Royal London Homoeopathic Hospital NHS Trust

Academic Departments of Research and Education

PART 1

Supplement

History of the Principle of Similars

The principle of similars has been recognised for centuries as a legitimate rationale for the treatment of illness. A practical methodology for applying the principle, and its real potential within medicine became widely recognised with the publication of Samuel Hahnemann's work, but had been understood in essence by Hippocrates in the 5th century BC., and Paracelsus (1493-1541)

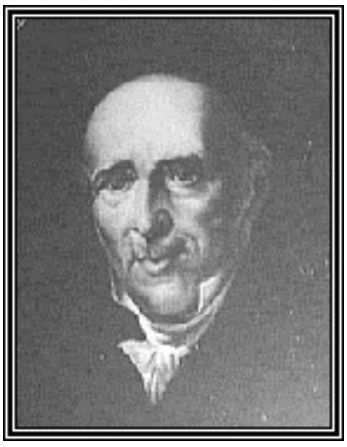
Hippocrates

Hippocrates had noted that the laxative herb Aloe vera (a stimulant laxative) was paradoxically of great value in the treatment of certain parasitic dysenteries and helminthic bowel infestations. By giving this purgative agent, he found that a catharsis of the bowel and its toxic contents often cured chronic diarrhoea.

Paracelsus

In the sixteenth century Theophrastus von Hohenheim (Paracelsus) stated "likes must be driven out by likes", however he based his principle of similars on alchemic theories like the doctrine of signatures (viz there is an association between the physical nature of a substance and its therapeutic indication: for example, plants with heart-shaped leaves may be effective in heart disease, or certain plants with yellow flowers can be used in treatment of jaundice). In contrast to the herbal mixtures advocated by Galen, Paracelsus believed that there was a specific remedy for each disease, if only the remedy could be found. The one specific he is remembered for, is the use of mercury in syphilis.

Rediscovery: Samuel Hahnemann (1755 - 1843)



Cinchona bark (containing quinine) had long been used by the Peruvian Indians as a cure for fevers. It was brought to Europe as a secret remedy by the Jesuits in 1632, and later by Juan del Vego, physician to the Count of Chinchon. The name of cinchona was given to the drug in honour of the countess, who was cured of malaria by its use. Malaria was very prevalent before the mosquito was recognized as the agent of transmission. Quinine was extensively and beneficially used to treat malaria (Most famously, Louis XIV of France contracted malaria and was cured with quinine.)

Hahnemann's Cinchona Experiment

In 1791 Hahnemann was engaged in the translation of Cullen's materia medica into German. Its was Cullen's contention that chincona was effective due to a tonic effect on the stomach. However, Hahnemann knew from experience that other bitters and astringents were ineffective in the treatment of febrile illness. Out of curiosity as to its true mode of action he took some cinchona bark himself, only to find that he developed all the symptoms of a fever, but without the pyrexia. After further testing (on members of his family !) Hahnemann published his statement of the similia principle in a medical journal in 1796 "*Birth of Homoeopathy*" The principle of similars was summarised by Hahnemann: "*Similia Similibus Curentur*"

SUMMARY OF HAHNEMANN'S LIFE

Hahnemann's house at Meissen

1755 Born at Meissen.

1779 Qualifies in medicine at Erlangen.

1782 First marriage.

1782-1805 Travelled widely.

1790 Cinchona experiment.

1806 Publishes *Medicine of Experience*.

1810 Publishes first edition of *The Organon.*

1811 Settles in Leipzig. Carries out provings which result in publication of *Materia Medica Pura.*

1821 Moves to Kothen. Publication of *The Chronic Diseases.*

1830 Death of Hahnemann's first wife.

1835 Marriage to Melanie. Moves to Paris, where he writes final (sixth) edition of *The Organon.*

1843 Dies in Paris.

> *"The highest ideal of cure is the speedy, gentle and enduring restoration of health, or the removal and annihilation of disease in its entirety, by the quickest most trustworthy, and least harmful way, according to principles that can readily be understood."*

Following Hahnemann

Homoeopathy in Britain

In 1826 Dr Frederick Harvey Foster Quin visited Hahnemann in Kothen, having been exposed to homoeopathy and impressed by followers of Hahnemann in Leipzig.
After a spell practising in Paris he returned to London in 1832 to establish a successful homoeopathic practice. In 1844 Quin founded the British Homoeopathic Society and in 1850 a homoeopathic hospital was opened in Golden Square, Soho. Royal patronage and the support of wealthy peers helped to secure funds for the building of the present Homoeopathic Hospital in Great Ormond Street.
An outbreak of cholera in London in 1854 showed up a distinct contrast in mortality rates between those patients treated in the orthodox hospitals (52 % died) and those treated in the homoeopathic hospital (16%)

Homoeopathy in America

Constantine Hering (1800-1880) was born in Saxony and went to Leipzig University in 1821 to study medicine. In his final year he researched the subject of homoeopathy, having been asked to write an essay which critically rejected homoeopathic philosophy. Hering, however, became convinced of the validity of homoeopathic principles, and refused to complete the article. He was forced to move to the University of Wuetzburg, where he obtained his Doctorate in 1826. Hering later joined a scientific expedition to South America where he conducted provings of new homoeopathic medicines, including Spigelia (pinkroot), Theridion (orange spider), and Lachesis (bushmaster snake).
In 1833 Hering settled in the United States, where he co-founded the North American Academy of the Homoeopathic Healing Art. He was one of the founders of the American Institute of Homoeopthy, of which he was the first president. In 1836 he founded the Hahnemann Medical College in Philadelphia.

Homoeopathy today

Widely practiced in Germany, Britain, France, America, India, South America with rising activity in most developed countries.

- Complementary to other medical disciplines
- Applications in both acute and chronic conditions
- Applied as an adjunct to surgery
- For patients of all ages
- For human and veterinary medicine

AVAILABILITY

On a medical prescription; FP10; Private Prescription;Over-the-counter" availability

References: Bibliography

Hahnemann, S. *Organon* 6th Ed Trans Kunzli
Rohde, E.S. *The Old English Herbals* Publ. Longmans Green & Co 1922
Haggard, H.W. *Devils, Drugs and Doctors* Publ. Heinemann 1929
Campbell, A. *The Two Faces of Homoeopathy* publ. Hale 1984
Cook, T.M. *Samuel Hahnemann - The founder of Hom*. Med. publ Thorsons 1981
Coulter, H.L. *Divided Legacy*-publ. North Atlantic books, Berkely, California

References: journals & periodicals

The contribution of hahnemann in the history of medicine
Chand DH
J Am Inst Homeopath 1977 Sep;70(3): 398-418

History and principles of homoeopathy
Reed HE
J Am Inst Homeopath 1973 Jun;66(2): 87-90

Some thoughts on the history of homeopathy in the United States
Magnillat MJ
Homeopathie 1985 Jul-Aug;2(4): 17-28

Relevance of history to homoeopathy
Hehr GS
Br Homoeopathic J 1985 Jul;74(3): 158-67

The history of the Royal London Homoeopathic Hospital
Jenkins H
Br Homoeopath J 1989 Oct;78(4):198-203

Short history of homoeopathy in America
Schmidt FW
Homeotherapy 1974-5 1(1): 10-12

Hahnemann's place in medical history
Roman D
homoeopathy 1937 Oct;6(10): 312-318

Hahnemann's place in medical history
Corea CV
Hahnemannian Gleanings 1976 May;43(5): 219-220

Importance of Samuel Hahnemann in the history of medicine
Livingston DR
Homoeopathy 1981 31:86-97

Biography of James Tyler Kent Schmidt P., Homeotherapy 1978 4(3):1-9

"FAST FORWARD TO THE LIMITS"

The very smallest doses of medicines chosen for the homoeopathic diseases are each a match for the corresponding disorder.
The physician will choose a homoeopathic remedy in just so small a dose as will overcome the disease. (Organon VI ed.)

SOURCES OF REMEDIES:

BIOLOGICAL SOURCES:

- **Whole Plant:**

  Plant tissue: fruit, pollen, leaf, corm, rhizome, root.

  Plant constituent: alkaloids, saponin glycosides, tannins, resins, polysaccharides, volatile oils, phenolic acids, flavinoids, sterols

- **Whole Animal:** insect, spider, crustacean etc.

  Animal tissues or body fluids: eg. Sepia (ink of the cuttlefish)

Morbid tissue exudates / inflammatory discharges.

Animal toxins: bacterial toxins, insect toxins, snake toxins, scorpion, amphibions' toxin, fish toxins.

Micro-organisms: viruses, fungi, bacteria, ricketsia etc

Human / animal pathogens (eg. Streptococcus, anthrax)

Within morbid tissue samples

Pure cultures

Spores

SOURCES OF REMEDIES:

INORGANIC SOURCES:

- **Elemental:**

  natural forms: elemental sulphur, pyrites

  refined/purified/ore-extracted: copper, iodine

- **Non-elemental:**

  natural minerals and salts: singly and in naturally occuring combinations

  synthetic: chemicals, drugs, inorganic toxins

"FAST FORWARD TO THE LIMITS"

Raw materials are selected according to standardised procedures.

- Soluble substances are dissolved in ethanol - ***Mother Tincture***

Plants are gathered from their natural habitats where possible. Sub-species are distinguished from one another. Specific tissues are excised. Maceration is achieved by hand or in the case of barks and woods may be done by machine. Dry weight samples are created to establish water content, since this will affect the quality of mother tinctures.

Mother tinctures are created by suspending macerated samples in ethanol. Filtration, and water content assays are carried out. Spectrometry is carried out to establish the shelf life of unstable plant constituents over time. Mother tinctures are stored in darkness in a cool environment.

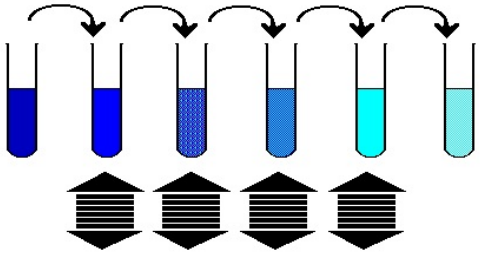
- Insoluble substances are pulverised with lactose - ***Trituration***

Trituration of heavy metals, insoluble minerals and certain biological materials is usually achieved by hand-grinding the materials in a pestle and mortar for several hours.

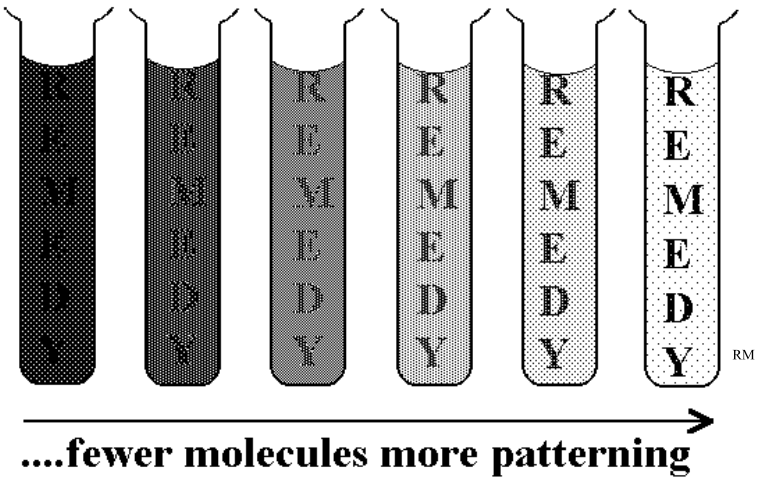
Proportional dilution of the mixture with further lactose, will allow fragmentation of the raw material to molecular or atomic level, wheron it can be suspended as a colloid in water.

POTENTISATION:

Tincture / Triturated material + Water + Kinetic Energy = **Potency**



A potency is not merely a dilution, but a preparation which has been increasingly polarised in its informational power by serially diluting and succussing (shaking) at each stage.



POTENCY SCALES

Drug + (Diluent + Succussion) x $\underline{n}$ = $\underline{n}$th potency

Decimal (x)	Centessimal (c)	Dilution
1x	**_**	**1:10 (10^{-1})**
2x	**1c**	**1:100 (10^{-2})**
3x	**_**	**1:1000 (10^{-3})**
4x	**2c**	**1:10,000 (10^{-4})**
5x	**_**	**1:100,000 (10^{-5})**
6x	**3c**	**1:1,000,000 (10^{-6})**
(etc)	**(etc)**	**1:1,000,000,000,000**
12x	**6c**	**(10^{-12})**
	12c	**1:10^{-24}**
	30c	**1:5 billion (10^{-60})**

Avogadro's number: 6.02×10^{-23}

Since homoeopathic practitioners frequently advocate the use of potencies above 12c the sceptics have a strong argument when they suggest that any apparent therapeutic effects from these materials must be due to the placebo response. Research carried out by Reilly et. al. in Glasgow tends to refute this by demonstrating statistically significant differences between placebo and potency, in double-blind placebo controlled trials of Homoeopathic treatment in hayfever (1986) and asthma (1994) respectively. (see appendix)

Homoeopaths have made many empirical observations over the years, relating to the effects of high potencies in humans. The reaction patterns which are observed sometimes involve various expressions of the remedy picture itself. This does not, however, constitute satisfactory evidence of therapeutic activity in sub-molecular potencies. The challenge for our generation will be to undertake good quality clinical research which consistently demonstrates differences between potency and placebo. A greater knowledge of the physics of water may help in the development of scientific models for the potentising process.

Ten of the twelve patients presented in Section 1 were treated purely with submolecular potencies.

References:

Modern techniques in potentisation

Jolivet A

Comm Br Homoeopath res Grp 1984 Aug;(12): 47-50

A rationale for the potentising process in homoeopathic remedies

Tiller WA

Homoeopathy 1980 6(6): 169-172

The mathematics of the potencies

Kyle D

Homoeopathic world 1926 mar;61(723): 80-81

NMR spectra of sulphur potencies: artefacts of potentising

Parsch T

Berlin J Res homoeopath 1991 Mar;1(2) 132-3

Guidelines for the exact description and mode of application of serial dilutions and potencies in publications on ultra low dose effects and homoeopathic research- a proposal

Hornung J, Linde K

Berlin J res homoeopath 1991 mar;1(2):121-3

Homoeopathic potentisation. problems of quality control

Cook TM

Hahnemannian Gleanings 1980 Jul;47(7):300-314

Potentisation

Ross

Homoeopathy 1982 32:114-115

The Law of potency

Williams HN

J Am Inst Homeopath 1984 Jun;77(2):67-71

Towards a standardisation for the preparation of homoeopathic potencies used in research

Ulbricht AH

Comm Br Homoeopath res Grp 1989 mar;19:39-42

A mathematical explanation of the process of potentisation

Hubbard M

J Am Inst Homeopath 1978 jun;71(2):95-98

Activity of potentised substances

Pelikan W, Unger G

Br Homoeopath J 1972 61:86

Spectrophotometric analysis of potentisation of euphrasia officinalis

Gautam RS, tewari KP, Roper NK. Mishra RK

J Am Inst Homeopath 1977 mar; 70(1):299-303

What's going on here anyway ? A review of Boyd's " Biochemical and biological evidence of the activity of high potencies"

Mock D.

J Am Inst Homeopath 1969 dec;62(4): 197-198

Biochemical and biological evidence of the activity of high potencies

Boyd WE

J Am Inst Homeopath 1969 Dec;62(4) :199-251

Hahnemann's theories of potentisation

Clover AM

Br Homoeopath J 1987 Oct;76(4):195-8

Homoopathische Potenzierungsverfarhen und moderne pharmakotechnische Erfordernisse

Broese R

Allgem Homoopath Zeit 1987 Nov-Dec;232(6):235-7

A brief history of potentising machines

Winston J

Br Homoeopath J 1989 Apr;78(2):59-68

Potentisation and the peripheral forces of nature

Adams G

Br Homoeopathi J 1989 Apr;78(2):69-79

Preparation of potencies

Ainsworth JB Mid homoeopath Res Grp Newsletter 1979 Jul;(2):21-23