

## FIVE

# In Search of New Directions

When Hahnemann died he bequeathed to his disciples several difficult problems. These related to three main areas. Firstly there was the enormous and intractable volume of materia medica – the information about medicines derived from provings and from reports of poisoning and over-dosage in the general medical literature. Within Hahnemann's lifetime this was already massive and it continued to grow after his death. Somehow ways had to be found to make it more assimilable and easier to make use of in practice.

Secondly there was the ever-troublesome question of potency. This idea had been hard enough to accept even in Hahnemann's day, but as the nineteenth century wore on it became more and more difficult to reconcile with scientific knowledge.

Thirdly there was the question how far, if at all, homoeopathy could or should be related to the new medical ideas that were beginning to appear in the second half of the nineteenth century thanks to men such as Virchow, Pasteur, and Koch. Was homoeopathy to remain aloof from orthodox medical ideas as Hahnemann had maintained or should it change with the times?

In this chapter I want to look at some of the ways in which homoeopaths tried to solve these problems.

### 1. THE MATERIA MEDICA

New recruits to homoeopathy were understandably intimidated by the vast bulk of knowledge about medicines that

they were expected to acquire. Moreover, some of this knowledge was not easy to get at; Hahnemann's writings were available, of course, but in addition there were many reports scattered in homoeopathic journals, and this literature was constantly growing as provings went on. The problems were compounded for homoeopaths who did not read German. Attempts were therefore made to draw all the available information together into major reference works.

One of the earliest of these collections was prepared by a German called Jahr, but it had many shortcomings; the English homoeopath Richard Hughes dismissed it contemptuously as 'nonsense made difficult'. In 1874 an American, T. F. Allen, began editing a new work, *The Encyclopaedia of Pure Materia Medica*. Allen included all the material he could find, without making any attempt to judge its reliability; the result was a daunting collection that ran to ten large volumes.

Such massive undertakings defeated their own ends. They were of no use to practitioners at the bedside, and indeed it is questionable to what extent they were used at all; certainly they gather dust today. Some homoeopaths, especially in America, went to the opposite extreme and simplified the materia medica drastically, listing just the salient features ('keynotes') of each medicine in a couple of pages. This naturally appealed to newcomers to homoeopathy but the purists scorned the 'keynote method' as impossibly crude and simplistic.

Another development was the compilation of indexes to the materia medica. These 'repertories', as they were called, were designed to allow practitioners to look up the medicines that corresponded to particular symptoms. Confronted by a feverish patient with a left-sided sore throat and a swollen right knee, for example, a homoeopath could look up these symptoms in his repertory and see which medicines had produced them in provings. The best known of the early repertories was compiled by Boenninghausen, a lawyer turned homoeopath whose son married the

adopted daughter of Hahnemann's second wife Melanie.

By the late nineteenth century, therefore, there were two main ways of trying to apply homoeopathy. One was to keep reading descriptions of the effects of medicine and wait until you found a patient suffering from the corresponding symptoms, and the other was to take the symptoms of your patient and look them up in a repertory to see which medicines seemed to suit them. In practice homoeopaths used both methods.

Obviously all this depended critically on the reliability of the materia medica. Some homoeopaths, especially Hughes in England, became deeply unhappy on this score, for two main reasons. Firstly, homoeopathic authors had an unfortunate tendency to copy from one another uncritically, so that the literature came to be increasingly full of errors. Secondly, the textbooks came to include more and more 'clinical symptoms'. If a patient recovered after receiving a homoeopathic medicine the prescriber might record the fact in print and the patient's symptoms could then become attached to the medicine in question *even though they had not appeared in provings*. While this might well be useful in practice it represented a watering-down of the original homoeopathic idea. At first these clinical symptoms were distinguished in the reference books by a special mark, but soon this was omitted and the homoeopathic literature moved a further step away from its early purity.

As we shall see, Hughes made a gallant but ultimately unsuccessful attempt to purge the materia medica of what he regarded as unreliable information and to bring it back to the proper path of provings and toxicology.

## 2. POTENCY

Even in Hahnemann's lifetime homoeopaths were divided on the potency question and this division persisted after his death. Indeed, as scientific knowledge advanced the problem became more acute, for it grew increasingly difficult to think of plausible explanations for the supposed activity of very dilute solutions.

Hahnemann had not recognized this difficulty. He reasoned that however much a substance might be diluted there must logically be *some* of it still there, and this should be enough to produce an effect. But Hahnemann lived just before the development of modern molecular theory. The chief architect of this theory, Avogadro, had in fact published his theory within Hahnemann's lifetime, but it is very unlikely that it came to his attention. According to the modern understanding based on Avogadro's work, matter is not indefinitely divisible as Hahnemann supposed. If a substance is diluted progressively in the Hahnemannian manner there must come a time when the solution no longer contains any molecules of the original substance at all. Theoretically this should occur at a concentration of  $10^{-2}$  (about the 12th centesimal dilution). The 12th centesimal is therefore regarded by modern homoeopaths as a kind of watershed between low and high potencies. The problem with the high potencies is, of course, that orthodox science says that there cannot be anything present at all.

Scientifically minded homoeopaths in the late nineteenth century were deeply troubled by the potency question and made a variety of experiments to try to find out what happened when substances were triturated or diluted in the Hahnemannian way. They discovered that when metals were triturated they could be detected under the microscope up to the 12th decimal stage in some cases, though in others only up to the fourth or fifth. They concluded, not unreasonably, that the finely divided particles should have an enhanced effect inside the body owing to the relative increase in their surface area. In this view they were supported by a most eminent physicist, Professor Doppler of Prague, though he did not refer explicitly to homoeopathy.

Other scientific facts were adduced in support of the idea that small doses could have an effect on organisms. Frog's semen had been shown to be capable of fertilizing frog's eggs when diluted to one part in a million, and a one in a hundred dilution of cowpox serum produced infection in

children vaccinated with it. These and similar reports encouraged homoeopaths, but many of them rejected Hahnemann's teaching that so-called dynamization actually increased the power of the medicines and one, named Veith, explicitly recognized the metaphysical nature of the theory, saying that it was a new application of one of the doctrines of the founder of the Iranian religion, Zoroaster.

While scientifically minded homoeopaths were trying to investigate the potency idea by the accepted methods of science, the metaphysical school of homoeopaths had adopted Hahnemann's teachings uncritically and enthusiastically and had indeed gone much further than had the Master himself. However eccentric Hahnemann may have become as he aged he continued to preserve a streak of caution and common sense. Although he laid down the rule that the standard potency for all purposes – treatment and provings – was to be the 30th centesimal, he continued to use a variety of potencies including on occasion much lower ones, and at his death his medicine case was found to contain at least one bottle of an undiluted tincture. He also experimented with the 60th and even the 300th potencies, but no higher, and when he was told that one of his disciples, Von Korsakoff, had gone much higher – up to the 1500th – he contented himself with remarking that the only importance of this was to show how far it was possible to take potentization without the medicines losing their effect. Nevertheless, as he sagely remarked, 'there must be some limit to the thing'.

Some of his followers, however, refused to recognize any limits and went far beyond even Von Korsakoff's 1500th potency. Of course, to produce even a 1500th potency by hand takes a long time, but a way round this difficulty was discovered by another ingenious homoeopath, Jenichen, one of the most colourful of the early recruits. Like a number of homoeopaths of the day he was not a doctor; he had been horse-trainer (or Master of Horse, depending whom you believe) to the Duke of Gotha. He was a man of enormous physical strength, which he used to display at

dinner parties by rolling up silver salvers and tearing them in half; a habit which, as a contemporary remarked, somewhat diminished his appeal as a dinner guest. On taking up homoeopathy he applied his physical prowess to the manufacture of homoeopathic medicines, shaking the vials so hard that they 'rang like a bell'. During his lifetime he kept his methods secret, but from notes left at his death (by suicide) it appears that he based his practice on an idea that Hahnemann had held at one time but later abandoned: namely, that what matters is not the dilution of the medicines but the number of times they are shaken. Jenichen arbitrarily decided that ten shakes were equivalent to one degree of potency, and starting from the 29th or even lower degrees he went on to make much higher potencies than anyone else had done. There is a suggestion that he diluted the medicines after every 250 shakes but this is uncertain. In any case, what mattered, it seems, was the force that Jenichen was able to apply. By the time of his death he had obtained potencies as high as 60,000!

Jenichen's methods were adopted enthusiastically by certain homoeopaths, notably Gross, Stapf, and Boenninghausen in Europe and Hering in America. Hering lamented that it would be hard to find anyone after Jenichen who would be physically capable of preparing such high potencies, but happily Jenichen had left a supply of medicines large enough to serve the next two generations of homoeopaths. In any case Hering's fears proved unfounded, for shortly afterwards American homoeopaths applied New World know-how to the problem and invented various kinds of potentizing machines that allegedly took potency to much dizzy heights even than those scaled by the intrepid Jenichen.

The advocates of ultra-high potencies did not make any attempt to verify their claims scientifically. Their own practical experience, they felt, was enough. They did, it is true, make a perfunctory bow in the direction of science: Hering suggested that potency was due to a new and hitherto unheard-of natural force, which he called Hahnemannism

on the analogy of Mesmerism and Galvanism. Glass and cork, he alleged, were insulators of Hahnemannism as they are of electricity. Scientifically minded homoeopaths, however, treated these ideas with ridicule.

In later years the two wings of homoeopathy, scientific and metaphysical, were to assemble under the respective banners of low-potency and high-potency prescribing, though the differences between the two schools went much beyond this and affected their whole approach to homoeopathy.

### 3. THE IMPACT OF ORTHODOX MEDICINE

By the end of the nineteenth century the old school of medicine that Hahnemann had fought so implacably was itself on the decline – not primarily because of homoeopathy but owing to advances in scientific knowledge. Men such as Koch and Pasteur had proved that some diseases, at least, were certainly caused by microbes, while Virchow claimed that disease could be understood by considering the body as a commonwealth of cells – an idea that contained the seed of the ultimate destruction of vitalism as a scientific concept. Chemists, too, were helping in the understanding of the way the body functioned in health and disease. Altogether it was a most exciting time intellectually; doctors felt that real advances in medicine were being made for the first time in centuries.

These developments posed a serious problem for homoeopaths, in view of Hahnemann's total rejection of the possibility of understanding the mechanism of disease. Should homoeopathy stand fast on this or should it move with the times? Some homoeopaths held rigidly to Hahnemann's teaching and rejected the new knowledge as untrue or irrelevant, while others yielded to its seductions and tried to reinterpret homoeopathy in its light.

It was especially on the continent of Europe that attempts were made to reconcile homoeopathy with the new medicine. Some of these attempts were linked to contemporary notions of biochemistry. A German homoeopath, Von

Grauvogl, believed that people could be classified into three constitutional types, according to whether they had an excess of water, oxygen, or carbon and nitrogen in their tissues. Various derivatives of this theory are still influential in French homoeopathy today.

Another nineteenth-century idea still active in French homoeopathy derives from a contemporary of Hahnemann, Rademacher. He taught that disease results from disordered functioning of various key organs, such as the liver and kidneys, and that medicines should be given to 'drain' them. Although Rademacher was not a homoeopath his ideas were adopted by some homoeopaths as a basis for treating chronic disease; in France homoeopathic medicines in low potency were – and still are – given as 'drainage remedies'.

Yet another approach to prescribing was suggested by Schussler. He postulated that the cause of disease is disturbance in the concentration of various salts within the body cells, and he held that these disturbances could be corrected by means of his twelve 'tissue salts', which are low-potency preparations of various inorganic compounds. They are still available today.

It need hardly be said that the theoretical foundations of all these nineteenth-century systems have long been rendered antiquated by later developments. They survive, however, partly because – for whatever reasons – they appear to work, and partly because they help to simplify the complex business of choosing homoeopathic medicines in chronic disease. They have, however, never been accepted by the homoeopathic purists, and they are best regarded as offshoots from the main trunk of homoeopathy.