in abnormal discharges and secretions, as well as inflammatory reactions and the like. These are indeed efforts to restore balance, but doomed to failure. They are, in fact, as Hahnemann points out, part of the disease itself (the counter-action). These efforts can lead to damage to a part in order to save the whole, if not to death itself. Such efforts are not to be imitated or supported. Rather, the disease must be destroyed. Only then can the sustentive aspect of the Living Power again regain its natural mandate and operate in a manner that is to the benefit, not detriment of the human being.

The goal of the remedy provided on the basis of the law of similars is to destroy the disease so that the natural healing power, through the phenomenon of the counter-action, can restore balance in the newly restored state of health. It is not to support the disease creating effects of the sustentive power in the state of disease. The confused, but oft-repeated view that the homeopathic remedy supports the efforts of the "vital force" to heal is based on ignorance of the dual nature of the Living Power and the reality of disease (it is the disease that the remedy treats, not the patient directly).

It is true that some disturbances of the organism can involve only the sustentive power, but these were not "degenerative" and could be healed from within and aided by regimen from without. However, eventually even such measures, if sustained long enough, affect the generative power to a degree by stricture, not conception (protracted disease). Then, the efforts of the sustentive power are insufficient and even dangerous to the organism unless aided by medicine. Even if aided by measures that support the sustentive side of the Living Power, the patient is unable to remove the disease, which has affected the generative power. Only remediation directed by the Heilkünstler can effect a destruction of this impingement on the generative side of the Living Power.

TRUE IMITATION OF NATURE

At the same time, Hahnemann elsewhere indicates the manner in which we should imitate nature, namely in the domain of the generative power, such as the use of cowpox to protect against smallpox. This true imitation of nature would appear to be a contradiction with the above without the understanding of the two aspects of the Living Power and their role in disease and health.

§43.1. But the result is entirely different when two similar diseases meet in the organism, that is, when a stronger similar one joins with the already present disease.

§43.2. It is shown here how in the course of Nature cure can result and how people ought to be curing.

§46.1. Very many examples of diseases would be adducible, which in the course of nature were cured homeopathically by diseases of similar symptoms, if we did not have to keep solely to those few static diseases arising out of a fixed miasm, and thus worthy of a determinate name, so as to be able to speak of something determined and undoubted.

§46.2. Prominent among them, on account of the great number of its violent symptoms, is the so infamous smallpox disease that has already lifted and cured numerous maladies with similar symptoms.

§46.3. How common are the violent eye inflammations, mounting even unto blindness in cases of smallpox, and see! the latter, once inoculated, cured a protracted eye inflammation completely and permanently as reported by Dezoteux and another by Leroy.

§46.4. A two-year blindness, arisen from suppressed scald-head, yielded to it entirely according to Klein.

§46.5. How often did not smallpox engender deafness and dyspnea! and it lifted both protracted maladies as it had climbed to its greatest height, as J. Fr. Closs observed.

§46.6. Testicular swelling, even very violent swelling, is a frequent symptom of smallpox, and therefore it could cure by similarity a large, hard swelling of the left testicle arisen from a bruise, as Klein observed.

§46.7. And a similar testicular swelling was cured by it under the eyes of another observer

§46.8. Among the trying occurrences of smallpox there belongs also a dysentery-like bowel movement, and, therefore, as a similar disease Potence, it conquered a dysentery according to Fr. Wendt's observation.

§46.9. The oncoming smallpox disease lifts the cowpox at once entirely (homeopathically) and does not let it come to completion, as is known, on account of its greater strength as well as its great similarity; however, on the other hand, due to their great similarity, the ensuing outbreak of smallpox is at least greatly diminished (homeopathically) and made more benign by the cowpox which has already neared its maturity as Mühry and many others attest.

The problem is that nature has few means at her disposal to cure, namely the few fixed, constant diseases of infectious nature (miasms), whereas the reasoning power of man has resulted in many more curative agents (artificial diseases) derived from nature, but altered in form (dynamically) so as to be used safely, unlike the rather crude instruments of Nature.

§50.1. Great nature itself has as homeopathic curative implements, as we see, only a few established miasmatic diseases as aids: scabies, measles, and smallpox,^{a1}

a) and the above mentioned skin-eruption-tinder which moreover is to be found in the cowpox lymph,

disease Potences which,^{b1}

b) namely smallpox and measles

are partly, as remedies, more life-threatening and atrocious than the maladies to be cured therewith, and partly (like scabies), after cure of similar diseases is accomplished, require cure themselves in order to be extirpated in turn -- both circumstances which make their employment as homeopathic means difficult, uncertain and dangerous.

§50.2. And how few disease states are there among human beings which find their resonant (homeopathic) remedy in smallpox, measles and scabies!

§50.3. Only a few maladies can therefore be cured in the course of nature with these dubious and precarious homeopathic means, and success shows forth only with danger and great ailment, surely for the reason that the doses of these disease Potences do not lend themselves to reduction according to circumstances, as can be done with medicinal doses; on the contrary, the one afflicted with an old similar malady is covered over with the entire dangerous and troublesome suffering, the entire smallpox-, measles- or scabies-disease, in order to recover from the old similar malady.

§51.1. The curative law became known to the capable human spirit from such facts which were sufficient hereto.

§51.2. On the other hand, see what advantage man has over crude nature's chance events!

§51.3. How many more thousands of homeopathic disease Potences for the aid of his suffering brethren man has in the medicinal substances spread throughout creation!

At this point, we can better appreciate the profound difference between Hahnemann's dynamic view of disease and the vitalism of his time. For the vitalists, the life force carries out both the functions of homeostasis and healing/curing. There is no distinction between its role in health (normal functioning) and disease (abnormal functioning). There is, further, no distinction between healing (the efforts of the sustentive power) and curing (involving the generative power). The life force is understood purely as a force that maintains and restores balance, thus, the sustentive side of the Living Power. The Living Power is reduced to the function of vitality (level of life energy). It is to be supported by regimen (much of the natural health movement – diet, vitamins, exercise, right living, avoidance of toxins, elimination of toxins, etc.) or by medicine (classical homeopathy, which speaks of the patient, not disease, and which sees the role of the medicine to support the efforts of the “vital force,” not to destroy the disease). Without the profound insight into the dual nature of the Living Power, one is left with an abstract notion of disease and cure.

ROLE OF MEDICINE VERSUS NATURAL HEALING POWER

We now need to deal in some detail with another misconception caused by the vitalist doctrine within classical homeopathy, namely the role of the medicine versus that of the natural healing power.

First, we need to recall the dual nature of disease as well as of the remedial process. For Hahnemann, both processes involve an initial action and a counter-action.

The initial action is carried out by the disease Wesen (natural or artificial) on the generative power of the human Wesen, leading to the engenderment of a new disease Wesen inside the human Wesen. This creation of a state of disease then calls forth a response from the natural healing power, the counter-action. In the case of disease, the counter-action is unable to remove the disease lodged in the generative power, as the sustentive power has jurisdiction only within the state of health. However, in the case of remediation the artificial disease Wesen destroys the existing disease Wesen and then disappears on its own, leaving the natural healing power to restore balance, which it can do now that disease no longer exists.

In the Sixth Edition of the Organon, Hahnemann sets out the role of the remedy.

P.15. Homeopathy avoids therefore even the least enervation, also as much as possible every arousal of pain, because pain also robs the vitality, and therefore, for cure, it avails itself only of such medicines whose capacity to (dynamically) alter and resonify the condition it exactly knows and then searches out such a one whose condition-altering powers (medicinal disease) are in a position to abrogate the natural disease at issue by resonance (Similar by similars), and administers this simply, in subtle doses to the patient (so small that they, without causing pain or weakening, exactly suffice to lift the natural malady); whence the sequel: that without in the least weakening, tormenting, or torturing him, the natural disease is extinguished and the patient soon grows stronger on his own already while improving, and is thus cured-- to be sure a seemingly easy, however very cogitative, laborious, arduous business, but that which fully restores the patients in a short time to health without ailment, and so becomes a salutary and blessed business.

§29.1 As each disease (not devolving solely upon surgery) consists only in a specific, dynamic, morbid mistunement of our Living Power (Living Principle) in feelings and functions, so is this Living Principle, dynamically mistuned by natural disease, seized during homeopathic cure by a somewhat stronger, resonant, artificial disease affection due to application of a medicinal Potence selected exactly according to symptom similarity; the feeling of the natural (weaker) dynamic disease affection is extinguished and disappears for it [the Living Principle] thereby, which affection from then on exists no more for the Living Principle, which is now solely occupied and governed by the stronger, artificial disease affection which, however, soon plays itself out leaving the patient behind free and recuperated.^{a1}

§29.1.^{a1} The short active duration of the artificial morbid Potences which we call medicines, makes it possible that they, although stronger than the natural diseases, are far more easily overcome by the Living Power than the weaker natural diseases, which solely on account of their longer, mostly lifelong effective duration (Psora, Syphilis, Sycosis) can never be vanquished and extinguished by it alone until the Remedial-Artist more strongly affects the Living Power with a very resonant morbidic, but stronger Potence (of homeopathic medicine).

§29.1.^{a2} The diseases of many years standing, which (according to §46) were cured by an outbreak of smallpox and measles (both of which also run their course in only a few weeks), are similar processes.

§29.2. The Dynamis, so freed, can now continue life again in health.

§34.2. It is above all required for cure that it be an artificial disease more resonant as possible to the disease to be cured so as to shift, albeit with somewhat stronger power, the instinct-like Living Principle, capable of no deliberation and of no recollection, into a morbid sonation {tonation} very resonant to the natural disease, in order not only to obscure the feeling of the natural disease mistunement in the Living Principle but to entirely extinguish and so to annihilate the feeling.

§45.1. No, two diseases, indeed differing as to mode, but very similar to one another in their manifestations and actions as well as in the sufferings and symptoms caused by each of them, do always and everywhere annihilate one another as soon as they meet in the organism, namely, the stronger disease the weaker, and to be sure from a cause not difficult to guess: because the stronger additional disease Potence, on account of its active similarity, claims (and to be sure by preference) the same parts in the organism which were up till now affected by the weaker disease stimulus; that consequently can now no longer impinge, but expires, or in other words, because as soon as the new resonant but stronger disease Potence masters the Feeling of the patient, the Living Principle, on account of its unity, can no longer feel the weaker similar one; the weaker one is extinguished, it exists no more, for it is never something material, rather only a dynamic (spirit-like) affection.

§45.2. The Living Principle now remains affected by the new similar but stronger disease Potence of the medicament, however, only temporarily.

At this point, we need to consider what happens when the artificial disease (medicine) has extinguished the original, natural disease. Essentially, Hahnemann states that the stronger artificial disease remains and the Living Power (sustentive side) organizes a counter-action, which in this case is successful, unlike the natural disease. This counter-action completes the process of heilen.

We need to be aware here that the German term heilen (verb), or Heilung (noun), literally meaning to make whole (as in the old English term hale - hale and hearty), includes the concepts of healing and curing, and that the context will dictate which one is being used. In addition, the term remediation is sometimes used in English for the root word heil where the overall sense of making whole (that is, the process of initial action - curative action - and counter-action - healing action) is meant. Wholing is perhaps a better term, but seems somewhat awkward.

P.14. Homeopathy is aware that remediation [Heilung] can only succeed by the counter-action of the Living Power against the correctly taken medicine -- an all-the-more certain and faster cure, the stronger the Living Power is that still prevails in the patient. [this states that the counter-action is an integral part of the process]

103. No! that glorious power innate in the human being, ordained to conduct Life in the most perfect way during its health, equally present in all parts of the organism, in the sensible as well as the irritable fiber, and untiring mainspring of all normal natural bodily functions, was not at all created for purposes of helping itself in diseases, nor for exercising a Remedial Art worthy of imitation -- no! true remedial art is that cogitative pursuit that devolved upon the higher human spirit, free deliberation, and the selecting intellect deciding according to reasons, in order to retune that instinctual, intellect- and awareness-lacking but automatic, energetic Living Power, when said Living Power has been mistuned by disease to abnormal activity, by means of a resonant affection to the disease, engendered by a medicine selected homeopathically, the Living Power being medicinally diseased to such a degree, and in fact to a somewhat higher degree, that the natural affection could work on it no more, and thus it becomes rid of the natural disease, yet remaining occupied solely with the so resonant, somewhat stronger medicinal disease affection against which the Living Power now directs its entire energy, soon overcoming it, the Living Power thereby becoming free and able again to return to the norm of health and to its actual intended purpose, "the enlivenment and sustenance of the sound organism," without having suffered painful or debilitating attacks by this transformation.

§29.1 As each disease (not devolving solely upon surgery) consists only in a specific, dynamic, morbid mistunement of our Living Power (Living Principle) in feelings and functions, so is this Living Principle, dynamically mistuned by natural disease, seized during homeopathic cure by a somewhat stronger, resonant, artificial disease affection due to application of a medicinal Potence selected exactly according to symptom similarity; the feeling of the natural (weaker) dynamic disease affection is extinguished and disappears for it [the Living Principle] thereby, which affection from then on exists no more for the Living Principle, which is now solely occupied and governed by the stronger, artificial disease affection which, however, soon plays itself out leaving the patient behind free and recuperated.^{a1}

§29.1. ^{a1}. The short active duration of the artificial morbid Potences which we call medicines, makes it possible that they, although stronger than the natural diseases, are far more easily overcome by the Living Power than the weaker natural diseases, which solely on account of their longer, mostly lifelong effective duration (Psora, Syphilis, Sycosis) can never be vanquished and extinguished by it alone until the Remedial-Artist more strongly affects the Living Power with a very resonant morbid, but stronger Potence (of homeopathic medicine).

§29.2. The Dynamis, so freed, can now continue life again in health.

§51.4. In them he has disease-engenderers of all possible operational diversities [working actions] for all the countless, conceivable and inconceivable natural diseases against which they can afford homeopathic aid -- disease Potences (medicinal substances) whose power, conquered by the Living Power after completed curative employment [that is, the initial action - see 64], disappears of itself without requiring repeated aid for expulsion time and again, like scabies -- artificial disease Potences, which the physician can dilute, divide, potentize up to the limits of infinity and whose dosage can be decreased to the point that they remain only just a little bit stronger than the similar natural disease to be cured by them, so that it requires no violent attack on the organism by this matchless curative mode in order to eradicate even an old stubborn malady, indeed, that this manner of cure, as it were, forms only a gentle, unnoticeable but often swift transition from the tormenting natural suffering into the permanent health desired.

In the above references, Hahnemann refers to the Living Power acting against the artificial disease (medicine). In Aphorism 64 Hahnemann provides us with detail on this counter-action. It can occur in two forms. In the first form (natural diseases), the Living Power simply replaces the artificial disease with an opposite condition-state from nature, thus completing the "wholing." In the second form, there is no equal opposite condition-state (unnatural diseases) and the Living Power (sustentive side) seems to rouse itself to overcome the artificial disease before then establishing balance.

§64.1. During the initial-action of the artificial disease Potences (medicines) upon our healthy body, our Living Power appears (as seen from the following examples) to comport itself purely conceptively (receptively, passively as it were) and thus, as if forced, to allow the impressions of the artificial Potence impinging from without to take place in itself, thereby modifying its condition, but then, as it were, to rally again and

a) to generate the exact opposite condition-state, when there is such a one (counteraction, after-action), to this impinging action (initial-action) in equal degree to that which the impinging action (initial-action) had on it by the artificial morbid or medicinal Potence, and according to the measure of the Living Power's own energy,

-- or, b) when there is not an exact opposite state to the initial-action in nature, the Living Power appears to strive to assert its superiority by extinguishing the alteration actuated in itself from without (by the medicine), in place of which it reinstates its norm (after-action, healing-action).

In summary, the process of heilen is as follows:

1. The artificial disease (medicine) removes (extinguishes, annihilates, cures) the original disease (termed initial action - Erstwirkung) by means of its ability to alter the generative power where the disease is lodged (qualitative action).

2. The Living Power (sustentive side) then attempts to remove the artificial disease (counter-action - Gegenwirkung), just as it had earlier attempted to remove the original disease. This is a quantitative action. However, in this case, the effort is successful because the artificial disease, while stronger, is of shorter duration (due to the small dose and dynamic form). It is not entirely clear whether the medicinal disease leaves of its own accord, or if this leaving is the result of the counter-action. We can gain a further clue from Aphorism 68.

§68.1. Experience shows us that in homeopathic cures following the uncommonly small medicinal doses (§275-287) which are necessary in this curative mode, and which were just sufficient, by similarity of their symptoms, to tune-over the similar natural disease and to expel the natural disease from the Feeling of the Living Principle, some small amount of medicinal disease still continues on alone initially in the organism occasionally after extirpation of the natural disease, but, because of the extraordinary minuteness of the dose the medicinal disease disappears so transiently, so easily and so quickly by itself, that the Living Power has no more considerable counteraction to take up against this small artificial mistunement of its condition than the counteraction of elevating the current condition up to the healthy station (that is, the counteraction suitable for complete recovery), to which end the Living Power requires but little effort after extinguishing the previous morbid mistunement. (See §64 B)

The medicine "extirpates" the natural disease while the Living Power "extinguishes" the mistunement caused by the medicine. This is akin to hiring mercenaries to rout the enemy, then having to make the necessary arrangements to send off the mercenaries while also cleaning up after the battle (repairs to roads, rail and power lines, etc.).

3. The result of the counter-action is to complete the process of restoration. Without the counter-action there would be a break or hole. The complete restoration of health (heilen) requires the counter-action triggered by the initial action of the resonant medicine to restore the damage caused by the natural disease (and any damage caused by the artificial disease where the dose was not optimum).

TWO OTHER INSTANCES

We can consider two other instances that support this view.

Consider first the case of acute natural disease. Here we have a self-limiting disease, much as in the case of the artificial disease (medicine). Although the sustentive aspect of the Living Power is unable to remove the natural disease on its own, it can hasten its departure. We see that the real role of the counter-action is to restore damage (what Hahnemann refers to as the “recovery process of nature”). We can also see that the dual process of cure by the initial action of the medicine and the counter-action of the sustentive power (“recovery process of nature”) is the true, “genuine remediation” (ächte Heilung), compared to the partial remediation of nature in acute disease. Indeed, the “self-help” efforts of the sustentive power themselves become part of the disease until such time as the self-limiting disease departs, when these restoration efforts are more successful (however, not complete as the disease was not removed entirely, leaving a weakness in the generative power (sequelae).

68. The old school merely followed the operation of crude instinctual nature in its indigent a] strivings to pull through only in moderate, acute disease attacks...

68. ^{a]3.} The lamentable, highly imperfect exertion of the Living Power for self-help in acute diseases is a spectacle that summons up active pity in humanity and musters all of the powers of our intelligent spirit in order to put an end to this self-torment by genuine remediation.

68. ^{a]6.} The inner process in diseases becomes known only through the perceptible alterations, ailments and symptoms — the only way our Life gives utterance to the inner disturbances — so that in each case at hand we never even come to know which of the disease symptoms is a primary action of the disease malignity or which is a self-help reaction of the Living Power.

68. ^{a]7.} Both [actions and reactions] flow into each other before our eyes and present to us an outwardly reflected image of the total internal suffering, in that the unhelpful exertions to end the suffering of life left to itself are themselves sufferings of the entire organism.

68. ^{a]8.} Therefore, often more suffering than remedial help lies even in the organized evacuations, called crises, brought about by nature at the end of rapidly arisen diseases.

68. ^{a]10.} In the mean time, so much is certain, that the Living Power sacrifices and destroys more or less of the suffering parts in order to save the rest.

68. ^{a]11.} This self-help of the Living Power, going to work upon elimination of the acute disease only according to the organic constitution of our body, not according to spiritic [mental] deliberation, is mostly only a sort of Allopathy; it arouses, in order to free the primary suffering organs by crises, an increased, often stormy activity in the excretory organs, in order to divert the malady of the suffering organs onto the excretory organs; there result vomiting, diarrhea, urination, perspiration, abscesses, etc., in order, by this provocation of remote parts, to achieve a sort of diversion from the originally sick parts, since then the dynamically strained nerve-energy appears to discharge itself as it were in the material product.

68. ^{a]12.} Only by destruction and sacrifice of a part of the organism itself is the nature of the individual, left to itself alone, enabled to save itself from acute diseases and, if death does not ensue, to reconstitute the harmony of Life and health; however, only slowly and imperfectly.

72. The disease vanishes, to be sure, when acute, even under these heterogeneous attacks on remote, dissimilar parts, its course having been disposed only to short duration anyhow; -- but it was not cured.

106. In not very dangerous cases, the acute diseases were held down so long by the old school by means of blood withdrawals or suppression of one of the chief symptoms by an enantiopathic palliative means, (Contrary Things by Means of Contraries) or suspended by means of counterirritating and drainage (antagonistic and revulsing) means, on sites other than the diseased ones, until that point in time when the natural course of the short malady was over -- on detours robbing vitality and humours, and to such an extent that it was left to the individual nature of the one so treated to do the most and best for the complete dispatch of the disease and restoration of the lost vitality and juices --- to the Sustentive Power of Life which, along with the dispatch of the natural acute malady, had to conquer the consequences of inexpedient treatment and so, in the innocuous cases, by means of its own energy, the functions could resume their normal relationship, however, often laboriously, imperfectly and with many an ailment. [Here we see that the counter-action plays a role in the removal of the disease, but not a direct role, as the disease leaves of its own accord, being self-limiting.]

107. It remains very doubtful whether the recovery process of nature be really foreshortened or alleviated even a bit by this intervention of the hitherto medicinal art in diseases, in that the latter could not go to work in any other way than indirectly just like the former (the Living Power), but its drainage and antagonistic procedure is far more aggressive and robs far more vitality.

156. In all ages, the patients who were cured effectively, rapidly, permanently and visibly by a medicine, and not by any chance by another beneficent event or by the acute disease running its course, or finally recovered over time by a gradual preponderance of the bodily powers during allopathic and antagonistic treatments -- for the direct cure differs very greatly from recovering in an indirect way -- (although without cognizance of the doctor) have been cured solely by a (homeopathic) medicament, that had the power of itself to generate a resonant disease state.⁴

Here cure is related to the homeopathic medicine, and recovery - restoration of balance to the counter-action of the sustentive power. Thus, we can have recovery without cure.

Next we need to consider an instance where there can be cure [of the disease] without recovery [restoration of health].

Consider the case of someone who has insufficient vitality to mount a counter-action. Hahnemann states that this counter-action is an integral part of the process of remediation (heilen). Thus, we can have the removal of the disease by means of the homeopathic remedy, but a failure to complete the process by the restoration of damage caused by the disease to living function and tissue. These cases tend to be called “incurable” in the literature.

Kent gives an example of this in his Lectures on Homeopathic Philosophy, p. 256. The patient needs a particular remedy based on the symptoms, but the healing reaction does not clear. The “vital reaction was impossible,” meaning that the Living Power could not mount a proper counter-action to complete the remediation, and Kent concludes that “he was an incurable case.”

We can also consider cases where the patient was near death and the well-indicated remedy provided a cure, visible in the improvement in mental and physical state with a relaxation and calmness, followed by a peaceful death. Here again, the remedy was able to cure, but the level of the sustentive power in the organism was insufficient to complete the process of restoration of health.

HEILKUNST AND HEILKUNSTLER

Hahnemann uses the term Heilkünstler to describe the true physician, namely one who practices in accordance with law and principles as laid down in the Organon and its appendices (the Extended Organon). A Heilkünstler is more than a homeopath or someone who operates solely in the area of the law of similars and solely against natural disease in terms of the use of medicine. A Heilkünstler also knows to use the law of opposites, and to treat non-natural diseases.

See: Opposites and Similars

The true physician has a deep understanding of the dual nature of the Living Power, unlike the ordinary physician who sees only the life-sustaining aspect (either relying on it to treat disease, which it cannot do, or mistrusting it and relying on drugs and surgery to remove or suppress the effects that manifest in the physical body, including the mind).

The term comes from the word Heilkunst. This is the term used by Hahnemann for the true system of healing and curing. It has the meaning of the art (Kunst) of making a person whole (Heil – which is the origin of the Old English word “hale,” as in hale and hearty).

Wholeness is equated with health. Disease is equated with division and parts. Heilkunst is the process of “wholing.” Heilkunst is the process of “remediation,” or of remedying the shattering of the natural wholeness of health. Remediation is perhaps the word that best captures the meaning of both healing and curing in English that is contained in the term wholing.

At the start of the Organon, Hahnemann describes the qualities of the practitioner of Heilkunst, the Heilkünstler or Remedial Artist:

§3.1. If the physician clearly realizes what in diseases, that is, what in each particular case of disease, is to be remedied (disease discernment, indication), if he clearly realizes what in medicines, that is, in each particular medicine, is curative (knowledge of medicinal virtues) and if he is aware of how to adapt what is curative in medicines according to clear reasons to that which he has undoubtedly discerned in the patient as diseased so that recovery must result, to adapt with respect to the commensurability of the most appropriate medicine for each case according to its mode of action (selection of the remedy, indicator) as well as with regard to the exact necessary preparation and amount of the same (right dosage) and of the proper timing of the repetition of the dose -- finally, if he knows the obstacles to recovery in each case and is aware of how to remove them so that the restoration be enduring -- then does he understand how to act expediently and thoroughly and is a genuine Remedial Artist.

The terms Hahnemann uses here are Krankheits-Erkenntniß (knowledge-dia-gnosis-of disease), Kenntniß der Arzneikräfte (knowledge of medicines), Krankhaftes erkannt (discerned in the patient as diseased), and kennt er endlich die Hindernisse der Genesung (knows the obstacles to recovery). The terms kennen and erkennen relate to a form of knowledge that goes beyond the intellect and involves a form of knowledge akin to art. Thus, the true physician is also a true artist.

The difference is that the artist normally creates a symbol that is designed to be a whole, a representation of the truth, and to be appreciated and understood by the public. Here, the Remedial Artist rather must attempt to understand, discern (kenn, erkenn) the creation of the patient (the disease or diseases). The patient's creation represents not the truth, but his separation from the truth (his apartness rather than wholeness). It is the job of the Heilkünstler to provide the means of remedying the disease, the agent of the patient's separation from the truth (wholeness and knowledge) so that the patient may become whole again. To do so, the physician must be able to participate the state of disease of the patient, not just understand it intellectually. He must discern the disease in order to match this knowledge with his artistic knowing (erkennen) of the medicines (through provings or clinical experience).

MODERN VIEWS ON ISOPATHIC REMEDIES

Other than O. A. Julian in Europe, we have only seen one other serious attempt to deal with the place of isopathic remedies in the context of Hahnemann's medical system – Francisco Eizayaga's Treatise on Homeopathic Medicine.

The five therapeutic methods [homeopathy, isopathy, enantiopathic, tautopathic, allopathic] are at present used in Western medicine... The isopathic method, being as it is the most like the homoeopathic one, renders great service in the treatment of patients, both in the official and homoeopathic schools, although in the homoeopathic school it is always used as a complementary therapy to the properly established simillimum. Tautopathy [use of attenuated doses of drugs to cure illnesses caused by that drug] has a great field of action in the grave and increasingly numerous cases of drug intoxications or reactions... (p. 60)

We still do not know exactly how the nosodes act in accordance with this etiological similitude, but a vast experience does confirm it. In the chronic infectious states, such as gonorrhoea, syphilis and tuberculosis, we almost inevitably have prescribed the nosode which tends to exercise a most favourable action... Isopathic treatment constitutes a field, in certain aspects, that is unexplored and has great possibilities. The use of medicines that come from pathological products, such as tumours (carcininum, schirrhinum); of different types of pus (baccillinum) or from bacterial or viral cultures (influenzinum, morbillinum, colibacillinum); of parasites (hydatidnum), etc. merit profound a serious research not only for their therapeutic possibilities, but also for their application in preventative medicine. There exists well documented information regarding the preventative effect of infectious nosodes and there is no obstacle to discover why, by analogy and based on the same principle, other nosodes should not also have similar virtues by acting in the same manner. (p. 67)

The harmful, and at times, unlucky effects of vaccinations are treated in homeopathy with medicines that are almost specific: Thuja, Apis, Silicea, Malandrinum... or with the nosode corresponding to the administered germ (Vaccinum, Tuberculinum, etc.). The toxic action of numerous allopathic remedies (antibiotics, chemotherapeutics in general) may be successfully treated by the same dynamized substance. The cases that have been published of intoxication due to penicillin and other antibiotics which have been treated by this simple method are numerous.

There are arousing causal factors of pathological states, each one of which often have their remedies chosen by etiology, at times even without taking into account the symptoms, when these are absent. (pp. 67-68)

Sometimes an acute infectious state cannot be healed with the rightly indicated medicine and it is indispensable to administer the nosode corresponding to the germ at stake in order to obtain a quick effect. We have seen cases of acute, febrile, colibacillary pyelitis which corresponded clearly to Pulsatilla and which only cured with Colibacillinum. We have seen whooping cough cases which are typical of Drosera and which only cured with Pertussinum, and so on. (p. 277)

If homoeopathy is employed with restrictive criteria, its therapeutic possibilities are very few. If, on the other hand, all the tools of homoeopathy are used freely, both as regards remedies as well as application techniques, with an ample and scientific criterion, its possibilities are practically unlimited and they only depend upon the physician's human limitations. (p. 282)

In homeopathy, with the nosode of each of the acute diseases we could fulfill a job similar to the one achieved by the vaccines which are known without any of their inconveniences. While the non specific resistance of an individual to an infection is increased with the homoeopathic remedy, a higher specific immunity against a given germ is obtained with the nosode... (p. 283)

If this immunization is valid for the epidemics we have mentioned, it is logical to deduct that, by applying the same isotherapeutic principle of the specific nosodes, we could prevent our patients, especially the children, from any epidemics. (p. 285)

ISOPATHY IN OTHER CONTEXTS

The attempt to find remedies to cure diseases in the infectious disease material or in morbid bodily secretions provided a fertile stimulus both for homeopathy and allopathy.

We have the development in homeopathy of:

- **remedies for use in miasms (diseases of fixed nature) made from the disease exudation or agent, such as Morbillinum for measles, Variolinum for smallpox, Tuberculinum for the tubercular miasm, Psorinum, Medorrhinum, Syphilinum, etc.**
- **remedies made from drugs to treat chemical and other drug-induced diseases (e.g., Sulphur to remove sulphur disease, Cortisone, Penicillin, Mercurius, Plumbum, Cuprum, etc.)**
- **remedies made from organs and organ secretions to treat such organs (organotherapy)**
- **remedies made from chemical salts to treat various conditions (Dr. Schüssler's Biochemic Tissue Salts)**

However, these developments have not been fully integrated into Hahnemann's system for two reasons. First, Hahnemann himself only came to realise their potential late in his life and second, the emphasis to date on pathic prescribing (homeopathy) means that these remedies are used only when indicated on the symptom picture, or if used tonically, this is done sporadically, because of a general lack of understanding of this realm of disease.

See: Isopathy and Isodes/ Nosodes: Tonic Medicines

In the allopathic domain, we have the development of vaccination (Jenner/Pasteur), serum therapy (Emile von Behring), fresh cell therapy (Niehans), and Koch's tuberculin preparation.

MEDICAL AND MUSICAL DYNAMISM

Hahnemann's medical theory is grounded in the root word *stimm* when referring to the life energy and its changes in disease and remediation.

What would be useful is a coherent rationale of dynamic relationships. 

5.2. It can easily persuade each reflecting person that the diseases of humans rest on no matter, on no acidity, that is to say on no disease matter; rather that they are only spirit-like (dynamic) **mistunings** [*Verstimmungen*] of the spirit-like enlivening power (of the Living Principle, of the Living Power) of the human body. (Introduction to the 5th Edition).

Stimm has a musical connotation, relating to tone, tonality, or tunement. Thus, disease is the dynamic mistunement (*Verstimmung*) of the life energy and remediation is the act of re-tonifying, re-tuning (*umstimmen*) the life energy.

Hahnemann, being a functionalist and dynamist, did not use words in the abstract, but because of their actual connection to nature.

Music is an art that has existed since time immemorial and has defied comprehension. However, it speaks directly to us and is able to resonate with our own life energy. Music, with its structure and effect, presented a powerful model for Hahnemann to use in trying to understand the invisible (or supersensible), dynamic life energy. The Encyclopaedia Britannica underlines the fact that through music we can get the best appreciation for the workings of the living organism:

Music is closer to the inner dynamism of process; there are fewer technical (and no concrete) impediments to immediate apprehension, for an entire dimension of the empirical world has been bypassed.

In music we have two main scales: the diatonic and the chromatic. A scale (from the Latin for ladder) is a series of ascending or descending tones in a regularly spaced order. The diatonic scale is made up of seven full notes or tones. Adding halfnotes to the diatonic scale creates the chromatic scale.

Originally the diatonic scale was predominant, leading to melody. However, increasingly in Western music halfnotes were added that were extraneous to the basic (diatonic) scale. This was done to provide shadings or color (hence the term chromatic, which comes from the Greek *chroma*, color) to the basic melody in such a way that there would be a harmonious relationship.

This increasing use of the chromatic scale eventually created a strong, integral blending of both scales, which was eventually called "functional harmony." This came to dominate European music around the time of Hahnemann.

...by the middle of the 17th century, functional harmony based on the diatonic major and minor scales was beginning to assert itself as the primary structural device in Western music. In functional harmony, chromaticism permits long-range modulation (changes of key) as well as momentary expressiveness.

The development of harmony based partly on the interwoven use of the two scales was a major feature of western music from about the 17th Century until the 20th Century, when the increased use of chromaticism (coloring using the halfnotes) led to the end of harmony and tonality (the reliance on an underlying tone), creating highly atonal and dissonant music.

Eventually, the chromatic scale of 12 equidistant semitones superseded the diatonic scale, the inseparable partner of functional harmony, to the extent that melodic-rhythmic tensions and resolutions took the place of the harmonic cadences and modulations that had determined the structure of Western music for centuries. ("Atonality," Britannica Online)

One composer in Hahnemann's time, Schopenhauer, argued about the ability of music to make direct contact with the human *Wesen*:

Schopenhauer acknowledged a connection between human feeling and music, which 'restores to us all the emotions of our inmost nature, but entirely without reality and far removed from their pain.' ("The Art of Music: Elements of musical composition: HARMONY: Dissonance in harmony: The regulation of dissonance. Britannica Online.)

Schopenhauer, and later, Nietzsche, developed the idea of music as a dynamic process similar to the dynamic process of life:

Music is closer to the inner dynamism of process; there are fewer technical (and no concrete) impediments to immediate apprehension, for an entire dimension of the empirical world has been bypassed. (The Art of Music: the concept of dynamism, Britannica Online)

Harmony was also based on the construction of chords (several notes played at the same time) from their bass note and the use of key (notes).

A key is a group of related notes belonging to either a major or minor scale, plus the chords that are formed from those notes, and the hierarchy of relationships among those chords. In a key the tonic, or keynote, such as C in the key of C – and thus the chord built on the keynote – is a focal point toward which all chords and notes in the key gravitate.

...The larger organizational system embracing keys, key relationships, chord relationships, and harmonic goals was called tonality, or the major-minor system of tonality, because the keys were built on major and minor scales." ("The Art of Music: Elements of musical composition: HARMONY: Classical Western harmony. Britannica Online)

Functional harmony allowed the composer to assign a "goal" to each chord, which goal was either to move away from or towards the overall harmonic goal. The main goal or chord was called the "keynote" or "tonic" of the principal, or tonic key.

Another important feature of harmony and the functional approach was the modulation or variation of key. This allowed the composer better to develop relationships between keys.

It is interesting to see the implications for Hahnemann's medical system of the musical system prevalent in his time.

The diatonic scale corresponds to the tonic side of disease, the underlying disease process that marches on despite changes in the coloration of the rhythm. The chromatic scale, the colorings introduced into the scale, correspond to the pathic side of disease, the individual expression of the underlying process through the constitution, temperament, disposition and circumstances of the patient. Both sides create a functional harmony. Both sides can be addressed without opposition if done properly.

Can this be the basis for Hahnemann's increasing realisation of the two sides and Boenninghausen's creation of the Concordances? 

Health is now a harmonic convergence, a tonality in which the underlying state is in accord with the individual expression (personality) and circumstances (ambient) of the patient. The dissonance of the disease is removed. However, it is important to address both the diatonic scale which underpins the tonality as well as the chromatic colorings consonant with it; namely the chords that work towards the underlying functional unity (harmonic goal) of the organism under the influence of *Geist* and *Wesen*.

See: *Wesen and Geist*

The flow of life energy through the remedial process is much akin to the process of creating a musical score using the system of functional harmony. The composer must create a resonant flow of movements through chords that are consonant (in agreement) and chords that are dissonant (in disagreement), all the while creating a harmonic rhythm. The "resonant" remedial process has a cycle of consonance (initial action of the remedy) and dissonance (back-action of the remedy) which eventually leads to the harmonic rhythm.

Treatment must eventually address the two sides of disease, the tonic and the pathic (chromatic). The treatment must also involve the aesthetic faculty, *kennen*, and not just become a mechanical analysis of the sufferings of the patient (symptoms). This symptom-based approach works for short events, such as acute illnesses, much as the chromatic scale works for short periods, but cannot carry the rhythm very far without the interjection of the diatonic tones.

Chronic disease is a functional dynamic that must be addressed both in terms of the underlying process (tonic) and the individual expression or coloring (pathic). If the true remedial artist (*Heilkünstler*) attempts to ignore the diatonic scale and overly focus on the pathic side, he ends up with a tonal patient/music, that is a patient/music that has a melody (relatively good functioning), but no overall harmony. Conversely, where the *Heilkünstler* ignores the chromatic (pathic) for the diatonic (tonic) scale, there is overall rhythm without melody. The use of pathic remedies alone does not create that strong structure to the patient's health that lies in the use of the well-ordered diatonic scale of tones and can account for why patients can collapse into cancer even though a splendid pathic was used "successfully." At the same time, the use of tonic remedies exclusively can lead to sudden, sometimes dramatic expressions arising from the pathic side that unduly stress the patient unless treated with the appropriate pathic remedy even though the underlying state of health is sound.

OPPOSITES (CONTRARIA) AND SIMILARS (SIMILIA)

According to Hahnemann, and others before him, there are two methods of therapeutic application which can be said to be based on a law of nature – the method based on the Law of Opposites and that based on the Law of Similars.

Hahnemann, in addition to re-introducing the world to the Law of Similars in an effective, workable manner, also clearly describes the working of the Law of Opposites, but without stating it by name.

The law of opposites forms part of his complete medical system, Heilkunst. Just as Hahnemann decried the false, materialist search for cause of the allopaths (Tolle causam), but presented a more powerful system of dynamic causation, so Hahnemann also decried the use of the law of opposites, mostly unconsciously, by allopathy. Allopathy is a third system of medicine based on no recognition of any laws of cure.

Hahnemann's rejection of the application of the law of opposites in the general and blind manner of the allopaths does not mean, however, that he rejected the use of the law of opposites as beneficial and even sanative.

The use of the law of opposites is considered to be valid in the realm of regimen:

- disturbances, including disease, related to regimen, including diet (regimental diseases),
- emergencies involving life and death, and
- diseases of the spirit (ideogenic diseases).

The use of the law of opposites is considered to be invalid in the realm of medicine.

What Hahnemann chides allopathy for is the incorrect application of medicine according to the law of opposites.

LAW OF OPPOSITES CANNOT CURE NATURAL DISEASE

Hahnemann first refers to the workings of the law of opposites when explaining why the allopathy of his day could not cure – because it attempted to imitate the wrong aspect of nature. Crude nature (that is, nature without the power of human knowledge), operates solely through the sustentive aspect of the Living Power in its efforts to heal that which needs to be cured.

See: *Dual Nature of the Living Power
Hahnemann and the Natural Healing Power*

As such, it can only oppose disease. The results of this opposition then became part of the disease (that is, the symptoms that we suffer as a result of the efforts of the Living Power to restore balance). The action of the Living Power against the artificial disease (medicine) he termed the counter-action.

See: *Hahnemann's Criticism of the Old School of Medicine*

38.1 The old school merely followed the operation of **crude instinctive nature** in its indigent strivings to pull through solely in moderate, acute disease attacks
-- it mimicked solely the **Sustentive Power of Life**, incapable of deliberation left to itself in diseases, which, not being capable of acting according to intellect and deliberation, resting simply as it does on the organic laws of the body, works only according to these organic laws,
-- crude nature, **which** is not capable, like an intelligent physician, of bringing the gaping flews of a wound together and of healing through fusion,
-- **which** does not know how to straighten and fit together the oblique ends of broken bones far apart from one another, however much it lets bone gelatine exude (often to excess) can tie off no injured artery, rather, in its energy, makes the injured bleed to death,
-- **which** doesn't understand how to reset a dislocated shoulder, but, to be sure, hinders the art of bone-setting through the swelling that comes quickly to pass round about,
-- **which**, in order to remove a splinter stuck in the cornea, destroys the entire eye through suppuration and only knows how, with all its exertion, to dissolve a strangulated inguinal hernia through gangrene of the bowels and death, also, often in dynamic diseases, makes patients far unhappier through its metaschematisms than they previously were.

57.2. These efforts are indeed simply the disease itself, and the morbidly affected Living Power is the engenderer of the self-manifesting disease!

REMOVAL OF CAUSE

Hahnemann also presents the law of opposites in the form of the “intelligent physician” who opposes by removing the “manifest or maintaining cause,” whereupon the condition usually ceases by itself. This also goes for those conditions that exist over prolonged periods and which are falsely called chronic diseases.

See: *Self-limiting versus Protracted Diseases*

§7 (footnote) It goes without saying that each intelligent physician will clear this right away; then the indisposition usually gives way of its own accord. He will remove from the room the strongly fragrant flowers that arouse faintness and hysterical plights, draw out of the cornea the splinter-arousing inflammation of the eye, undo and more fittingly apply the all-to-tight bandage threatening gangrene on the wounded limb, lay bare and tie off the injured artery inducing faintness, seek through vomiting to get rid of swallowed Belladonna berries, etc., pull out foreign substances which have gotten into the openings of the body (nose, ears, urethra, rectum and genitalia), crush the bladder stone, open the imperforate anus of the newborn child

§77.1. Those diseases are figuratively called chronic which people suffer who expose themselves continually to avoidable noxae, habitually partake of harmful drinks or foods, abandon themselves to intemperances of all kinds which undermine health, dispense with the necessary requirements for life, reside in unhealthy, especially swampy areas, house themselves only in cellars, damp workplaces or other confined quarters, suffer lack of exercise or open air, deprive themselves of their health by excessive physical or mental exertions, live in constant vexation, etc.

§77.2. These self-inflicted unhealthy practices fade away of themselves with improved regimen (if a chronic miasm does not otherwise lie in the body) and cannot bear the name of chronic diseases.

EMERGENCIES

The validity of treatment on the basis of opposites is further elaborated when he authorises the use of the law of opposites in certain emergencies:

§67 (footnote) Only in highly urgent cases, where danger to Life and imminent death permit no time, not hours, often not quarter hours and hardly minutes, for the action of homeopathic auxiliary means in suddenly arisen accidents to previously healthy persons, e.g., asphyxiation, apparent death from lightning, from suffocation, freezing, drowning, etc., is it permissible and expedient, at least for the time being, to excite the irritability and sensibility (the physical life) again by means of a palliative, e.g., by gentle electric shock, by clysters of strong coffee, by excitative olfactory means, gradual warmings, etc.; once [the physical life] is again roused, the play of the life organs goes along [on] its previous healthy course, because no disease*) was to be done away with here, but rather only obstruction and suppression of the in itself healthy Living Power.

Hahnemann also includes in this category of emergencies, poisonings and the use of various antidotes.

§67.1.⁹² Hereto also belong various antidotes to sudden poisonings: alkalis for swallowed mineral acids, sulfur hepar for metallic poisons, coffee and Camphor (and Ipecac) for opium-poisonings, etc.

HEALING AND CURING

The above discussion and quotes point to an important distinction that must be made between healing and curing.

Heal comes from the Anglo Saxon “hael” meaning “to make whole.” When a finger is cut, it heals. The integrity that was disrupted is made complete again. There is no disease, but only a disruption. There has been an injury, a physical harm or damage, whether that be from a pinprick in an instant, or the eating of devitalised foods and smoking during the course of a lifetime.

This is the first and main realm of the remedial Law of Opposites – disturbances of the sustentive side of the Living Power. It is that treatment re-establishing equilibrium by removing that which is harmful, and correcting any excess or deficiency. When someone is suffering from exposure to sleeping on a damp floor, you first have him stop sleeping on the damp floor. When someone is suffering from scurvy you give him the citric acid that he is lacking. If someone has a goitre from a deficiency of iodine, it needs to be included in his diet.

Hahnemann refers to maladies healable by diet and regimen

§77.2. These self-inflicted unhealthy [practices] fade away of themselves with improved regimen

§150.2. A small modification in diet or regimen usually suffices to wipe away this indisposition.

Regimen as defined in the Webster's Twentieth Century Unabridged Dictionary is:

a regulated system of diet, exercise, rest, and general hygiene, intended to maintain or improve the health or any regulation or procedure which is intended to produce beneficial effects by gradual operation. (even surgical operations)

Taber's: A systematic plan of activities and regulation of diet, sleep and exercise designed to improve or maintain health or to keep a certain condition under control.

OED: The regulation of such matters as have an influence on the preservation or restoration of health; a particular course of diet, exercise, or mode of living, prescribed or adopted for this end; a course of treatment employed for the cure of a wound.

By these means one unburdens the metabolic forces that are part of the Erhaltungskraft, the life sustaining, sustentive aspect of the Living Power.

It is in this light that the concluding aphorisms of the Organon can be viewed. Mesmerism (including its present day forms) is an example of the use of the Law of Opposites.

§288 This remedial power, often foolishly denied or reviled for an entire century, being a wonderful inestimable gift of God granted to humanity, by means of which the Living Power of the healthy mesmerist gifted with this power dynamically streams into another human being by touch and even without the same, indeed even at some distance, through the powerful will of a well-intentioned individual (like one of the poles of a powerful magnet into a rod of raw steel) works in a different way, in that this remedial power partly replaces the Living Power lacking here and there in the patient's organism, partly drains off, decreases and more equally distributes the Living Power accumulated all too much in other places, which arouses and sustains unnamable nervous sufferings and generally extinguishes the morbid mistunement of the Living Principle, replacing it with the normal 'tuning' of the mesmerist impinging powerfully upon the patient, e.g., in cases of old ulcers, blindness, paralysis of individual limbs, etc.

Hahnemann was the first in history to understand in principle that diseases are not sustained like injuries, but generated in the same manner in which new life is generated. Disease is an act of union between the dynamic Wesen of a disease agent and the dynamic Wesen of a living being (human, animal or plant), involving the same power (generative) that is used by living beings (Leben-Wesen) to generate a new life. It is the person who is diseased, but in much the same way as a woman is pregnant. We all act like the female, Rosemary (in the film, "Rosemary's Baby"), in the face of the male disease Wesen which impinges upon our Wesen. We then gestate the disease, eventually producing signs and symptoms of our being pregnant with that disease. In the Middle Ages, this reality was represented artistically and graphically in the trafficking between humans and creatures called incubi or succubi. Disease is a de-generative process.

To say that homeopathy must treat the person, not the disease, is a profound misunderstanding of what Hahnemann taught and an ignorance of the dynamic nature of disease discovered by Hahnemann. To say disease is of "dynamic" origin remains an abstraction until grounded in the true nature of things. The disease needs to be annihilated, destroyed as Hahnemann points out. Disturbances of the life energy that do not invoke the generative power, that do not "engender" disease, can be corrected by treating the person (giving him more nutrition, better lifestyle, moral instruction), but disturbances that invoke the generative power require the treatment of the disease.

The medicine, the artificial disease potency, is sent in to effectively abort the disease (in its course) by dynamically and organically reversing the disease process. Exactly how this occurs is not clear. It would seem that the medicinal Wesen re-creates in concert with the human Wesen, which in turn overcomes the gestating disease within by reversing, through the generative power, its heretofore creation in rising to the task of confronting the artificial disease Potence. The disease disappears as if someone reversed the time lapse photographic record of its forward progress. Hahnemann explicitly says in *Chronic Diseases* that:

14.1 ...it is nevertheless this Power, the Living Power, which triumphs and that ought to be called victorious, like an army, which drives the enemy out of the country, although it may not have won the victory without foreign auxiliaries.

15.1 It is the organic Living Power of our body which cures natural diseases of every kind directly and without any sacrifices as soon as it is enabled by means of the correct (homœopathic) medicines to win the victory. This Power would not, indeed, have been able to conquer without this assistance, for our organic Living Power, taken alone, is only sufficient to sustain the fair course of life so long as man is not morbidly unattuned by the hostile impingement of morbid Potences.

The person's sustentive power then goes into action to restore the balance disturbed by the now defunct disease, while healing all reparable damage.

This insight of Hahnemann about the nature of disease is perhaps his greatest contribution to medicine, which has yet to be appreciated. Classical homeopathy has built its tenets on the one-sided sustentive power, taking this to represent the full extent of the Living Power and of the domain of disease.

SPIRITUAL DISEASES

Hahnemann provides us with the use of the law of opposites in spiritual diseases, *Geisteskrankheiten*, first spun and maintained by the soul (§224-226), but only those which are new and have as yet not deranged the somatic state all that much. Otherwise the law of similar resonance applies.

§225.1. There are by comparison, as was said, indeed some few emotional [*Gemüt*] diseases which, conversely, with but little infirmity, having not simply degenerated from somatic diseases, owe their rise and continuance to the mind [*Gemüt*] due to persistent worry, mortification, vexation, abuse and great, frequent occasions to fear and fright.

§226.1. Only these emotional [*Gemüt*] diseases, first spun and sustained by the soul, allow themselves, as long as they are new and have not yet deranged the somatic state all too much, to be rapidly transmuted by psychotherapeutic means such as confidingness, amicable exhortation, reason, but often too by a well-camouflaged deception, into well-being of the soul (and with appropriate regimen, apparently into well-being of the body also).

Hahnemann shows the combined working of the two Laws in the example given of worm infestations in the Introduction to the 5th and 6th editions of the *Organon*.

The presence of these is always dependent on a general taint of the constitution (psoric), joined to an unhealthy mode of living. Let one improve the lifestyle and cure the psoric wastage homeopathically, which at this age most easily admits of help, so none of these worms are left over, and the children, if they have become healthy in this manner, are no longer bothered by them, while after mere purgatives, even along with worm-seed, the worms however soon propagate again in quantity.

In summary, the Law of Similars applies primarily to the realm of de-generative disease, that is, diseases implicating the generative power, in order to cure disease through the dia-gnostic application of various similitude principles directed at these generative forces, thus realising the dynamic potential. This is the realm of quality that is given a verbal account through the *materia medica*. It is also used in the physical realm when the usual parameters have been extended beyond their normal limits.

On the other hand, the law of opposites applies to the realm of regimen necessary to heal what has been damaged. It works at the physical level by essential opposition through the judicious application of physical laws operant on the metabolic forces so that equilibrium can be established. This is the realm of quantity and aspects of it can be numerically calculated. It can be called upon for immediate, life saving measures when the life force has become severely depressed.

The law of opposites can also operate at the spiritual level by the removal of moral forces that are inimical to the soul. Indeed, since such moral forces which act upon the soul are so powerful a producer of disease (by far the most frequent excitement of the slumbering psora into chronic disease, and the most frequent aggravation of chronic ailments already existing, are caused by grief and vexation according to Hahnemann) they must be removed by the Heilkünstler in order to allow the full healing process to occur:

900 As to the diet and mode of living of patients of this kind I shall only make some general remarks, leaving the special implementation in any particular case to the assessment of the homeopathic practitioner. To be sure, as a rule, everything that would hinder the treatment must be removed in these cases likewise. ...

901 A strict, Homeopathic diet and regimen does not cure chronic patients as our opponents pretend in order to diminish the merits of Homeopathy. But the medical treatment is the main thing. This is seen in the case of the many patients, who trusting these false allegations, have for years observed the strictest homeopathic diet without being able thereby to appreciably diminish their chronic disease; which went on increasing despite the regimen, as all diseases of a chronic miasmatic nature do from their nature.

902 Owing to those causes, therefore, and in order to make treatment feasible, the homeopathic remedial artist must yield to circumstances in his prescriptions as to diet and regimen, thus achieving the purpose of therapy far more certainly, and therefore more completely, than by an obstinate insistence on strict rules which in many cases cannot be carried out.

930 Just as a good physician will be pleased when he can cheer up and keep the mind of a patient from ennui, in order to advance a treatment which is not constrained with such obstacles, so will he in such a case feel more than ever the duty incumbent upon him to do all within the realm of his influence on the patient and his relations and surroundings in order to relieve him of grief and annoyance. This will and must be the main object of his care and neighborly love.

931 But if the patient's condition cannot be improved in this respect, and if he has not sufficient philosophy, religion and self-mastery to bear patiently and with equanimity all the ill-fated sufferings for which he is not to blame, and which it is not in his power to change; if grief and vexation irrevocably storm in upon him without the physician being able to effect a lasting removal of these greatest banes of our existence, he had better give up the treatment of the chronic disease

Thus, the law of opposites can also be legitimately used by the Heilkünstler to help heal disturbances that are not normal, that is, those that are in the realm of physical regimen or of spiritual regimen. Here too, we are working with physical or mental regimen (psychotherapy) to remove disturbances from the sustentive power that have not yet implicated the generative power of the Life Principle.

Once the generative power has become implicated, we need to resort to medicine (artificial disease) to remove the blockage to the self-healing power of the organism. The diseases of physical and mental regimen cannot be overcome simply by the invocation of the sustentive aspect (healing) once the generative aspect has been implicated due to the continued exposure to noxious influences. This is the realm of homogenic and pathogenic medicines, as well as ideogenic ones (those treating for the arch beliefs that allow the soul to spin and maintain disease).

We need to make a distinction here between true degenerative diseases and those diseases that are destructive of the generative power, such as a concussion.

True degenerative diseases directly infect the human Wesen through the generative power (as do the chronic and acute miasms). Out of this emerges a disease Wesen that cannot be destroyed except by the application of remedial measures on the basis of the law of similar resonance. The disease Wesen keeps on growing and weakening the generative power past impotency to death no matter how much one builds up the sustentive side of the Living Power. Thus, such diseases are truly de-generative.

Events which assault us with sufficient force, or with sufficient frequency may result in damage to the generative power such that the normal flow of energy is affected and there is a change in the condition (feelings, functions and sensations). Impacted wisdom teeth may cause such a disturbance that they negatively affect one's love life. Being half-frozen on a tundra may do the same. Such damage is like pieces of shrapnel sustained in battle. What remains after a bad bruise is in the nature of an "energetic stricture" (cf. Hahnemann's "barriers") which crimps our flow of energy, but it is not an instated "conception." You may heal your bruise, but the disturbance of the generative power caused by the trauma remains. It is this disease that the physician must treat, but which he does not normally "see" unless made conscious as his focus is on the sensory input and the sustentive side of injury.

So Arnica does remove the contusion disease, while the sustentive power removes the bruise (that you may get a return of old symptoms on giving Arnica confirms that the disease remained even though the direct evidence of the bruise is long gone). This brings up the contrast between restoring the extrinsically-impacted generative power (quantitative) (conditions) and curing the intrinsic, ingenerated debilitation of this power (qualitative) (states) – releasing the stricture versus extracting the poison. Conditions may be "sustained" like injuries, but states are ingenerated.

PATHIC AND TONIC DIRECTIONS OF CURE

The question arises as to whether there is a difference in the process of heilen (wholing) when one treats for the pathic side or the tonic side.

The question is stimulated by a comment made by Sankaran in *The Spirit of Homeopathy* on the issue of Hering's guidelines for cure. In the context of defending himself against the charge that the direction of his cases (increase in central disturbance and reduction of peripheral pathology) was not consistent with Hering's observations, Sankaran suggested that Hering's observations apply to pathology:

Let us understand Hering's law first. It states that in cure the disease travels from more to less important organs, from above downward, from within outwards and in the reverse order of appearance. Hering here referred to pathology...

It is unfortunate that Hering's words about the progress of pathology have been understood wrongly as applying to the entire affection of the organism... (p. 97)

At this point, Sankaran makes a significant leap. He implies that the central disturbance is separate from the pathology. Initially he relates it to the classical concept, but it is clear that it is far from the unitarian view of disease held by these authors. What we find here is the ontological/phenomenological disturbance (the feeling, the dynamic affection, the impression) as distinguished from the subjective/objective pathological manifestation. This constitutes the unific versus the prolific aspect of disease.

What Sankaran seems to be saying is that the central disturbance, which is the original disturbance of the Living Power (the engenderment of the disease Wesen on the human Wesen), operates independently, in another realm from that of the peripheral disturbances (pathology = suffering of the patient). The central disturbance is the disease state, which is tonic in nature. Hahnemann has a similar distinction in §17:

§17. 1. Now since in remediation the totality of the disease is lifted every time by the removal of the perceptible signs and occurrents of the disease (pathology), along with the internal alteration of the Living Power lying at its base (phenomenology), hence, the whole of the disease, a] so it follows, that the Remedial-Artist has only to take away the symptom complex in order to lift and annihilate b] the internal alteration conjointly with it [the symptom complex], that is, the morbid mistunement of the Living Principle, hence, the whole of the disease itself.

Sankaran is mistaken if he is implying that Hering's pathology is only a physical one, yet the concept that he raises is an important one.

See: Direction of Cure

Sankaran next develops the idea that the central disturbance may actually increase from state-based prescriptions (tonic remedies) whereas the peripheral symptoms may actually improve.

In theory, this makes sense. The tonic remedy will create a reaction at the level of the disease itself. This can be perceived as a worsening at that level (healing reaction). The pathic remedy will create a reaction at the level of pathology and we can then see changes in the periphery, but not necessarily changes in the central disturbance (confirming that the disease itself is still there). In the case of continued and repeated emotional traumas in particular, the treatment of the central (ontological) disturbance as Sankaran names it does, indeed, in our experience, result in seeming exacerbation of the psychic state when the central traumas (usually in childhood) are dealt with. Psychoanalysts have made a similar observation as they approach the central issues. This may be because the external emotional traumas occur as a result of our core delusions or arch beliefs. Without them, we would feel emotions (part of being human) but we would not be open to emotional disease. Thus, as one approaches the central internal emotional traumas, the psychic state (delusion) that is connected to them is affected.

Hahnemann also gives us an example of this in the footnote to §210:

§210.3.^{a1} How often, for instance, in the most painful, protracted diseases do we not meet with a mild, gentle mindedness [*Gemüt*], so that the Remedial-Artist feels impelled to bestow attention and sympathy upon the patient.

§210.3.^{a2} If he, however, conquers the disease and restores the patient again. — as is not seldom possible in the homeopathic mode — the physician is often astonished and startled over the dreadful alteration of the mind [*Gemüt*], where he often sees ingratitude, hard-heartedness, deliberate malice and the most degrading, most revolting tempers of humanity come forward, which had been precisely the patient's own in his former days.

DOSE AND HARM

While Hahnemann does not speak of the harm of homeopathic treatment in terms of suppression, as is often heard in homeopathic circles, he does speak of the potential for harm in the context of dose.

See: Suppression

§275.2. If an all too strong dose is given (for the present disease state) of even a completely homeopathically chosen medicine, so must it nevertheless, notwithstanding the beneficence of its nature in itself, certainly inflict damage due to its size and the here unnecessary, overly strong *impression* which it makes on the Living Power by virtue of its resonant homeopathic action throughout precisely those most sensitive parts of the organism already attacked most by the natural disease. (italics added)

§276.1. For this reason a medicine, even if it was homeopathically appropriate to the disease case, does damage in every dose that is too large, and in strong doses all the more, the greater the homeopathicity and the higher the potency that was selected, and to be sure, far more than every equally large dose of an unhomeopathic (allopathic) medicine bearing no relation to the disease state.

Dose is generally taken to mean quantity of medicine, whether in crude or potentised form, as Hahnemann used both. To the extent that a medicine is diluted, it becomes a smaller dose, and this is the basis for the distinction between the large allopathic dose and the smaller homeopathic one. However, the issue of dose is also one relative to the chosen potency or dilution (if using mother tinctures for example). Hahnemann is saying here that even where the potency is correctly chosen, the quantity given is important. In fact, because of the homeopathicity of the remedy to the disease, the too-large a dose of a remedy based on the law of similars will be more dangerous than an equally large dose of a medicine that is allopathic to the disease. This is similar to the dangers of the use of homogenic remedies in large doses (which were for this reason forbidden by the Old School). Finally, Hahnemann emphasises the damage that can result from the repetition of too large a dose.

See: Homogenic Disease

Hahnemann does not provide any examples of damage in too-large a dose in higher potencies, but does provide examples of allopathic doses (crude drugs) in the case of mercury for syphilis and chinchona and quinine for intermittent fevers.

AROUSABILITY AND SENSIBILITY

AROUSABILITY

Hahnemann discusses the ability of the organism to respond to stimuli, mainly in the context of the size of the dose. The term he uses here is *Erregbarkeit* (arousability or excitability). The ability to respond is very much linked to one's overall level of life energy, which is essentially generative in nature (and which is reflected in the sensorial world in terms of sexual function [§5] or arousability).

§74.1. We must unfortunately yet reckon among the chronic diseases those generally wide-spread illnesses, artificially induced by allopathic treatments, whereby the Living Power is, in part mercilessly weakened, and in part, if it does not indeed succumb, little by little abnormally mistuned (peculiarly from each particular means' misuse) to such an extent that the Living Power must alter the organism in order to sustain Life against these hostile and destructive attacks, thereby taking away either the **arousability** [*Erregbarkeit*] or sensibility [*Empfindung*] from this or that part, or heightening these unduly, 

§248.1.^{al5} There are patients of such high excitability [*Erregbarkeit*] that it is necessary to employ a third or fourth glass to properly thin the medicinal solution for them prepared in a similar way.

§278.1. Here the question arises, as to what were the most appropriate degree of smallness for certain as well as gentle help, as to how small, therefore, for purposes of the best cure, the dose of each single medicine, homeopathically chosen for the disease case, would have to be?

§278.3. Only pure experiments, careful observation of the **arousability** [*Erregbarkeit*] of each patient, and correct experience can determine this in each particular case,

§281.4. The first smallest doses must then naturally also be gradually heightened if the cure should ensue again, but far less and more slowly with patients in whom is perceived a considerable **arousability** [*Erregbarkeit*] than with the more unreceptive patients, in whom the dosage can be raised more rapidly.

§281.5. There are patients whose uncommon **arousability** [*Erregbarkeit*] stands to that of the most unreceptive ones as 1000 to 1.

Thus, the question of dose (which can include both quantity and quality) is linked to the level of the generative power (arousability) of the individual. The medicine acts on the generative power, so the ability of the medicine to act will be linked, naturally, to the capacity of the human Wesen to respond to the Wesen of the medicine. As we have seen in §64, the interaction of the Wesen of the medicine and the patient is essentially a generative act (the impinging disease potency and the receptive human being, animal or even plant).

SENSIBILITY

The capacity to feel pain, sensation, is part of what Hahnemann calls sensibility (*Empfindung*), which is linked more to the sustentive power. Sensibility has a sensible and supersensible dimension. It is the capacity that allows us to feel pain physically as well as to receive impressions (e.g., an objective feeling).

See: Other Unific Elements

It is the sustentive power that is important in determining the degree to which the patient can respond to the action of the remedy (after-action or counter-action). A person who is debilitated will not feel much pain, but also will not be able to heal following the removal of the disease(s).

§10.1. The material organism, thought of without Living Power, is capable of no sensibility, no activity, and is not self sustaining [*keiner Selbsterhaltung fähig*]; only the immaterial Genius [*Wesen*] (the Living Principle, the Living Power) enlivening the material organism in the healthy and diseased state bestows on it all sensibility and actuates its living functions.

§67.1.^{al1} Only in highly urgent cases, where danger to Life and imminent death permit no time, not hours, often not quarter hours and hardly minutes, for the action of homeopathic auxiliary means in suddenly arisen accidents to previously healthy persons, e.g., asphyxiation, apparent death from lightning, from suffocation, freezing, drowning, etc., is it permissible and expedient, at least for the time being, to excite the irritability and sensibility (the physical life) again by means of a palliative, e.g., by gentle electric shock, by clysters of strong coffee, by excitative olfactory means, gradual warmings, etc. once the physical life is again roused, the play of the life organs goes along on its previous healthy course, because no disease* was to be done away with here, but rather only obstruction and suppression of the in itself healthy Living Power.

§86.1. ...What kind of pain, what sensation, described exactly, took place at this spot?

§89.1. If the patient has given the physician pertinent information by these voluntary and merely prompted utterances -- for most belief is to be attributed to the patient with respect to his own **sensibilities** (except in feigned diseases) -

Thus, in §5, Hahnemann enumerates various factors the physician must take into account in his case analysis. Factors such as the bodily constitution, particularly in case of protracted disease (level of vitality of the patient), and sexual function. These are needed to establish the curative dose and the capacity of the patient to heal.

OBSTACLES TO CURE IN THE PHYSICIAN

The list of obstacles to cure pertaining to the patient's side of the ledger is fairly clear (See Eizayaga, Treatise on Homeopathic Medicine, p. 81-85). What is less appreciated are the obstacles which are inherent in the practitioner's ability to arrive at the proper form of remediation for a given patient. That, however, leads out of the realm of practical enumerations of hard and fast obstacles into the realm of more intangible elements pertaining to “knowing” itself.

The prevailing attitude of collecting “data” and then consigning it all to the intellect for processing is the first obstacle. The intellect has a limited range and doesn't have jurisdiction over all the data. Just what faculties of our being pertain to what data terrains is a subject that receives little, if any, attention in the books on homeopathy, with the exception of Hahnemann himself. There we see all of the members (spirit, soul, sense >organism< mind, body, Wesen) engaged in the process of “knowing.” Each in turn makes a contribution to comprehending the whole of what is to be dealt with. It takes each member in the practitioner to “know” the corresponding member, with its own testimony, in the patient. And when this doesn't happen, we are left with the dismal statistics of cure that no one wants to own up to.

So the “obstacles” to knowing the right remedies certainly go back at least to Francis Bacon's articulation of the “idols” infesting our cognitive capacity to begin with. Beyond clearing those, there is the problem of how positively developed certain organs of knowing are in different people (e.g., the Gemüt index). And then there is the range of life experience shared between the practitioner and patient. Certain practices, such as expecting to come up with a remedy after one visit, also come into play. And lastly, as Hahnemann points out, it comes down to the “love quotient” in a given individual as to how far he can go in really knowing anything.

There is much work to be done when it comes to such far reaching epistemological considerations which never seem to come up in any of the traditional homeopathic writings, except for Hahnemann himself.

We can examine all the members Hahnemann describes composing the human being. The ability to get into the spirit of the patient when it comes to ascertaining his “state of mind” requires the spirit of the practitioner to rise to a comprehension of what Hahnemann calls the “supersensible Idea” ulterior to dynamic, virtual actions (§11fn.).

What else lies beyond the usual concern with “symptoms” comprising mental, emotional and physical disturbances? Well certainly “circumstances” need to be reconnoitered in such a way as to be able to express their import in terms of some thought form which is equivalent to that which best expresses what the symptoms reveal. Here is an example of a very imaginative practitioner: he solved a case purely on this basis, without benefit of any symptoms, since he could derive none from the patient. But by focussing on his patient's circumstantial history (not complaints), he came to a very clear revelation that the man was suffering from a broken heart, although he never stated any such thing. The nature of the circumstances alone led him to see one of the Aurums as the necessary remedy. But the imaginative capacity to fathom the Gestalt in their midst, and then to relate that to known gestalts connected with symptoms, entailed the use of his “soul” capacity to identify the feeling currents running through the man's external life that culminated in his broken heart.

The soul, Hahnemann tells us can “feel... a truth” and “act” accordingly (§224 fn). It is also the member of our being which “first spins (through what Hahnemann terms *Einbildungskraft* – imaginative fancy) and maintains” specific emotional diseases (§226).

Another realm of case taking involves “casing” the behaviour of the patient by silently sinking into the meaning of his postures, gestures and quality of acting in order to gain an impression as to the essential revelation contained therein. In §253 and 210fn, Hahnemann addresses this component of case taking by showing how our impressions and responses to the patient, which he connects up with the Gemüt (emotional mind), are part of the overall presentation of the disease. Again, these are not symptomatic complaints (condition) that are disturbed, but indications needing to be construed by higher faculties than the analytic intellect. What he calls the Sinn, the intellect and reason, is used to sort out and classify data into certain connections with the various kinds of disease he describes (epidemic, endemic, etc., etc.). But even the body (*Leib*) itself must participate in isolating the feelings and functions (condition) that are disturbed. And it is left to the Wesen of the practitioner to identify the very Wesen of the disease (the Genius of the disease). It takes a Wesen to know a Wesen!

So the Living Power pervading all the members in the practitioner's being must be active enough in each to be able to meet and mingle with those of the patient (Wesenschau), and he must possess a “soft heart” to feel the requisite love needed to solve the case as opposed to the “cold heart” which can only wreak havoc.

930 Just as a good physician will be pleased when he can cheer up and keep the mind of a patient from ennui in order to advance a treatment which is not constrained by such obstacles, so will he in such a case feel more than ever the duty incumbent upon him to do all within the realm of his influence on the patient and his relations and surroundings in order to relieve him of grief and annoyance. This will and must be the main object of his care and neighborly love.

1019 Is it lack of love for their fellowmen which hinders a deeper penetration into true, beneficent homeopathy and into the laborious but correct and useful selection of the remedy? (*Chronic Diseases*)

Thus, Hahnemann reveals to us how all the members of the human being must participate in coming to a “knowing” (dia-gnosis) of what is wrong and what is needed to remedy the situation. Where certain members fail to make their contribution, we may speak of obstacles to cure beyond the usual signification of the phrase. This has implications for the cultivation of faculties in the practitioner other than the intellectual.

See: Members Affected

TYPOLOGY VERSUS PATHOLOGY

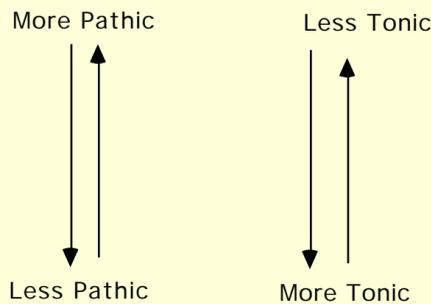
Hahnemann stated that the sufferings of the patient are part of the sensorial expression of the disease. It is the state of disease expressing itself in the feelings, functions and sensations (condition) of the patient. The suffering can be used to determine a remedy. This is the basis of pathic prescribing, and which works, as Hahnemann shows, very well for acute and chronic miasms, as well as epidemic and sporadic natural diseases. However, Hahnemann does not seem to apply it to iatrogenic diseases, generally despairing at finding a homeopathic solution for this category of diseases, nor to the homogenic diseases for which he proposes a different principle. He also treats ideogenic diseases differently.

The pathic side can range from a lesser to greater fixity, depending on the fixity of the disease Wesen. Thus, the degree of diversity of remedies can vary as well according to this hierarchy of fixity of the disease Wesen. Even for natural diseases of lesser fixity, the number of remedies needed to treat a given population stricken by them is relatively small. We are often led to believe that there is effectively a remedy for each person because of the classical equation of disease to patient, but this is not in fact the case.

We tell the public that homeopathy treats the whole person with a carefully selected, individualized medicine. Do we really believe that the use of one hundred common remedies for six billion people constitutes individualization of treatment? Even the use of two thousand remedies would barely be scratching the surface. (Judyth Reichenberg-Ullman, *The Myth of the Polychrest*, Homeopathy Today, Vol. 20, No. 3, March 2000)

How many remedies are habitually used to treat natural diseases? Possibly 100, but more likely 40-50 at most.

The pathic side can also vary in the degree to which it is in evidence in a given case of disease. This is a function of the disease Wesen plus time. Over time, the individual expression of a disease declines, while the underlying disease process, the state of disease itself (tonic side) becomes more prominent. The tonic side is always there, but to the degree that the pathic side is more evident, the tonic side appears to be less evident, or to put it perhaps more correctly, the less the pathic side is evident, the more the tonic side must be relied upon.



On the pathic side we have the feelings, functions and sensations of the patient – pathology – as the nature of action of disease.

What do we have on the tonic side? We have the state, which involves typology, or what is typical. All tonic remedies are based in typology. Typology relates to archetypes, which operate independently of the individual, although they may have some degree of individual expression in terms of the details.

Let us look again at the work of Rajan Sankaran. He began by examining the individual state of mind of the patient. This is not one based on the suffering of the patient (pathology), but one based on the grasping of the state as a phenomenon, “listening for the music,” as he says. A phenomenon is not an abstraction as the intellect would have us believe. It is a manifestation of the Wesen to our Wesen-recognising faculty, the Gemüt. To recognise a Wesen through its phenomenon requires the capacity to understand holistically, not analytically, to grasp wholes and not parts. It is the grasping of true unity (tonic side) versus the creation of a unanimity from particulars using the thermal principle to order the data (pathic side).

At first, Sankaran focused on the individual states of mind manifesting in given situations, but he then realised that what lay behind this was a type of state of mind which transcended the particular situations. He had found the archetype of a state of mind for a remedy.

Depending on the intensity of the roots, the person is carried through to the various stages of pathology described above. If the patient has a predominant Psoric miasm, we will often see pathology corresponding to that state persisting.

At the same time, we must remember that it is not the pathology which shows the miasm but the state. *The pathology per se* is not as important as what is characteristic of the pathology in that individual... (p. 32)

I believe that miasms are inherited or acquired separately from the tendency to pathology. I further believe that the inheritance of the miasm (specific remedy/disease states) is not genetic and actually takes place because the vital force of the parents is tainted by such states. Only such an explanation can account for my observation that the states of father and mother *at the time of conception* are seen to be transmitted to the offspring. *Finally, we must remember that the miasms are only a classification; what must be cured is the disease state.*” (p. 33 - original italics)

As infections are secondary to these states, they naturally fit into the classification and help us to understand it more easily, being distinct, well-known entities. (*Substance of Homeopathy*, p. 62)

This idea that the miasms represent something which is beyond pathology and the tendency to pathology (which is in the disposition), is also seen in Dr. Elmiger's work. Dr. Elmiger has found that when potencies of the chronic miasmatic nosodes are used above a certain level, this seems to break into another domain, that of the archetype. Above it is stated that constitution pertains to health, not pathology. It is in the term (pre)disposition that we will find the designator of the tendencies to pathology. The work of Reinhold Ebertin (Cosmobiology) and the six case studies in Eileen Naumann's book on Medical Astrology spring to mind here.

[See: Constitution and Prescribing](#)

In my opinion the fundamental law of homeopathy must be applied using both more general and more restrictive criteria as soon as we go beyond the vital disharmony of the individual to that of his archetype, the human being. (Elmiger, *Rediscovering Real Medicine*, p. 238)

Sankran expresses the idea of archetypes even more clearly in another passage when he speaks of the ability of music to bring out various feelings:

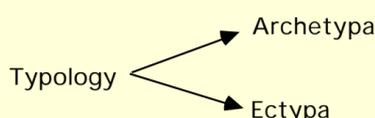
With my original themes of situational materia medica, I expected that most provers would come out with one particular situation but this did not happen. I found that the similarity was not in the situation but the type of situation. The ‘type’ was characteristic because of its depth, intensity, the desperation of the feeling involved in the situation and the action needed in it. (p. 239)

This greatly broadened my understanding of the materia medica for I could now see that the situational materia medica of each remedy was not a specific situation but a specific of situation. (p. 240)



And what could be more typical than the common shocks or traumas in the homogenic dimension. Finally, we find the idea of types in constitutional analysis (genotype). The term “type” is in the title of Catherine Coulter's work. Causal, tonic prescribing is based on the “typical” origin of the disturbance and encompasses its own data, with greater fixity or variability depending on the dimension of operation, prior to and distinct from the pathic data (pathology) of the individual.

The typology of disease comprises two main divisions: archetypal (including genotypes and phenotypes, chronic miasms, beliefs) and ectypal (including the homogenic dimension of traumas and toxins).



In the allopathic domain the practice of typing is found in both tissue and blood typing. The typological approach encompasses both medicine and regimen. Medicines are classified according to systems or functions. Regimenally Dr. D'Adamo in his book, *Eat Right 4 Your Type* has defined dietary prescriptions based on blood types. Arurvedic medicine and Macrobiotics both base diet on their understandings of constitutional characteristics. Dr. Eck prescribes diets for various metabolic types as determined by hair analysis.

[See: Regimen](#)

HAHNEMANN'S CASE-TAKING OF THE OLD SCHOOL MENTALITY: IDEOGENIC DISEASE

In the Introduction to the aphoristic Organon Hahnemann gives us a brilliant analysis of the ideogenic disease, called the Old School, which manifests in medicine as allopathy, but can be found in any area of human endeavour. By studying carefully the description given to its behaviour and thinking, as well as its action and results, we can see the emergence of a state of mind that can then be used as a template against which to judge the resonance of any area of human endeavour to the truth.

In the Introduction to the aphoristic Organon Hahnemann gives us a brilliant analysis of the ideogenic disease. If we focus on the characteristics provided by Hahnemann in describing the Old School and in particular its medical manifestation, allopathy, we see a particular state of mind emerge. This state of mind, once identified, becomes a unique and readily identifiable one, regardless of the area of human endeavour or circumstances, as it is the state of mind that can “least remain hidden from the exactly observing physician” (§211). By studying carefully the description given to its behaviour and thinking, as well as its action and results, we can see the emergence of a state of mind that can then be used as a template against which to judge the resonance of any area of human endeavour to the truth. Thus, drawing from Hahnemann’s writings, the following characteristics will be found wherever the Old School operates:

- materialist view of reality (the counterpart of which is mysticism)
- delusions
- seeking after popularity
- suppression
- cloaking deception
- beliefs
- inventions of the mind
- theories grounded in abstractions
- contradictory opinions and practices
- force, opposition
- authority-based
- blindness
- unholy
- terrible means to justify questionable ends
- prejudices
- privilege, boasting, pride
- insensitive to the warnings of conscience
- weakening of vitality and creativity (sustentive and generative powers)
- incomprehensible wisdom
- parroting, sophistry, theoretical hatchings
- arbitrary discretion
- self-deception
- aggressive
- corruption, unscrupulous
- waste
- attacks on life
- sacrifice

1.1. The Old Medicine (Allopathy), generally speaking, presupposes in the treatment of diseases in order to remedy them, nothing other than **material causes** -- partly (non-existent) blood excess (Plethora), partly disease matter and acridities -- and therefore it has the life’s blood drained off and strives partly to sweep away the **fancied disease matter**, and partly to conduct it elsewhere by emetics, evacuations, salivation, sweat- and urine-promoting means, drawing-plasters, suppurations, fontanels, etc., under the **delusion** of thereby being able to weaken and to materially obliterate the disease,

1.2. It assails the body with large, often protracted and rapidly repeated doses of strong medicine, whose long lasting, not infrequent terrible effects it does not know, and which it, apparently, makes purposely unrecognizable through the commixture of more such unknown substances in one medicinal formula, and so inflicts, still now in part, by lengthy use of the same, ineradicable medicinal diseases on the diseased body.

1.3. It proceeds also, whenever it can, in order to remain **popular** with the patient, with means which, for a short time, immediately suppress and cloak (Palliatives) the disease ailments by opposition (Contrary by contraries), but leaves behind the basis for these ailments (the disease itself) strengthened and aggravated.

1.3.* With the same view in mind, the skilled Allopath invents above all things a determinate, preferably Greek name for the malady of the patient in order to make him believe that he already knew this disease for a long time like an old acquaintance, and therefore would be in the best position to remedy it.

1.4. It **falsely** deems the maladies located on the outer parts of the body as merely local and existing alone there by themselves, and imagines them to have been remedied if it has driven away the same by external means, so that the inner malady now is necessitated to break out at a more noble and critical place.

1.5. When it is not aware of anything else to set about doing with the unyielding or worsening disease, the old medical school undertakes at the very least to alter the same **blindly** by what it calls an alterative, e.g., with a **life-undermining calomel**, corrosive sublimate, and with other violent means in large doses.

2.1. The **unholy** chief business of the old medicine (Allopathy) seems to be, out of **ignorance**, to render the majority of diseases, the protracted ones, if not fatal, yet at least irremediable by continuous **weakening and tormenting** of the weak patient, who, moreover, is already suffering from his disease affliction and the addition of new destructive medicinal diseases; and, when they have once gotten the knack of this ruinous procedure and have become properly **insensitive to the warnings of conscience**, this is a very easy business!

3.1. And yet, the ordinary doctor of the old school has his reasons for all these damaging operations, which [reasons] however only rest on the **prejudices** of his books and teachers, and on the **authority** of this or that exalted doctor of the old school.

3.2. Even the most contrary and most absurd procedural modes there find their defense, their authority -- may the ruinous result speak ever so much against it.

4.1. This calamitous art, which for vast centuries has, in **privilege and power**, had the life and death of patients at its disposal according to **arbitrary discretion**, sits firmly immured and has long since shortened the natural life span of probably ten times the number of humans than the most ruinous wars ever have, and rendered many millions of patients sicker and more miserable than they originally were; this Allopathy I have more closely illuminated in the introduction 1] to the previous editions of this book.

7.4. **Countless differing views** about the nature of diseases and their redress sprang from differing heads, and their **theoretical hatchings** they called systems (constructs), each of which contradicted the remaining ones and itself.

7.5. Each of these subtle portrayals set the readers initially into a stupefying astonishment on account of the **incomprehensible wisdom** therein, and drew to the system-builder a host of followers **parroting** the **unnatural sophistry**; none of whom, however, could use something thereof for better remediation until a new system, often quite contrary to the first, displaced that one and again procured for itself a **reputation** for a short time.

7.6. But **none was in harmony with nature and experience**; they were **theoretical webs** spun from subtle heads out of alleged consequences, which could **not be made use of in practical treatment** at the sick-bed due to their subtlety and **unnaturalness**, and were only good for **empty disputations**.

8.1. Along the way, a **system [Wesen] of treatment fashioned itself, independent of all these theories**, with unknown mixed medicinal substances against **arbitrarily** erected disease-forms, arranged according to material views in **contradiction with nature and experience**, thus comprehensibly with **bad results** -- old Medicine, called Allopathy.

10.1. This old medical school **prided** itself greatly on being able to allege that it alone earned the name 'rational remedial art,' because it alone sought out and strove to clear away the cause of disease; also in that it proceeded according to the process of nature in diseases.

11.5. How could they now, without **self-deception**, make this indiscernible inner Genius [Wesen] into an object to be remedied and prescribe medicines for it, whose curative tendency was likewise for the most part unknown to them — indeed several such unknown medicines mixed together in so called prescriptions?

12.1.1....— **surmises** which, honored with the name of Causal-Indicant by the hitherto school and regarded as the only possible rationality in medicine, were all too **deceptive hypothetical** assumptions than that they would have proven themselves to be practically useful -- incapable, even if they would have been or had have been well founded, of appropriating the most apt remedy for the disease case, **flattering** indeed to the **self-love** of the learned **concocters**, but mostly leading astray in subsequent practice, whereby the aim was more at **ostentation** than at seriously finding the remedial indicant.

15.1. Nevertheless, the hitherto medical school **believed** itself able because it seemed so much the more sensible to it, if possible, to look for another direct way rather than to take detours, to still sublimate diseases directly by the removal of the (alleged) material disease-cause,

17.3. In this way, it **believes** itself to be complying with genuine causal indicants and to be treating rationally.

17.4. Furthermore the hitherto old school also **believes**

20.1. I grant that it was more **convenient for human weakness**, with respect to the diseases to be remedied, **to assume a sensibly conceivable disease matter** (also especially since the patients so easily lent themselves to such a conception), because they had nothing further to bear in mind than where they could get hold of enough means for purifying blood and humour, promoting urine and sweat, stimulating expectoration, and scouring out stomach and intestines.

21.1. These were, however, all **vain dreams, ungrounded presuppositions and hypotheses**, cleverly devised for the **ease of a therapy**, which hoped to deal with remediation in the easiest possible manner by disposal of disease materials (if they exist!).

22.1. Now the Genius [Wesen] of diseases and their remediation cannot, however, conform to such dreams or to the convenience of doctors; the diseases cannot cease, in order to please those foolish **hypotheses grounded in nothing**, to be (spiritic) dynamic mistunements of our spirit-like Life in feelings and functions, that is, immaterial mistunements of our condition.

37.1. Evidently, therefore, **imitation rather than intelligible reasons** misled the old school, only wanting to make treatment easy for itself, into these unhelpful and ruinous indirect treatment methods, both into the draining as well as the antagonistic ones - it prompted them to this procedural mode, so little serviceable, so debilitating, and so **aggressive**, apparently to lessen or so to dispatch diseases for a time, that another worse malady was awakened to step into the place of the former.

37.2. But we can hardly call such corruption remediation?

40.1. When, with its **unscrupulous** imitation of that crude, intellect-lacking, automatic Life Energy, the hitherto medicinal art in its antagonistic and diversionary treatment methods -- its routine undertakings -- **attacks the innocent** parts and organs and affects them either with overwhelming pain or, more often than not, **forces** evacuations with **waste** of vitality and humours,

41.2. There is **nothing** that would earn the **honorable** name of 'cure' in this **revulsive** treatment, which has no straight, immediate pathic direction towards the originally suffering formation.

41.3. Often the acute disease would more than likely have subsided of itself still sooner without these critical **attacks** on the remaining **life**, and with fewer after-throes and less **sacrifice** of **vitality**.

45.1. The allopathy of the old school not only overestimated by far these exertions of the crude automatic power of nature, but moreover **misinterpreted** them entirely, **falsely** holding them to be genuinely salutary, and sought to increase and to further them, under the **delusion** thereby of being able, perhaps, to destroy and thoroughly remedy the entire malady.

51.1. But he thereby continually effectuates only **the opposite result**: aggravation of the original suffering.

52.1. In consequence of this, his **preconceived though unfounded opinion**, the doctor of the old school continues aiding the drives of the diseased Living Power...

59.2. In not very dangerous cases, the acute diseases were **held down** so long by the old school by means of blood withdrawals or **suppression** of one of the chief symptoms by an enantiopathic palliative means, (Contrary Things by Means of Contraries) or suspended by means of counterirritating and drainage (**antagonistic and revolting**) means, on sites other than the diseased ones, until that point in time when the natural course of the short malady was over -- on detours **robbing vitality** and humours, and to such an extent that...

63.1. Did China bark or its **misunderstood, ambiguous** and variously **damaging** Amara give vitality in these so frequent cases?

63.2. Did not these vegetable substances, **claimed to be tonic and strengthening** under all circumstances, along with the iron remedies, out of their peculiar morbidic actions, often add still new sufferings to the old ones without being able to dispatch the weakness resting on an unknown, old disease?

65.1. Did not the praised Excitants and Aphrodisiacs, ambergis, smelt, Cantharide tincture, truffles, cardamon, cinnamon and vanilla always **reduce to complete impotence** the gradually weakened sexual capacity (in connection with which an unnoticed chronic miasm at all times lay at the base)?

68.1. When the old medicine is not aware of how to set about dealing with a protracted disease, it **blindly** treats away with its so-called altering means (Alteratives); and there are its **terrible chief means**, the Mercurials (Calomel, corrosive sublimate and mercury ointment) which [the old medicine] (in non-venereal diseases!) lets work on the diseased body, often in so great a measure and for so long a time in a **ruinous** way, until the entire health is **undermined**.

68.2. The old medicine does indeed engender great **alterations**, but constantly such which are **not good**, and it continually **ruins** the health altogether with this extremely **ruinous** metal given out of place.

69.3. But the **deceived** patient becomes continually more **miserable** after such **suppression** of the periodicity (type) of his fever than he was during the fever itself: pallid, narrow chested, the hypochondrium as if laced together, with ruined entrails, without healthy appetite, without tranquil sleep, **dull and despondent**; he steals out of the hospital, often with taut swelling of the legs, of the belly, even of the face and the hands, released as if cured, and it usually takes years of laborious homeopathic treatment, moreover, just to rescue such an **artificially cachectic** patient, **ruined** (cured?) at the root, from death, not to mention curing or making him sound.

71.1. A still more **frightful** palliative for chronic patients is Digitalis Purpurea, which the hitherto medical school so **glories** in when it attempts to **forcibly** slow down the overly rapid irritable pulse in chronic diseases (genuinely symptomatic!).

71.2. This **monstrous means**, here employed enantiopathically, does, after the first dose, strikingly slow down the rapid irritable pulse and decrease the arterial beats for several hours; but it soon again becomes accelerated.

72.2. The patients had to **submit** themselves to this **sad necessity** because they found no better help with the remaining allopaths, who had been taught from the same **deceptive** books.

76.2. It was **ostentation**.

76.3. They were treatments — but **not for the welfare of the patient**.

THE DYNAMIC STATE OF MIND (HEALTH)

In describing the application of the system of similar resonance to disease, Hahnemann provides us with the state of mind that is the opposite to the Old School, namely the Dynamic System, of which he is a major participant.

4.2. Now I will only present its exact opposite, the true remedial art (now somewhat more perfected) discovered by myself.

5.1. With this remedial art (Homeopathy), it is entirely different.

5.2. It can easily **persuade** each **reflecting** person that the diseases of humans rest on no matter, on no acidity, that is to say on no disease matter; rather that they are only **spirit-like (dynamic)** mistunings of the spirit-like enlivening power (of the Living Principle, of the Living Power) of the human body.

5.3. Homeopathy is aware that cure can only **succeed** by the counter-action of the Living Power against the **correctly** taken medicine -- an all-the-more **certain** and faster cure, the stronger the Living Power is that still prevails in the patient.

5.4. Homeopathy **avoids therefore even the least enervation**, also as much as possible every arousal of pain, because pain also robs the vitality, and therefore, for cure, it avails itself only of such medicines whose capacity to (dynamically) alter and **resonify** the condition it **exactly knows** and then searches out such a one whose condition-altering powers (medicinal disease) are in a position to abrogate the natural disease at issue by **resonance** (Similar by similars), and administers this **simply**, in **subtle** doses to the patient (so small that they, without causing pain or weakening, **exactly suffice** to lift the natural malady); whence the sequel: that **without in the least weakening, tormenting, or torturing him**, the natural disease is extinguished and the patient soon **grows stronger on his own** already while improving, and is thus cured -- to be sure a seemingly easy, however very **cogitative, laborious, arduous business**, but that which fully **restores** the patients in a short time to health without ailment, and so becomes a **salutary** and **blessed** business.

5.4¹¹Homeopathy never spills a drop of blood, gives no emetics, purgatives, laxatives or diaphoretics, drives away no outer maladies by external means, prescribes no hot or unknown mineral baths or medicine-containing clysters, applies no Spanish flies or mustard plasters, no setons, no fontanels, arouses no salivation, does not burn with Moxa or glowing irons right down to the bone and such, rather, with its own hand, it gives self-prepared, simple medicines, which it knows exactly...

6.1. Thus is Homeopathy an entirely simple, remedial art, always **constant in its principles** as well as its procedure which, if the theory on which it rests be well grasped, is found to be self-contained to such an extent (and only in this way **helpful**) that, the purity of the theory, as well as the **purity** of its practice, is **apud** and therefore wholly **excludes** on backwards into the ruinous routine of the old school.

The Old School

materialist view of reality (the counterpart of which is "vitalist" mysticism)
delusions, prejudices, beliefs, blindness
inventions of the mind
seeking after popularity
suppression
cloaking deception
theories grounded in abstractions
contradictory opinions and practices
force, opposition
authority-based
unholy
terrible means to justify questionable ends
privilege, boasting, pride
insensitive to the warnings of conscience
(weakening of vitality and creativity)
(sustaining and generative powers)
incomprehensible wisdom
parroting, sophistry, theoretical hatchings
arbitrary discretion
self-deception
aggressive
corruption, unscrupulous
waste
attacks on life
sacrifice

The Dynamic System

dynamic (functional polarity)

truth

seeking after truth
cure
honesty
theories from observation of nature
clarity re issues
resonance
principle
divine base
gentle means
humility
ethical
restoration of vitality and creativity

simplicity
true rationality (*Geist* and *Gemüt*)
rational action
perception, discernment
gentle
ethical
bounty, increase in life
restoration of health
trust, salvation

If we examine the traditional homeopathic mentality, based on the analysis of the main texts, we can readily discern that it is the Old School thinking hidden behind the veil of "vitalism," which is but the mystical counterpart of materialism. Both are abstractions and one-sided. The extreme manifestations of this mentality seen in materialism is blunted by the partial application of the dynamic system.

However, traditional homeopathy is not grounded in a true appreciation of the functional duality of nature, which is the basis of dynamism, as opposed to vitalism. This means that it is subject to ignorance, beliefs, delusions and prejudice as catalogued at the start of the volume of critical analysis. What we have in classical homeopathy is a veneration of "masters," "gurus" and "classical writers" over knowledge. Knowledge is not a function of education, time, experience or status. There are no true principles in traditional homeopathic teachings, only the tradition of so-called "authorities."

See: *What if Most You Were Taught About Homeopathy was Wrong*

THERAPEUTIC APPROACHES WITHIN HEILKUNST

The full unveiling of Hahnemann's blueprint for disease and its treatment, plus the study and incorporation of the various contributors to the further development of his system, leads us to a true, fully dynamic and integrated approach to the treatment of each case.

The idea is quite accepted that the practitioner must be qualified to treat the patient, but it is not at all mentioned that the patient must also be qualified for each stage of treatment.

The hierarchical, multi-dimensional nature of disease requires that each case be approached in a sequential fashion. In all cases where a practitioner gives more than one medicine to a patient during treatment, each logically following the other based on the symptoms and other factors of the case, he or she is practicing a sequential treatment.

§184.1. And thus further, after completed action of each medicine, when it no longer is found fitting and helpful, the state of the still remaining disease is surveyed anew according to the remaining symptoms, and a homeopathic medicine as fitting as possible is singled out according to this found group of occurrents, and so on up to recovery.

Except in a few, increasingly rare, cases, the Heilkünstler must use more than one medicine and must also include, as did Hahnemann, regimen, in order to effect a complete cure. It is not enough that the patient has no symptoms, that is, no visible, sensible expression of a disease, for many diseases lie hidden, latent, waiting only for the right circumstances to be activated. A person who has latent syphilis and then drops dead of a heart-attack, or who is treated, but then dies of "cancer", cannot be said to have been fully cured.

To the extent that we know disease and can discern (diagnose) that disease in the patient, we must in all ethics seek to remove it by means of artificial disease agents that can act on the generative power, where the disease is lodged, in a curative manner, namely on the basis of the law of similar resonance. At the same time, we must also seek to remove from the patient all matters that are injurious to health and to add all matters that support and nurture the sustentive power (questions of physical, social and psychical regimen), on the basis of the equally valid law of opposites.

TREATMENT CURRICULUM FOR THE PATIENT

Learning the Basics

We can imagine the patient as a student just entering a particular discipline of knowledge. First, the basics (ABC's) must be learned and mastered before one can graduate to more intensive study. The basics are concerned with knowing and applying the proper regimen: diet, exercise and supplementation, plus the reduction of allopathic medication to the minimum necessary to maintain life pending cure of the disease(s) giving rise to the condition being managed by the drug. In addition, we must consider the moral regimen, which address the soul (keeping "body and soul" together). Hahnemann prescribed the reading of the Organon to his patients and laid down other guidelines for the healthy feeding of the mind.

See: Regimen

The next step involves going a bit deeper, but again, still focusing on the basics, in this case looking after the functioning of the physical organs in terms of their ability to eliminate the waste produced by cellular metabolism, as well as assisting in the flushing out of accumulated waste (toxins) in the system - a process known as drainage and detoxification. This stage is important as the later stages of treatment will increase the elimination of toxins at the cellular level and the excretory organs must be able to handle the increased load so as not to create further problems due to a congestion of toxic materials in these organs and the organism more generally. The practise of drainage represents the beginning of medicine, but at a very basic level. While the treatment involves the Life Force, the focus is at the cellular level. The medicines involved have a relatively narrow impact on certain individual organs. This art has been developed most highly in Europe, in particular Germany (homotoxicology) and France (lithotherapy, gemmotherapy and organotherapy).

See: Homotoxicology

Graduating to the treatment of specific diseases

Our attention now focuses on the specific diseases in the patient. We move from the more general support for the sustentive power and the removal of toxins and support for the specific organs, to the cure of disease proper.

Hahnemann tells us that we must first treat acute disease states, that is, an intense disease expression. This acute disease can be either a self-limiting disease of intense, but short duration (such as measles or scarlet fever, or perhaps cholera or typhoid), or, which is more likely, a flare-up of an underlying chronic miasm or other protracted disease (e.g., ideogenic dimension or chthonic realm).

§195.1. In such cases, by no means rare, after tolerable liquidation of the acute state, there must then be directed against the still remaining ailments and the morbid condition-states (habitual for the previously suffering patient) together an appropriate antipsoric treatment in order to achieve a thorough cure (as has been taught in the book about the chronic diseases).

Once the acute state has been dispatched, the Heilkünstler must then turn to address the chronology of disease. We know that the treatment of a case of multiple diseases invokes Kent's Addendum, namely the attempts by the Living Power to remove disease states in the reverse order of their having been acquired.

See: Direction of Cure

This draws us into the homogenic, iatrogenic and pathogenic dimensions of disease using the timeline of the patient to remove the various traumas lodged in the generative power and then using the Law of Succession of Forces to treat the archetypal chronic miasms. Here, the insights of Dr. Elmiger's iso-therapeutic system, as well as the refinements for the treatment of the emotional shocks developed by Smith and Verspoor need to be considered.

See: Isotherapeutic Treatment of Disease

Postgraduate Studies: The Highest and the Deepest Diseases

Having cleared the debris from the sustentive and generative powers by regimen and medicine, we now will have to confront the deepest (chthonic realm) and the highest (ideogenic) diseases. This brings us into the realm of Sankaran (core delusion) and Herscu (as refined and developed by Smith and Verspoor). These last two are least developed and understood, and for which a map is only slowly emerging. The map for the chthonic realm seems clearer, but we will need to rely on Reich's character analysis to help us to identify the still perplexing ideogenic remedies.

See: State-based Prescribing

The Highest Diseases (Ideogenic Dimension)

The Deepest Disease (Pathic Side)

HEILKUNST MODEL CASE?

Where are we to find a case that provides us with an example of the new model of Heilkunst?

We don't yet have a perfect example, but there are cases that are emerging through the Heilkunst model that can provide us an illustration of what is possible to achieve through its hierarchical and multi-dimensional world.

Those practitioners of regimen (e.g., Gerson Therapy), of drainage (e.g., homotoxicology), of treatment of the homogenic, iatrogenic and pathogenic domains (e.g., isotherapeutic treatment), of ideogenic diseases (e.g., Sankaran), etc. can each provide brilliant examples of the gold medal achievements of their particular aspect of Heilkunst. What is lacking is a case that has been taken through all of these stages. Imagine what results we could achieve, the equivalent of the triathlon or pentathlon in the Olympics!

We will also need to look at some point at successful cases from the world of medical oncology and anthroposophical medicine.

CRITICAL ANALYSIS OF THE TENETS OF TRADITIONAL HOMEOPATHIC TEACHINGS

WHAT IF MOST OF WHAT YOU WERE TAUGHT ABOUT HOMEOPATHY WAS WRONG?

TRUE OR FALSE?

1. Homeopathy is the name of the system of restoration to health that Dr. Samuel Hahnemann created over 200 years ago.
2. Hahnemann was a vitalist, teaching about the vital force.
3. Hahnemann taught that a remedy must be selected on the basis of the totality of symptoms.
4. In each case of disease, the symptoms used to choose the remedy are the presenting symptoms of the patient.
5. Hahnemann never used more than one remedy at a time.
6. The use of more than one remedy at a time per patient is forbidden in the Organon.
7. Homeopathy treats the patient, not the disease.
8. The goal of homeopathy is to find the one remedy (simillimum) that will cure the whole case.
9. Nosodes should only be used on the basis of the presenting symptoms or when the well-indicated remedy has failed.
10. Hahnemann condemned the use of isopathic remedies.
11. The basis of Hahnemann's system is constitutional prescribing.
12. Constitutional prescribing will cure the patient, including the chronic miasms.
13. Cure is the removal of the patient's symptoms.
14. Information on the medicinal action of medicines is derived solely from provings.
15. The only classification of diseases taught by Hahnemann is acute and chronic.

All of the above statements are false!

And yet, they are commonly taught as being the basis of homeopathy and of Hahnemann's system of remediation. To unravel the history of confusion and misunderstanding regarding the genius of Samuel Hahnemann will take some effort on your, the reader's, part.

First, we will quickly examine each of the statements and then we will undertake a more detailed exploration of the evidence for our conclusions.

1. Homeopathy is the name of the system of restoration to health that Dr. Samuel Hahnemann created over 200 years ago.

Dr. Hahnemann named his system of cure and healing Heilkunst, or the art of making a person whole (remedial art). His main work is called the Organon der Heilkunst. The true physician, or Heilkünstler, is one who can apply the principles of this system against disease in order to restore the sick to health. Homeopathy is the medical part of his remedial art, directed against natural disease, but his system also involves diet and regimen, iatrogenic diseases, psychotherapy, hydrotherapy, and energy work (mesmerism).

2. Hahnemann was a vitalist, teaching about the vital force.

Vitalism is the opposite pole of materialism. Each tends to reject the other. This is a false dualism from which Western philosophy has long suffered. Hahnemann was a functionalist and dynamist. His system is built on dynamic dualities, such as body and soul, Geist and Wesen, pathic and tonic, which are dynamically interacting opposites creating living functions. Hahnemann spoke of the Life Force (Lebenskraft), which itself is the executive power in the organism of the more primordial Living Principle or Dynamis. This is not an abstract notion, as is the vital force, but a power that can be discerned by the Heilkünstler, measured and applied very concretely. A Dynamist is one who uses his own Life Force in order to "know." Vitalism, in contrast, is a philosophical system based on postulation, not participation.

3. Hahnemann taught that a remedy must be selected on the basis of the totality of symptoms.

Hahnemann taught that a remedy with a pathic relation to the case must be selected on the basis of the totality of characteristic symptoms of a given natural disease.

4. The symptoms used to choose the remedy are the presenting symptoms of the patient.

The symptoms used to choose the remedy for the disease are the presenting symptoms of the disease. Only if one is choosing a constitutional remedy does one take the characteristic features of the patient into account.

5. Hahnemann never used more than one remedy at a time.

The historical record shows that Hahnemann did use two remedies at one time and did alternate remedies in quick succession, giving one before the action of the other had been completed.

6. The use of more than one remedy is forbidden in the Organon.

Hahnemann's writings on this matter show that there is to be only one remedy at a time per disease. A person can have more than one disease at a time. The single remedy must be understood in the context of Hahnemann's conception of disease. It is the disease that determines the remedy.

7. Homeopathy treats the patient, not the disease.

The remedy is given to destroy the disease. It is true that the patient suffers the disease, but it is the disease to which the remedy is directed, not the patient. The disease entity (Wesen) engenders itself within the Living Power of the human Wesen and it is the resultant "issue," or offspring that must be aborted by the remedy on the basis of the law of similar resonance.

8. The goal of homeopathy is to find the one remedy (simillimum) that will cure the whole case.

The goal of the application of the law of similar resonance is to find the right remedy for a given disease. If one has more than one disease (concurrently or successively), this will necessitate more than one remedy.

9. Nosodes should only be used on the basis of the presenting symptoms or when the well-indicated remedy has failed.

Nosodes are remedies that relate to the pathogenic dimension of disease (acute and chronic miasms) and can be given on the basis of a proven relationship to a given pathogen. They can also be given on the basis of the presenting symptoms (pathic dimension) in acute situations.

10. Hahnemann condemned the use of isopathic remedies.

Hahnemann condemned the material application of the isopathic relationship because of its dangers. He did not condemn the use of isopathic remedies, that is, remedies made from diseased matter or drugs, himself having used a form of Psorinum.

11. The basis of Hahnemann's system is constitutional prescribing.

The constitution is the organism in a state of health. Hahnemann was concerned with the treatment of disease. He did not prescribe on the basis of the constitution, but took the constitution into account in terms of assessing the vitality of the patient for dosage. It was Kent who introduced and popularised the concept of constitutional prescribing based on a confused equation of the disease to the patient.

12. Constitutional prescribing will cure the patient, including the chronic miasms.

A remedy given on the basis of a person's constitution cannot cure anything. The constitution is the person in a state of health. There can be greater or lesser deviations from this state producing symptoms, but this is not disease. A remedy chosen on the basis of one's constitution can only re-balance the constitution or reinforce a person's resistance to disease. It may cause symptoms to disappear, but it cannot address disease that has already engendered itself within the Living Power. Health and disease involve different aspects of the Life Force and remedies given on the basis of health cannot affect that aspect of the Life Force involved in the engenderment of disease.

13. Cure is the removal of the totality of the patient's symptoms.

Cure is the removal of the totality of the symptoms of the disease being treated in the sense of the sufferings of the patient, those around him, plus all occurrents, behaviour and circumstances, along with the removal of the underlying disease process itself.

14. Information on the medicinal action of medicines is derived solely from provings.

Information can come legitimately from both clinical experience and from provings on healthy persons.

15. The only classification of diseases taught by Hahnemann is acute and chronic.

THE THREE CLASSICAL “PRINCIPLES”

“It may sound oddly, but it is true, in many cases, that if men had learned less, their way to knowledge would be shorter and easier. It is indeed shorter and easier to proceed from ignorance to knowledge than from error. They who are in the last must unlearn before they can learn to any good purpose; and the first parts of this double task is not, in many respects, the least difficult; for which reason it is seldom undertaken.”

— Shakespeare's King Henry IV

A reading of the historical and textbook portions of this work will reveal that the teachings of the so-called masters of the last century on Hahnemann's medical system, Heilkunst, have failed to comprehend or discern the crucial insights of this dynamic system. The dual nature of disease and remediation is the unique insight that Hahnemann brought to medicine, but what has been understood and taught is a one-sided version (the pathic side) leading to much confusion as to crucial issues such as disease, the nature of the dynamis (so-called vital force), the duality of knowledge and case-taking, etc. Instead of the science of medicine that Hahnemann so earnestly strove for, a true science grounded in nature (both sensible and supersensible), we have an abstraction (vitalism) that is based on tenets rather than principles.

Homeopathy, since its revival in the 1970's, has seen the emergence of a movement called “classical homeopathy.” The members of this movement see themselves as the only true representatives of Hahnemann's legacy. The term “classical” was invented during this revival to divide what they saw as legitimate from that which they considered illegitimate interpretations and practice of that legacy. This striving for purity (as opposed to the search for the truth) has been an unfortunate aspect of homeopathic history. However, so long as Hahnemann was alive, there was little danger of the disputes preventing continued innovation and discovery. Until recently, there was a greater acceptance of the need for healthy debate as to the meaning of various aspects of Hahnemann's legacy. Men argued over issues, but there was still the presumption that all were discussing them within the domain of homeopathy, however misguided some of the issues might have seemed.

However, with the recent creation of an adjective – classical – to define one variant of homeopathy, we face a disturbing shift in the debate. There is now a serious effort to purify homeopathy on the basis of one interpretation, namely that proffered by the “classicists.” Other interpretations are treated as heretical, rather than as misguided. Disagreement with the “classical” position is met emotionally, instead of with reasoned debate.

The “classicists” have managed to elevate their interpretations of Hahnemann's teachings to the level of orthodoxy and currently dominate the schools and journals. Positions that differ from their version are not tolerated. There is an air of zealotry in their statements. They claim to be defending the purity of homeopathy from those who would debase it. In support of their claim, classicists repeatedly put forward several “principles,” which are really tenets, to define what they mean by true homeopathy and to reject anything that does not meet these tenets.

Because of the claims made for them (that they are the only basis for true homeopathy, here meant as the sum total of Hahnemann's medical system) these tenets demand close scrutiny.

However, the appreciation of Hahnemann's genial legacy reveals a complexity and richness of breadth and depth that is at odds with the simplistic, one-dimensional version of the classicists. Instead, we discover that what is presented is more akin to dogma than grounded in reality. Like all dogma, this “uniformitarianism” blocks any serious attempts at knowledge and advancement in therapeutics. Instead of truth, we have obfuscation. Instead of understanding, we have confusion. Instead of open inquiry, we have polemics. This is the result of a consistent misunderstanding by most others of what Hahnemann taught and practiced, even during his lifetime.

At the same time, the current climate of zealotry within homeopathy is itself part of an evolution in human consciousness. The mindset of man generally has been unable to grasp the depth of Hahnemann's genius. His writings have been buried in the secondary commentaries and the current zealotry, as an acute flare-up of a protracted state of ignorance, serves the useful function of bringing this misunderstanding and confusion to the surface where it is rendered less obscure and more amenable to treatment. The current intolerance is the visible expression of the counter-action of the Wesen of dynamic medicine seeking to rid itself of the disease of an allopathic mindset.

See: [Hahnemann's Casetaking of the Old School](#)

As Hahnemann points out, this counter-action by nature, unguided by reason and knowledge is a crude one, lacking refinement. There is a need for a serious re-examination of Hahnemann's legacy so that we can then correct the distortions brought to this legacy by past commentators either through errors of omission or commission. As Kent so ably stated, “We cannot rid ourselves of confusion until we know what confusion is.” (Lectures on Homoeopathic Philosophy)

“Classical” homeopathy has its variants, but all followers seem to be united around the following trinity as the determinants of the system of medicine Hahnemann left us.

**The single remedy
The totality of symptoms
Individualisation**

These are powerful catch-phrases, which have never been fully explained or subjected to close examination. When these are more closely approached and carefully re-examined, what seems to be real evaporates into the air like a desert mirage. What we have in homeopathy to date, despite a century and a half of writings, is more belief than knowledge, more confusion than clarity. This is documented in the historical and textbook sections of this work.

This section's purpose is to examine the writings of the main “classical” authors, often cited as the foundation of homeopathic tenets, besides Hahnemann. Indeed, the writings of the three that we will examine here, Kent, Close and Roberts, are often read in lieu of the original works of Hahnemann, leading to even more distortion.

The source of much of classical homeopathy is contained in the basic textbooks. In terms of philosophy, three books are widely considered the “holy trinity” of interpretation of Hahnemann's works, in particular the Organon:

Kent's Lectures on Homeopathic Philosophy

Close's The Genius of Homeopathy

Roberts' The Art and Principles of Cure by Homeopathy

KENTIANISM RE-EXAMINED

Kent's Lectures

Kent, next to Hahnemann, is invoked as one of the pillars of classical homeopathy. He is perhaps all the more important if we consider that most students and practitioners have read only his Lectures On Homeopathic Philosophy.

The Lectures represent the culmination of a lifetime of experience and reflection. They represent Kent at the height of his influence and came at the apogee of homeopathy's Golden Age in North America. Designed as a series of lectures to students at the Post-Graduate School of Homeopathics in Chicago, these were later edited and issued on July 1, 1900 as a "text-book for students, that they may have a sound starting and become interested in the objects of this work."

There is much that is valuable and enlightening in Kent. He had an enduring capacity for explanation and for capturing the imagination with his images and examples and through the recounting of his own experiences. However, to what degree does Kent accord with our understanding of Hahnemann?

LECTURE I

In the first Lecture, Kent takes the first Aphorism as his departure point. He cogently explains that disease is not in the morbid tissue (allopathic pathology), but in the disturbance of the inner man. He refers to the two parts of man, the will and the understanding, that must operate in order for health to exist. Disease comes from their separation. The will and the understanding appear to be similar to Hahnemann's Geist and Gemüt, but are more abstract. They have none of the functional content found in Hahnemann and, thus, are divorced from any practical use in prescribing.

Man consists in what he thinks and what he loves and there is nothing else in man. If these two grand parts of man, the will and the understanding, be separated it means insanity, disorder, death. (p. 17)

LECTURE II

In Lecture II, Kent discusses Aphorism 2. He underlines that cure is not just the removal of symptoms, but the removal followed by a restoration of health. This meets Hahnemann's warning that the removal of symptoms cannot be taken to be the removal of all disease (particularly in view of the latent chronic miasms). Kent also makes the useful point that while the action of the remedy is mild, "whenever violent drugs are resorted to there is nothing mild in the action or the reaction that must follow" (pp. 20-21). This is because the drug adds a drug disease to the natural disease, and the drug disease is more serious than the natural one.

The section on the direction of cure, however, is confusing. Kent states that cure must proceed from the "centre to circumference," namely "from above downwards, from within outwards, from more important to less important organs, from the head to the hands and feet." Further, the homeopath "knows that symptoms which disappear in the reverse order of their coming are removed permanently." (p. 23)

Kent appears here to be talking about chronic disease, for he mentions in this connection that "the progression of chronic diseases is from the surface to the centre." Kent also specifies that he is referring to the "first manifestation" of the disease as being on the surface, which then works its way deeper into the person.

Hering set down several guidelines for the direction of cure in both chronic and acute diseases. On the issue of order, Hering states that "the disease passes off in the order in which the organs had been affected, the more important being relieved first, the less important next, and the skin last." Thus, for Hering, cure occurs in the same direction as the disease.

Is there a contradiction here between Hering and Kent?

As explained in the section on [Direction of Cure](#), Kent elsewhere seems to have in mind the reversal of disease states (with a focus on the symptoms of each state), as opposed to the reversal of symptoms within a disease. On page 22, in speaking of the curative process, he says "former states are being re-established." However, Kent was never clear on this. Given that Kent tended to conflate the various disease states into one grand (and illusory) disease (that of the patient), it is not surprising that Kent would confuse the direction of cure within a disease and between diseases.

However, it is possible that Kent and Hering were also saying the same thing, but each from a different side. Hering refers to the initial order of disease (from the more important to the less important – that is, the mind to the skin). Kent seems to be referring to the secondary order of chronic disease, once the skin eruption has emerged and has been suppressed or the Living Power has been weakened and the disease becomes more serious, moving from the surface to internal organs and the psychic level ("the progression of chronic diseases is from the surface to the centre"). This is reinforced by the discussion in the same context of suppression of skin eruptions. Thus, for Kent, the order of cure becomes a reversal if seen from this perspective.

And shall we meditate upon the sameness or difference in the direction of cure with respect to tonic action vs. pathic action?

See: Differences in Tonic and Pathic Direction of Cure

However, later, in Lecture IV, Kent reverts to Hering's conception of disease, by stating that "All disease flows from the innermost to the outermost, and unless drug substances are prepared in a form to do this they can neither produce nor cure disease." (p. 37). Consider also: "The probable exciting cause is the inflowing of the cause as an invisible, immaterial substance, which having fastened upon the interior, flows from the very centre to the outermost of the economy, creating additional disorder." (p. 41).

Kent is confusing on this issue mainly because of his general conflation of disease with the patient.

LECTURE III

Kent makes clear that what is to be cured is disease (but this is later conflated with the patient). He also draws a distinction between the genius (esse) of the disease and the expression of that disease in terms of symptoms. This is similar to the distinction Hahnemann drew (Aphorism 17) and reflects the two sides of disease. However, Kent then focussed solely on the expression of the disease.

The physician must perceive in the disease that which is to be cured, and the curative indication in each particular case of disease is the totality of the symptoms, i.e., the disease is represented or expressed by the totality of the symptoms, and this totality (which is the speech of nature) is not itself the esse of the disease, it only represents the disorder in the internal economy. This totality, which is really external, a manifestation in the tissues, will arrange itself into form to present, as it were, to the physician the internal disorder. (pp. 27-28)

Kent went on to reduce the expression of the disease to the constitutional dimension, ignoring the important distinction between symptoms of the disease and of the patient. So, now the remedy (pathic) is found by paying attention to the individual expression of that disease in each person (the expression filtered through the constitution and life-history), or the totality of the individualised symptoms of the patient, a far more restricted totality than that intended by Hahnemann.

First he sees the disease in general as to its nature, and then when an individual has this disease this individual will present in his own peculiarities the peculiar features of that disease... it is because of the little peculiarities manifested by every individual patient, through his inner life, through everything he thinks, that the homeopath is enabled to individualize. (p. 32)

When a physician understands the nature of disease and of remedies, then it is that he will be skillful. (p. 34)

LECTURE IV

Kent here covers the last part of Aphorism 3, relating to principles. His discussion here is mostly useful. However, in one reference he tends to reduce disease to the acute and chronic miasms: "Outside of acute and chronic miasms there are only the results of disease to be considered." (p. 37)

LECTURE V

This chapter covers Aphorisms 4 and 5. Kent usefully reminds us that we need to remove the external causes of disease in the area of regimen (poor nutrition, life-style and living conditions), before we can use medicine to treat the internal disease.

Then Kent launches into a discussion of acute disease. He divides acute disease into two classes: acute miasms and "mimicking sicknesses." The first he sees as true diseases and the second as only the result of external causes, which, once removed, lead to the removal of the symptoms.

Kent then tells us:

In this paragraph [5] Hahnemann teaches that the chronic miasms are the fundamental cause of the acute miasms, which is to say if there were no chronic miasms there would be no acute. It is in the very nature of a chronic miasm to predispose man to acute diseases, and the acute diseases are as fuel added to an unquenchable fire. Acute diseases then exist from specific causes co-operating with susceptibility... If there were no children on earth susceptible to measles we would have no measles, and if there were no chronic miasms there would be no susceptibility. (p. 47)

He also states: "Psora is the cause of all contagion." (p. 47).

Kent's views here are not at all in accord with what Hahnemann states in the Organon. Hahnemann clearly distinguishes those acute diseases that are due to external causes and tend to be mostly (but not all) flare-ups of psora from those that are not in any way linked to psora. These are the sporadic and epidemic diseases. The acute miasms are a fixed form (unvarying disease Wesen) of the epidemic diseases. Thus, the acute miasms exist independently of the chronic miasms. Measles exists regardless of the existence of psora.

See: Self-limiting versus Protracted Disease

Kent makes a reference to psora not being able to come into existence without there first being a disturbance of the will and understanding in terms of lack of knowledge. This is very much akin to Hahnemann's concept of the highest disease (ignorance and superstition – false belief): "Psora corresponds to that state of man in which he has so disordered his economy to the uttermost that he has become susceptible to every surrounding influence... So if man is evil in his very interiors, i.e., in his will and understanding, and the result of this evil flows into his life, he is in a state of disorder. Let man exist for thousands of years thinking false theories and bringing them into his life, and his life will become one of disorder." (p. 48).

See: The Highest Diseases (Ideogenic Dimension)

Kent also lays stress, here as elsewhere, on the fact that disease is a change of state which implies a change in tune of the organism. "These things relate to states; not to diseased tissues, but to a state of disorder or want of harmony. Dr. Fincke expresses it as 'a distunement.'" (p. 56)

On the issue of tissue change (allopathic pathology), Kent makes a clear statement:

What if there are changes in tissue present? There is nothing in the nature of diseased tissue to point to a remedy; it is only the result of disease. Suppose there is an abdominal tumour, or a tumour of the mammary gland, there is nothing in the fact that it is a tumour or in the aspect of the tumour that would lead you to the nature of the change of state. (pp. 56-57)

Kent's views here are a logical outcome of his emphasis on the mental state of the patient as the basis for a prescription and also on his strong criticism of allopaths for prescribing on diseased tissue (plus considering these to be also the cause of the disease).

The more one thinks of the name of a disease so-called the more one is beclouded in the search for a remedy, for then the mind is only upon the results of the disease, and not upon the image expressed in symptoms. (p. 16).

Elsewhere, however, where the need to score debating points is less pressing, Kent is more accepting of the role of pathology, albeit in a minor role:

Ultimate symptoms [i.e., diseased tissue], function symptoms, sensorium symptoms and mind symptoms are all useful and none should be overlooked. (p. 18).

Kent also promoted the idea that the prescription needed was that which reflects the symptoms of the case prior to the tissue change, because the state has not changed, only the results.

Do you suppose because the disease has now progressed into tissue change, the organs are breaking down and the man is going to die, that this has changed that primitive state? The man needs the same course of treatment that he has needed from his babyhood. The same idea of disease must prevail now that prevailed before he had the tissue changes." (p. 57).

This thinking also reflects the idea that disease is really just the same as the diseased person. Disease is unidimensional in Kent's view. Even acute disease is all collapsed into the chronic and the chronic is simply the individual expression of the particular patient. Thus, the patient equals the disease.

Kent goes on to state that there is "no manner of treatment for Bright's disease or any other organic change." (p. 58) However, later, in 1912, Kent wrote a remarkable little note on the need to take pathology into account and introduced the idea of remedies chosen on the basis of their relationship to a particular pathology.

See: Kent and the Two Sides

LECTURE XI

Kent, referring to Aphorism 16, states that shocks or injuries or even exposure to crude drugs cannot create a true disease. True disease for Kent is associated solely with acute and chronic miasms. Kent reasons that "it is only by the action of immaterial substances, simple substances acting upon a plane similar to the plane of his susceptibility, that he can become infected with a sickness." Kent's view here is that shocks and traumas cannot act dynamically (on the innermost, as he would say) and, thus, cannot produce a disturbance of the Living Power, which is the form of true disease.

If we could find a man in a state of perfect health, we might subject him to shock, to injuries, to the actions of the cruder things around us, and he would pass through them or they would pass away without leaving upon him any such thing as a disorder. He might be under the influence of that shock a short time, but when reaction came, if it came at all, it would leave him free from miasm, he would not have therefrom either an acute or chronic disease. It is only by the action of immaterial substances, simple substances acting upon a plane similar to the plane of his susceptibility, that he can become infected with a sickness; that is, the resultant action of a substance capable of operating from his innermost to his outermost, and establishing evidence which we call symptoms. If the outermost alone is acted upon the vital force of the man is only temporarily disturbed, but there is not established a definite disorder (not even a limited one) that can run a course with a beginning, a period of progress and decline, such as the miasms do.

What ever depresses the tissues of man, or his bodily functions, only acts temporarily, and is not capable of establishing a true disease. Take, for instance, the cruder drugs that we see used as a physic... It is only after the most violent and long continued use of liquids that there can be implanted upon him a drug disease, and even that is largely superficial in comparison to a natural diseased condition... it operates upon the tissues, producing a coarser form of disease, but not miasmatic in character. (pp. 94-95)

Kent provides this interpretation of Aphorism 16. However, even using the version that Kent supplies, it is hard to see that this is what Hahnemann meant.

Our vital force, as a spirit-like dynamis, cannot be attacked and infected by injurious influences on the healthy organism caused by external inimical forces that disturb the harmonious play of life otherwise than in a spirit-like (dynamic) way, and in like manner all such morbid derangements (diseases) cannot be removed from it by the physician in any other way than by the spirit-like (dynamic, virtual), alternative powers of the serviceable medicines acting upon our spirit-like vital force...

Hahnemann here states that disease is due to a dynamic impingement from outside dynamic influences and that such influences cannot act except dynamically. Kent's preoccupation with resisting the allopathic material view of disease, and his emphasis on immaterial substances in the form of the Swedenborgian concept of simple substance, blinds him to the possibility, accepted by Hahnemann, that shocks can produce a form of disease. It is true that the diseases produced are different from those of pathogenic origin (miasms), as they exist in a different dimension and their treatment must follow different principles. However, they are no less disease and no less serious in their impact on the system. They can even produce psychic disturbances.

See: Homogenic Disease

Kent does introduce an interesting concept related to potency, namely that the potency must match the depth of the disease in the internal economy of the sick person. He even posits this as a principle:

The third proposition in this paragraph is that medicines will not act curatively, or in a way to turn the body into order and turn off disease, unless potentized to correspond to the degrees in which the man is sick...

And hence, necessarily, man cannot be cured except by drugs attenuated until they have become similar in nature or quality to the disease cause. Disease cause and the disease-curing drug must be similar in nature; unlike causes would not produce like effects. (pp. 100-101)

LECTURE XII

Kent gives us here an explanation of his understanding of the totality of symptoms. It is clear from this that Kent sees symptoms as mainly that which is open to the senses. But strictly speaking, that isn't really true. Rocks, trees, bald pates and bow legs are open to sense perception, but nausea and malaise and "tensions" are not. It is the patient who reports the symptoms, not the physician, who only has access to the signs. There is no mention of all the various aspects of Hahnemann's totality. Part of the reason is because of the poor translations, which only served to bury any distinctions Hahnemann made in the elements of the totality, reducing them to signs and symptoms. Part of the reason is because of Kent's own preoccupation with emphasising the homeopathic pathology (suffering of the patient) over the allopathic pathology (morbid tissue), which also included emphasising the patient (whose constitution is said to have produced the individual symptoms of the disease on which a pathic prescription is made).

The 'totality of symptoms' means a good deal. It is a wonderfully broad thing. It may be considered to be all that is essential of the disease. It is all that is visible and represents the disease in the natural world to the eye, the touch and external understanding of man. It is all that enables the physician to individualise between diseases and between remedies; the entire representation of a disease is the totality of the symptoms, and the entire representation of a drug is the totality of the symptoms. (p. 104)

Let's look at the version of Aphorism 17 Kent was using:

Now as in the cure affected by the removal of the whole of the perceptible signs and symptoms of the disease the internal alteration of the vital force to which the disease is due - consequently the whole of the disease - is at the same time removed, it follows that the physician has only to remove the whole of the symptoms in order, at the same time, to abrogate and annihilate the internal change, that is to say, the morbid derangement of the vital force - consequently the totality of the disease, the disease itself.

Compare this to our more recent translation:

§17.1. Now since in remediation the totality of the disease is lifted every time by the removal of the perceptible signs and occurments of the disease, along with the internal alteration of the Living Power lying at its base, hence, the whole of the disease, a) so it follows, that the Remedial-Artist has only to take away the symptom complex in order to lift and annihilate b) the internal alteration conjointly with it [the symptom complex], that is, the morbid mistunement of the Living Principle, hence, the whole of the disease itself.

The problem here is that Kent mainly equates the term totality of symptoms with patient pathology. This is the basis for his rather strong views on the incurability of patients where there is no outward suffering. This is a narrow view of Hahnemann's totality of symptoms.

See: Identification of Disease: Pathic Side

LECTURE XIII

Kent states that "there are many instances of mind cure that are based on the law of similars" (p. 111). He then gives the example of a young girl who has lost her lover or mother and is inconsolable. Efforts to get her to pull herself together or to forget the matter have no effect. However, employing someone to pretend to be grieving as well will cause improvement. Kent calls this last approach homeopathic (similars). This example comes from Hahnemann.

However, Hahnemann states that diseases which are purely psychic, that "were first spun and maintained by the soul," can be treated by non-medicinal means if recent enough, but then by means of opposites ("displays of trust, friendly exhortations, reasoning with the patient, and even well-camouflaged deception"). The somatic side of these cases can also be dealt with by opposites ("appropriate living habits") (see Aphorisms 224-226).

LECTURE XVII

The very first of this study is to prove and realize that there are two classes of diseases, acute and chronic. The general classification of all diseases is made in this way: the acute are thrown into one group and studied as acute diseases, and so with the chronic. (p. 132)

As we have seen, Hahnemann's concept of disease goes far beyond acute and chronic.

Kent then states that acute diseases "are all such as are contagious or infectious, such as have a miasmatic character and are capable of running a definite course." (p. 133). Kent does not generally recognise the flare-ups of psora as well as the individual fever states brought on by shocks (both psychic and physic) mentioned by Hahnemann as being true diseases. Also, for Hahnemann acute miasms are only part of the epidemic diseases and are not linked to the chronic miasms.

LECTURE XXIV

In this lecture, Kent seems to equate the dangers of allopathic and bad homeopathic prescribing.

The confusion arising from bad prescribing is just the same as that produced by the patient's drugging. (p. 182)

The reason is that the homeopath must, according to Kent, prescribe on the symptoms of the natural disease. Any intervention, whether from allopathic or bad homeopathic prescribing, must of necessity disturb this pristine picture and render the selection of the remedy impossible.

The whole aim of the physician is to secure the language of nature. If it has been masked by medicines, it cannot be secured. (p. 182)

Kent then describes graphically the problem faced by the homeopath, a situation that is all too common today, and explains why prescribing only on the pathic side of disease (as Kent argues must be done), is so unsuccessful, all the more today because of the heavy drugging of most patients (not to mention the ultrasounds, x-rays, vaccinations and anti-biotics). It also explains the strong fear of classical homeopaths and students about giving the wrong remedy and their demand that patients get off their drugs before they can be treated.

At times a patient will present himself, and you will be able to get a true image of the sickness by ascertaining all the things that occurred up to a given date. 'Upon that date,' he says, 'I took some medicine, and most of my symptoms subsided.' They lead to another image from which you can gather nothing; a scattering has taken place. The symptoms may cover page upon page, and yet what remedy do you see? None at all; it looks as if a number of provings of drugs had been mixed up all together, intermingling symptoms here and there without any distinctness. No individualisation is possible. (p.183)

That is, of course, what we have to start with anyway in a new patient – a welter of indications which must be sorted out according origin and eliminated step by step according to definite principles until the pure image of the highest disease reveals itself.

LECTURE XXXIV

Kent states that there is a relationship between the dose and degree of homeopathic aggravation that results. He refers to Aphorism 159. This is correct as far as it goes, but neither of the versions of this Aphorism that Kent quotes is correct. Kent fails to include that Hahnemann was here referring to acute disease, not all disease.

See: Homeopathic Aggravation

Kent's version of §159:

The smaller the dose is of the homoeopathic medicine, the less and the shorter is the aggravation in the first few hours.

Hahnemann's version:

§159.1. The smaller the dose of the homeopathic means in treatment of acute diseases, all the more minor and shorter is the apparent disease exacerbation in the first hours also.

This makes sense, as Hahnemann earlier links the homeopathic aggravation to the acute diseases.

LECTURE XXXVI

Kent states that if a remedy brings up entirely new symptoms it is “not homeopathic to the case; and yet it was an unfortunate prescription, because it has caused the disease to progress in another direction, developing another group of symptoms.” (p. 269) The remedy must then be antidoted. However, this contrasts with Hahnemann who states that where a remedy is only partly homeopathic to the case, the new symptoms are “ailments of the disease itself, although they have rarely or never been felt by the patient up until now.” (§180)

Kent here makes a dramatic statement that is not substantiated:

The oftener you prescribe for different groups of symptoms the worse it is for your patient, because it tends to rivet the constitutional state upon the patient and to make him incurable. (p. 275)

It is interesting that Kent here uses the term “constitutional” to mean the disease, but conflated, of course, with the patient. Thus, disease = constitution = patient.

SUMMARY OF KENTIANISM:

Kent strongly promoted the symptoms of the patient (homeopathic pathology) against the weight of the allopathic pathology (tissue change – lesions). However, like many homeopaths, he had a narrow view of what Hahnemann meant by the totality of symptoms.

He also rightly attacked the allopaths for prescribing for false diseases (more the results of disease than disease itself). However, like many homeopaths, he misunderstood Hahnemann's spirited attack on the disease treatment of the allopaths to also be an attack on the treatment of disease itself. Hahnemann only attacked the false treatment of disease or the treatment of false diseases.

See: False and True Disease

All of this emphasis led naturally to a focus on the patient who presented with the individualising symptoms that enabled a remedy to be chosen. It also led to an emphasis on the totality of the patient (as opposed to the totality of disease of Hahnemann) as being the best basis for finding the deepest acting remedy, which he termed “constitutional” (that is, reflecting the deepest inborn nature of the person). The disease became conflated with the patient. So, we have the idea that homeopathy treats of no disease, but only sick people. While it is true that it is the symptoms of the patient that one must use (along with the other elements of the totality of indications, of course), these symptoms reflect a disease. It is not the patient that we are treating, except indirectly, but rather we are giving dynamic remedies to remove dynamic diseases.

The concept of the constitutional remedy was, thus, born. It did not exist in Hahnemann. On this basis, everything in the case taking can be subsumed in an amorphous fashion into the constitution: etiology, circumstances, miasms, family history, behaviour. Whatever distinctions these have are buried in the over-riding supremacy of the symptoms of the patient. The other aspects of the totality (whatever their application in prescribing may be) become secondary to the symptoms. Trying to make word equations (i.e., constitution = temperament = disposition = organism = constitution) in order to beef up the notion of constitutional prescribing as being found in Hahnemann is nothing other a modern form of sophistry attempting to make plausible by verbal legerdemain what is otherwise non-existent in Hahnemann. Linguistic mystification traps the unwary and foists error upon those struggling to learn.

The myth was born that the one remedy will cure everything. While the one remedy is seldom given, and to be fair to Kent, he did not strictly advocate this, it, nonetheless, has become the ultimate ideal of the prevailing mind set. It is now the “gold standard” of classical homeopathy, to which all seemingly aspire. There is a simplicity and elegance in the concept of the single remedy, the simillimum, which is attractive. Yet, it is based on a one-sided “understanding and will” when treating disease (the pathic side).

Kent's constitutional approach is essentially pathic at the conscious level, but contains a high level of the tonic side – the emergence of the concept of the essence (genius or Wesen) of a remedy, the resulting remedy pictures (in Lectures on Materia Medica), the emphasis on the mental state of the patient and the remedies. Kent's teachings about the single constitutional remedy and the totality of individualising symptoms of the patient dominated his formal writings to the point that there was little room for anything else. However, the deeper, tonic side of disease could not be ignored in practice and emerged rather unconsciously and inchoately. The result was confusion as the multi-dimensionality of the tonic side had to be fit into the unidimensionality of the pathic side.

The pathic side has no dimensions of itself, but is determined by the dimensions involved. Indeed, it exists in all the dimensions of disease mapped out by Hahnemann. When prescribing on the pathic side, there can be only one remedy. And the individual symptoms of the patient become the focus. What we have is the totality of individualising symptoms of the patient rather than the totality of characteristic symptoms of the disease. The patient is seen as having only one disease, indeed the patient is seen as constituting the disease (hence the idea of the constitutional remedy). There is confusion about what to do with shocks and traumas unless they show up clearly in the symptom picture, and what to do about nosodes and the chronic miasms. There is tremendous fear about giving the wrong remedy as this may irrevocably disturb the critical symptom picture. There is difficulty in treating drugged cases. There is a strong commitment to stay with the remedy that produces an improvement in the patient's overall state of health without necessarily lifting the patient to a higher state of health (simply because the constitutional remedy continues (but in ever lessening degree) to strengthen the sustenive aspect of the Living Power, without being able to remove the disease involving the generative power).

The pathic prescriber values provings of remedies as the only basis for the Materia Medica. Little attention is paid to clinical data.

Without symptoms what can the homeopathic physician do? No matter what state the patient is in, what can the physician do without symptoms? There is no earthly guide to the remedy except by signs and symptoms. So that it is the duty of the physician to wait for the return of the original symptoms. (Kent, p. 268)

You can repeat that remedy many times on a paucity of symptoms, when you cannot give another, simply because it has demonstrated itself to be the patient's constitutional remedy... If the patient says he has improved continuously, and though it would be impossible for you, at this date, from the present symptoms, to select that remedy, hold on to that remedy, so long as you can secure improvement and good from it, though the symptoms have changed. (p. 271)

Within the realm of natural disease, the pathic approach can often succeed to the extent that it removes one side of disease or that it strengthens the sustenive power (true constitutional remedy). However, the more complicated the case, the more the tonic side predominates, the less successful the pathic remedy will be. Then the pathic prescribers search for the hidden side of the case, giving a remedy which is not well-indicated on the basis of the symptoms (nosodes, intercurrent, keynote prescribing, etiology, clinical indications).

See: From Two Specifics to Two Sides of Disease

So, we have an orthodoxy which is one-sided and which has distorted Hahnemann's genius. It attempts to deal with all aspects of case-taking and analysis by using pure symptomology (in the provings and in the patient), but, when this fails, resorts to other methods of choosing the needed remedy which are not based in any conscious or articulated principle. Indeed, this use is seen as more of an embarrassment, or an admission of failure, than as legitimate prescriptions based on accepted principles.

In this context, we have prescribing by principals (authority figures) rather than principles. Absent clearly understood principles, patients/practitioners seek the one who has the greatest experience or is perceived as being more consistently able to find the right remedy in those cases where the symptoms give no clear prescription. And yet, as Close states, neither the master, nor the novice is any the wiser as to why what works in the one case does not in another.

Is it hard to ask what we would be missing out on if we never read a word of Kent and diligently focussed our study on Hahnemann? We certainly don't need his “will and understanding” or his constitutionalism or, nowadays, even his repertory seeing as how we can articulate our complaints and take each one to the original sources, as Hahnemann says, for understanding. The time spent in listening to him reissue Hahnemann through his imperfect rubricizing in connection with imperfect translations would be better spent directly on studying the now transparent rendition of Hahnemann himself. Who can defend Kent's contributions by adducing something uniquely valid that we are overlooking at this moment. Outside of the “scheme” of his repertory and implicit reference to an undefined “state,” nothing is coming to mind. Perhaps this is too harsh, for Kent has made a contribution to our much greater “familiarisation” with the issues and approaches needed in the quotidian rounds. The humanising texture is good, but the “scheme” must go, based as it is upon the false dichotomy of spirit and matter. Kent = Kant in that respect.

CLOSE'S GENIUS OF HOMEOPATHY

CHAPTER II: GENERAL INTERPRETATIONS

Homeopathy is opposed to so-called 'pathological prescribing' and to 'group treatment' of diseases, by which individual peculiarities are ignored and patients are grouped or classed according to their gross, pathological organic lesions and treated alike. Homeopathy deals with the individual, not the class. It treats the patient, not a fictitious entity called the disease. Its prescription or selection of medicines is based solely upon individual similarity of symptoms, drug symptoms to disease symptoms, determined by actual comparison in each case.

Homeopathy is opposed to polypharmacy. It depends for all its results upon the dynamical action of single, pure, potentiated medicines, prepared by a special mathematico-mechanical process and administered in minimum doses.

In practice, homeopathy bases the selection of the curative remedy upon the totality of the symptoms of the individual patient, including a consideration of the ascertainable causes of the disease. For the homeopathic prescriber, this constitutes the disease... The prescription is not based upon the pathological diagnosis, or the name of the disease, but solely upon the likeness of the symptoms of the patient to the symptoms of some tested drug, determined by actual comparison.

...Medicines are never mixed or compounded in homeopathic practice but are given singly.

The working principles of homeopathy, therefore, may be briefly stated as follows:

1. The totality of the symptoms of the patient is the basis of medical treatment.
2. The use of single medicines, the symptoms and sphere of action of which have been predetermined by pure, controlled experiments upon healthy persons.
3. The principle of symptom-similarity as the guide to the choice of the remedy.
4. The minimum dose capable of producing a dynamic or functional reaction. Similia Similibus Curentur; Simplex Simile Minimum.

This fairly concise and clear statement of position would not be out of place in classical homeopathic circles today. It is very Kentian in many respects, and contains many of the errors and confusions we find in Kent:

- **The attack on false disease names (allopathic conditions), but the ignoring of true disease names (acute and chronic miasms, homogenic diseases, iatrogenic diseases, highest diseases, nutritive disorders, and geopathic stress).**
- **The rejection of clinical pathology as the basis for prescribing in favour of symptoms of the patient, but the ignoring of the need to do so in some cases (dimensions), which Kent recognised later on (but which has been virtually ignored).**
- **The restriction of symptoms to that of the patient, ignoring the other aspects Hahnemann included in his concept of the totality of symptoms.**
- **The basing of the totality of symptoms on that of the patient, not of the disease.**
- **The equating of all disease with the symptoms of the patient, with only some accounting for cause.**
- **The use of the symptoms of the patient solely as the basis for choosing the medicine.**
- **The concept of the minimum dose instead of the more logical and correct "optimum dose."**
- **The collapsing, through over simplification, of all dimensions of disease into one – the symptom picture of the patient.**

CHAPTER III: SCHOOLS OF PHILOSOPHY

Close usefully points out that Hahnemann was neither an Idealist nor Vitalist, nor a Materialist, but something else (which Close calls substantialism) and notes Hahnemann's debt to Bacon.

It is significant that Hahnemann in selecting a name for his own Magnum Opus chose the very word '*Organon*,' used by Bacon... (p. 28)

Close also brings out the distinction Hahnemann made between the Dynamis and the Life Force:

Hahnemann at first apparently had the distinction between power and force pretty clearly in mind in his use, in the *Organon*, of the two terms: 'Dynamis,' the life power, the substance, the thing itself, objectively considered; and 'Life Force,' the action of the power; but he failed to maintain the distinction uniformly in his subsequent use of the words. All doubt as to Hahnemann's ultimate position is removed... by the final sixth revised edition... Hahnemann invariably uses the term, Vital Principle instead of Vital Force, even speaking in one place of 'the vital force of the Vital Principle,' thus making it clear that he held firmly to the substantialistic view of life – that is, that Life is a substantial, objective entity; a primary, originating power or principle, and not a mere condition, or 'mode of motion.' (p. 34) [But these were all red herrings. The real distinction in Hahnemann was to be found in the quantifiable measure of the Living Power vs. the constancy of the *Wesen* in itself.]

Life is a substantial, self-existent, self-acting entity, not a mere abstraction. (p. 35)

Close touches upon only the one aspect of the Dynamis, the life-preserving (ignoring the life-generating):

Life built the body and life preserves it, as long as it is needed for the purposes of 'our indwelling rational spirit,' as Hahnemann calls it. (p. 35)

CHAPTER IV: THE SCOPE OF HOMOEOPATHY

Close here, like Kent, rejects objective pathology, but then goes to the opposite extreme by stating that it is only the functional aspect of disease as shown in the symptoms of the patient that can be prescribed upon.

For the homeopathic prescriber the totality of the functional symptoms of the patient is the disease, in the sense that such symptoms constitute the only perceptible form of the disease and are the only rational basis of curative treatment... When the symptoms are removed the disease ceases to exist. (p. 39)

How are the subjective symptoms of the patient in any way "perceptible" to anyone else but the patient? In a court of law, it would all be deemed hearsay. This so-called objective science of symptoms is another part of the verbal legerdemain of classical homeopathy. At least Hahnemann addresses the possible unreliability of such an indirect source of information for the physician.

Also, this is an oversimplification which ignores latent disease and the other dimensions of disease. It is a treatment focussed on the pathic side.

Equally, by his focus on the dynamic plane of medicine, Close restricts the domain of homeopathy to the following:

1. Homeopathy relates primarily to no affection of health where the exciting cause of disease is constantly present and operative.
2. It relates primarily to no affections of health, which will, of themselves, cease after the removal of the exciting cause by physical or hygienic measures.
3. It relates primarily to no affections of health occasioned by the injury or destruction of tissues that are incapable of restoration.
4. It relates primarily to no affection of health where the vital reactive power of the organism to medicines is exhausted obstructed or prevented.
5. It relates to no affection of health, the symptomatic likeness of which may not be perceptibly produced in the healthy organism by medical means, nor to affections in which such symptoms are not perceptible.

All of the above is correct with the exception of the last phrase in the last point. Disease can be treated from the other side, the tonic, through its various dimensions.

Close also usefully identifies the legitimate use of allopathy in extreme cases of shock. (p. 45)

See: Opposites (contraria) and Similars (similia)

CHAPTER V: THE UNITY OF MEDICINE

Close here identifies a person's nature as consisting of his temperament, constitution and clinical history. This is strikingly close to the idea of nature as consisting of pre-disposition, temperament and constitution.

In the discussion of susceptibility to medicinal action and the choice of potency, Close explains the factors cited in Aphorism 5 as related to the vitality of the patient and their likely response to different potencies:

Age, sex, temperament and constitution; occupation, habits, climate, season, weather; the nature, type, extent and stage of the disease - everything, in fact, which modifies the psychological, physiological, or pathological status of the individual patient modifies, at the same time, the susceptibility to medicine, increasing or decreasing it, in health and disease. All of these modifying factors must be observed, considered, weighed, and their influence estimated in conducting a proving, or treating a case. One will react only to a high potency, another only to a medium potency, or still another only to a low potency or tangible doses of the crude drug. (p. 52)

CHAPTER VI: LIFE, HEALTH AND DISEASE

Close here defines disease as the reaction of the organism to a disease agent. Thus, disease is equated with the symptoms of the individual, as these symptoms are the result of the reaction.

Disease, manifested by symptoms, expresses the vital reaction and resistance of the living organism to the inroads of some injurious agent or influence. It is a battle, a struggle, a costly and painful resistance to an invader. (p. 62)

Spoken like a true "sustentive" vitalist. However, this view of disease is one-sided. It ignores the fact that the action of the disease agent on the Living Power (generative aspect) is also disease. Hahnemann clearly included both this action, which he called the initial action, and the reaction of the sustentive aspect of the Living Power, which he called the after-action. This one-sided view of disease also creates a one-sided view of treatment (pathic side).

See: Initial Action and Counter-Action

Close provides a useful quote that reflects Hahnemann's understanding of the state and condition:

...for disease, in the last analysis, is primarily only an altered state of life and mind, manifesting itself in morbid functions and sensations, which may or may not lead to visible tissue changes...(p. 71)

However, based on the rest of the book, this 'insight' is more inadvertent than systematic.

CHAPTER VII: SUSCEPTIBILITY, REACTION AND IMMUNITY

In one passage, Close explains the homeopathic aggravation as being the result of the reaction of the organism. Again, this reflects the view that disease is due only to the reaction of the organism.

The 'homeopathic aggravation,' or slight intensification of the symptoms which sometimes follows the administration of the curative remedy, is merely the reaction of the organism...(p. 76)

CHAPTER VIII: GENERAL PATHOLOGY OF HOMOEOPATHY

Close speaks of the impact of drugs in creating disease, which found a grounded explanation in Dr. Reckeweg and homotoxicology:

See: Homotoxicology

Disease resulting from mental or physical trauma occur as a result of the toxic chemical or physical changes that take place in the fluids and tissues of the body through the medium of the nervous system, which reacts to the morbid *impression* of a violent or long-continued mental emotion in the same way that it reacts to any other dynamical disturbance. (p. 107) (italics added)

He later recognises that these blockages can be removed by a pathic or tonic remedy (without being conscious of the difference as is the case in classical homeopathy) and accepts as fact that the tonic remedy works best in some cases (without being able to explain this fact):

Frequently, for example, will some chronic disease of the liver, kidneys, spleen or lungs be traced back to an initial attack of malarial fever checked by massive doses of quinine or arsenic. The patient has 'never been well since.' The seemingly indicated remedies do not act. A few doses of the appropriate antidote, perhaps Arnica, or Ipecac, or Pulsatilla, or even of Arsenic or Chinchona - the abused drugs themselves, in high potency - will clear up the case and either cure or render it amenable to other symptomatically indicated drugs.

It is a fact that the high potency of a drug is sometimes the best antidote for the effects of the crude drug. (p. 120)

But on what basis is this isopathic remedy chosen? The symptoms? It seems to be an exception, when the symptomatic remedy doesn't work: "or even ...Arsenic or Chinchona," "is sometimes the best antidote."

On the issue of using morbid substances from nature because of their relationship to a disease (isopathic remedies), Close echoes Hahnemann in the need to first dilute and succuss (because of the danger of the homogenic principle at a crude dose level) and also in the validity of clinical evidence (if later supported by provings where possible). However, Close here means that the proving must somehow confirm the clinical application, making the proving the final judge of the use of the remedy (pathic side), ignoring the tonic side of disease:

If a homeopathic artist desired to profit by the observation that a dog had apparently cured himself by licking the pus from his own sores, or that a human victim of septicaemia had recovered after accidentally or intentionally ingesting a portion of his own morbid secretions, he would not think of imitating these procedures. Desiring to ascertain the value of 'autogenous pus' as a possible remedy, he would first submit the morbid product to the recognised scientific process of modification by mechanical potentiation, according to the method of Hahnemann and carry it to the point where there could be no question of the non-existence of toxic or septic qualities.

Having thus removed the obnoxious qualities of the substance and raised it from the physical to the dynamical plane, he would next submit it to the test of proving upon healthy persons; or, if he chose to approach the problem first from the clinical side he would administer doses of the potentiated substance to the person from whom it was taken and observe results, checking them up later by the results of a proving. (p. 124)

In this chapter, Close spends a great deal of time emphasising that disease is the same as the totality of symptoms of the patient and that the removal of this totality is cure. He repeats Kent's earlier assertion that you must not prescribe on the ultimates of disease (morbid tissue), but only on the functional disturbance, this representing the dynamic plane of the disease.

The basis of the homeopathic prescription is the totality of the symptoms which represent the functional disorder - the abnormal process of the disease itself, not its ultimates or 'end-products.'

The physician who prescribes for a tumour or any other tangible product of disease is misdirecting his energies and courting failure. (p. 129)

In the next passage, Close provides what he classes as the requirements for cure. First, there is the need for principles. He provides a useful definition of what he means by principle.

A general principle is capable of systematic demonstration, not only once but repeatedly and invariably, under stated conditions. Given the principle, it is always possible to formulate a method or technic, by means of which the principle may be successfully applied to every case within its scope. (p. 130)

Close then notes the need for individualisation. He repeats the assertion that it is the patient that is cured, again because of the one-sided view of disease noted earlier, that of the suffering of the patient (pathic side). Individualisation becomes defined by the constitutional expression of disease rather than by the specific diseases of the individual in time.

A true system of therapeutics must be able to adapt its basic principle and its remedy to the needs of each individual case.

There are no cures for 'diseases,' no remedy for all cases of the same disease. Cure relates to the individual patient, not to the disease. No two cases of the same disease are exactly alike. Differences of manifestation in symptoms and modalities always exist in individuals. It is these differences which give each case its individuality, and create the need for an individual remedy. (p. 130)

I've always wondered how remedies that are finite in number can be equated with the seeming endless supply of true individuals. After all, one could fill a stadium with Arsenicums or Sulfurs on any given day and then ask for the individual taking Arsenicum to please step forward! Pathic remedies are not so much individual as characteristic, while tonic remedies are typical. I am individualized, my constitutional remedy is not, although it may be particularized in my case. The individual characterized by a given pathic remedy may also be typified by a tonic, and ultimately by the final genotypical tonic. The stadium contains the biotype, which may be the genotype for a given individual. The phenotype relates to the interaction with the ambient. All three are expressions of the archetypal realm prior to the ectypal tonics.

Close identifies the differences as originating in the constitution, as pre-existing disease, much like Eizayaga.

Every individual develops according to a certain morphological tendency or predisposition, inherent in his constitution. It is from this tendency that he derives his individuality. This tendency or predisposition may be or may become morbid. If it does, the symptomatic form of that morbidity will also be individual. (p. 131)

This is a bizarre notion, that we derive our individuality from weaknesses! Presumably, once disease is eradicated in a patient, that patient is no longer individual, but blends into the melting pot of health. Hahnemann would have a field day here, bringing out the sharpness of his wit and pen to castigate these beliefs, much as he castigated the allopaths for their false idols. Disease is precisely that which robs us of our individuality by placing us in ever broader brackets which contain many others; it cannot and does not confer individuality. True individuality only really emerges in health. We are then most our selves. In disease we become less ourselves and eventually become only our morbid state, condition and tissue, progressively losing that which makes us individual. The only truly goal for an individual, after getting free of the restraints of the kingdoms of nature (plant, animal and mineral in himself), is to meet and mingle with another human individual (the realm of what is individual) for purposes of even greater individualization. Human relations confer our individuality, not that which is less than individual, namely individuality-robbing disease.

Furthermore, unlike Eizayaga, who understood that the constitutional remedy cannot cure, Close erects, like Kent before him, a whole edifice on this shaky and ultimately untenable foundation, which mixes the state of health with the state of disease, and mixes the symptoms of the individual with the symptoms of the disease. Moreover, the focus on the symptoms of the patient alone ignores the underlying disease. The curative remedy for Close is the remedy chosen from the totality of particular symptoms of the patient.

The new morphology includes all the facts and phenomena, anatomical, physiological and psychological, functional and organic, normal or abnormal, which represent the individuality of the subject. It aims to establish in each concrete case the particular kind or variety of organization, development and functioning which gives it individuality and differentiates it from other similar cases, thus providing a reliable basis for the rational interpretation of symptoms and the selection of the remedy indicated for the patient.

Disease is primarily a dynamical disturbance of the vital functions of the individual organism, manifesting itself by signs and symptoms. Symptoms are the only perceptible evidence of disease and the only guide to the curative medicine. For the prescriber the characteristic symptoms of each individual in the totality constitute the disease and their removal is the object of treatment and the cure. (p. 131)

Close's third requirement for cure follows from the idea of the individuality of the patient, namely the collection of all data about the patient. The data collected is extensive, following Hahnemann's schema, but then the use to be made of it is limited to the symptoms of the patient. It is not clear what is to be done with the rest of the data (e.g., family history, list of diseases), in a therapeutic sense, as opposed to using it only as a context to understand the symptoms. Also, the symptoms are arranged, not on the basis of disease, but on the basis of the patient.

The third requirement for the performance of an ideal cure, therefore, is a complete and impartial collection and record of the facts which constitute the natural and medical history of the individual. [However, given the use or non-use to which this information is used, it is much in the same vein as boiling water for a delivery of a child.].

This should include not only the physical and constitutional signs, the heredity and family history of the patient; how he was born, raised and educated; his occupation, habits, social and domestic relations; but a chronological symptomatic history of all his diseases, indispositions, idiosyncrasies, accidents and vicissitudes, as far as they can be recalled.

In considering the recorded results of each examination, the homoeopathic therapist pays particular attention to the unusual, peculiar, exceptional features or symptoms which give the case its individuality; for, by these, under the guidance of the principle of symptom-similarity, he is led to the remedy needed for the cure of the individual case. (pp. 131-132)

Close might better have stated "for the cure of the individual" as this is the entire focus of the case.

It is necessary thus to study the individual in order to understand how a general or particular predisposition to disease becomes concrete and the object of treatment and cure, as well as to elicit the symptoms which are to guide in the selection of the remedy. (p. 1323)

From this confused thinking about cure and disease which attempts to reduce all of the data of a case to the individuality of the patient's expression of disease, ignoring the diseases themselves and their chronology, Close follows with a description of the principles of the direction of cure which confuses the direction for each disease (Hering) and the direction for the symptoms of the diseases over time. Because disease is equated to the symptoms of the patient, these are seen as one and the same.

Symptoms disappear from above downward, from within outward and in the reverse order of their appearance.

CHAPTER XI: SYMPTOMOLOGY

Here Close makes clear that the symptoms he is talking about are the sufferings of the patient, whether expressed by the patient or observed by the physician.

He also repeats that “the totality of symptoms is the true and only basis for every homoeopathic prescription.” (p. 151) To the extent that homeopathic is interpreted correctly as referring to a prescription for a pathic disease using the law of similars, this is correct. However, since the tonic side of disease is not at all recognised, this becomes tantamount to stating, as most do, that you can only prescribe in a case based on the symptoms, which is false.

Despite the fact that the totality that Close is talking about is the pathic totality, with the symptoms of the disease mixed in with the symptoms of the constitutional expression under stress, he, nonetheless, emphasises that there is a hidden dimension to the totality which is the organising idea or genius of the remedy. The totality is not a numerical totality, but a totality of

all the symptoms of the case which are capable of being logically combined into a harmonious and consistent whole, having form, coherency and individuality. (p. 153)

The totality is not, therefore, a mere haphazard, fortuitous jumble of symptoms thrown together without rhyme or reason, any more than a similar haphazard collection of pathogenetic symptoms in a proving constitutes *Materia Medica*. (p. 153)

Totality is more than the mere aggregate of its constituent symptoms. It is the numerical aggregate plus the idea or plan which unites them in a special manner to give them its characteristic form...

The same idea underlies the phrase, ‘Genius of the Remedy.’ Genius, in this sense, being the dominant influence, or the essential principle of the remedy which gives it its individuality. (p. 154)

At one level, the concept of the genius of a remedy creates a conflict. We have the obvious totality of symptoms revealed by repertorisation and we have the less obvious totality revealed by some greater intuitive power, what some refer to as the “hidden case.” Close is at pains to explain that the two are the same. He refers to the use of “keynotes” as having been derived originally from the genius of the remedy by Dr. Guernsey, using, interestingly, a musical analogy related to tone and scale.

The term ‘keynote’ is merely suggestive as used in this connection, the reference being to the analogy between *materia medica* and music. This analogy is shown in the use of other musical terms in medicine, as when the patient speaks of being ‘out of tune’ or the physician speaks of the ‘tone’ of the organism. Disease is correctly defined as a loss of harmony in function and sensation.

The keynote in music is defined as ‘the fundamental note or tone of which the whole piece is accommodated...’

In comparing the symptoms of medicines we find that each medicine presents peculiar differences from all other medicine. These differences by which one remedy is distinguished from another, are the ‘keynotes’ of the remedy, according to Dr. Guernsey. (p. 157)

Close then quotes directly from Guernsey's own explanation for the idea of keynotes:

It will be necessary, in order to prescribe efficiently, to discover in every case that which characterizes one remedy above another in every combination of symptoms that exist. There is certainly that in every case of illness which pre-eminently characterizes that case, or causes it to differ from every other. So in the remedy to be selected, there is and must be a peculiar combination of symptoms, a characteristic or keynote. Strike that and all the others are easily touched, attuned or sounded. There is only one keynote to any piece of music, however complicated, and that note governs all the others in the various parts, no matter how many variations, trills, accompaniments, etc. (p. 160)

Here is the clearest exposition of Hahnemann's concept of characteristic totality available.

See: Identification of Disease: Pathic Side

Unfortunately, because of Close's initial erroneous concept of disease (only the reaction of the organisms to the disease agent, or the after-action without the initial action) which then led to his erroneous formulation of the totality of the individual symptoms of the patient, not the disease, he then goes on to equate characteristic with the individual symptoms of the patient. He quotes Dr. Wells as saying:

Characteristic symptoms are those which individualize both the disease and the drug. That which distinguishes the individual case of disease to be treated from other members of its class is to find its resemblance among those effects of the drug which distinguish it from other drugs. (p. 161)

It would be more accurate here to say “those which characterize both the disease and the drug.”

Close also makes the mistake of assuming that all of Hahnemann's *Materia Medica* was based on provings. Whilst true of the *Materia Medica Pura* (as its name suggests), the *materia medica* section of the *Chronic Diseases* is largely based on clinical evidence.

... Hahnemann constructed and published, first, the *Materia Medica Pura*, and later, *The Chronic Diseases*, the greater part of which is composed of provings of drugs [the other part being theoretical]. (p. 148)

The *materia medica* as a whole, is the sum total of the symptoms of all proved medicines...(p. 154)

Close simply classifies symptoms into “objective” and “subjective” ones. The first are those that the physician observes and the second, those that only the patient can report. This ignores the other elements of the totality that Hahnemann taught, including the occurrents and the circumstances.

ROBERTS' PRINCIPLES

CHAPTER II

Roberts identifies diseases due to malnutrition as being outside the pale of homeopathy, as well as things requiring surgery. Here he emphasises the Kentian view that homeopathy only concerns itself with functional disturbances (that is, where there is no tissue damage). This is emphasised as being the major distinction between homeopathy and allopathy. From this, one can see how there is a strong stigma attached to anyone who might look to morbid tissue as a basis for prescribing as this is associated with allopathy.

Roberts repeats the Kentian view that the patient is the disease, again built on a fundamental misunderstanding that the symptoms of the patient and the disease as an entity are one and the same:

For the homoeopathic physician the totality of the functional symptoms of the patient is the disease and constitutes the only perceptible form of disease, and therefore the only basis of curative treatment. (p. 23)

CHAPTER III

Roberts speaks of the various shocks and traumas that can disturb the dynamis.

Any disturbance of this vital energy or force results in a disfigured or disturbed development of the whole human economy. Such a disturbance may come from pre-natal influences, such as the effects of sudden fright; it may be caused by indulgences on the part of either or both parents at the time of conception; the cause may lie in excessive worry during gestation; it may be due to heredity stigmat of either one or both of the parent cells, which may perhaps be due to hereditary diseases or miasms. Like an indelible brand, the warping of this dynamic energy is a stain that 'will not out.' (p. 36).

We could reasonably ask, where is the disease Wesen here? These causes are proximate or "hereditary." What does that mean in terms of Hahnemann?

What follows this passage and throughout the rest of the book is the usual pathic approach to treatment, but again this side of disease is conflated with the false unidimension of the patient rather than the disease. Treatment is still to be based on the symptoms of the patient caused by the shocks. There is no recognition of the fact that each shock will cause its own set of symptoms. Disease is seen as the disturbance of the life force read through the symptoms of the patient (pathic side), so even if the life force has been shocked several times, disease remains a single entity, instead of seeing that the patient has several disturbances (bruises, stings or punctures) each of which is lodged in the patient. Every trauma takes place within contexts above it (miasms and states of mind) and is related to those contexts, although needing specific aid for itself before moving up the scale.

The appearance of these disturbances is a reflection of the inward turmoil and confusion of the harmonious action which the vital force has suffered...

Disease symptoms show themselves in unified order in the physical, the mental and the spiritual spheres, but each individual does not show necessarily disturbances in all of these spheres in manifesting diseased conditions. (p. 37)

This concern for the overall symptom picture as being the disease (which is usually conflated with the patient) also leads to concern for anything which disturbs the symptom picture, including other diseases, particularly iatrogenic. Instead of recognising that each allopathic treatment can produce its own disease and set of side effects, this is viewed as being something which disrupts the "diseased state," namely the total set of symptoms of the patient.

Anything that disturbs the normal expression of disturbed harmony simply adds to the disturbance that is already in existence, and is a confusion worse confounded, for it suppresses or distorts the manifestations of the diseased state. (p. 39)

A Heilkünstler would first see that the initial symptom picture of the patient might be composed of several diseases and disturbances that include the allopathic treatment in the diseases affecting the patient. While this might complicate the symptom picture and pose problems for those only able to see the pathic side of disease (which led eventually to the idea of layers of symptoms – (See: *Layers Theory*), it is not a problem if one is able to ascend the tonic scale of disease, while looking out for respective pathic images pertinent to each domain. The concurrent use of pathics within the context of tonics then moves sequentially by hierarchical ascension upwards towards the goal of therapy – termed by Hahnemann as the state of perfect health and characterized by Reich as full orgonotic pulsation. We also have the two sides of health, namely Gesundheit (soundness) and Wohlseyn (well-being).

CHAPTER IV

Roberts here speaks of the importance of the law of direction of cure of diseased states. He summarises this as follows:

SYMPTOMS DISAPPEAR FROM ABOVE DOWNWARD; COMPLAINTS GO FROM AN IMPORTANT ORGAN TO A LESS IMPORTANT ORGAN; SYMPTOMS DISAPPEAR IN THE REVERSE ORDER OF THEIR APPEARANCE. (p. 45, emphasis Roberts)

Roberts gives an example of rheumatic fever, showing that he is speaking here, like Hering, of pathology, not the central disturbance as Sankaran pointed out.

One of the best illustrations is the rheumatic fever manifestation. This is a case where the joints of the extremities are first attacked, next the joints nearer the body, and presently we find the heart involved. This is the natural order of the onset of the symptoms. (p. 45)

The reverse order concept noted above by Roberts may seem to be at variance with Hering, but earlier we find that Roberts sees the natural disease process in acute infectious diseases such as measles (where the life force can cure itself) as one of the reverse order of symptoms as well.

In acute manifestations the vital functions are often restored to complete harmony by and through their own power, and it is noteworthy to observe the disappearance of symptoms in the reverse order of their appearance. This is well illustrated by the course of the appearance of symptoms in such manifestations as eruptive fevers – the rash appearing last is the first symptom to disappear; the cough of measles, being the first symptom to appear, is the last to disappear. (p. 43)

Thus, the normal order of cure in disease without homeopathic intervention (where this is possible) is the reverse order of the initial appearance of the symptoms (presumably, though Roberts does not say so, the order of cure in the rheumatic fever example would be in the reverse order of the symptoms noted). This same order is maintained in homeopathic treatment. Thus, Hering (who speaks of the cure being the same order as the disease process) and Roberts would seem to agree here, at least in terms of acute diseases.

CHAPTER VI

Roberts speaks of a "law of repetition of dose: NEVER REPEAT YOUR REMEDY SO LONG AS IT CONTINUES TO ACT." (p. 60), though he does not specify the term "act." Presumably it is the full action of the remedy. This, again, is based on the 4th Edition of the Organon, ignoring the repeated doses of Hahnemann as well as his use of dual remedies.

See: The Case for Dual Remedies

CHAPTER VIII

Roberts points out that we must treat the acute attacks first (presumably he means acute flare-ups of chronic miasms), as during acute attacks, "the chronic picture will retreat completely." (p. 78)

There is a fairly accurate description of taking the case, borrowed from Hahnemann, but no indication as to how all this information is to be used (past history of diseases, behaviour, inherited traits, general health of parents, patient's avocation, etc.) since he also points out that we must treat for the totality of the symptom picture (again of the patient, not the disease), without providing any clear idea of how encompassing the symptoms referred to here are. The context implies that the symptoms are restricted to the sufferings of the patient, their behaviour and any disease signs. What then is to be made of the family history, the past history of diseases, the patient's occupation, his parent's health, etc. that the homeopath must so carefully record?

The student is also referred to Pierre Schmidt's questionnaire as the basis for deriving symptoms, though this questionnaire has more to do with the constitution (health), than disease. However, given that the bias here is the patient, not the disease, this seems understandable.

CHAPTER X

In speaking of the law of cure, Roberts states that the law of similars “is the only general law for the cure of the physical and mental ills of man.” (p. 94). Again, this ignores the possibility of remediation by the law of opposites in certain cases.

See: Opposites (contraria) and Similars (similia)

CHAPTER XI

The origin of keynote prescribing has been lost to such a degree, and its original use so debased (careless prescribing on a few or one symptom) by the time we get to Roberts, that he feels the need to defend himself against the charge in a reference to a remedy that is the only one that has a characteristic symptom: “lest we be accused of keynote prescribing, let us look over the symptoms of this remedy...” (p. 99)

See: Keynote Prescribing

CHAPTER XIV

On the issue of new symptoms, Roberts states that “a group of entirely new symptoms appearing after the administration of a remedy is evidence that we have made a decided step in the wrong direction.” (p. 131). This view is repeated elsewhere, such as on p. 146, where the advice is given to antidote the remedy. Again, this is not consistent with Hahnemann's own exposition on this topic.

See: New Symptoms

CHAPTER XVI

Roberts repeats the Kentian notion that one cannot prescribe except on the symptoms, and this term as used by the Kentians generally has a limited meaning (usually the suffering of the patient), which takes the case taking essentially out of the control of the practitioner.

Without symptoms we cannot prescribe intelligently. Symptoms are the only guide to the remedy. (p. 146).

This restricts prescribing to the pathic level even in serious situations, and to the initial remedy given:

The patient will acknowledge that the troublesome symptoms have disappeared, and that he has little in the way of symptoms to report, but he does not feel well; there is no general sense of well-being, yet he cannot tell you why and where he does not feel well.

In such states we should wait until we are quite sure the remedy has ceased to act. There are remedies that have a ‘do nothing’ stage in their unfolding, and we must be sure, before repeating the remedy, that the first prescription has entirely run out its cycle... In these ‘do nothing’ states no other remedy can fill in, because there are no strong indications for another remedy and the symptomology has not altered to any marked degree except by lessening in intensity, and since there has been little change and no marked new symptoms have arisen, we have no guides for another remedy. (pp. 147-148)

Roberts here also makes reference to the “constitutional remedy” without specifying what this means. In the general context it can only be taken to mean the remedy that corresponds to the largest totality of symptoms of the patient, especially the generals and mentals. As we have seen from the analysis above (See: *Constitution*), this is a remedy focussed on the totality of the patient and inevitably mixes in the states of disease and health. He also here equates this “constitutional” remedy to the “simillimum.” All logical within the one-sided understanding, within classical homeopathy, of the Living Power and disease, but also the core of the profound confusion and blockage to knowledge of Hahnemann's complete system of remediation.

...A safe rule for procedure is: WHEN IN DOUBT, WAIT. In other words, never leave a constitutional remedy that has proven the simillimum for a considerable period, until you have extracted from it all the benefit that the remedy can contribute. Then, and only then, are you justified in changing the remedy. (p. 148)

This is the tyranny of the “single dose, single remedy” doctrine based on the constitution (state of health), such that the remedy generally will alleviate symptoms of disease in the patient so long as it is given, but the state of health does not much advance in depth. This is the origin of cases presented where the patient has been given Lachesis or Pulsatilla or Sulphur for years, the remedy having a good effect initially, and each time the state worsens, the remedy again acts, so it must be continued, although it is not curative of anything.

The constitutional remedy is further considered the remedy that treats the chronic disease state (this can only mean the chronic miasms in the context in which Roberts is writing). Again, the one-sided, pathic approach subsumes all within the one remedy based on the totality of symptoms of the patient.

...The patient seems to be getting colds all the while, and a remedy like Belladonna may seem to be indicated and will cure the acute condition. We may do this two or three times before we realize that these recurrences are an acute exacerbation of a chronic condition, and while Belladonna acts promptly and effectively, it is only because it is a complementary remedy to the underlying chronic Calcarea state. Pulsatilla may be as effective in acute manifestations while the constitutional condition calls for Silicea. (p. 149)

Cure is further seen as the removal of symptoms, but not necessarily the removal of disease. How can Belladonna cure when the symptoms recur and when the “disease” being treated is not a true disease, but a flare-up of the underlying chronic miasm. But equally, how can Calcarea cure when it is the constitutional remedy? And yet, Roberts states that the constitutional remedy can cure the chronic miasms.

There is another possible reason for the successful succession of remedies. The first prescription may remove all the symptoms of one miasmatic condition, when suddenly a condition will arise which shows a basic condition of one of the other miasms. One miasm may have been submerged under another, and after the first has been removed by the simillimum, the second shows... (p. 149)

Mind you, he states “remove all the symptoms,” but in the logic of pathic prescribing, this is tantamount to cure. Roberts, interestingly, speaks of “miasmatic condition” rather than disease.

CHAPTER XVIII

In this chapter, Roberts gives an excellent exposition of the various shocks that the sustentive power of the life force can sustain and which can derange the normal energy flow, without, however, connecting it in any manner to a specific means of treatment. These shocks, along with the suppression caused by allopathic drugs, are corrected by the constitutional remedy

Let us consider some of these external features that may thus suppress the normal functions of the vital force...Such conditions as shell-shock, fright, fear, excessive joy, intense longing for mate or offspring, unrequited love, grief from loss of family or friends, business apprehensions and worries, disappointed ambitions, extreme fatigue or exhaustion; all these forces have an influence upon the vital energy and so warp and suppress its natural functioning that a train of symptoms is produced, varying in their manifestations, but each varying widely from the natural expressions of the vital energy. We often see cases where these suppressing emotions not only affect profoundly the single individual, but extend their influence to the next generation through the effect on a nursing mother.”(p. 157)

Note that he speaks of these shocks producing a “train of symptoms.”

CHAPTER XIX

Roberts expands on the idea of a train of symptoms in the next chapter, where he speaks of situations where we have a “series of symptom groups.” This is the reality, but the organising notion of pathic prescribing prevents him from seeing these as being related to different shocks or disease Wesen representing different dimensions on the tonic side, each with a principle to determine the correct, curative remedy. Instead, the pathic prescriber must carefully select a remedy for each group by a “zigzag” process. This is a difficult and hazardous process, as nothing can be done to disturb the natural progression of the symptom picture, otherwise the case is lost.

It is sometimes true, when we have a case with alternating phases or series of symptoms groups and we are unable to meet the condition with a remedy that covers all the phases... that by meeting the symptom groups as they arise in the condition with itself as we go on, the symptomology becomes clearer and more distinct so that we more completely meet the conditions as they arise and the patient's condition becomes better as a whole. This is meeting the case by a zigzag process, removing the most pronounced and characteristic symptoms by the remedies most similar in each state, but it takes very careful prescribing or we are apt to hopelessly mix the case. (p. 166)

It is interesting to note that Roberts here speaks of each group of symptoms as representing a state! But what is it that makes a group a group in the midst of a greater totality? And for that matter, what makes for a totality to begin with?

SUMMARY OF CRITICAL ANALYSIS

The classicists routinely maintain that the use of “the single remedy” is an unvarying principle of homeopathy. Yet, when examined, this presumed principle reveals itself to be more in the nature of a tenet or item of belief. A principle is a mode of action in a particular context. In understanding a principle one understands why something happens, and in applying the principle one is able to make the same thing happen in similar contexts. This is rational knowledge as opposed to blind empiricism.

The reference to the “single remedy” hides more than it reveals. In itself, it does not allow us to understand anything nor does it allow us to make anything happen. It is also not at all clear what is meant by the reference. What does it refer to? One remedy at a time per patient or per disease? Does it mean literally that we can only give one remedy at one time? If so, it is entirely acceptable to wait a brief period and then give a second remedy and still be certain of not having transgressed.

Does it mean that one must wait until the action of the first remedy (the first one that has acted) is finished? What is the time of action of a remedy? Does it mean that so long as the first remedy is able to elicit a response in the patient no other remedy should be contemplated?

Or, does it mean one cannot give a second remedy within the time of the initial action, which is more correctly the action of the remedy (the rest is the counter action of the Living Power)?

As we have seen, Hahnemann clearly considered that remedies were given to treat disease, not the patient. We have also seen that Hahnemann's own experience involved the exploration of the use of two remedies simultaneously to treat the two sides of disease. Later, he was careful not to give two remedies together because he was as yet uncertain of the principle for this practice. However, he continued to use two remedies in close time intervals, even on the same day, on the principle that once the action of the remedy (the initial action) had been completed, another remedy could be given. This need for more than one remedy could be demanded because of the need to treat the other side of a case or because of the existence of more than one disease in the organism.

The use of intercurrents and the alternation of remedies are examples of the unconscious need to treat the other side of a case or to treat the other diseases in the organism. Kent's constitutional prescribing and later essence prescribing, as well as more recent state-based prescribing, are continuations, albeit unconsciously, of Hahnemann's discovery of the dual nature of disease, in particular the role played by the generative aspect of the Life Principle.

See: Dual Remedy Concepts

Kent and the Birth of Constitutional Prescribing

The “principles” put forward by classical homeopathy do not hold up to scrutiny. They are presented as absolute and clear, yet if closely examined, they reveal a maze of confusion.

The mantra of the “single remedy, the totality of symptoms and individualisation” is repeated against any attempts to explore the true world of Hahnemann's medical system. These terms have no meaning in and of themselves. They are simply tenets (beliefs) and abstractions without any functional (real) content.

We can now see that classical homeopathy has two major underlying presuppositions on which their tenets are built. The first is uniformitarianism, that is, everything is reduced to one theory of action, namely the constitution. All morbidity is due to the constitution being out of kilter. All symptoms, therefore, are but the expression of a constitution disturbed. The assessment of the totality of symptoms is an assessment of all the symptoms of the patient, regardless of the number of diseases the patient might have, including the chronic miasms. The classical homeopath treats no disease, only the patient. This is seen as a wholism, but is really a false one. It is the reduction of everything to one dimension, that of the constitution, which is uniformitarianism, the unity out of diversity of the old school. Further, the classical approach involves the reference of all “data” to the intellect (Sinn) alone for processing, thereby leaving out the other members (Gemüt, etc.) as agents of “knowing.”

Disease is primarily a dynamical disturbance of the vital functions of the individual organism, manifesting itself by signs and symptoms. Symptoms are the only perceptible evidence of disease and the only guide to the curative medicine. For the prescriber the characteristic symptoms of each individual in the totality constitute the disease and their removal is the object of treatment and cure. (Close, The Genius of Homeopathy, p. 131)

Idiosyncrasies are inherited and acquired... Of their causes there is little more to say, except that the drug idiosyncrasies, both inherited and acquired, appear sometimes to be due to the previous abuse of the drug... and that the remainder have their origin in what Hahnemann called the psoric constitution. (Close, The Genius of Homeopathy, p. 113)

“...it requires anti-sycotic remedies... to turn the constitutional sycotic gonorrhoea into health. In the very earliest stage of the discharge, it is not necessary to make a distinction; but after the disease progresses for weeks, it becomes necessary to make a distinction, and to follow the remedy that conformed to the more acute symptoms with the remedy that would be suitable in a sycotic constitution.” (Kent, Lectures on Homeopathic Philosophy)

He continues to have these headaches, which are due to a psoric constitution... (Kent, Lectures on Homeopathic Philosophy - Zizia)

There is no acknowledgement of the autonomy of disease Wesen engendering their own offspring via the human Wesen. There is only consideration of the sustentive aspect of the Living Power and the after-action. The generative aspect is left out of the account (suppressed) for the sake of a merely disturbed sustentive process. The “vital force” of classical homeopathy is only the sustentive half (and postulated at that) of the functional reality of the Living Principle.

The second presupposition is that of totalism, that is, the attempt to explain everything by means of a complete, unified explanation. Totalism attempts to impose an abstract rule (of one kind of “ideal” similitude) on heterogeneous data. The natural law of similars requires its domain principles (related to disease) to obtain functional content. Without the domain principles, the law of similars becomes an abstract rule.

These presuppositions work their way through the concepts of “single remedy, totality of symptoms and individuality” to produce tenets rather than principles. What you have then is dogma or belief, not knowledge, while tens of thousands of patients receive little or no aid. It is small comfort that thousands, one in ten or perhaps even one in twenty, are helped. It is the failures that must drive our search, not the successes which only cause us to rest on our laurels.

After a close examination of Hahnemann's own works and then those of the most prominent and revered interpreters of Hahnemann's legacy, one cannot help but feel that the mentality of “classical homeopathy” cries out for another Hahnemann to chase the money changers from the temple once again. Having so roundly and decisively punctured the pretensions of the Old School in the form of allopathic medicine (medicine of principals, not principles), Hahnemann, were he to return today, would face another task in routing the new money lenders with their false and debased homeopathic coinage.

Out of the genius of Hahnemann's multi-dimensional, hierarchical, concordant and sequential system of remediation, we have been given in exchange a unidimensional and conflationist version.

Instead of the functional duality of the Organon and its related extensions, we have been given a one-sided integral that employs selected portions of Hahnemann's text while excluding others.

Instead of the fully generative understanding of disease, we have been given an asexual and mystical vital force grounded in nothing.

Out of the rich terminology of Hahnemann's genius, we have been given a terminological, or rather terminal, synonymy, divested of all functional meaning in the conflated world of classical homeopathy. Constitution = temperament = disposition = organism = patient = constitution.

It is no wonder there is so much confusion. In the world of false coinage, we suffer from conflation. Like Gresham's law in economics, bad thought drives out good. Instead of inflation, because of too much money chasing too few goods, we have conflation, because of too many terms chasing too little knowledge.

We end up with the rigidity of thought, a kind of arteriosclerosis of the Sinn cut off from the living knowledge of the Gemüt. This reduces itself to slogans, much as in George Orwell's masterpiece on conflationist dictatorships, Animal Farm. The animals, seeking to distinguish themselves from their human overlords, bleat in unison the slogan developed by the pigs: “Two legs bad, four legs good.” We hear everywhere: “Polypharmacy, treating disease bad; single remedy, treating patient good.” But, just as the pigs in Animal Farm eventually learn to walk on two legs, taking over the role of the humans as overlords, we gradually see the emergence of a homeopathy which is allopathic in content if not in form. Classical homeopathy is simply a kinder version of the Old School.

There is no functional duality, no true dynamism in their teachings. There is no comprehension of the true nature of disease, of the two ways of knowing, of the two powers, of the two sides of disease. In short, there is a complete lack of that epistemic knowledge which oversees practical knowledge, and thus we have naive empiricists rationalizing an ever-decreasing effectiveness in the real world.

Let's look at a graphic comparison of the two paradigms:

CLASSICAL HOMEOPATHY

VERSUS

DYNAMIC HEILKUNST

Orientation

VITALIST	DYNAMIST
philosophy -mental postulates	theory (inspirational)
idealistic/mystical	functional
partial knowledge	whole (emergent)
non-generative (all sustentive power)	generative/creative
mentals - Kent et al.	State -somatic (Boenninghausen) - psychic (Kent)
perception (sensory data)	observation/discernment/participation
many schools and approaches	one course

Case Taking

VITALIST	DYNAMIST
Symptom-oriented	Indications or data
Disease symptoms	Disease - state (unific elements) and prolific elements
Symptoms - common/general	Symptoms - external and internal reference
Symptoms - characteristic of the patient	Symptoms - characteristic of the disease
Description	Behaviour/circumstances/characterisation
Fragmentation	Unifying impression
Abstract	Functional
Memorized remedy pictures	Enactment
Academic	Symptom participation
Lectures	Peripatetic conversations
Practitioner-qualified	Patient qualified
Prescription: medicine	Prescription: regimen/medicine
One Narrator - patient only	Several narrators - patient, family, friends

Prescribing... The Treatments

VITALIST	DYNAMIST
One similitude - uniformitarian	Multi-dimensional/jurisdictional - hierarchical
Single remedy matching	Remedial formula
Pellet/tablets/bottles	Differing modes of application
Minimum Dosage - spatial	Optimal dosage - spatial or temporal
Routine dosage and potency	Radionic assay
Wait and see	Check and record
Isolated treatment	Relational treatment
Exclusive	Inclusive - electromagnetic/mesmerism/massage/hydrotherapy/psychotherapeutic/regimen - 20th Century advances
Selected aphorisms without other modes of treatment	Complete <i>Organon</i> with extensions
Repetition of potency	Gradation
Uni-dimensional medicine	Multi-dimensional medicine
Pathic approach	Pathic and tonic sides
Hering's Law - reversal of symptoms (pathology) - spatial fixation	Hahnemann's reversal of states (nosology) via nobler parts
Susceptibility	Genesis
Sterile	Transferential

The classical usurpers of Hahnemannian Heilkunst have injected the unresolved residue of allopathic uniformitarianism and “totality-arianism,” only now premised in a mystical vital force instead of material chemistry, which is logical as mysticism is the flip side of materialism. This is the main problem we face – the conflation of a multi-dimensional and dynamic insight into true disease and its treatment into a one-sided system that equates everything to the patient and constitution to be treated using only a pathic remedy.

What is missing is the important hierarchy of heilen (remediation/salvation) that Hahnemann gave us. We are used to thinking of physicians requiring training and having to graduate from various levels. Does the patient not have to undergo a form of “qualification” and preparation for each level?

We must, as patients, first go to see a nutritionist. Once we have completed this kindergarten level of Heilkunst, full of the basic knowledge to maintain health, we can graduate to the grade school of Dr. Reckeweg and his homotoxicological approach to the removal of toxins. When we have been certified as cleared by Dr. Reckeweg’s school, we can proceed to the High School of Dr. Elmiger and his isotherapeutic approach to the removal of disease at the homogenic, iatrogenic and pathogenic level. Now we are ready to go on to the post-secondary level where our beliefs are to be challenged and replaced by true knowledge. Here we meet Sankaran and his state-based prescribing. Free of our core delusions, we can now pay a visit to Catherine Coulter to finally determine our true constitutional in order to enter the world as healthy human beings and further develop our knowledge as nature intended, on the basis of experience informed by Truth.

Appendix: A Preliminary Examination of Traditional Clinical Case Presentations

After discovering the insights revealed in this book, I felt the need to re-examine the cases presented in modern homeopathic journals. We have seen how the theory of classical homeopathy is wanting, but we have also been told of the thousands of cured cases achieved by its practitioners. I asked myself, how can the theory be wanting if the actual practice is so brilliant in its results (or so we are told)?

Of course, the actual success rate of traditional homeopathy is low to judge by what is admitted privately and sometimes publicly. This is what the theory of Heilkunst would predict. Using a pathic, indirect approach to disease without any clear principle for ordering the symptoms would produce “hits” at random, much like someone firing blindfolded at a target – you would occasionally hit the bull’s eye, but not through any method or skill. The more intuitive prescribers would likely hit it more often having a sense of where the target lies.

But what counts as a cured case? Simply the removal of symptoms, or more? What is the standard of health that we can use to measure success? Are there any objective tests that we can use to measure health? Other disciplines, such as medical oronomy and anthroposophical medicine have various objective tests and a definition of health. If homeopathy, and certainly Heilkunst, is to be convincing beyond anecdotal evidence, it must develop such a definition of health and an objective measure to accompany the more subjective evidence (removal of symptoms and reports of improvement from the patient).

Yet, even if we don’t have anywhere in classical homeopathy a definition of cure, other than freedom from limitation, or an objective measure of health, the successes, even if only partial, must at least tell us something, I thought, about what is right in the classical teachings. There are always germs of Truth contained amongst the chaff. Perhaps there were even cases that challenged the new insights and could lead us further in our search. Finally, at a minimum, I needed to be able to place the successes in the context of the Theoria of the Dynamic System established by Hahnemann.

I re-read over dozens of issues from several prominent journals, each spanning several years. This selection from Simillimum, Resonance and the New England Journal of Homeopathy seemed a representative cross section of what one could expect to find even if one read every single issue. It is much like taking a core drill sample to determine the degree of precious metals in the larger ore body. It is assumed that the cases provided in the issues read represent part of the best of which classical homeopathy is capable. These cases are the very public face of classical homeopathy, the selected champions of the dedicated small army of the homeopaths sent out to do battle against the forces of allopathy. The cases accepted for publication must meet exacting standards for accuracy as well as fidelity to the classical tenets. Surely this would be a worthy test, to see how these classical champions compare against the insights into the multi-dimensionality of disease as set out by Hahnemann.

I remember how impressed I was with the cases when first reading them years ago, what stunning successes they seemed to represent and how they shone in the light.

This time, I found myself increasingly disappointed and frustrated. What I discovered on re-reading, was a mix of cases, each containing only bits and pieces of a whole case, a partial cure at best. In the light of the richness of Hahnemann’s multi-dimensional system, the champions of classical homeopathy appeared sadly tarnished and more of a rag-tag army than a disciplined and fearsome fighting force.

The cases fell into a number of categories:

1. Cases only partially taken, with little information about the shocks and traumas in the patient’s timeline, with often only concern for the most obvious or most recent stressful event.
2. Cases prescribed for only pathically with the remedy choice only justifiable by hindsight.
3. Cases with a rich history of homogenic, pathogenic and iatrogenic diseases, but no recognition of these in the treatment.
4. Cases treating for acute conditions, with little or no follow-up.
5. Cases with no recognition of any chronic miasmatic influence, and the need for treatment of the same.
6. Cases with a focus on cure as meaning the removal of the presenting symptoms. Deeper changes only covered in passing.
7. Cases where the remedy was chosen on the etiology, rather than the symptoms, or on the essence (often determined through the intuition of the prescriber, but not consciously explainable), or through the use of an intercurrent to “unblock the case.”
8. Cases with no mention of diet and regimen.
9. Cases where the symptom picture presents one or more well-indicated remedies, but none of the remedies works, or if one does, it is not clear why that one and not the others.

In many cases, the “successful” remedy choice, after several failures, could no more be explained than the failures themselves, despite the elaborate justification in the symptom picture. The cases wherein the prescriber had found the right (pathic) remedy (so-called simillimum) could only be seen as serendipitous. How could it be otherwise if, in one case, the seemingly well-indicated remedy first failed, despite a brilliant analysis, and then eventually an effective remedy was found through a rather arbitrary re-ordering of the case data?

There is no obvious or explainable principle for the ordering of the symptoms or for the selection of which symptoms to repertorize on, or for the selection of the remedy on the basis of an identified common theme, essence or thread, other than an intuitive one. In extreme cases, although these are generally not published, the symptom picture fits one remedy perfectly, such that everyone would choose the same remedy looking at the data, but the remedy does nothing. These cases are the most puzzling and bring out the random nature of case-taking and symptom selection and ordering into stark relief. Perhaps that is why they are not published – they hit too close to the Truth.

I hesitate to mention those cases where the patient and/or the audience experiences/perceives no change or improvement, but the case is, nonetheless, judged a success by the prescriber. I have seen this at conferences and have had this related by others who have attended conferences. Clearly, what the prescriber focuses on is not what the patient or others are focussed on. This situation again brings up the issue of the multi-dimensional nature of disease and disease cases.

What is lacking is an integrated view of disease and of cure and healing (heilen) such that the whole case is discerned by all who examine it and the treatment and results put into the context of the whole.

At times, however rare, it must also be admitted that the prescriber is subject to delusions because of his or her own lack of health, such that what is desired is seen even when it is not there. I have knowledge of at least one such case presented as a cured case by a prominent homeopath in terms of the removal of the presenting symptoms and condition, but where the parent of the patient and the patient herself experienced no improvement at all. This failure had been communicated to the homeopath, who apparently chose to ignore this unfortunate fact in what was otherwise an instructive case!

My own clinical experience has taught me repeatedly that patients often respond well initially to the pathic remedy, then hit a plateau and do not develop further. I have cases where a homeopath persisted in the pathic prescription because it had initially worked and continued to do so (to a point), or the symptom picture had not changed and there was nothing else to base a prescription on in their view. This may well be the basis for the optimistic presentation of such cases as cures in the journals and at conferences despite the obvious plateau. I remember one case presented at a conference by a prominent homeopath where the patient had been given Mercurius over a five-year period. It still worked to a degree, but the patient kept saying in the videotapes that he was not moving forward, that he was on a plateau. This obvious comment was ignored. The patient eventually left the homeopath. When someone in the audience asked the homeopath what had happened to the patient, he replied that he assumed he either got well or had died, as he lost track of him! Or we have seen cases where the patient, after a period of improvement, relapsed and the pathic remedy, although still well-indicated, no longer seemed to work. Various acute remedies tried on the basis of little more than desperation also did not work, or only worked each for a short period of time, and all the while the underlying case continued to worsen – much the same situation that Hahnemann describes in his Chronic Diseases.

I have also seen cases treated by classical homeopaths where the initial improvement from the pathic remedy or phenotypical remedy gave way to a seeming worsening. However, this worsening was only the strengthened Life Force flowing ahead and trying to dislodge the first blockage (disease) it encountered (which is, according to the Law of Heilen, the most recent disease state). There was no understanding in any of the cases of the fact that the initial remedy either removed only part of the patient’s complaints, or simply boosted the sustentive power (to the extent it was a true constitutional remedy), thus strengthening the Life Force and enabling it to proceed to tackle the next and deeper layer of disease on its own.

This leads to the absurd explanation in one case that the exercise of yoga weakened the Life Force of the patient and made it more susceptible to disease! That it strengthened the Life Force to the point that it began to tackle disease in an uncontrolled fashion and the ensuing struggle, being unresolvable, weakened the person is closer to the matter. It also can lead to the often fruitless trying of one pathic remedy after another drawn from a directionless re-ordering of the data of the case or to the rather random use of nosodes or other intercurrents in an attempt to “unblock” the case, the term being used without any real conscious grounding in the tonic side. What was perceived as a relapse or worsening of the case was only the effort of the Life Force, now strengthened by regimen or the pathic remedy to remove the next disease layer, or to remove the tonic side of the presenting disease layer after removal of the pathic side.

My experience has also provided me with the knowledge that patients go through repeated cycles (more like spirals) of healing wherein they can be free of symptoms for a period, sometimes quite extended, only to return months or even years later with new symptoms of a further disease layer.

One case comes to mind here: a child was given Psorinum and then I did not hear from the mother for over six months, until one day she called very concerned because the child was having five or six bouts of choking cough everyday wherein she turned blue. The doctors couldn’t find anything wrong, and she was desperate. When she arrived, I opened the file and noticed the last prescription and then knew that the next miasm to be treated according to the Law of Succession of Forces was Tuberculosis. On also checking the Materia Medica (Clarke), the symptoms could certainly be seen in Tuberculinum (as well as many other, pathic remedies). Tuberculinum was given and the problem cleared within several days, thus confirming the Law.

Simple removal of the immediate presenting symptoms is a poor indication of cure in the sense of the removal of the underlying disease(s), as Hahnemann taught us.

Let me give some further examples drawn from my cases.

1. A patient is treated with a pathic remedy (called her constitutional remedy) and experiences some good improvement, but then starts to relapse and continued prescription of the first remedy no longer works. Other remedies are tried in succession, based on various arbitrary analyses of the same symptom picture with no success. The homeopath, trained in India and with many years experience, declares that she is incurable as she no longer responds to the well-indicated remedies.

She is treated for the first disease (homogenic) layer and the apparent relapse (really the effort of the Life Force to tackle the first disease layer on the tonic side) disappears until the Life Force hits the next disease layer, whereupon the scenario is repeated. At various stages of treatment the patient does well and stays there until the Life Force decides to tackle the next layer. All through the treatment she attains a deeper level of health measured in physical and mental/emotional terms, as well as in her relationships and her sexual function. The whole case is seen as an unfolding of health, as one process with various dimensions and layers thanks to the Theoria provided by Hahnemann’s Heilkunst. (The cases presented in the journals are mostly seen as separate pathic wholes with no broader and deeper organic connection with the overall case, much as the allopaths see little connection between the fact that a patient has eczema, then presents with asthma after cortisone treatment.)

2. A patient has been treated with various remedies and has experienced improvement, but now feels she is stuck, not moving forward. The homeopath continues to give the remedy that helped, because it is still working although the patient clearly feels that it is not able to address deeper layers of disease. She seeks help and further movement to health is achieved by addressing the tonic side of disease.
3. A patient is given a pathic remedy for a severe shock and receives good improvement, but it is clear on taking the case that the shock is still there, as are other shocks she has received in her life. Treatment for the shocks themselves from the tonic side results in further improvement in her case and a resolution to various issues. This resolution continues to deepen with the deeper pathic layers and tonic dimensions of the case being addressed.

Let's take a look at a cross-section of cases from the journals to illustrate our points:

A CASE OF AGORAPHOBIA, BY SAM FLAGLER, ND, DHANP IN SIMILLIMUM, VOL. VI, NO. 4

A 31-year-old female with anxiety attacks that incapacitate her (cannot leave the house).

Previous remedies given were Phosphorus 1M, Arsenicum 200C and Aconite 1M with “no significant effect.”

History: High School – frequent user of marijuana, PAM spray and “uppers and downers” (became paranoid after this). Drank in excess.

Did yoga. Attacks came on after 3-week retreat.

Assessment: Case is “overwhelming given both the multiplicity of symptoms presented and their intensity”.

Decision: “it was crucial that an etiology for her state be identified.” Etiology was drug abuse and “intensive kundalini yoga – the excess of energy released by the meditation process – sent her into a weakened state with a susceptibility to anxiety attacks and agoraphobia.

“Had she not received Aconite previously that might have been my first choice... Perhaps it still was the correct remedy... Phosphorus had the fears... Perhaps Arsenicum was possible...”

“Were it not for Vithoulkas's description of this remedy I probably would have given each and every remedy listed under “anxiety of health” before finally reaching the one I did indeed give. The etiology of a bad experience from drugs, combined with the trembling, made me think of Agaricus... This prescription was based upon essences as well as on keynotes of the remedy.”

Outcome: Patient showed good improvement over 9 months on low potencies of Agaricus repeated often (several times a day at times). At this point, patient “seems to be on a plateau” and there are “no clear indications of the next remedy.” This is where the case presentation ends.

Comment: The detailed symptoms of the case give no clear indication of a single remedy, so the decision is made to base it on etiology. What would the prescriber have done if the symptom picture had been clearer? Ignore the etiology? When should you consider etiology and when not? What are the guidelines here? Even the remedies that had been previously given and had not worked, still seem indicated to the extent that the prescriber would have given Aconite had it not already been given (the basis for giving Aconite is, however, also not provided).

The patient has hit a plateau after nine months but there is no clear indication for another prescription, other than to increase the potency of Agaricus. There is also no indication of any significant changes in lifestyle. Patient is seen as an individual one-sidedly? There is nothing in the case taking indicating relationships.

The history of the patient is incomplete. What more happened in her past to lead to the drug abuse? What other emotional traumas lie under the surface waiting to come out at a later date? What improvements could have been achieved with a thorough treatment at the cellular level according to the protocols of homotoxicology? What is her characterological phenotype? Has her case progressed enough to lead her back to her genotype?

A Case of Trigeminal Neuralgia, by Frederik Schroyens, MD in New England Journal of Homeopathy, Vol. 2, No. 1

Male, 53 years old, good health until age 37. Then developed herpes zoster and exhaustion leading to rheumatoid arthritis in his wrists and left knee. These symptoms disappeared by 1988 when he developed acute intestinal cramps and then a return of his arthritis. Given drugs and colitis symptoms disappeared.

Then in early 1990, he developed neuralgic pains in the face diagnosed as trigeminal neuralgia. The pain was mostly in the tongue. A pharmacist friend gave him Spigelia 6LM and “he seemed to have some improvement.”

The case taking of the symptoms led to consideration of 7 possible remedies, besides the Spigelia. The prescriber decided to repeat the Spigelia (three doses of 200C on three consecutive days) on the basis that it has neuralgic pains of the tongue. Result was some amelioration, but short lasting, leading to a further aggravation and additional complaints. Spigelia 30C was now given with much the same results. Verbascum was now prescribed because it has right-sided neuralgia. The pains increased, so Magnesium phosphoricum followed, to no effect. Then Belladonna was given, again to no effect.

Two months from the first prescription, the patient received Ignatia 30C, with some relief, followed by Ignatia 200C, but no further improvement was seen. Nux vomica followed, again with no improvement. (The basis for these remedies is not given).

A month later, the pains had increased in severity and frequency, to the point of having twenty attacks a day. Two new modalities and the extent of the pain led to consideration of Aurum, Chamomilla, Hepar sulphuris, Antimonium tartaricum and Lycopodium. Hepar 30C, 200C and 1M was prescribed over three consecutive days. Five days later, the pain was almost constant.

Now the consideration shifted to another remedy for the acute condition, Kalmia latifolia, based on its record in neuralgic pains, rheumatoid and heart complaints. This produced a 50% improvement in the pain, but then the pains increased despite increasing, then ceasing the frequency of dose. “At this moment I was confused.” Further repetitions of the Kalmia did no good. Little new information was given, so the prescriber decided to try to find a remedy that covered “some of the acute symptomatology but also the constitution as well... I was now looking for a deeper remedy. I put together some symptoms and expanded upon them by adding descriptions of the pain.” The remedies that matched were: Cocculus, Colchicum, Spigelia, Veratrum album, Stramonium, Drosera, Gelsemium, Glonoinum and Belladonna. Cocculus was chosen on the basis of the characteristic noted at the start that he was sensitive to others' pain. This narrowed the remedies down to Cocculus and Hepar sulphuris. Cocculus was chosen although it did not seem to be as well indicated.

The treatment with the Cocculus removed the pain in the joints, tongue and muscles within several months and the patient remained pain free a year later.

Comment: We have here a common situation in pathic prescribing: a confusion of remedies based on an arbitrary grouping of symptoms. When the remedies produced by one grouping do not produce a result, another is tried based on another grouping or by reference to some keynote or based on the acute pathology. It is not at all clear why one remedy is chosen at any point over another except on the basis of some arbitrary decision between several remedies. The remedy that acts to remove the pathology is rationalized after the fact. There is no reference to the deeper case in terms of the complete history.

A Case of Severe Dysmenorrhea, by Judith Reichenberg-Ullman, Resonance, Vol. 15, No. 4

A 36-year old woman suffers from severe dysmenorrhea since menarche at age 11. She was given morphine in the past. The presenting symptoms of the case, including the mental and emotional ones, which were many (one page full) lead to the selection of 7 rubrics. One of these is discarded because none of the remedies in that rubric are in any of the others. The resultant repertorisation provides the following five highest remedies: Graphites, Lachesis, Phosphorus, Conium and Lycopodium. Graphites was chosen presumably because the patient “had a slow deliberateness about her.” The remedy was given (single dose of 200C) and two months later “it seemed as if there was some improvement” so another dose was given of the same potency. This is a common practice in classical homeopathy which is not sanctioned by Hahnemann. Seven weeks later the patient called to say the remedy was not working.

The prescriber decided to re-take the case and focus on the central disturbance as learned from Sankaran. As she describes it, “this is a much different approach from emphasizing the physical particulars and then trying to find which of those remedies that figure prominently in the repertorisation best corresponds to the mental and emotional state of the patient.” [precisely!]

On examining the case from the perspective of the state (tonic side), the remedy Lachesis comes up. This produced a good improvement in the immediate pathology up to seven months later.

Comment: The choice of the pathic remedy is not clear. It is one of the remedies that ranks high in the repertorisation, but the choice is based on no clear principle for ordering the mass of symptoms. Why were the seven rubrics chosen and not others? She was described as impatient and as having a fear of horror movies, plus having an extreme aversion to mint. She was described as chilly and as sleeping on her left side with her knees up. All these were given a 2 or 3 rubric in intensity according to Kent. Why were these not used while others were? The case was only cracked, as it were, when the focus shifted from the pathic to the tonic side. There is also no focus on the impact of the various traumas in the patient's life and the need for treatment as they represent potential blockages to healing. There is no mention of the miasmatic side of the case. There is no change recorded in the patient at the deeper level of her relationships to the world around her. We see only a change in the immediate pathology, which is but a part of the whole scope of considerations in the Organon.

An Anxious Patient II, by Jeremy Sherr

in New England Journal of Homeopathy, Vol. 2, No. 1

The patient is a female, age 45, on anti-anxiety medications for nine years. She has also had a hysterectomy for metrorrhagia, then developed tachycardia and was put on Ativan, followed by Valium for several years. The case analysis focuses on the mental-emotional state, but also reports physical generals. The main theme running through the case is seen as “the inability to find her place, resulting in constant to and fro motion.” Only rubrics relevant to the central theme were taken it is stated.

The remedy, Cocculus, is given in one dose of 200C. Six weeks later she had a return of old symptoms, with an improvement at the mental-emotional level, including a rapprochement with her husband and an improvement in terms of the central theme (“I feel more together, as if I've found my place.”). No further remedies were given over the next few months and her medication was stopped.

Comment: This case illustrates some good improvement in terms of the mental-emotional state, although it is too short to adequately judge the degree to which the improvement remained from the one remedy. There is no focus on the drugs themselves (iatrogenic effect), or on the deeper case-history with its shocks and traumas (patient lived in dysfunctional family). The prescriber states that the rubrics were chosen on the basis of their relation to the main theme of the case. However, one rubric chosen (Mind, fear of death) is not so identified in the case as are the other rubrics chosen. Also, there are many seemingly useful symptoms that relate to the main theme that were not chosen and the choice made is not at all explained or obvious.

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