

Centre for Integrative Medical Training
In Association with London Integrated Medical Health Education



Pre-membership Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Unit 48

P&P Studies (Supplement) Week 4



Historical Perspectives

In weeks 3 & 4 you have studied Anthony Campbell's perspective on Hahnemann's ideas within a broad historical context. This extract has been included to provide further detail on the historical development of medical knowledge. Hahnemann's contribution is best understood by considering the work of his predecessors, much of whose work he knew.



the Dark Ages of Superstition

Medicine before the enlightenment appears to have largely forgotten the work of Hippocrates and Avicenna, whose works, if they were available at all (to apothecaries and barber surgeons) existed only in second or third generation translations.

Understanding the evolving phenomenology of illness Sydenham, Hahnemann and others



For centuries physicians have been trying to make sense of observed transitions from health to illness. For many generations, medical teachers and writers interpreted this transition with reference to systems of belief, rather than engaging in careful, systematic observation. Only a small minority of physicians had the patience and skill to collate their empirical observations. Fewer still, were able and interpret their empirical observations, on their own account

and free from the prevailing superstitions of their times. Thinkers of this stature include physicians like Hippocrates, Thomas Sydenham and Samuel Hahnemann.

In the discussion that follows we will reappraise the place of empirical observation in modern medicine. I make no apologies for returning to the work of Sydenham and other early proponents of empirical observation. There are still lessons to be learned from their clinical method, even in these times of technologically advanced investigation. Being largely free from mechanistic models for health, Hippocrates, Sydenham, and Hahnemann were acutely aware of the need to learn from each patient. In so doing they were able to refine their clinical methodology in ways that helped more patients up a pathway towards health, rather than down the slippery slope of aggravated illness or death.

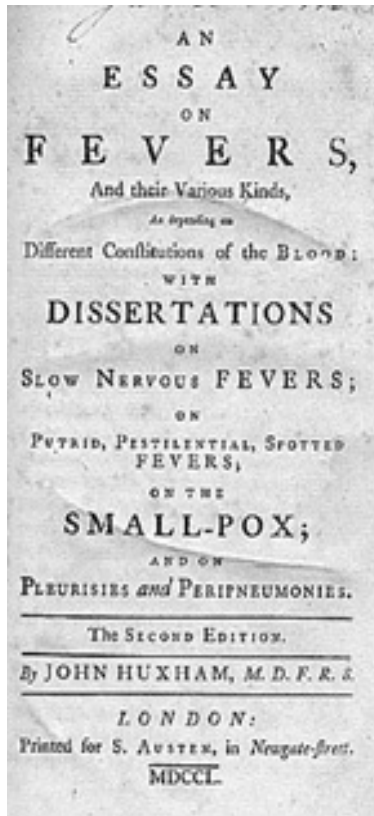
Originality of approach almost always begins with an open mind, attentiveness and the willingness to interpret living phenomena from secure first principles. The willingness and ability to challenge the prevailing wisdom/dogma, often incurs considerable personal and professional risk. A few free thinkers have had a profound effect on the way we practice today.

Ignorance and superstition created a culture of fear surrounding disease. It is clear that hierarchical religious and political structures had a vested interest in maintaining the status quo. By branding non-conformist ideas on health as heresy, these institutions effectively delayed medical progress for centuries.

As the political climate grew more sophisticated, it became possible to teach new perspectives on illness. In the seventeenth century a number of free thinkers began to emerge albeit under certain constraints. Foremost among these in England were **Thomas Sydenham** and **John Huxham**.

John Huxham (1692-1768)***An Essay on Fevers***

Englishman John Huxham was a student of Dutch physician Herman Boerhaave, the creator of the modern method of clinical teaching, at the University of Leyden.



He established a moderately successful practice in Plymouth, where, as a religious dissenter, he was invited to provide medical care only to fellow non-conformists. When his exclusion from the established medical community became unendurable, he converted to the Church of England. His practice and reputation grew as a result, and he was admitted to the Royal Society.

Huxham is known for his description of the "Devonshire colic," his preparation of cinchona bark ("Huxham's tincture"), and his promotion of citrus fruits as a defence against scurvy.

His best single work, *An Essay on Fevers*, was published in 1739. He described in unprecedented detail diphtheritic throat and suggested a distinction between typhoid and typhus fevers, conditions that most physicians regarded as one. Huxham's *Essay on Fevers* also included the first use of the word "influenza" by an English physician.

**Thomas Sydenham (1624-1689)**

Thomas Sydenham was a London physician who served as a captain in Cromwell's army during the English Civil War (1642-1645). Because of this he was not able to promote his ideas and was not widely recognized in the medical world. It was not until after his death that the importance of his work was realised. Sydenham became known as the 'English Hippocrates'. Like Hippocrates and later Islamic doctors, Sydenham stressed the need for careful observation of patients and the keeping of detailed case histories.

Using information learnt from recording and comparing patients' symptoms, Sydenham wrote the book 'Medical Observations' in which he described the diseases that he had seen in London during the period 1661 to 1675.

Sydenham's work meant that the symptoms of major diseases such as cholera, dysentery, measles, and scarlet fever were recorded accurately. As with many figures in the 17th century, he met considerable opposition and the importance of his work was only accepted long after his death.





Freedom from Prejudice - A perspective

Hippocrates, Sydenham and Hahnemann all emphasised the importance of the medical interview, attention to detail, freedom from prejudice and integrity in the recording the experience of the patient.

Freedom from prejudice is an ideal that is difficult to attain, since every clinician is the product of a system of education, a cultural background and various adopted systems of belief. It is clear however, that a prerequisite of good clinical method and unprejudiced observation is intellectual freedom.

Many homeopathic doctors have decided early in their career to redefine their working life along independent lines. Many have struggled with fundamental values as presented within the institutions of medicine. Many have made sacrifices of time to relearn clinical medicine from first principles and some have staked their security on a 'deinstitutionalised' existence.

Most medical homeopaths have become aware of severe blind-spots within the institutions of medical education, which the institutions themselves are 'systemically blocked' from curing. Many have struggled against regulatory constraints or political manoeuvres which limit their therapeutic freedom.

All have orientated themselves to the work of attempting to understand each unique experience of suffering among those that seek their help.





The Unreconciled Schism in Western Medicine

Part of the struggle for the homeopathic doctor comes with the dawning awareness of some key delusions within prevailing medical science. For example, the implied notion that science will ultimately provide all the basic models required to explain all illness phenomena:

- by rationally objectifying the parts ('reductionism') [see **Giovanni Battista Morgagni** (1682-1771)]
- by modelling and categorising the objective data ('mechanism')

This leads, by implication, to the belief that medicine will ultimately be able to cure most illness by means of physical, chemical or energetic manipulation ('galenism') [see **Benjamin Rush**, below].

Pure science should be free from moral arguments of right and wrong. However, out of much 'good' science comes 'poor' intervention. In the eighteenth century, Jacob Bigelow examined the issue of intervention from his standpoint as both physician and scientist.

Jacob Bigelow (1786-1879)

American Medical Botany

Jacob Bigelow studied medicine in Philadelphia under Benjamin Smith Barton, author of the first American textbook on botany.

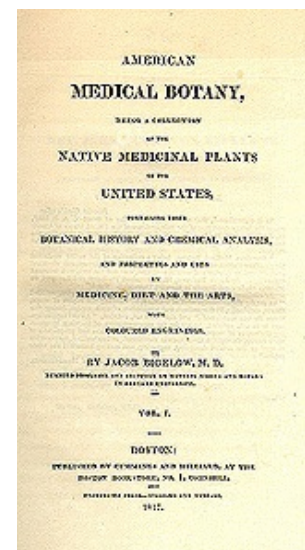
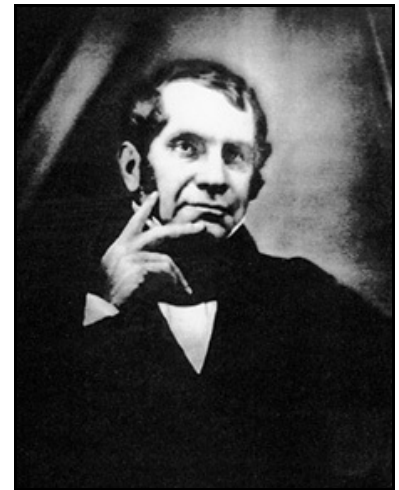
Bigelow was professor of materia medica at Harvard from 1815 to 1855 and practiced medicine in Boston for sixty years.

He was the first to argue convincingly against treating a disease that ran its course regardless of physician intervention. This was a significant step away from the widely-accepted methods of **Benjamin Rush**, who claimed that all diseases were treatable.

The question of intervention in illness remains a fundamental issue, which remains largely unresolved almost 200 years later. Exemplified by availability of myriad symptomatic drugs, purchased and self-administered by patients, often in the complete absence of any risk-benefit guidance.

Francis Bacon - (1561-1626)

Sir Francis Bacon (later Lord Verulam and the Viscount St. Albans) was an English lawyer, statesman, essayist, historian, intellectual reformer, philosopher, and champion of modern science. Early in his career he claimed "all knowledge as his province" and afterwards dedicated himself to a wholesale revaluation and re-structuring of traditional learning. ...He proposed an entirely new system based on empirical and inductive principles and the active development of new arts and inventions, a system whose ultimate goal would be the production of practical knowledge for "the use and benefit of men" and the relief of the human condition. He died in 1626, leaving behind a cultural legacy that, for better or worse, includes most of the foundation for the triumph of technology and for the modern world as we currently know it.





Francis Bacon enlightened the world to the prerequisites for the expansion of knowledge. His writings informed all subsequent developments in experimental method and thence progress in medicine.

Empirical observation generates hypotheses and experiments are designed to test these hypotheses. Experimental data verifies or refutes the hypothetical question. Verified hypotheses give rise to models for natural phenomena. Such models for natural phenomena in medicine provide a basis for applied sciences eg clinical pharmacology and the cycle of enquiry culminates in the clinical trial.

One of the earliest proponents of objective scientific methodology in medicine was François Magendie.

François Magendie (1783-1855)

A Summary of Physiology

Born in Bordeaux, François Magendie studied anatomy and medicine at the Collège de France in Paris. He passed his clinical examinations for the M. D. in 1808 and devoted the rest of his life to experimenting and lecturing as professor of anatomy, physiology, and semeiology with the Faculty of Medicine in Paris.

Magendie is the father of experimental physiology. He proved Charles Bell's theory on the motor function of anterior roots and the sensory function of dorsal roots of spinal nerves ("the Bell-Magendie law"). He also introduced the effects and uses of morphine, emetine, quinine, strychnine, and other alkaloids, for which he is sometimes called the founder of experimental pharmacology.

In 1817, Magendie published *Précis élémentaire de physiologie (A Summary of Physiology)*, the first modern physiology textbook, in which he demonstrated the importance of nitrogenous foods (protein) in the diet of mammals.



Is understanding of the whole a summative understanding of all the parts? In terms of clinical medicine, there is a gulf between Magendie's in-vitro world of hypothesis, experimentation and data, and the 'real' world of human suffering. By extending Bacon's epistemological argument to knowledge of life processes, we might allow ourselves to believe, for a moment, that all disease phenomena can ultimately be modelled in genetic, biochemical or physiological terms. Anyone who truly engages with the many facets of human suffering, can quickly appreciate the fallacy of this argument.

In reality, mechanistic models for disease **are rarely context-sensitive**. Even when systems thinking does inform scientific method, it remains **too reductionistic to accommodate the levels of variation that exist in the living world**. Which is one of the reasons that designer drugs do not create uniformly predictable effects in everyone who takes them.

If medicine could be practised on the basis of pure scientific objectivity, the place of empirical observation would be progressively displaced by objective measurement. In reality, empiricism allows us to:

- observe and record complex systems phenomena;
- which continue to confront us with paradoxes and idiosyncrasies;
- that stimulate us to higher levels of enquiry (hypothesis generation, clinical studies)



Reports of the death of empiricism are premature

The 'problem' with empiricism, is the implicit awareness of systems variation. If you are medical scientist, any discipline based on variation rather than categorisation is very problematic. More so for those specialists who focus as objectively as possible on an organ or a disease category.

Paradoxically, physicists and mathematicians, who ostensibly have the most highly developed rational minds, are prepared to accept paradoxical versions of reality, while our most 'scientific' physicians restrict their treatments to one (current) model, often reducing treatment to a rational protocol rather than creative solution for the individual.

This desire for objectivity, in the service of scientific understanding of an illness or treatment, can be the blind spot, which prevents acceptance of the unique circumstances of a patient's suffering, and thereby the finding of a solution.

The dynamic interplay between mind and body makes the complete objectification of illness impossible. The mind-body relationship is conceptually so difficult, that medicine attempts to circumnavigate it: the placebo group, for example, is notionally used to adjust for diffuse psycho-neuro-endocrine effects in a clinical trial.

It is easy to dismiss homeopathy as speculative when it places so much emphasis on mind body interaction; particularly when deterministic models for these interactions are so scanty. And yet, good empirical medicine involves acute observation, recording and interpretation of data. Homeopathy represents the gold standard of empirical medicine, and has done so for the past two hundred years. Consequently homeopaths have more to say than anyone else about the mind-body interface and its role in the phenomenology of illness.



Aetiology In Homeopathy

ÆTIOLOGY, or ETIOLOGY (from Greek terms for ‘cause’ and ‘discourse’), strictly, the science or philosophy of causation, but generally used to denote the part of any special science (and especially of that of medicine and disease) which investigates the causes and origin of its phenomena; the factors which produce or predispose toward a certain disease or disorder.

An aetiological myth is one which is regarded as having been invented *ex post facto* to explain some fact, name or coincidence, the true account or origin of which has been forgotten. Such myths were often based on grotesque philological analogies, according to which an existing connexion between two personalities (cities, &c.) was traced back to a common mythical origin.

Trigger Events and the Morbid Soil

Homeopaths are trained to examine interactions between life events and the constitutional sensitivities of the patient. It is not always clear why some patients are resilient in the face of a potential trigger event, while others begin a phase of illness from which they never spontaneously recover. This is fundamental question in medicine with several important corollaries:

- What is the nature of the background predisposition in some patients?
- Is illness predisposition specific or general?
- Do several or multiple predispositions co-exist to create a general vulnerability?
- How does this ‘morbid soil’ interact with the trigger event?
- What prevents self recovery?
- How does the time frame over which an illness develops, influence the presentation and response to treatment?
- In which patients do aetiologically selected remedies act?
- What determines how long a aetiological remedy remains relevant?

Giovanni Battista Morgagni (1682-1771)

De sedibus et causis morborum per anatomen indagatis
(*On the Seats and Causes of Diseases, Investigated by Anatomy*)

Giovanni Battista Morgagni studied medicine at the University of Bologna under Antonio Maria Valsalva, a great pioneer in otology. In 1711, Morgagni left his position as lecturer in anatomy at Bologna for the University of Padua, where, four years later, he accepted the chair of anatomy. He remained active as an instructor until he died at age 89.

A teacher, philosopher, medical historian, and pathologist, Morgagni was one of the most respected scholar-physicians of his time. In 1761, he compiled a lifetime of clinical and anatomical research in *De sedibus et causis morborum per anatomen indagatis* (*On the Seats and Causes of Diseases, Investigated by Anatomy*). The book consists of seventy letters that describe about 700 cases. As the first work to establish the organ concept of disease, it is the foundation of modern pathological anatomy.

The first English translation of Morgagni's work appeared in 1769. This three-volume set was published in the original Latin in Switzerland in 1779

It is inevitable that models for illness should arise out of what Hahnemann calls the ‘material stamp’.



Linear concepts of causation come from both our ability to draw general conclusions from collated instances and our material interpretation of microscopic and macroscopic change from 'the norm'.

But how helpful are these models in fundamentally altering the 'trajectory' of an illness. We talk of 'disease modifying' treatment, in recognition of our ability to manipulate living systems into a state of 'controlled disorder' with drugs. The homeopathic notion of providing a catalyst to stimulate autologous correction of the illness is, at best derided as placebo and at worst dismissed as natural remission by the medical scientist.

Our huge body of empirical data, however, gives rise to considerable difficulties:

- how do we collate and interpret recurring phenomenological patterns without reducing them to simplistic labels akin to orthodox diagnoses?
- how do we store and retrieve these patterns in ways that are clinically useful and effective?
- how do we improve the quality of the data and the ways in which it is accessed/applied for the benefit of patients?

William Heberden

(1710-1801)

Commentaries on the History and Cure of Diseases

William Heberden was educated at St. John's College, Cambridge. He lectured on materia medica at Cambridge for ten years then moved to London, where he established a successful medical practice. In 1748, he was elected to the Royal Society. With William Cullen, Heberden was one of the two most admired British physicians of the mid-eighteenth-century.

Heberden's publication on renal calculi prompted Benjamin Franklin to seek Heberden's advice on his bladder stone. Heberden and Franklin later collaborated on a pamphlet promoting smallpox vaccination in America (1759).

Heberden was a respected classical scholar as well as a physician. The renowned English lexicographer Samuel Johnson called Heberden "the last of our learned physicians."

Commentarii de morborum historia et curatione, a compilation of Heberden's most famous medical treatises, was published in 1802 shortly after his death. He was the first to distinguish chickenpox from smallpox, to describe in detail nyctalopia (night-blindness), and, most importantly, to give an accurate description of angina pectoris. "The last important medical treatise written in Latin."