

Hahnemann's Legacy in Modern Homeopathic Practice

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CONTENTS

<i>About the author</i>	vii
<i>Acknowledgements</i>	viii
<i>Preface</i>	ix
<i>Hahnemann's writings</i>	xiii
<i>Chronology of Hahnemann's life</i>	xvi
CHAPTER 1 The early years 1755–1789	1
CHAPTER 2 Disillusion and re-birth 1789–1792	9
CHAPTER 3 Developing the method 1792–1800	17
CHAPTER 4 Building the framework 1800–1805	25
CHAPTER 5 Breaking cover 1805–1811	37
CHAPTER 6 A prophet without honour 1811–1821	47
CHAPTER 7 Searching for peace 1821–1827	59
CHAPTER 8 Endings and new beginnings 1827–1835	65
CHAPTER 9 An active retirement 1835–1843	75
<i>Bibliography</i>	83
<i>Index</i>	85


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DISILLUSION AND RE-BIRTH 1789–1792

Changing direction

Hahnemann moved back to the Leipzig area in September 1789. The area was not only the cultural and intellectual centre of the whole region of Saxony but also had a high reputation as such throughout Germany. It provided him with the mental stimulation he needed, but equally important for his literary work was the fact that it was also a major centre for the book trade. This enabled him to expand his links with both publishers and journal editors and to enhance his already growing literary reputation, a factor which was to prove invaluable to him.

The dilemmas which medicine presented to him at this time led to him quitting clinical practice and concentrating on translation work to earn his living. Yet the paradox was that although he had become disillusioned with medicine he never lost his interest in it or his belief that it was at its best a practical healing art. His areas of scientific expertise being medicine and chemistry, he was naturally drawn to these in his translation work. In the main he translated from English or French into German, with the occasional Italian article as well. Across his desk at this time passed papers on consumption (tuberculosis), care of women during pregnancy, parturition and the neonatal period, a general review of agriculture and two *materia medicas*, one by Monro in London and the other, *A treatise on materia medica*, by Cullen in Edinburgh (published in 1789).

Dr William Cullen (1710–1790) was one of the most influential physicians of his time and a leading teacher at the Edinburgh Medical School. He was also a contemporary of fellow Scot, Dr John Brown (1735–1788), also from Edinburgh, who had developed a simpler theory of medicine (the Brunonian theory) than the complex ideas being widely developed elsewhere. Based on an original idea of Cullen's that all disease was linked to a 'nervous force', Brown came to view health as a state where

10 Hahnemann's legacy in modern homeopathic practice

there was the correct amount of 'stimulation' in the system, which meant that illness was a state where there was an incorrect degree of stimulation, either over-stimulation which he termed *sthenia*, or under-stimulation known as *asthenia*.

The essence of successful treatment was to counteract these abnormal states by either 'sedatives' such as bleeding, cupping, purging and cold applications or by 'stimulants' in the form of hot applications, spicy foods, wine and exercise. Once the correct type of treatment had been decided upon it would be applied in large amounts to ensure an adequate response. Brown's theory was to gain wide acceptance and In 1801 Hahnemann was to write a hard hitting criticism of those ideas (see Chapter 4) but in 1790 it was Cullen who attracted his particular interest.

Searching for truth

Conditions in Western Europe at that time were in some ways similar to those found in modern times around the world where malaria is still endemic. The condition known as swamp, marsh or intermittent fever was thus a major part of the case load of all doctors. Early in the seventeenth century the bark of a South American tree had been introduced into Europe and by Hahnemann's time the Peruvian or Jesuit bark (also known as Cinchona or China) had become established as an effective cure for the prevalent fever. Accordingly, the bark was included as such by Cullen in his materia medica, together with an explanation of its mode of action.

Although Cullen had fallen out with Brown he was still influenced by Brown's approach. Instead of 'stimulation' he referred to 'tone' or 'lack of tone' and he explained the bark's action as being by means of a 'tonic effect on the stomach', asserting that he can see no other possible explanation, nor had he ever found anyone else who had suggested an alternative. Hahnemann disagreed with that; for him it represented the kind of theoretical medicine he had despised since his university days. As was his habit he set out his objections in his notes to the translation he produced:

By combining the strongest bitters and the strongest astringents I can obtain a compound which, in small doses, possesses much more of these properties (a tonic effect) than the bark, and yet in all eternity no fever specific can be made from such a compound. The author (Cullen) should have accounted for this. This undiscovered principle of the effect of the bark is probably not very easy to find. Let us consider the following: Substances which produce some kind of fever (very strong coffee, pepper, arnica, Ignatia bean, arsenic) counteract these types of intermittent fever. I took for several days, as an experiment, four drams (18 grams) of good china twice daily. My feet and fingertips etc, at first became cold; I became

languid and drowsy; then my heart began to palpitate; my pulse became hard and quick; an intolerable anxiety and trembling (but without rigor): prostration in all the limbs; then pulsation in the head; redness of the cheeks, thirst; briefly, all symptoms usually associated with intermittent fever appeared in succession but without rigor. To sum up: all those symptoms which to me are typical of intermittent fever. . . . All made their appearance. This paroxysm lasted from two to three hours, and recurred when I repeated the dose and not otherwise. I discontinued the medicine and I was more in good health.

Later in the same critique:

If the author (Cullen) had detected that the bark had the power of producing artificial intermittent fever . . . certainly he would not have held so firmly to his mode of explanation.

and finally, Hahnemann's vital conclusion:

Peruvian bark, which is used as a remedy for intermittent fever, acts because it can produce symptoms similar to intermittent fever in healthy people.

Not surprisingly these conclusions were challenged on several grounds by those eager to defend the orthodox status quo, one ground being a lack of accurate diagnosis on Hahnemann's part (based on the assertion that he couldn't recognise fever when he saw it!). It was also suggested that Hahnemann's reaction to the bark was due to him having become infected with intermittent fever whilst in Hermannstadt, an area well known for its marshy environment and poor health. He had thus developed a carrier state which had been activated by his experiment. Modern critics of homeopathy will sometimes still indulge in similar convoluted clinical explanations rather than admit that homeopathy might have worked.

Fulfilling the dream

The 'cinchona experiment' is sometimes portrayed as a time of blinding inspiration when a whole new healing philosophy was born. In fact for Hahnemann it was the culmination of the direction he had been moving in for the previous fifteen years. Up to that point he had been increasingly dissatisfied with, and critical of, the conventional practice of medicine. However, he had been obliged to be essentially no more than a critic of aspects of the system as he could offer no complete and positive therapeutic alternative. Now he could as he had glimpsed the key to that alternative method in the principle of similar being cured by similar (often quoted as 'like cures like' but modern day usage of 'like' to mean 'same' or 'identical' is not what Hahnemann had in mind). The idea was not entirely new and

Hahnemann would have been familiar with the writings of the ancient Greek philosophers along the same lines, often finding expression in what became known as the *Doctrine of Signatures*. What was new was the means he discovered of turning a broad concept into a practical and logical method of healing that is still the basis of homeopathic practice today.

In addition to his objections to Cullen's explanation of the mode of action of bark Hahnemann in his notes had been critical of blood-letting and other such measures commonly in use which he condemned as having a weakening effect on the healing ability of the body. This was the prelude to much more outspoken attacks on those practices which he considered to be counter-productive. Blood-letting (venesection or phlebotomy) in particular attracted his wrath as the procedure was routinely employed as both a curative and protective measure (and on occasion as a cosmetic measure to ensure a pale complexion). One of his most virulent attacks came in 1792 following the unexpected death of Leopold II of Austria.

Leopold had come to his throne in 1790 at a time of great uncertainty. France had been in growing political turmoil for a number of years and in June 1789 the fortress/prison of the Bastille in Paris was stormed by the mob and full revolution had broken out. As a result an increasing number of refugees had been arriving in Germany and France's new revolutionary government was threatening war if these emigres were not returned instead of continuing to be welcomed in both Germany and Austria. Leopold had been able to resolve the immediate crisis and had emerged as a gifted diplomat and statesman to whom everyone looked to preserve the peace. However, in February 1792 his sudden death after an illness of only forty-eight hours threw everything into question once more. Accusations of poisoning were rife and to counter these the Austrian government published a medical report of his illness and death. Hahnemann wrote an article for a German paper which was highly critical of the treatment Leopold had received, which by inference suggested that it was the doctors who had killed the king rather than his illness. The ensuing uproar led to much debate in the paper and generated both support for and opposition to Hahnemann's views.

The main thrust of the critique was aimed at the excessive amount of blood-letting to which the patient had been subjected; four times in quick succession in spite of there being no improvement. There were, however, other aspects of the doctors' actions that Hahnemann questioned. The first of these concerned the diagnosis, which was given as a 'rheumatic fever and an affection of the chest'. No symptoms were described to justify the conclusion of a 'rheumatic' fever and the affection of the chest was unspecified. Hahnemann's concern was that few chest conditions could withstand

phlebotomy and in particular that only a definite diagnosis of pleurisy could really justify it. He was also scornful of the doctors' explanation of Leopold's rapid decline as being due to an extremely restless night reducing the patient's strength.

It is clear that at that stage Hahnemann had not yet arrived at his final position of all blood-letting being counter-productive but still considered it appropriate in some circumstance; it was only after 1800 that he renounced the practice completely. His argument in Leopold's case was that it was the unnecessary and excessive venesection the king had been subjected to that had killed him. Through the 1790s, as he developed his ideas further into what became homeopathy he came to realise the importance in healing of what became known as the Vital Force and as a consequence the importance of not weakening that force artificially, a consideration that is still relevant to the use of some modern drugs and procedures and which consequently has implications for modern homeopathic practice. Purging, emetics, starvation diets and other weakening procedures were all condemned by him but his most voracious attacks were reserved for blood-letting.

With that, however, he was attacking one of the sacred cows of medicine. Since the time of Hippocrates and Galen, through all the theories of medicine that had been developed and then discarded, bleeding had remained the one constant pillar of treatments, hallowed by centuries of tradition. It was a battle Hahnemann would not win in his lifetime. During the 1820s Francois Broussais (1772–1838) the French physician and head of the Paris Military Hospital further popularised the practice to the extent of earning himself the nickname of the 'Medical Robespierre' in comparison to the blood thirsty tyrant of the early days of the French revolution which claimed around eighteen thousand lives (Broussais also advocated the use of leeches and severe fasting as for him all disease originated in the alimentary system). Even though Broussais's excessive ideas were largely discredited in 1832 by his failure during the Paris cholera epidemic, blood-letting in general still continued to be widely used and in 1855 Franz I of Austria the son of Leopold II suffered more than his father, losing his wife, grandson and his own life to excessive blood-letting for an inflammatory lung condition.

The defence of the practice was even brought into the early attacks on homeopathy itself as well as the objections around the minimum dose and dilution that are still current today. Statements about homeopaths such as:

Their (the homeopaths) main tenet is the rejection of the two most important measures for saving life – blood-letting and emetics – which, as is well known, cannot be replaced.

14 Hahnemann's legacy in modern homeopathic practice

were made, even in the face of recognised cures without the practices. The reasoning appeared to be that although the patients got better it cannot have been the homeopathy that was responsible because the homeopaths treating them had neither bled the patients nor made them vomit! There were even cases brought to court for medical negligence on the grounds that the physicians had not used phlebotomy. Modern homeopathy still faces similar attitudes and arguments in the attempts to discredit it.

Building the case

There is a pleasing serendipity in the fact that the man who now had a positive case to plead already had the necessary introductions to and approval of the editors and publishers needed for his cause, in particular Christoph William Hufeland (1762–1836), a distinguished physician, who published the *Journal der Praktischen Arzneykunde* and Becker who was responsible for the *Reichsanzeiger* publication as well as various pamphlets over the years. Yet Hahnemann did not rush into print before his ideas were fully formed. He did not confine himself to his experiment with Peruvian Bark but also began to test other common substances in the same way, initially on himself and later involving others who came to share his beliefs; the beginning of what developed into the sophisticated technique of 'proving' still used today. At the same time he began, very slowly, to treat a few patients again using his new method whilst continuing with his translation work on a variety of chemical and medical subjects. His original writings increased and among those latter were several articles covering the correct preparation of soluble mercury and the disastrous effects of the medical misuse of mercury, particularly corrosive mercury. In 1792 there appeared his next major writing concerning his medical approach: It was entitled *The Friend of Health Part 1*. This first part was followed in 1795 by a second part continuing the same theme (for convenience both parts will be considered together here). The whole work has been described as 'Hahnemann the hygienist' and whilst it is true that hygiene figures largely in it there are other insights into his medical philosophy. One other theme which resonates with homeopaths today is Hahnemann's belief that the main defence against illness was the maintenance of 'a robust state of health'. The whole piece consists of a series of short articles, letters and notes each covering one aspect of medicine.

The preface contains a warning against too much concern for health leading to what might be called fads in lifestyle (particularly relevant today) where too much emphasis is given to one particular aspect rather than a

broader more balance view being taken. After that comes a discussion on the 'Bites of mad dogs', in which he decries the habit of claiming the effectiveness against rabies of particular remedies based on the assumption that every dog that bit was rabid and stressing the importance of accurate diagnosis in any condition. One criticism of homeopathy still heard today is that no account is taken of the conventional medical diagnosis yet Hahnemann, still in what were his early homeopathic days, was at pains to stress the importance of diagnosis, and he never deviates from that position. Hahnemann also acknowledges the existence and power of psychosomatic disease.

At this stage of his career he was still following the accepted view of miasms as noxious agents in the air. Accordingly concern for the quality of the air people breathed is a theme running through both parts of the publication. Two articles in part I on contagious disease and epidemics lay great emphasis on the ventilation of the sickroom and the quarantining of infected patients as far as possible. A large part of one article was given over to discussion of the observed establishment of immunity in doctors and nurses by repeated short exposures to the infection (described as 'immunity via habit'), and the fact that such immunity can last for years. The subject was revisited in part II with detailed instructions to the authorities on the control and prevention of epidemics. These, based on Hahnemann's experiences in Gommern and Dresden, covered subjects such as the establishment and running of isolation hospitals (including precautions to stop nurses drinking the patients' wine), disinfection, routines presaging modern day barrier nursing and disposal of the dead.

It is worth noting that at this stage of his thinking Hahnemann was still recommending that Bark (Cinchona) should be given to all fever patients as a routine. Prevention and control of disease in prisons and on-board ship is discussed based on disinfection and, ventilation. In a sign of the times, special mention was made of the risks to public health posed by prisoners of war. Town planning with wide streets and no exceptionally high buildings was discussed as a means of preventing epidemics. The good ventilation thus ensured would prevent both the build-up of noxious air and the creation of damp living conditions.

Other pieces in the work touched on other areas of Hahnemann's concern. On diet, to which Hahnemann always attached great importance, the conclusion was that in illness at all times the patients' instincts should always be considered and if possible acceded to rather than insisting on some theoretical and possibly harmful diet. The common practice of rearing children in confined nurseries with poor ventilation and much damp plus an inadequate diet of sweet things such as cakes and confectionary is

condemned. This is contrasted with his own methods of openness and good feeding as he evidenced by his own son Fredrick, known as Fritz (Fritz may not have been quite as healthy as his father made out, almost certainly suffering from rickets). He also disapproved of giving coffee to children and elsewhere was critical of both meat and too much carbohydrate.

On the subject of maintaining a 'robust state of health' as the main defence against illness, he cautions against following so-called preventative practices which in fact weaken rather than strengthen the body. His particular target was routine purgatives (although not mentioned preventative blood-letting would surely have fallen into the same category). At all times an underlying theme of Hahnemann's whole approach was the benefits of exercise and fresh air. More philosophical comments on lifestyle may be summarised as 'moderation in all things' and 'wealth doesn't bring happiness, good health being the basis of all true happiness.

The final note gives one further indication of his new convictions: whilst giving advice on how to select a good family doctor, Hahnemann was insistent that the choice must always be for one who prescribed only one medicine at a time with no mixtures or multiple prescribing.

The framework of his new method was now in place; the next stage was to expand the detail.

