

## THREE

### Hahnemann: Scientist or Mystic?

It took Hahnemann a long time to develop the idea of homoeopathy, but once he had done so it completely dominated his life. It had, in fact, a very profound psychological significance for him, far beyond what could be attributed to a mere medical theory, and unless we realize this we shall not understand a number of developments of the original idea that occurred later.

When Hahnemann first conceived of homoeopathy he did so in a way that we would call scientific. The idea came to him – presumably as the result of his cinchona experiment – and he pondered it and later tried it out in practice. It seemed to work, so he was encouraged to take it further.

But as the seed that had been planted in his mind grew and flowered he saw more and more possibilities. Above all he recognized in it the answer to an acute religious dilemma. This dilemma was the paradox that confronts anyone who believes in a God who is simultaneously all-powerful and all-good: how to account for suffering? Hahnemann was not a Christian but he was a deist. He believed that the universe had been designed by an infinitely wise and loving Father, and such a Father, he reasoned, must have provided his children with a means of relieving their suffering. But what was it?

At first he could see no solution. As late as 1805, the year before the publication of 'The Medicine of Experience', we find him writing almost in despair:

After 1000 to 2000 years, then, we are no further! How turbid art Thou, sole source of our knowledge of the powers of

medicine! And yet in this cultured century this state of affairs is perfectly satisfactory to the learned bevy of physicians, in the most important affairs of mortals, where the most precious of all earthly possessions – human life and health – is at stake! (Haehl, vol. 1, 64)

The problem continued to obsess him as the years went by. In 1808 we find him still writing on the same theme, though by this time he has already discerned the Divine Answer to the enigma. After a lengthy description of his progressive disillusionment with orthodox medicine, Hahnemann explains that he was at last driven to wonder whether ‘perhaps the whole nature of this science, as great men have already said, is such that it is not capable of any great certainty’. No sooner does he consider this shocking idea, however, than he rejects it decisively.

What a shameful blasphemous thought! – I clasped my brow – that the wisdom of the Infinite Spirit animating the universe would not be able to create means to relieve 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 no way open 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 . . . (Haehl, vol. 1, 64–5)

There was thus a deeply religious element in Hahnemann’s conception of homoeopathy from the beginning, and as time went on this came to predominate more and more, which helps to explain why Hahnemann eventually regarded anyone who criticized him almost as a blasphemer and any disciple who deviated from his line of thought as a renegade. We have already seen the unfortunate effects that this inflexibility produced on the homoeopaths of Leipzig.

Another very important result of Hahnemann's growing metaphysical tendency was the incorporation of semi-mystical ideas into what had originally been more or less a scientific theory. In the later editions of *The Organon*, and also in his other writings of this period, we find an ever-increasing emphasis on the doctrine of vitalism. The term Hahnemann used was '*dynamis*', which is usually translated as 'vital force'. By this he meant a spirit-like principle that gives life to the body. Disease, he taught, results from disturbances in the vital force produced by outside influences of various kinds, and the function of homoeopathic medicines is said to be to stimulate the vital force to bring about healing.

Hahnemann did not of course invent the idea of vital force; indeed, in one form or another it seems to be as old as humanity. It appears to be an almost universal primitive belief that there is such an animating principle in man, often identified with the breath (*pneuma* in ancient Greece and the writings of St Paul, *prana* in India), which leaves the body at death and is responsible for its functioning during life. Plato presents a sophisticated philosophical version of this idea, and it can be traced in Western philosophy down to modern times (for example in the writings of Henri Bergson) though it is dead in mainstream science today.

In Hahnemann's time vitalism was still very much in the air. At the beginning of the eighteenth century Ernst Georg Stahl had taught a form of vitalism and his ideas continued to be influential among doctors in Germany and France. The true nature of the life force was held to be unknown and unfathomable. It had its seat in the brain and solar plexus and transmitted its influence via the nerves. Disease was supposed to be due to disturbance of the life force and healing took place through the operation of this force, though the assistance of the physician might be needed at times.

These ideas were advocated by Hufeland, the editor of the journal in which many of Hahnemann's early essays on homoeopathy appeared. It is therefore not surprising that

Hahnemann adopted vitalism as a basis for homoeopathy, though it was only in the later editions of *The Organon* that he did so.

Hahnemann's increasing sympathy for vitalism was symptomatic of a general shift in the centre of gravity of his thought, from what might be called the scientific to the metaphysical pole. It is in fact possible to distinguish two phases in his development. Although the division between the two periods is not absolute we can say that the watershed was the year 1821, in which he left Leipzig for Köthen. Up to this time he was on the whole a scientist, carrying out his provings, modifying his practice in the light of experience, and associating with other doctors. After 1821 he was much more of a metaphysician. In his seclusion at Köthen he continued to speculate and to change his ideas, but in directions that led him further and further from mainstream science. Because he was cut off even from his own followers he was practising and thinking in a vacuum, and his ideas became ever more extreme. It is mainly from this period that derive those features that have tended to isolate homoeopathy from orthodox medicine.

I emphasize this distinction between the two phases of Hahnemann's career because it seems to me to explain a great deal of the later development of homoeopathy. On the whole, homoeopaths after Hahnemann were led by their temperaments to emphasize one or other aspect of his thought to the virtual exclusion of the other. There have been those who have laid more weight on Hahnemann's scientific characteristics and have regretted the metaphysical ideas in *The Organon*, and there have been others who have on the contrary magnified the differences that separate homoeopathy from mainstream medicine. In a sense, the rest of this book will be concerned with the results of this difference of opinion.

Although Hahnemann's vitalism might seem to be a mere philosophical theory it gave rise indirectly to two other ideas: the potency doctrine and the theory of chronic disease. So important are these two dogmas (for that is

what they became) for the subsequent development of homoeopathy that we need to take a little time to examine them.

### THE POTENCY IDEA

The potency idea is undoubtedly the aspect of homoeopathy that has most strongly captured public attention. People who know nothing else about the subject usually are at least aware that homoeopaths use medicines in tiny doses, and critics often quote this to show that homoeopathy is self-evidently absurd.

In the past homoeopaths themselves have sometimes been deeply perturbed by the practice of using very small doses, but it has persisted and is today pretty well universally accepted. The modern position is as follows. Nearly all homoeopathic medicines are made by a process of alternate dilution and 'succussion' (violent shaking). *The succussion is an essential part of the procedure.* Succussing the medicines is supposed to increase their activity, and this is what distinguishes a homoeopathic medicine from an ordinary solution. Increasing the effectiveness of a medicine in this way is referred to as *potentization* (or *dynamization* – the terms are interchangeable) and the medicines are commonly called 'potencies'.

Two potency scales are in common use, the decimal, which proceeds by 1:10 steps, and the centesimal (1:100). Starting from the original 'mother tincture' (in the case of a plant this is an alcoholic extract) a 1:10 or 1:100 dilution is made. This is succussed and the resulting solution is known as the first potency. This now serves as the starting point for the next step in dilution and succussion, which results in the second potency, and so on.

The 1:10 potencies are usually indicated by x and the 1:100 by c; thus *Pulsatilla* 6c means the 6th centesimal potency of *Pulsatilla*, which has received six succussions and has a concentration of one part in a billion relative to the original tincture (see Table, p. 47).

Insoluble substances, such as metals, are prepared by grinding them in a mortar together with lactose (sugar of

milk) in the same 1:10 or 1:100 proportions. This process is called *trituration* and is supposed to be equivalent to succussion. After the 6th trituration the particles become so finely divided that they can form colloidal solutions in water, and then liquid potentization continues in the ordinary way.

### THE POTENCY SCALES

<i>Decimal (x)</i>	<i>Centesimal (c)</i>	<i>Dilution</i>
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.)	
12x	6c	1: a billion (English) ( $10^{-12}$ )
	30c	1:5 billion ( $10^{-60}$ )

It is usually claimed that the higher the potency (in other words, the more dilute the medicine) the greater its effectiveness. This idea seems to fly in the face of common sense, but the apparent paradox is explained on the grounds that the more dilute preparation has received a greater number of the all-important succussions.

In a later chapter (p. 127) I shall outline very briefly the scanty knowledge about potency that has emerged from modern research, but here I want to concentrate on the origins of this apparently preposterous notion in Hahnemann's mind.

When Hahnemann first thought of homoeopathy he used large doses, just like the orthodox physicians of his day. Quite early on, however, he switched to using very small doses. His reason for this was to reduce the unwanted effects of the medicines; there was no question at this stage of making the medicines *more* effective. On the contrary, diluting the medicines did weaken them, he said, but not

nearly as much as might be expected. In any case, he claimed, when people are ill they become abnormally sensitive to medicines and so need smaller doses.

So matters stood throughout what I have called Hahnemann's scientific period. By 1825, however, when he was at Köthen, he had adopted a radically new idea – dynamization. This emerges from an answer he gave to a critic who said that to use homoeopathic doses was like putting a drop of a drug into Lake Geneva and using the water for medicine. Hahnemann rejected this comparison on the grounds that the method used to prepare homoeopathic medicines was not a mere dilution but involved dynamization by succussion or trituration, which released astonishing powers; active substances were made more active and hitherto inactive ones, such as quartz sand, were found to have unsuspected latent properties.

Hahnemann tried to explain dynamization by comparing it to the production of heat by friction and to magnetization, neither of which were properly understood in his day. (Anton Mesmer, the originator of hypnotism, of whose methods Hahnemann approved, referred to the 'force' he employed as 'animal magnetism'.) Dynamization was for Hahnemann a process of releasing an energy that he regarded as essentially immaterial and spiritual. As time went on he became more and more impressed with the power of the technique he had discovered and he issued dire warnings about the perils of dynamizing medicines too far. This, he believed, might have serious or even fatal consequences, and he advised homoeopaths not to carry medicines about in their waistcoat pockets lest they inadvertently made them too powerful. Eventually he even claimed that there was no need for patients to swallow the medicines at all; it was enough if they merely smelt them. Few of his followers, however, were prepared to go as far as this. Indeed the whole potency idea was difficult for many homoeopaths to accept, and it was to become a most fruitful source of controversy in later years.

Superficially, perhaps, the potency concept might seem

to be scientific. Hahnemann certainly claimed that the superior effectiveness of potentized medicines had been amply demonstrated in practice. From his actual writings, however, it is quite evident that his reasons for adopting the theory were much more metaphysical than scientific. What really appealed to him about it was its connection with the central notion of the vital force. Potentized medicines were, in a sense, the vital force captured in a bottle, and the fact that they worked helped to prove that vitalism was true. Once he had thought of it, therefore, the potency doctrine became a necessary part of homoeopathic theory.

### THE THEORY OF CHRONIC DISEASE

According to Hahnemann himself, he first devised his concept of chronic disease in the years 1816–17 – that is, while he was still at Leipzig – though he did not make it public for a further decade. In 1827 he summoned two of his followers, Gross and Stapf, to Köthen to receive the new doctrine, and in the following year he began to publish his last major work, *The Chronic Diseases*, in which this theory was set forth. The new book eventually went into a second edition; nevertheless it did not sell well and the theory itself provoked much dissension within the ranks of the faithful.

Hahnemann was led to formulate his theory by the discovery that although homoeopathy appeared to be effective enough in the treatment of acute disease many difficulties were encountered in the treatment of chronic disease. Patients often seemed to respond to the medicine they were given initially, but later they ceased to do so or produced new symptoms in place of the old. Some homoeopaths supposed that the answer to this difficulty would come from the proving of new medicines, but Hahnemann rejected this solution and instead produced his own answer: the miasm doctrine.

In outline the theory can be stated quite simply. All chronic disease, apart from that due to orthodox medicines or to faulty living habits, is caused by one of three 'miasms' – syphilis, sycosis, and psora.



Hahnemann did not invent the term miasm, which was already in use in orthodox medicine in his day, but he gave it a new meaning and scope. The word derives from the Greek and means something like 'taint' or 'contamination'. Hahnemann supposed that chronic disease results from the invasion of the body by one of the miasms *through the skin*. The first sign of disease is thus always a skin disorder of some kind. This may clear up, either on its own or – much worse – as the result of allopathic treatment, but the miasm will infallibly have spread throughout the body and will give rise to all kinds of problems in later years.

To a modern reader this description suggests almost irresistibly the idea that the miasms are infections. Hahnemann did actually toy with the notion of microbes in another context, for he suggested in the case of an acute disease, cholera, that it might be caused by a minute organism too small to be seen. However he does not seem to have made the same suggestion about the chronic miasms. Nevertheless the temptation to call them infections is almost overwhelming.

What is particularly interesting about Hahnemann's theory is that in the case of syphilis he was more or less right. We now know that syphilis is caused by an infection that enters via the skin, causing an apparently localized disease – the chancre. From the beginning, however, the infection is generalized, and if untreated it does go on to cause all kinds of serious and even fatal effects. Syphilis is therefore a good example of a miasm.

The typical skin lesion of sycosis, Hahnemann's other venereal miasm, is fig-warts (genital warts). However, any kind of warty growth anywhere on the body is supposed to be sycotic and so are discharges of various kinds. Sycosis includes what we would now call gonorrhoea and is often said to be identical with gonorrhoea, but in fact it is much wider in scope.

So much for the two venereal miasms. The third chronic miasm, psora, is much more important than both of the venereal miasms put together, for it accounts for seven-

eighths of all chronic disease. The skin manifestation of psora is typically scabies (the itch). Today we regard this as due to a mite that burrows in the skin, but in fact Hahnemann's conception of psora is much wider than this and almost any kind of skin eruption, especially if itchy, is supposed to be psoric.

The course of psora is very similar to that of syphilis. First the patient suffers a skin disease, which may be so trivial or have happened so long ago that he has forgotten it. There then follows a latent period lasting months or years, after which the psora breaks out in any of the innumerable forms of chronic disease.

Psora is extraordinarily infectious. It can be passed on – especially to children – simply by touching the skin. A mother can give it to her baby during delivery, a doctor can transmit it by feeling the pulse, or it can be carried in clothing or bedding. So infectious is it, indeed, that scarcely anybody escapes; in fact the only mortal fortunate enough to have done so appears to have been Hahnemann himself, for he solemnly assures us that it is thanks to his unique freedom from the psoric taint that he has been able to detect it in others.

Now, what are we to make of this remarkable theory? The important point, I think, is that it is not what it seems. Superficially it appears to be a pathological, scientific hypothesis about the mechanism of disease. It was of course a cornerstone of Hahnemann's system that nothing can be known about the underlying mechanisms of disease, hence he could be – and was – accused of inconsistency in advancing a pathological theory. Inconsistency never troubled him – *The Organon* contains many instances of it – but nevertheless it is at first glance rather surprising to find him putting out an idea of this kind.

In fact, however, the miasm theory, though it masquerades as a pathological theory, is really nothing of the kind. A genuine scientific theory ought to be open to testing in some way, but there is no conceivable way of testing the miasm theory as Hahnemann presents it. In *The Chronic*

*Diseases* Hahnemann gives a most extraordinary list of symptoms that are supposed to be due to psora. It takes up some 33 pages and includes almost every disorder known to man – and Hahnemann tells us that even so it is incomplete! But if every imaginable form of chronic disease is due to psora, how does the theory help us? A theory that tries to explain everything really explains nothing.

The only conclusion we can draw, I think, is that the miasm theory was a face-saver. It was introduced by Hahnemann to preserve the inviolability of his system. He had been forced to acknowledge that homoeopathy was not universally successful, but he could not admit the thought that it was not a complete answer to disease, since he had invested too much of himself in it psychologically. The only way out of the impasse that he could find was to postulate the existence of a deep-seated, almost ineradicable, hydra-headed evil – psora.

For the elimination of this monster Hahnemann described a group of new 'anti-psoric' medicines. The principle one was sulphur, but there were numerous others, including some very unlikely-sounding substances – for example *Sepia* (cuttlefish ink), common salt, and *Silicea* (quartz sand). By the judicious use of these medicines it would usually be possible to eradicate psora, but the process might take several months or even years and if the infection had been previously 'driven inwards' by ill-advised application of orthodox medications to the skin, cure might be totally impossible.

The medicines introduced by Hahnemann in *The Chronic Diseases* were destined to become very important in homoeopathy. However, it seems almost certain that they had not been proved in the accepted Hahnemannian manner – that is, by experiments on healthy volunteers. They hardly could have been, for Hahnemann was by now too old to carry out provings on himself and he was living in almost complete isolation from his colleagues.

What appears to have happened is that Hahnemann based his new 'provings' largely on symptoms supposed to

have been produced in his *chronic patients*. By his own rules this was an inadmissible procedure, and in fact it undoubtedly led him to attribute to the effect of the medicines a number of symptoms that were really due to the diseases the patients were suffering from. Moreover, they were also, apparently, obtained with 30th potencies instead of the material doses used by Hahnemann in his earlier provings at Leipzig. It is questionable whether 30th potencies are in fact capable of causing symptoms. For these reasons critical homoeopaths, such as Richard Hughes, have been suspicious of the reliability of the symptoms of medicines recorded in *The Chronic Diseases*.

Whatever one's opinion of the scientific status of the psora theory as put forward by Hahnemann may be, there is no denying that the idea became increasingly metaphysical as it developed in the hands of his successors. For Hahnemann the miasms were *acquired* infections; people were not born with them but suffered them (in the case of psora) at or soon after birth. Oddly enough, Hahnemann does not even seem to have recognized the existence of congenital syphilis. By a curious historical oversight, however, many later homoeopaths have praised him for his supposed recognition of the *hereditary* element in chronic disease! This demands an explanation.

What seems to have happened is that a number of Hahnemann's early followers, especially in America, noticed an obvious difficulty in the theory. If the miasms are acquired, what makes us susceptible to them in the first place? The obvious inference is that there must be some kind of inherited or constitutional liability to infection. Hahnemann, as I have said, did not discuss this question, but many of his followers seem to have read into his writings the idea that the miasms are in some way hereditary – a kind of universal contamination of mankind.

This idea at once brings to mind the doctrine of Original Sin, and indeed early homoeopaths were not slow to make the connection. The American translator of *The Chronic Diseases*, Charles J. Hempel, is quite explicit about this and

sets homoeopathy firmly in a religious context. Not only does he identify psora with Original Sin; he goes so far as to maintain that homoeopathy will eventually rid mankind of this hereditary burden.

The principle of division or dissolution which man had suffered to be introduced into his spiritual nature must necessarily have embodied itself in a corresponding principle in the material organism. It is this principle which Hahnemann calls Psora. In proportion as man's spiritual nature becomes developed and purified, this psoric miasm will be diminished, and will finally be completely removed from the life of humanity. This complete physical regeneration of human nature will necessarily be attended with great changes in all the external relations of man, education, mode of labouring, living, etc. etc. (The Chronic Diseases, p. 2n)

In this remarkable passage homoeopathy has become a form of millenarianism, for it is destined to bring about the total transformation of human life by eradicating the physical *and spiritual* cause of suffering. Heady stuff indeed!

This identification of homoeopathy with metaphysical and religious beliefs, though not explicitly stated until after Hahnemann's death, is implicit in his ideas, which is why I assign the miasm theory to his metaphysical phase. This explains why scientifically minded homoeopaths have on the whole rejected the theory while metaphysically minded ones have made it an essential part of their system.

To summarize: the view I have advanced in this chapter is that there occurred a gradual shift in Hahnemann's outlook from the scientific to the metaphysical pole. At all times both were present simultaneously, at least to some extent; he was never wholly a scientist or wholly a metaphysician. Few of his followers, however, could match this wide span of attitudes, and most tended to gravitate towards one pole or the other. Hence there grew up within homoeopathy two wings or movements, one scientific, the other metaphysical, a distinction that still persists today.