

The Homœopathic COMPENDIUM

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History and Philosophy

CHAPTER 3: THE WATERSHED YEARS (1828–1830)

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THE WATERSHED YEARS (1828-1830) is a chronicle of the years during which Homoeopathy reached full maturity and Hahnemann introduced his teachings on constitution, temperament, heredity, the vital force and the chronic miasms in *The Chronic Diseases*. It also evaluates the methods of the 4th *Organon* (1829), which teaches the most evolved version of the single dose wait and watch method. These are the methods used by a majority of contemporary homoeopaths.

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The Watershed Years (1828-1830)



The 1st *Chronic Diseases* and 4th *Organon*

The Introduction of Homœopathic Pathology

THE Roman-Greco school of medicine was obsessed with classifying disease states into pathological categories at the expense of their distinctive signs and symptoms. Their goal was to find concise disease names that could easily be related to specific types of medicines. Hahnemann taught that it was very counterproductive to force diseases into artificial arrangements on the basis of a few common symptoms. He opined that every disease has a singular nature that should be assessed by what is marked, uncommon and unique about the patient's symptoms.

Hippocrates taught that all diseases are constitutional in nature and only appear locally as a last resort to provoke crisis. Hahnemann held a similar view and integrated it into all the editions of the *Organon*. During the period of the 1st to 3rd *Organon* homœopathic case taking was based primarily on the principles of similia and individualization, although the investigation of collective diseases had begun. Hahnemann was so disillusioned by orthodox pathology that he questioned the very idea of disease categories. See aphorism 40 of the 1st *Organon*.

But diseases, ailments and dyscrasias are such infinitely varied phenomena that a useful classification of them is impossible, even should such a forced arrangement of them in separate classes appear essential for purposes of cure.

Organon of Medicine, 5th & 6th Edition; S. Hahnemann (Dudgeon & Boericke Translation), Appendix, 1st Organon, Aphorism 40, p. 194.

Hahnemann renounced the pseudo causations and false disease names used by the allopaths. He felt it was misleading to classify disease solely by names like nephritis, gastritis and Bright's disease. It is more important to study the signs and symptoms of the patient rather than to fall into conjectures about pathological titles. To him each disease was a singular, unique event that needed individualized treatment. Samuel summed up his views in aphorism 46.

Nature has no nomenclature or classification of diseases. She produces *single* diseases, and demands that the true healing artist shall treat individually in his fellow-creatures not the systematic combination constituting a disease genus (a kind of confounding different diseases together), but each particular disease by itself; but she forbids the therapeutic treatment of composite groups of disease constructed by imaginative man instead of individual diseases (*which she has wisely created as separate entities*), thus crippling the divine work of healing.

Organon of Medicine, 5th & 6th Edition; S. Hahnemann (Dudgeon & Boericke Translation), Appendix, 1st Organon, Aphorism 46, p. 195.

The Founder was quite pleased with the success of Homœopathy in acute diseases and acute miasms but by 1816 he was increasingly frustrated by the number of degenerative chronic cases that were resisting his treatment. SEE: CHART 3.1 TIMELINE | THE CHRONIC DISEASES AND THE 4TH ORGANON; P. 97. Hahnemann previously collected the symptoms of sycosis and syphilis and noticed similar patterns of characteristics. Once he had recorded the group symptoms he was able to find remedies that acted curatively. This made the treatment of venereal diseases more consistent. Now Hahnemann was recording fundamental causes and collective miasms.

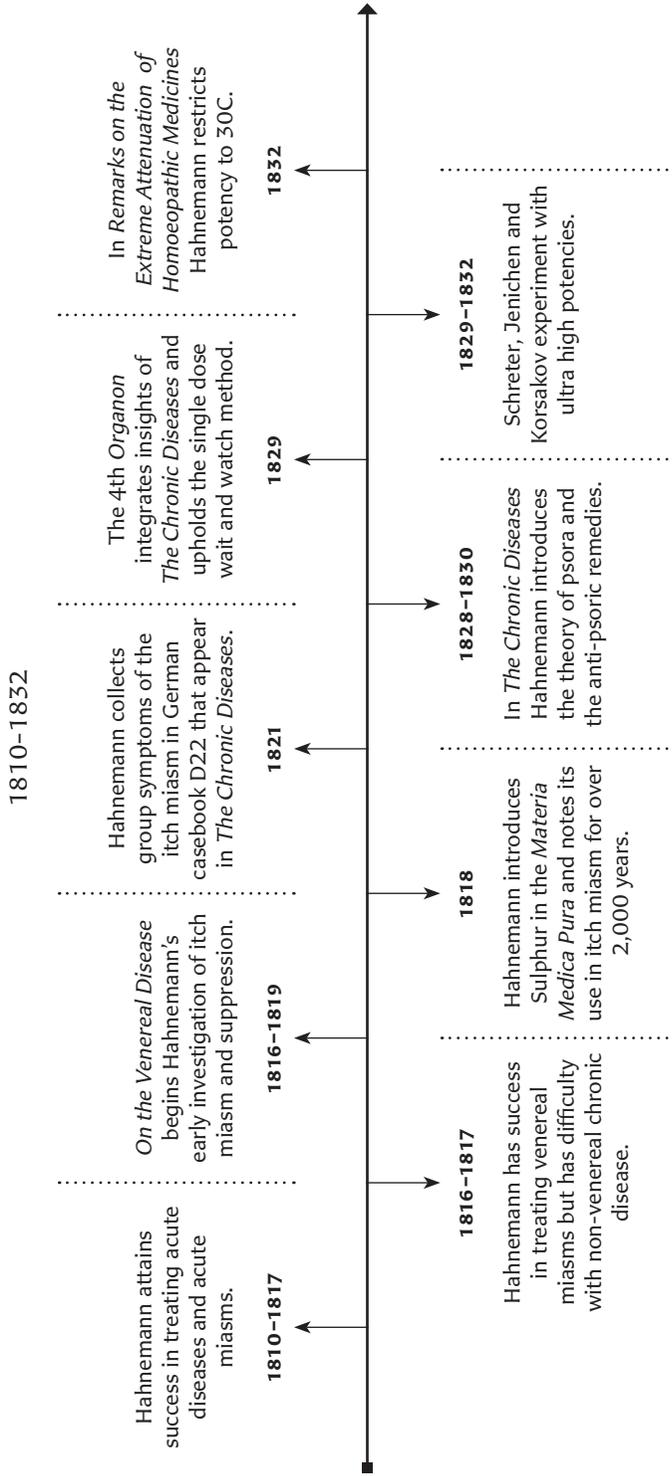
As Hahnemann continued to treat non-venereal chronic patients he noticed that many seemed to get better at first but then slowly declined over time. No matter what remedies Samuel gave, the patient did not seem to improve over the long run. He wrote of these prescriptions, "Their beginning was promising, the continuation less favorable, and the outcome hopeless."

Still such a favorable pause would never be of long duration, and the return and repeated returns of the complaints in the end left even the best selected Homœopathic remedies then known, and given in the most appropriate doses, the less effective the oftener they were repeated. They served at last hardly even as weak palliatives.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Nature of Chronic Diseases, p. 25.

This situation greatly troubled the Founder because he knew his therapeutic system was incomplete. The application of his store of remedies was only palliating rather than curing non-venereal chronic diseases. He had some successes but the overall trend was not encouraging. Perhaps the problem was the lack of suitable remedies for these chronic diseases? Although Samuel knew this was part of the

Chart 3.1 Timeline | The Chronic Diseases and the 4th Organon



dilemma he was not completely satisfied with this answer. Why were some chronic patients cured while others were not?

But usually, after repeated attempts to conquer the disease which appeared in a form always somewhat changed, residual complaints appeared which the Homœopathic medicines hitherto proved, though not few, had to leave uneradicated, yea, often undiminished. Thus there ever followed varying complaints ever more troublesome, and, as time proceeded, more threatening, and this even while the mode of living was correct and with a punctual observance of directions. The chronic disease could, despite all efforts, be but little delayed in its progress by the Homœopathic physician and grew worse from year to year.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Nature of Chronic Diseases, p. 25–26.

Among all the hopeful signs there was a rather large group of patients that was still resisting treatment. As Hahnemann watched the decline of these patients he observed a common thread in the signs and symptoms of various sufferers. How could the “never-resting, preservative vital force” remove acute diseases with the aid of remedies but not these chronic symptoms?

The answer to this question, which is so natural, inevitably led me to the discovery of the nature of these chronic diseases.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Nature of Chronic Diseases, p. 27.

Hahnemann postulated that the cause of these chronic diseases was an unknown primitive miasma and set out to discover its nature. Over the next twelve years Hahnemann worked on his new project in secret, not even telling his students. Samuel was now proving new remedies he thought might be effective; investigating the nature of individual and collective diseases; collating exciting and fundamental causes; studying acute, half-acute and chronic miasms; recording the effects of suppression; using exceedingly small doses; prescribing the decillionth potency (X—30C); and developing a new case management philosophy. At this time, it became obvious that the Founder needed to develop a new system of homœopathic pathology to replace the outmoded allopathic model. Although Samuel’s public writings taught that most illnesses were individual in nature, privately he was starting to question that hypothesis.

The Itch Disease in Early Homœopathy

In *On the Venereal Disease and its Ordinary Improper Treatment* (1816) Hahnemann taught that syphilis was a chronic miasmatic disease caused by a “virus”. At this time the word “virus” was a term used for infectious disease, before the advent of modern viral theory. Samuel wrote that the eruption of the chancre was a sign that the whole organism was infected with the internal disease. The suppression of the chancre causes

the internal syphilis to mutate into new destructive symptoms. He also points out that hydrophobia and smallpox are of a similar miasmatic nature. He then takes up the subject of the chronic “itch-virus” and its role in internal disease in detail.

The last-named disease belongs to the chronic exanthematous diseases (like the venereal disease), and in its nature also produces the itch vesicles, at first in the neighborhood of the part that was originally touched by the itch-virus, *e.g.*, betwixt the fingers and on the wrist, if the hands (palms) were first infected. As soon as the itch vesicles have made their appearance this is a sign that the internal itch-disease is already fully developed.

The Lesser Writings of Samuel Hahnemann; S. Hahnemann (Dudgeon Edition), On the Venereal Disease and its Ordinary Improper Treatment, p. 649.

In this early rendition of the itch miasm Hahnemann points out that as long as the eruptions effloresce on the skin the internal disease lies latent in a state of slumber. The external lesion acts as a pressure valve for the internal itch and slows down the spread of the miasma.

These itch vesicles are an abnormal organ produced by the inner organism upon the skin, designed by nature to be the external substitute of the internal disease, to take the latter upon itself, to absorb it as it were, and so to keep it subdued, slumbering and latent.

The Lesser Writings of Samuel Hahnemann; S. Hahnemann (Dudgeon Edition), On the Venereal Disease and its Ordinary Improper Treatment, p. 649.

Hahnemann goes on to describe the outcome of suppressing the external lesions of the itch miasma. Even in this early work the Founder makes a direct connection between driving in the itch and the development of secondary symptoms like phthisis, apoplexy, dropsy and insanity. In some cases suppression even causes sudden death, often of an idiopathic nature. Samuel also noted that Sulphur is a chief remedy in the treatment of the internal itch miasm. This completes the essential areas of study that would be elucidated in *The Chronic Diseases*.

That this is the case is evident from this, that so long as the vesicles remain on the skin and continue to itch and discharge, the internal disease cannot make its appearance, and from this also, that whenever it is partially destroyed on the skin, without any previous cure being effected of the internal itch disease (especially if it be of somewhat long standing and have attained to any extent) by means of the internal employment of its specific remedy, *sulphur*, this internal disease then bursts forth rapidly, often in a frightful manner, in the form of phthisis, asthma, insanity, dropsy, apoplexy, amaurosis, paralysis, and it not unfrequently occasions sudden death.

The Lesser Writings of Samuel Hahnemann; S. Hahnemann (Dudgeon Edition), On the Venereal Disease and its Ordinary Improper Treatment, p. 649–650.

During the Founder's lifetime public hygiene was so poor that soft tissue infections caused by mites, bacteria, fungi, and viruses were epidemic. Most people suffered from the itch disease in a variety of manifestations at one time or another. The most common practice was to treat soft tissue infections as local diseases with topical creams. In aphorism 41 of the 2nd *Organon* (1819) Hahnemann noted the connection between the suppression of the itch disease and asthma as well as pulmonary phthisis. This shows the connection between psora, and what was later identified as pseudopsora, the tubercular miasm. So even at an early date the Founder was recording the constitutional nature of skin diseases and the negative effects of driving the itch inward.

All the maladies which occur after the suppression of the eruption from the skin, after what is termed driving back the itch (the writings of many observers abound in such cases), are original symptoms proper to the itch disease, which remain latent as long as this disease draws off to the skin in the form of an eruption and thus silences its internal affection, but they return as soon as this derivative channel is stopped by the topical drying up of the itch-exanthem.

Organon of Medicine, 5th & 6th Edition; S. Hahnemann (Dudgeon & Boericke Translation), Appendix, 2nd *Organon*, footnote, Aphorism 41, p. 189.

The German casebook D22 shows that as early as 1821 Hahnemann was marking the potential symptoms of psora in his patients with the notation NB. Then he would collect the symptoms of the itch disease from his casebooks and transfer them into a manuscript form for his future publication on chronic diseases. For a period of 11 years he observed the symptoms of psora and investigated potential remedies for its treatment. He tested to see if Sulphur would prove as universal in the treatment of psora as Mercury had in the treatment of syphilis, but he soon found out that psora was a much more complicated disease. For this reason, Hahnemann experimented with the use of a chief remedy and an intercurrent medicine, the alternation of two remedies, and a series of remedies in sequence in an effort to remove psora. He introduced a number of new anti-psoric remedies, including many from the mineral world. He noted any new symptoms brought out on patients and integrated them with what was known from poisonings, older medical authorities and provings on the healthy. These investigations formed the foundation for the next development in Homœopathy, which was the systematic treatment of the chronic miasms.

New Remedies

In 1828 Hahnemann published the first edition of *The Chronic Diseases, Their Peculiar Nature and their Homœopathic Cure*, commonly known as *The Chronic Diseases*. *The Chronic Diseases* consisted of three parts; Part 1 explained the theory of the miasms and Parts 2 and 3 described 15 remedies. Part 4 was added in 1830.

This contained 2 new remedies and 5 from the *Materia Medica Pura*. This made a total of 22 remedies in the first edition. The second edition was published in sections; Parts 1 and 2 in 1835, Part 3 in 1837, Part 4 in 1838. The complete second edition, including a new Part 5, appeared in 1839. These second editions added 25 anti-psoric remedies, of which 12 were from the *Materia Medica Pura* and 13 were new remedies. Hahnemann's final collection of 47 anti-psorics contained 17 from *Materia Medica Pura* and 30 new remedies. The Tafel translation of *The Chronic Diseases* treats Aurum Muriaticum as a separate remedy making 48 anti-psoric medicines. The prefaces to these editions contain Hahnemann's latest insights into the function of the vital force in cure, the preparation of medicines and recent posology experiments. Hahnemann had been using the terms inherent energy of the vitality, vital energy and vital power since 1796. The principles of dynamism and vitalism are at the root of the original homœopathic paradigm. Hahnemann used the term the vital force (Gr. Lebenskraft) in the first edition of *The Chronic Diseases*.

The first edition of *The Chronic Diseases* contained 15 remedies that Hahnemann noted as anti-miasmatic remedies. The 15 remedies were Ammonium Carbonicum, Baryta Carbonica, Calcarea Carbonica (including Calcarea Aceticum), Graphites, Iodum, Lycopodium, Magnesia Carbonica, Magnesia Muriaticum, Natrum Carbonica, Nitricum Acidum, Petroleum, Phosphorus, Sepia, Silica and Zincum. Sepia and Silica had been included in the *Materia Medica Pura* and the other 13 remedies were new additions. In the original volume these remedies were published without a list of provers and observers as is found in the *Materia Medica Pura*. Hughes suggested that since Hahnemann was between seventy and eighty years old it was unlikely that he was still proving remedies on himself. Secondly he stated that as Hahnemann kept the psora doctrine secret until he shared his ideas with Stapf and Gross in 1827 he must also have kept the new remedies secret. For this reason, he opines that most, if not all of the rubrics found in the first edition of *The Chronic Diseases* were observations of symptoms brought out in Hahnemann's patients.

First of all, there is no direct evidence that Hahnemann proved absolutely no medicines between the years 1817 and 1828. Secondly, Hahnemann did not have to tell anyone his reasons for choosing to prove certain remedies, as this is not necessary for the collection of symptoms. It would have been impossible for Hahnemann to prescribe 15 new remedies for which he had absolutely no symptoms on which to base a prescription! He must have had at least a rudimentary collection of symptoms to administer these remedies on the ill in the first place. Then he could fill out the collection of symptoms based on the NB symptoms brought out on patients under treatment. Some have tried to use the fact that the Founder used symptoms brought out on patients under treatment as an example that Hahnemann did not practice what he preached in the *Organon*. The truth is that Hahnemann had used

this method since the time of the *Materia Medica Pura* and he wrote about it in aphorism 142 of the *Organon*.

In the third volume of *The Chronic Diseases* published in 1830 (which makes up Part Four of the first edition), Hahnemann included two new medicines, Kali Carbonicum and Natrum Muriaticum. He also included five remedies that were already in the *Materia Medica Pura*, i.e., Carbo Animalis, Carbo Vegetabilis, Causticum, Conium and Sulphur. There were originally 151 symptoms for Sulphur in the *Materia Medica Pura*, which increased to 1,969 in *The Chronic Diseases*. There is little doubt that many of these new rubrics came from Hahnemann's observation of symptoms brought out in patients under treatment. Hering wrote in the *Guiding Symptoms* under Kali Carbonicum, "Provings by Hahnemann, Gersdorff, Goullon, Hartlaub, Nenning, Rummell and Robinson." Hering also wrote that Natrum Muriaticum was "Introduced by Hahnemann, proved by himself, Foissac, Röhl, Rummel, Schreter and Nenning (Chronische Krankheiten)". Even Hughes admits that some of the symptoms of Natrum Muriaticum are from Hahnemann's provings in the 30C potency!

The Founder used two terms to describe the collection of symptoms in the 2nd edition of *The Chronic Diseases*, i.e., "names of my fellow-provers are..." and "names of my fellow-observers are...". In the 2nd edition Hahnemann states that he proved Sepia when he says that "The abbreviations of my fellow-provers are: Gil., Gouloon; Gff., von Gersdorff; Gr., Gross; Htb., Hartlaub; Whl., Wahle". Hering confirms these facts in the *Guiding Symptoms* when he states that Hahnemann proved Sepia along with Gersdorff, Gouloon, Hartlaub, Wahle and Gross. Hering also notes in the *Guiding Symptoms* that Nitric Acid was "Introduced by Hahnemann; proved by himself" and then lists the names of other co-provers including himself. Hering says Phosphorus was "Introduced by Hahnemann; proved by himself" and again states he was one of the co-provers. This data shows Hahnemann and Hering were both involved in proving the same remedies for *The Chronic Diseases*.

The second edition of *The Chronic Diseases* ran from 1835 to 1839. On top of the 22 medicines contained in the first edition, the second edition added 25 remedies, out of which 13 are new and 12 appeared in the *Materia Medica Pura*. The 13 new remedies were Agaricus, Alumina, Ammonium Muriaticum, Anacardium, Antimonium Crudum, Borax, Clematis, Cuprum, Euphorbium, Mezereum, Nitrum (Kali Nitricum), Platina and Sulphuricum Acidum. The 12 older remedies were Arsenicum, Aurum, Colocynth, Digitalis, Dulcamara, Guaiacum, Hepar Sulphuris, Manganum, Muriatic Acidum, Phosphoric Acidum, Sarsaparilla and Stannum. Now that the entire subject was out in the open, the list of provers increased and the number of remedies and symptoms were expanded.

Samuel Hahnemann was well aware that his new doctrine of the miasms and anti-miasmatic treatment was far ahead of his times. He knew that many would

not understand the depth and breadth of what he was proposing and that much of what he was saying would fall on deaf ears. In the Author's Preface to the first edition in 1828 Hahnemann wrote:

But in communicating to the world this great discovery, I am sorry that I must doubt whether my contemporaries will comprehend the logical sequence of these teachings of mine, and will follow them carefully and gain thereby the infinite benefits for suffering humanity which must inevitably spring from a faithful and accurate observance of the same; or whether, frightened away by the unheard of nature of many of these disclosures, they will not rather leave them untried and uninitiated and, therefore useless.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Author's Preface to the First Edition–1828, p. 7.

The Origin of Psora

The Chronic Diseases contains Hahnemann's first full dissertation on the constitution, predisposition, inheritance, the vital force, environmental conditioning, individual and collective diseases, and the chronic miasms. In this work the Founder introduced the first coherent system of epidemiology, the study of infectious miasms and their long-term effects. In Hahnemann's day little was known about the processes of infection and its effect on the immune system. Nevertheless, Hahnemann was able to carefully record the primary, latent and secondary symptoms of the chronic miasms. Samuel also recorded the symptoms of a syndrome that is now called autoimmune disorders and immunodeficiency diseases. The homœopathic version of these diseases, however, is much more extensive and detailed. The publication of *The Chronic Diseases* marks the end of the developmental phase of Homœopathy and the beginning of its definitive years.

Hahnemann was now of the opinion that most chronic diseases were caused by collective miasms rather than individual disease states. Hahnemann wrote in 1828 that the itch-miasm, sycosis and syphilis were the three miasms active in Germany in his time. He did not limit the number of possible miasms. He developed the collective anamnesis in such a manner that it could be used to assess acute, half-acute and chronic miasms and choose and find prophylactic and curative remedies. Homœopathy would now take into account the individual and collective aspects of disease and tailor the treatment strategy accordingly.

The ancient Greek physicians used the term psora to describe a great variety of skin diseases. Psora means an itch, fault, pollution or stigma. The internal concomitant symptoms of the itch miasm are called internal psora. The allopathic treatment for the itch diseases consisted of purging the patient with heroic remedies and treating the skin with sulfur, mercury, or lead ointments. This dubious method

caused more harm than good by “driving in the itch”. After some contemplation Samuel decided to call the new itch-virus by its ancient name, Psora.

PSORA is that *most ancient, most universal, most destructive*, and yet *most misapprehended* chronic miasmatic disease, which for many thousands of years has disfigured and tortured mankind...

The Chronic Diseases (Theoretical Part); S. Hahnemann, *Nature of Chronic Diseases*, p. 35.

Humanity has suffered from psora, the ancient itch disease, since human beings lived as cave dwellers. This ancient disease tinder has been passed through millions of human beings over the millennia. Its inherited and acquired affects are found in every family tree and on every continent. Human beings have been plagued with soft tissue infections, numberless skin complaints, and their internal affects, for generations. The skin is the first line of defense and is intimately connected to the vital organs, nervous system and the immune system. Hahnemann’s doctrine of psora meant that the skin diseases could no longer be viewed as local diseases and treated with topical applications.

The suppression syndrome is intimately integrated with the theory of the miasms. When the primary lesions of the chronic miasms are suppressed the diseases enter their latent phase. Occasionally, an exciting cause like mental stress, a physical trauma, unseasonable weather and the like, will stimulate an acute-like flare-up of the internal psora producing a localized crisis. Hahnemann explained the connection between acute-like diseases and the chronic itch miasm in a letter to Stapf in 1828. Samuel was commenting on the case of Stapf’s wife, who had suffered an attack of facial erysipelas.

This was an example of the, by no means, rare explosions and sudden outbursts of the internal psora. These are always quite sudden illnesses, the cause of which (*causa occasionalis*): a chill, a fright, a vexation, etc., is often very insignificant. They only come singly. Therefore I consider all maladies that occur epidemically and sporadically as belonging to this class.

The Life and Letters of Dr. Samuel Hahnemann; T. L. Bradford, p. 184.

Hahnemann goes on to say that this subject was not explained well enough in the first edition of *The Chronic Diseases*. This letter elucidates the relationship between many so-called acute diseases and shows that they are really a pathological crisis caused by the chronic miasms. Hahnemann implies that the susceptibility to acute miasms and individual sporadic diseases are also based on psora.

Those single outbursts of the internal latent psora, which I have not sufficiently described in my book (which may easily happen in the first edition of a book), after their speedy defervescence or rapid cure by proper means, allow the previously latent psora to return to its latent state — as we often

see in the case of poor people that a sudden inflammatory swelling in some part, a sore throat, an ophthalmia, an erysipelas, or other acute febrile disease (pleurisy, etc.), comes on in a threatening manner, but if it does not kill the patient, often subsides by the help of nature (frequently by the formation of an abscess), and then the stream that had overflowed its banks returns to its bed; i.e., the psora again becomes latent, but with an increased disposition to repeat these or similar explosions.

The Life and Letters of Dr. Samuel Hahnemann; T. L. Bradford, p. 184.

The Founder was not afraid to use words like pleurisy or ophthalmia to describe a set of symptoms but such names were not sufficient for the prescription of medicine. These symptoms merely represent a chief location that needs to be filled out with a complete description of the accompanying signs and symptoms. An acute-like acerbation of psora can produce a dangerous state that either takes the life of the patient or produces a severe crisis after which the patient slowly convalesces. However, this amelioration of the local symptoms only marks the return of psora to its latent state. These acute-like flare-ups will return and become worse as the internal disease grows. Over time, this latent state will evolve into secondary or tertiary diseases that attack the internal vital organs and systems producing serious degenerative states and pathological crisis.

It ought not to cause astonishment that for such very acute outbursts of latent psora the antipsoric remedies are not suitable, therefore, that *spirit. vini sulphuratus* (or even *Graphites*, which is such an excellent Homœopathic remedy for erysipelas of the face) was not suitable in the face-erysipelas fever of your wife. These remedies are appropriate for the slow, radical cure of the *causa prima* of the face-erysipelas. Now the unantipsoric remedies (like *Rhus tox.* in your case), which correspond to the present transient morbid picture, are the appropriate medicines; they can quickly quell the existing acute explosion, so that the condition calms down again into the latent psora, to which these remedies have little or no affinity.

The Life and Letters of Dr. Samuel Hahnemann; T. L. Bradford, p. 184.

Hahnemann clearly separated true acute diseases from pseudo-acute disorders caused by a flare up of the psoric miasm. They both represent acute-like states but a true acute disease is caused by an external exciting cause while a pseudo-acute disease is actually a crisis produced by the flare up of a chronic miasm. Hahnemann suggested Staph administer acute psoric remedies for the crisis and then return to the administration of deep acting anti-psorics. Hahnemann suggested the use of acute intercurrents during severe crises and chronic anti-psoric treatment for the underlying cause associated with psora.

To remove the tendency to such outbursts (dangerous sore throats, pneumonia, ophthalmia, typhus fever, erysipelas, etc.); that is, to effect a radical cure of psora, requires the slow specific action of the antipsoric remedies—in the case of your wife, among other medicines, also *Graphites*, as you must give *Sulphur* soon again.

The Life and Letters of Dr. Samuel Hahnemann; T. L. Bradford, p. 184–185.

In the *Materia Medica Pura* Hahnemann published the provings of 67 remedies of which 49 were plants, 16 minerals, and 2 animal remedies. In *The Chronic Diseases* Hahnemann published the provings of 47 chronic anti-psoric remedies of which 31 are minerals, 13 are plants and 3 are animal remedies. The Founder took 9 minerals, 7 plants and 1 animal remedy from the *Materia Medica Pura* and listed them as antipsorics. The new remedies included 22 minerals, 6 plants, and 2 animals. This shows that the emphasis on chronic treatment led to the proving of more mineral remedies.

The anti-psoric remedies are dominated by elements of the periodic table like Potassium, Sodium, Magnesium, Phosphorus, Carbon, Calcium, Sulphur, Chlorine, Silica and Iodine. This includes important medicines like Sulphur, Calcarea, Causticum, Hepar Sulphuris, Graphites, Iodum, Kali Carbonate, Natrum Muriaticum, Magnesia Carbonica, Silicea, etc. The psoric remedies are mostly plant remedies like Aconite, Belladonna, Hyoscyamus, Stramonium, Bryonia, Chamomilla, Colocynth, Coffea, Nux Vomica, Ipecac, Ignatia, Pulsatilla, Rhus Tox and Staphysagria. This offers a clue to the medicinal actions of the remedies of the mineral and plant world.

In 1796 Hahnemann wrote that plant remedies produced the rapid alternation of primary and secondary symptoms during the provings. This means their symptoms are subject to quick alternations and the production of opposite states. The mineral remedies are more slow, fixed and steady in their actions and produce less rapid secondary symptoms. Plant remedies are also known for their quick onset and rapid actions while the mineral remedies produce deep, long-lasting actions over time. This makes the psoric plant remedies more similar to acute diseases and crises caused by a flare-up of psora and the miasms. The mineral remedies are more similar to disease processes that are slow moving and fixed like the chronic miasms. There are anti-psoric plant remedies that produce similar deep actions in line with their mineral components. The animal remedies are quick acting but they also have deep long-lasting actions depending on the mineral composition. The minerals are the basis of the plant and animal worlds.

Proper chronic treatment removes predispositions to acute crisis because it removes their underlying *causa prima*. If the primary cause is not addressed, acute-like exacerbations will continue and become more dangerous until life-threatening secondary diseases are well established. The fast acting psoric remedies are more suitable for the treatment of acute crisis because their symptoms are more similar to

these states. The anti-psoric remedies are more slow and steady in their actions making them more similar to the long-term degenerative symptoms of chronic diseases.

The doctrine of psora and the chronic miasms had a strong effect on Hahnemann's practice of Homœopathy. In his early years the Founder taught that most diseases were of an individual nature with the collective miasms playing a more limited role. Now he believed that the universal chronic miasms played a much larger role than previously understood. As these diseases are of common cause and similar symptoms Hahnemann began to study them through the collective anamnesis. In the footnote to aphorism 78 of the 6th *Organon* Hahnemann wrote that psora could be implanted "through infection or heredity".

This is the origin of the chronic genus epidemicus remedies which are commonly called the anti-miasmatic medicines. Now that he had discovered the collective nature of the universal chronic miasms he began to place much more emphasis on the treatment of collective diseases. Hahnemann taught that psora was the mother of all miasms and that Sulphur was the father of all anti-miasmatic remedies. From this point on Sulphur and the other cardinal anti-psorics began to play a much larger role in his clinical practice.

The Founder's new methodology involved the study of the collective picture of the miasms (§100–§103) on a larger group. Once a homogenous group of anti-miasmatic remedies were found it was possible to use individualization to find which anti-psoric remedy (§82) was best for the patient. First the collective anamnesis is used to find the most similar group of remedies and then the individual anamnesis is used to find the personal remedy out of that group. The study of individual and collective diseases allowed the Founder to see the bigger picture.

Hahnemann's personal failures led him to believe that his early views were too limited to treat chronic diseases. Similia and individualization was now combined with the new classifications of homœopathic pathology including inheritance, constitution, temperament, susceptibility, causations and the collective study of the miasms. Some homœopaths were more secure with early Homœopathy and could not adapt to these new changes. Hahnemann was well aware that his theories were ahead of the times. Shortly before the publication of his findings he wrote Dr Stapf about the situation, in a letter dated Sept. 6th 1827.

At least a year will elapse before the others get my book; they will require more than half a year before they recover from the fright and astonishment at the monstrous unheard of thing, perhaps another half year before they will believe in it, at all events before they provide themselves with

the medicines, and they will not be able to get them properly unless they prepare them themselves.

The Life and Letters of Dr. Samuel Hahnemann; T. L. Bradford, p. 182.

Hahnemann also realized that many of his followers were going to be surprised by the exceptionally small doses and high potencies he was suggesting. How many homœopaths were ready to use a minute dose of the decillionth (X—30C) as a standard opening potency? The Founder also requested that each dose be allowed to finish the duration of its action before the remedy is repeated. Could they wait and watch? Samuel had his doubts about this.

Then it is doubtful whether they will accept the smallness of the doses, and wait the long time they ought to allow each dose to act. Hence, three years from this time must elapse before they are able to do anything useful with them.

The Life and Letters of Dr. Samuel Hahnemann; T. L. Bradford, p. 182.

With such doubts about his own students, Hahnemann anticipated a “great uproar” among the orthodox physicians and apothecaries. He knew that his work contained several controversial positions and dealt with areas of medicine that were well ahead of his time. To understand a sophisticated theory of infection that included miasms, primary states, latent stages and secondary diseases was difficult for the rank and file.

Epidemiology in Homœopathy

The Great Experimenter was the first to teach the constitutional nature of skin disorders and how they progress into serious internal disorders, especially when suppressed. Some modern homœopaths do not realize that miasms are the acquired and inherited effects of infectious diseases. Hahnemann made it quite clear in *On the Mode of Propagation of the Asiatic Cholera* (1831) that the cause of cholera miasm was an “enormously increased brood of those **excessively minute, invisible, living creatures, so inimical to human life** ★...” (*The Lesser Writings*, p. 758).

The Chronic Diseases (1828) is an early study of inheritance, constitution, temperament, susceptibility, infection, and collective diseases. The infectious miasms are collective diseases of common cause, fixed character, and similar symptoms. The case taking method for collective disease is the genus group anamnesis (§100, §101, §103). The group anamnesis is the source of preventative and curative remedies for the acute and chronic miasms. Miasms are parasites that have the capability to breed in the human organism.

Or have these various, acute, half-spiritual miasms the peculiar characteristic that—after they have penetrated the vital force in the first moment of the

contagion (and each one in its own way has produced disease) and then **like parasites have quickly grown up within it★...**

The Chronic Diseases (Theoretical Part); S. Hahnemann, Nature of Chronic Diseases, footnote, p. 75.

Hahnemann says the acute miasms “die out and leave the living organism again free” if the patient lives through the attack and its sequels. Then he speaks about the chronic miasms.

On the other hand, **are not the chronic miasmas disease-parasites, which continue to live as long as the man seized by them is alive,★** and which have their fruit in the eruption originally produced by them (the itch-pustule, the chancre and the fig-wart, which in turn are capable of infecting others), and **which do not die off of themselves like the acute miasmas,★** but can only be exterminated and annihilated by a *counter-infection*, by means of the potency of a medicinal disease quite similar to it and stronger than it (the antipsoric), so that the patient is delivered from them and recovers his health?

The Chronic Diseases (Theoretical Part); S. Hahnemann, Nature of Chronic Diseases, footnote, p. 75.

The Founder was well aware of the use of the microscope in scientific investigations. He noted that some miasms have latent states that take years to develop secondary pathology. Stressful emotional and physical circumstances ignite the latent miasms causing secondary pathology.

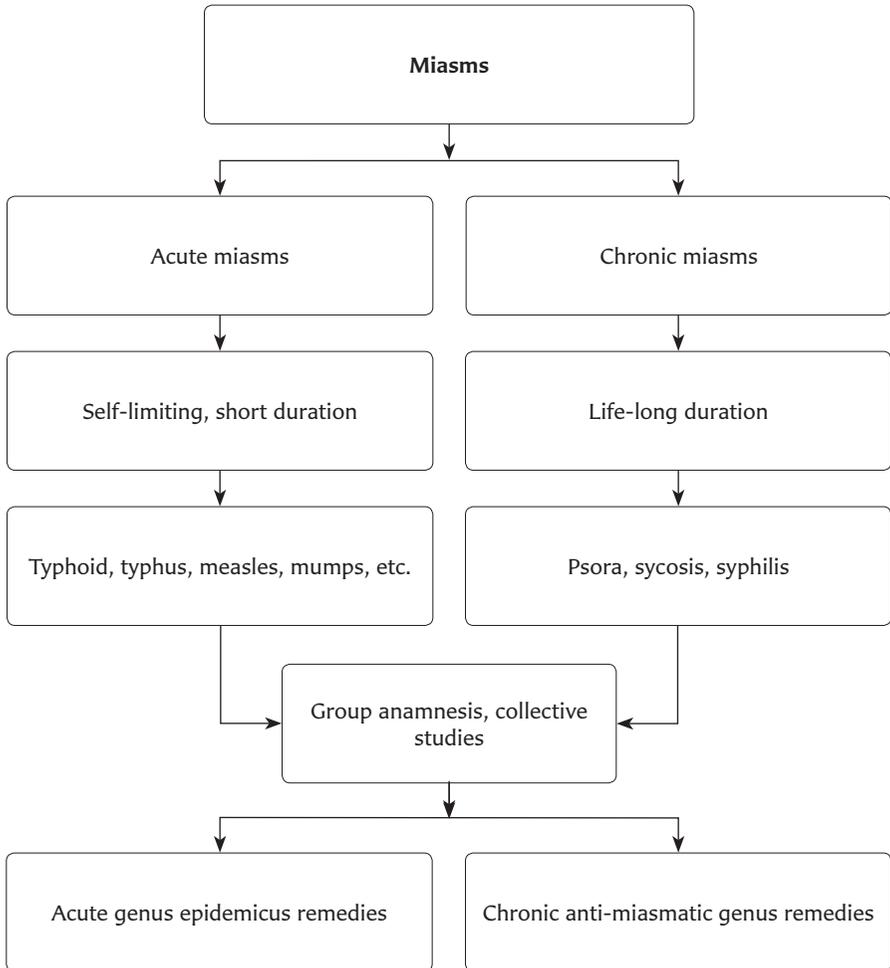
The internal itch disease is, as before mentioned, of such a peculiar nature that it may remain, as it were, tied down and covered up for a long time through external favorable surroundings, so that a man may seem, to the superficial observer healthy for years, even for many years, until circumstances unfavorable to the body or the soul, or to both, may arise and serve as a hostile impulse to **awaken the disease slumbering within and thus develop its germs.★**

The Chronic Diseases (Theoretical Part); S. Hahnemann, Nature of Chronic Diseases, footnote, p. 98.

Hahnemann’s original theory of the chronic miasms includes psora (the itch disease), sycosis (the fig wart disease) and syphilis (the chancre disease). These miasms may be acquired through a primary infection or their effects can be experienced through inheritance. The miasms include soft tissue infections caused by fungi, mites, and bacteria as well as gonorrheal sycosis, tuberculosis, syphilis, AIDS, chronic infectious hepatitis and endemic miasms like yaws, Lyme disease, and malaria. SEE: CHART 3.2 | CESSANTE CAUSA – CESSANT EFFECTUS; p. 110.

Chart 3.2 | Cessante Causa - Cessant Effectus

The Chronic Diseases (1828)



By the time he wrote *The Chronic Diseases* Hahnemann was already of the opinion that the repetition of the same potency over a longer period of time did not work as well as exposing the patient to several degrees of potency. He suggested for the most part the lowering of the degrees of potency as the case progresses. For example, in the instructions on how to apply Thuja in sycosis (page 151) he suggested beginning with Thuja 30C then progressing to lower the potency to 24C, 18C, 15C, 6C. In his dissertation on the treatment of psora he suggests it is useful, safe and often necessary to repeat the remedy in several different potencies.

In the discussion of the treatment of psora (page 216) Hahnemann suggests the use of a series of potencies going up and down the scale. Here he speaks of first giving the 30C followed by the 18th, then perhaps the 24th, followed by the 12th and 6th etc. Hahnemann started using this method to overcome the side-effects of repeating the same potency too many times in succession. The repetition of the remedy in several potencies demonstrated a more gentle prolonged action on the vital force. By this time, Hahnemann was preparing his medicines on small poppy seed size pellets so that he could administer smaller doses of his potencies. The size of his recommended dose is 1, or more rarely, 2 tiny pellets.

Margaret Tyler opined that there were more than the classical miasms but she did not rush to judgment. In the 1930s she looked to the future while holding on to the best of the past. The universal miasms of Hahnemann are very widespread but they are not the only existing miasmatic diseases. Some miasms are opportunistic and are usually found as secondary infections in compromised hosts. These make up the sub-categories of the primary miasms. Other miasms are endemic to a locality or rely on a zoological host therefore denying them universal status.

There are seven classes of miasmatic kingdoms; the viral, bacterial, rickettsial, fungal, chlamydial, protozoan, and worm. Most of these categories include both acute and chronic miasms. Reviewing the miasms in genus families offers a group picture as well as the characteristic signs of each peculiar sub species. This offers knowledge of the group disease state and leads to similar remedies in individuals. Each of these seven kingdoms has unique qualities and causes specific kinds of disease states. The miasmatic symptoms always reflect the nature of the infectious agent but the pathway of the disease modifies them. For example, the suppression of a skin infection favors the psoric symptoms while the suppression of a lung infection favors pseudopsoric signs. The suppression of sexually transmitted bacteria tends to produce venereal syndromes like sycosis and syphilis. Suppressed chlamydia produces a syndrome more like sycosis than syphilis, showing a connecting point between the two states.

Many disease states are based on multiple causations, environmental conditioning factors, and the predispositions of the constitution. That is why every patient must be treated as an individual by the symptoms of the disease-tuned vital force.

The old doctor also pointed out that there are diseases of common cause and similar symptoms that affect homogeneous groups. Collective and individual suffering is combined in a patient suffering from the chronic miasms. These miasms are caused by a specific genus with relatively fixed symptoms throughout the ages. Examples of collective disorders include traumas, endemic nutritional disorders and environmental diseases, and the infectious miasms. The miasms are social diseases that have had a great impact on culture and the human psyche as well as affecting the health of generations.

The Great Debate

Hahnemann's publication of *The Chronic Diseases* sparked off a great debate throughout the homœopathic and allopathic communities. There were three major types of reaction among the homœopaths. There were some, like Stapf and Boenninghausen, who completely supported Hahnemann's new paradigm. The second group was more skeptical at first but then accepted the basic premise through the application of its principles. This includes Hering, who was first overwhelmed, but after examining the facts, became a staunch supporter. Griesselich, who is mentioned in the 5th *Organon*, was quite critical of the psora theory but later in his life he wrote about it very positively. The overall opinion of many was that Hahnemann's teachings on the constitutional nature of skin disorders and suppression were worth their weight in gold. The third group completely rejected the entire affair out of hand without any serious investigation. Many of these individuals related more to the teachings of early editions of the *Organon* with their larger doses and lower potencies. They could not fathom Hahnemann's teachings on the vital force, dynamism, acute and chronic miasms and the use of exceedingly small doses of the decillionth (X—30C) potency. For some the entire episode was too much and they retreated into their old ways of practicing.

Hahnemann's hypothesis involves twelve major themes.

1. Miasms are infectious diseases of common cause and similar symptoms that affect a homogeneous group. There are acute, half-acute and chronic miasms.
2. All chronic miasms are constitutional in nature. Their affects can be inherited from one's ancestors or acquired by the individual. Hahnemann's universal chronic miasms are psora, sycois and syphilis.
3. Chronic miasms have primary, latent and secondary or tertiary states.
4. The skin is intimately linked to the inner humours, tissues, vital organs and systems.
5. The suppression of skin lesions and other symptoms causes the miasms to mutate into new, increasingly destructive internal diseases.

6. The group anamnesis is the method for studying the symptoms of the collective miasmatic disorders in the populace.
7. The anti-miasmatic remedies must be similar to the essential nature of the complete chronic miasm.
8. The individual anamnesis is used to select the personal remedy out of the anti-miasmatic remedies.
9. Many so-called acute diseases and pathological crises are actually flare-ups of the chronic miasms.
10. Susceptibility to acute miasms and sporadic diseases is linked to the chronic miasms.
11. Acute remedies are more similar to acute crisis while the anti-miasmatic remedies are more similar to chronic disease states.
12. Acute intercurrent remedies are prescribed by the exciting cause and active symptoms of crisis. Chronic remedies are chosen by the fundamental cause and the chronic symptoms.

Hahnemann's *Chronic Diseases* presents so many important ideas that countless homœopaths have been able to find useful information in the overall hypothesis. A few seasoned people understood the true ramifications of the Founder's new theory of the collective miasms. A good number agreed that the skin was intimately connected to the humours and vital organs and that suppression could cause serious internal disease. Although many accepted the basic premise of the constitutional nature of skin disorders, some found it very hard to believe psora was the cause of most chronic diseases. Some who supported the Founder's new works thought his estimation of the percentage of psoric patients was exaggerated. Samuel, it appeared, had come to the conclusion that almost everyone had psora to one degree or another. As psora can be passed on by heredity and infection its effects are bound to be very widespread.

Homœopathic philosophy underwent great changes in the years 1817 to 1828. Hahnemann had expanded the law of similars to include the spheres of individual disorders and collective miasms. The introduction of a precise aetiological theme with exciting, maintaining and fundamental causes took many by surprise. They were more used to the early *Organon* where causation was questionable and each case was considered a unique singular disease. They opined that the introduction of the miasms and anti-miasmatic remedies were contrary to the law of Similia and individualization. Some allopaths took up a similar argument saying that the introduction of the causal theory and specific remedies was evidence that Hahnemann had given up the basic philosophy of Homœopathy. Such debates were circulating in all medical circles.

One group of practitioners understood that psora was a constitutional disorder in theory but in practice they found it difficult to treat all skin diseases by internal remedies alone. They still wanted to fall back on the application of creams, baths and soaps, especially in the treatment of scabies. C. Burnett later shared the opinion that scabies could not be treated with internal remedies alone and suggested that it was best to kill the mites as fast as possible. This seems rather odd as my colleagues and I have been very successful in curing scabies with internal remedies, especially in the medicinal solution and split-doses when necessary. Burnett, on the other hand, had only tried the dry dose. Burnett was critical of Hahnemann in places but in general he showed great respect for the Founder of Homœopathy.

Some claimed Hahnemann did not know that scabies was caused by a mite that bored superficially under the skin. They questioned how such things could affect the constitution. To them “psora” was no more than an external skin lesion that should be dealt with externally. In Hahnemann’s translation of Monro’s *Materia Medica* (1791), the Founder wrote that scabies had a “living cause”. In *Anzeiger of Gotha* (1792) he taught that scabies is a living eruption that “has its origin in small living insects or mites”. Hahnemann suggested in *The Chronic Diseases* that Sulphur in potency was capable of curing the fresh primary eruptions associated with the itch disease. Others did not realize that pimples, boils, tetter and herpes are also primary eruptions of psora capable of transmitting the disease to others. They did not understand that the psora hypothesis covers the reaction of the vital force to all soft tissue infections including those caused by bacteria, fungi, viruses and mites.

A number of observers opined that Hahnemann’s miasms were a euphemism for an underlying chronic diathesis or constitutional state that demonstrates the nature of the inner terrain. The psora theory helped many focus on the importance of heredity in the processes of chronic diseases. They appreciated the teachings on underlying causes, susceptibility and latent states and applied them in their own way. They understood that acute disorders and pathological crises are not independent from the constitutional ground from which they spring. Quite a few adopted the idea of acute and chronic remedies but not all embraced the idea of apsoric and anti-psoric medicines. Even some of those who rejected the miasm theory totally found that the new chronic remedies worked very well on constitutional states.

Over time a few practitioners separated the miasm theory from its causal basis and used it as a convenient system to classify innate predispositions. The miasm theory became an expedient way to differentiate groups of symptoms in chronic diseases. Some consider psora, sycosis and syphilis to be a trinity of innate patterns found in everyone. They equate the miasms with a triune power of archetypal forces and attribute all manner of phenomena to them. This assists them in sorting the symptoms and reviewing appropriate remedies in the materia medica. All

of these insights have their value but each only highlights one or another facet of Hahnemann's original hypothesis. After Hahnemann left for his Heavenly Abode in 1843, homœopaths like Boenninghausen, Hering, Wolf, Kent and J. H. Allen published additional studies on the chronic miasms.

The Treatment of Chronic Diseases

The advent of the psora doctrine caused major changes in Hahnemann's treatment strategies. The Founder considered psora to be a collective disease that must be studied in a greater group of patients to find specific anti-psoric medicines. He taught that suppression and drugging masks the outer symptoms and drives the disease inward which causes serious conditions and weakens the vital force. Sometimes patients suffering from suppressed psora do not respond well to remedies chosen by the presiding symptoms. Sulphur has a peculiar power to remove suppressed psora from the center to the circumference bringing back the suspended symptoms and restoring vitality. This may be one of the major reasons why Hahnemann began many of his cases of psora with Sulphur.

From the years 1817 to 1828 Hahnemann worked tirelessly to construct a therapeutic system that would be suitable for the cure of chronic miasms. In the *Organon* Hahnemann always made the point that if the totality of the symptoms cease the cause of those symptoms also ceases. In *The Chronic Diseases* Hahnemann turned this argument around by stating "*Cessante causa, cessant effectus*", When the cause ceases, the effects cease. The allopaths considered removing the eruptions of itch on the skin to be the cure of the disease. Hahnemann pointed out that by the time the eruptions of psora appear on the skin the internal psora has already established itself in the inner organism. Removing the eruptions one-sidedly by topical medicines only suppresses the skin lesions and aggravates the internal psora causing an increase of secondary symptoms. These secondary symptoms then appear as a great number of chronic degenerative diseases called by different names in the orthodox pathology books. Hahnemann also pointed out that these secondary diseases would also disappear once their internal cause, psora, was cured.

In the first three editions of the *Organon* Hahnemann suggested that under ordinary conditions each dose of a homœopathic medicine should be allowed to act until its duration ceases. In *The Chronic Diseases* he went to great lengths to explain this methodology in the treatment of chronic miasms.

It is a fundamental rule in the treatment of chronic diseases: To let the action of the remedy, selected in a mode homœopathically appropriate to the case of disease which has been carefully investigated as to its symptoms, come to an

undisturbed conclusion, so long as it visibly advances the cure and the while improvement still perceptibly progresses.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Psora, p. 214.

Hahnemann points out that in many cases a single dose of a perfectly homœopathic remedy can act on the patient for several weeks to months and complete the cure. He opines that one can do no better than this no matter how many doses and remedies were given! In such a case repetitions and changes in remedies only cause aggravations, relapses and spoil the case. In general it is best for a homœopath to give a single dose and carefully wait and watch for a reasonable period of time before assessing the remedy action. Hahnemann notes, however, that there are cases which make an “exception to the rule” but he warns beginners to be very careful about repeating the dose prematurely.

One of the principles of *The Chronic Diseases* is that the nature of the disease conditions the duration of action of homœopathic remedies. For example, a freshly arisen primary eruption of itch tolerates the repetition of the anti-psoric remedy much more rapidly than the secondary states of psora. This is because the primary stage of the miasms is the acute-like phase of a long-lasting chronic disease. Similar conditions include acute-like exacerbations of a chronic miasm and pathological crises. During these acute-likes stages the disease state may require more rapid repetition of the remedies than in the slow-moving secondary stages.

Hahnemann taught that Sulphur was specific to the primary eruptions of psora and is often indicated at this stage of the disease. It was his experience that many cases can be cured by the administration of this remedy alone. There are some situations, however, where the practitioner needs to interpose Hepar Sulphuris Calcareum between the doses of Sulphur as an intercurrent remedy. Once the psora has reached the secondary stage it is rarely cured by Sulphur without the aid of other remedies. Such conditions often require a series of anti-psoric remedies to complete the cure. Hahnemann noted, however, that when repeating anti-psoric remedies in tedious chronic complaints caused by psora “it is nearly always necessary to give again from time to time during the treatment a dose of Sulphur or of Hepar (according to the symptoms)”.

In fresh eruptions of the itch disease, Hahnemann found that Sulphur, Hepar Sulph Calcareum, and in some cases Sepia, were the most suitable remedies for immediate repetition. He also suggested that Nux Vomica or Mercury might be useful as intercurrent remedies according to the time and circumstances. The details of this method were further clarified in the footnote to aphorism 246 of the 5th *Organon*. In these notes it states that Nux Vomica is very useful as an intercurrent remedy during the repetition of Sulphur as it calms aggravations and prepares the vital force to receive further doses of Sulphur. Mercury was used in a similar manner

in cases where large doses of allopathic sulphur had been taken in the past. These passages were removed in the 6th *Organon* although Hahnemann's Paris casebooks show that he still used intercurrent remedies on occasions in the 1840s when using the LM potency.

From 1828 to 1840 Hahnemann worked hard at overcoming the problems of a limited number of remedies and potencies. He was only working with around fifty well-documented anti-miasmatic remedies. For this reason, the Founder mastered zigzag prescribing because some of his remedies were partial simillimums. He had to know how to get the most out of a very small materia medica. Today we have access to hundreds of well-proven chronic medicines but only a few know how use them properly against the chronic miasms!

The Medicinal Solution in *The Chronic Diseases*

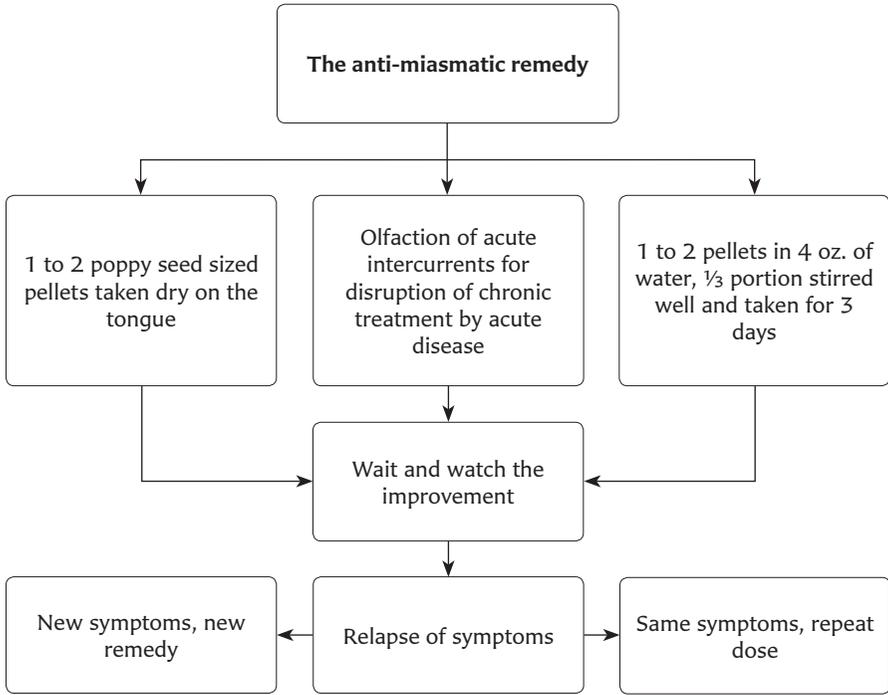
From the 1st *Organon*, Hahnemann spoke about the necessity of giving a single dose of a medicine and not repeating the dose until there was a relapse of symptoms. He did not repeat a remedy until the duration of the preceding dose had ceased. Hahnemann was unhappy with the slow progress of the single unit dose in many of his chronic patients. He wanted to find a way to elicit a deep healing action while avoiding aggravation, relapses and accessory symptoms. This led Hahnemann to experiment with the delivery system of his homœopathic potencies. Over the years he developed three delivery systems of the potentized remedy i.e., the poppy seed size dry dose, the olfaction of medicinal vapors, and the medicinal solution. Based on such experiences, Hahnemann began to conduct new experiments with the medicinal solution in chronic diseases. In the first edition of *The Chronic Diseases* he suggests administering the remedy as a split-dose in aqueous solution rather than the single dose of globules. SEE: CHART 3.3 | POSOLOGY IN THE CHRONIC DISEASES (1828); p. 118.

In cases where the physician is certain as to the homœopathic specific to be used, the first attenuated doses may also be dissolved in about 4 oz. of water by stirring it, and one third may be drunk at once, and the second and third portions on the following days; but it should each time be again stirred so as to increase the potency and thus to change it. Thereby the remedy seems to take a deeper hold on the organism and hasten the restoration in patients who are vigorous and not too sensitive.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Psora, footnote, p. 217.

In this method one or two pellets of the remedy are placed in four ounces of water and stirred well to slightly raise the potency just prior to administration. This slight change of the potency level alters the remedy so that the organism never receives the exact same dose twice in succession.

Chart 3.3 | Posology in The Chronic Diseases (1828)



If the medicine is to act more strongly it must be stirred in a little more water until dissolved before taking it, and in still more water if it is to act still more strongly, and the physician should order the solution taken a portion at a time. If he orders the solution taken in one or three days it must be stirred up not only the first time, but also the other two times, by which every part thus stirred acquires another somewhat higher degree of potency, and so is received more willingly by the vital force. To direct the use of the same solution for a greater number of days is not advisable, as the water kept longer would begin to putrefy.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Psora, footnote, p. 234.

Even as Hahnemann was developing the poppy seed size pellet dose he was finding it difficult to utilize in certain cases. This led Hahnemann to apply the use of liquid solutions to the treatment of chronic disease and the miasms. Many homœopaths have used the medicinal solution in acute illnesses but its application in chronic diseases has been largely ignored. Even when the medicinal solution is used it is often in a glass without succussions or vigorous stirring. This does not produce the benefits associated with the Paris methods.

In this paragraph from *The Chronic Diseases*, Hahnemann introduces the triple split-dose. The medicinal solution is applied on three consecutive days in those patients who are fairly vigorous and not too sensitive. This technique is a forerunner of the method found in the 5th and 6th *Organon* in which Hahnemann often used a series of liquid doses followed by a period of waiting and watching. Some modern homœopaths are using the triple dose without the medicinal solution. They administer the first dry dose in 200C, the second dose in 1M, and the third dose in 10M potency. Their idea is based on Hahnemann's experiments but it does not include the breakthroughs of Hahnemann's advanced posology.

The radical changes Hahnemann suggested were too progressive for some of the old homœopathic guard. Even Hahnemann's close students were overwhelmed by the introduction of homœopathic pathology and the chronic miasms. People needed time to digest the implications of the Founder's new paradigm. Everyone was taken completely by surprise.

The Vital Force in the 4th *Organon* (1829)

The 4th *Organon* (1829) is the companion volume of the 1st edition of *The Chronic Diseases* (1828). They share a similar philosophical view and case management strategies. In the 4th *Organon* Hahnemann began to integrate his teachings on the vital force found in *The Chronic Diseases* directly into the aphorisms. In the 4th edition Hahnemann began to replace terms like body, organism, state of health and other such words with the terms vital force, vital power and vital energy. The first extensive introduction to the *Organon* appears in the 4th edition under the title: I. Review of the Allopathy of the Old School of Medicine. SEE: CHART 3.4 | INTRODUCTION TO THE 4TH ORGANON (1829); P. 120.

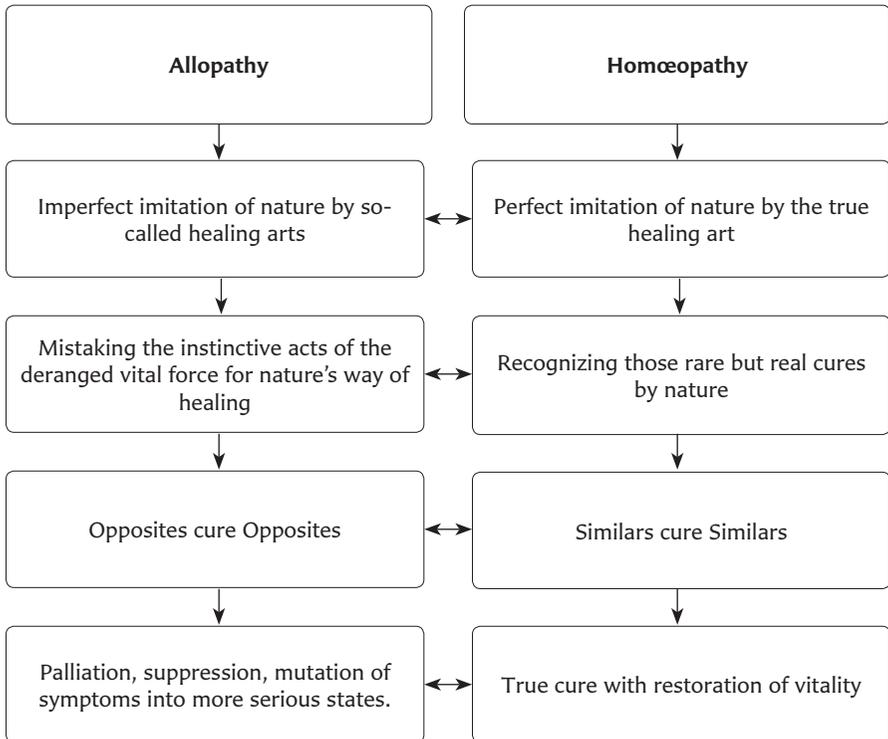
In this work the Founder reviews the history of medicine from the homœopathic view and explains the shortcomings of allopathy. The orthodox school maintained that their treatments were based on the actions of *Vis Medicatrix Naturae*, the healing power of nature. For example, they claimed that “nature” produced bleeding when there was plethora so the physician should also bleed to cure plethora. They presented such ideas as examples of how one cured naturally by *Contraria Contrariis* (opposites cure opposites). Hahnemann was deeply skeptical of such ideas and pointed out that what they called *Physis* (nature) was only the activities of the instinctive, automatic vital force when deranged by the forces of disease. Hahnemann wrote the following in the preface to the 4th *Organon*.

That nature, whose self-help was alleged by the traditional school of medicine to be the incomparable healing art and the only thing worth imitating, is merely the individual nature of the organic man, is nothing but the instinctive, irrational, unreasoning vital force subject to the organic laws

of our body, which is ordained by the Creator to maintain the functions and sensations of the organism in marvelously perfect condition so long as the man continues in good health, but was not intended nor adapted for the restoration in the best manner of deranged or lost health. For should our vital force have its integrity impaired by injurious influences from without, then this force strives instinctively and automatically to free itself from the adventitious derangement (disease) by revolutionary processes; but these very efforts are themselves disease; they are a second different malady substituted for the original one.

Organon of Medicine, 5th & 6th Edition; S. Hahnemann (Dudgeon & Boericke Translation), Preface to the Fourth Edition.

Chart 3.4 | Introduction to the 4th Organon (1829)



Hahnemann made it clear that in his mind, the orthodox school was mistaking the instinctive, automatic, unconscious actions of the mistuned vital force for nature herself. To understand the laws of healing one must apply their reason gifted mind to the natural processes that actually cure disease. The Founder championed

the idea that conscious intelligence must guide unconscious instinct in accordance with natural commandments.

But as what has hitherto been termed “healing art” was a mere (imperfect) imitation of those unhelpful, useless, not infrequently injurious efforts and operations of this instinctive, unreasoning vital force (misnamed nature) when left to itself in disease, it will, I think, be conceded that before me the true healing art was not discovered. But that homœopathy is this healing art, which had hitherto been sought for in vain, its fundamental principles teach, its performances prove.

Organon of Medicine, 5th & 6th Edition; S. Hahnemann (Dudgeon & Boericke Translation), Preface to the Fourth Edition.

In these passages Hahnemann makes one of his most controversial statements. That is the idea that the vital force is designed for preserving the state of health and is not well suited for the restoration of health during sickness. On the surface such an assertion seems contrary to the teachings of Hippocrates as well as the modern understanding of the immune system. This assertion outraged the orthodox physicians who considered themselves “ministers of nature” and also confused some of Hahnemann’s own followers. If one looks deeper, however, there are very valid observations behind this declaration. Hahnemann returns to this theme in the footnote to aphorism 19 of the 4th *Organon*.

I have already shewn, in the Introduction, that this method is an imperfect imitation of the still more imperfect attempts made by the unintelligent vital powers (when abandoned to their own resources) to save themselves at all hazards, a power to which the organism was confided merely to preserve its harmony so long as health continued. However inapplicable this method may be, it has for so long a time been practiced by the existing school of medicine, that the physician can no more pass over it unnoticed than the historian can be silent on the oppression to which mankind has been subject for thousands of years beneath the absurd rule of despotic governments.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), footnote 1, Aphorism 17.

The preface and introduction to the 4th *Organon* states that in chronic diseases the deranged vital force produces general reactions that tend to attack the healthy areas of the organism without being able to remove the original disease. Although the vital energy may remove moderate acute diseases through crisis, serious acute diseases more often than not end in death. These rather negative statements must be understood in the context in which they are given. That is, the disease-tuned vital force may not be the best indicator of how to cure. To cure effectively, gently and permanently the healing artist must study those rare but true cures carried out

by nature herself. These ideas are integrated into the main text of the 4th *Organon* in aphorism 48.

The method we ought to adopt to cure diseases effectually, mildly, and permanently, is easily discovered by studying the proceedings of nature. These will teach us to avoid the course pursued by the unintelligent vital powers, which, like allopathy, tend always to attack the parts that are least diseased, and to excite a malady dissimilar to the primitive one; a proceeding that never effects a cure in chronic diseases, but always aggravates the evil, and which, in acute diseases that are not intense, removes them with difficulty, terminating almost always in death where they are violent and already dangerous in themselves. Here we may likewise learn to imitate those rare but real cures (§38, 41) that are performed by the excitement of a new morbid power whose effects resemble those of the primitive disease, and which, acting upon the body, destroy and removes the latter promptly.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 48.

It was Hahnemann's view that the healing artist should not blindly follow the instinctive reactions of the disease-tuned vital force because they are part of the problem, not indications of how to cure. He even goes so far as to say that some of these attempts at self-healing are similar to allopathy as they produce dissimilar states that damage the healthy parts while aggravating the original disease through complications. This rather controversial idea has come of age as modern science confirms that most of the pathology that takes place in chronic diseases is caused by the organism's own deranged pro- and anti-inflammatory hormones and immune responses which damage the healthy parts of the organism. It was Hahnemann's view that the healing artists should use their God-given intelligence to observe Nature more closely and understand that in the natural world disease is cured by similar diseases. See aphorism 49.

These cures are, as we see, performed solely by means of homœopathy, which we have at length attained to, by consulting reason and taking experience for our guide (§9, 10). By this method alone can we cure disease in the most speedy, certain and permanent manner, because it is grounded upon the eternal and unerring law of nature.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 49.

Exciting and Fundamental Causes

Hahnemann's teaching on causation and the categorizations of disease went through a radical change between 1805 and 1843. Nowhere are the changes in the homœopathic paradigm more obvious than in aphorisms 5, 6 and 7 of the

3rd *Organon* compared with 5, 6 and 7 of the 4th, 5th and 6th *Organon*. The most important changes are found in aphorism 7 of the 4th edition, which later becomes aphorism 5 of the 5th and 6th editions. In his early years Hahnemann taught that similia and individualization alone were sufficient to treat all diseases. The central causal doctrine of Homœopathy at this time was to refute the concept of the primary cause and *tolle causum* (remove the cause) of the orthodox school. In aphorisms 5, 6 and 7 of the 3rd edition Hahnemann wrote that diseases as such are hardly recognizable in terms of inner changes but certainly recognizable by their symptoms. In the footnotes he adds that the knowledge of the “*prima causa*” is non-important in the matter of healing. For this reason, the healing artist views sickness only in terms of the totality of the symptoms.

Every medical practitioner knows the difficulty of finding the true cause of many disease states. Proximate cause often relates to an aetiological constellation made up of several interdependent factors rather than one single cause. Other befallments seem to just happen for no observable or logical reasons. Even with the rapid development of modern sciences, studies at major institutions show that the diagnosis of the true cause of many diseases is still outside our grasp. Many causes are so hidden in the past that they can only be witnessed in the signs and symptoms in the present. Hahnemann felt that it was a mistake to take the internal changes that take place in the organism as the primary cause of the disease. For example, to say that fatty degeneration of the heart is the primary cause of heart attack is an illusion as this is just another symptom of the disease. Why did the fatty degeneration appear in the heart and arteries in the first place? Is it because of inherited predispositions, emotional stress, smoking, poor diet, lack of exercise, obesity or the presence of chronic miasms? Are these internal changes produced by any one of these factors or a combination of all of them? To look at the pathological changes as the primary cause is only looking at the effects not the true reasons for the development of the disease.

To say the primary cause of the patient’s disease state is a stomach, liver or kidney disorder is not only misleading but also useless in finding a true curative remedy. What are the real causes behind these internal changes? What produced the original changes in function that ultimately lead to organic pathology in these vital organs? The true causes of such diseases are not found in the pathology of the body alone. Hahnemann continued to maintain that pathological changes in tissues, organs and systems are not the primary cause of disease, but at the same time, he introduced the homœopathic view of causation. For this reason, the paragraphs found the 3rd *Organon* were replaced and the text was updated in accordance with the new information presented in *The Chronic Diseases*. The most profound changes

come in aphorism 7 of the 4th *Organon*, which contains the major breakthroughs in *The Chronic Diseases* in a nutshell.

When a cure is to be performed, the physician must avail himself of all the particulars he can learn, both respecting the probable origin of the acute malady and the principal phases of the chronic disease, to aid him in the discovery of their fundamental cause which is commonly due to some chronic miasm. In all researches of this nature, he must take into consideration the apparent state of the physical constitution of the patient, (particularly when the affection is chronic), the disposition, occupation, mode of life, habits, social relations, age, &c. &c.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th *Organon* by Charles H. Devriant, 1833), Aphorism 7.

No longer was the discussion of aetiology based primarily on refuting the *prima causa* of the orthodox school. Now it was the homœopath's duty to study the exciting causes of acute diseases and the fundamental causes of chronic diseases, which are often based on the chronic miasms. In researching these areas it is important to take into account the state of the physical constitution; the nature of the intellect and emotional disposition as well as situational factors like occupation, lifestyle and habits, social relationships, age, etc. Hahnemann called these areas of human life the "attendant circumstances" and considered them an essential foundation for understanding patients and the cause of their diseases. Case taking in the 4th *Organon* included an expanded study of the causal factors, chronic miasms, and concomitant symptoms related to constitution, temperament and environmental factors. The approach found in aphorism 7 is updated and transferred to aphorism 5 in the 5th and 6th edition of the *Organon*. SEE: CHART 3.5 | APHORISM 7: CAUSATION AND ATTENDANT CIRCUMSTANCES; P. 125.

By 1828 Homœopathy was no longer a system based solely on similia and individualization. Now it was necessary to recognize individual and collective causations as well as singular disorders and group diseases. At this time Hahnemann spoke in terms of causes, miasms, symptoms and attendant circumstances. Every area of the patient's life was assessed in order to understand the causal nature and attendant factors of the disease state so that the totality of the symptoms would be as complete as possible. These themes would be expanded and included in more paragraphs in the 5th and 6th editions of the *Organon*. This presentation goes far beyond anything that Hahnemann wrote in the first three editions and bears witness to the fact that Homœopathy had come of age. See aphorism 8 of the 4th *Organon*.

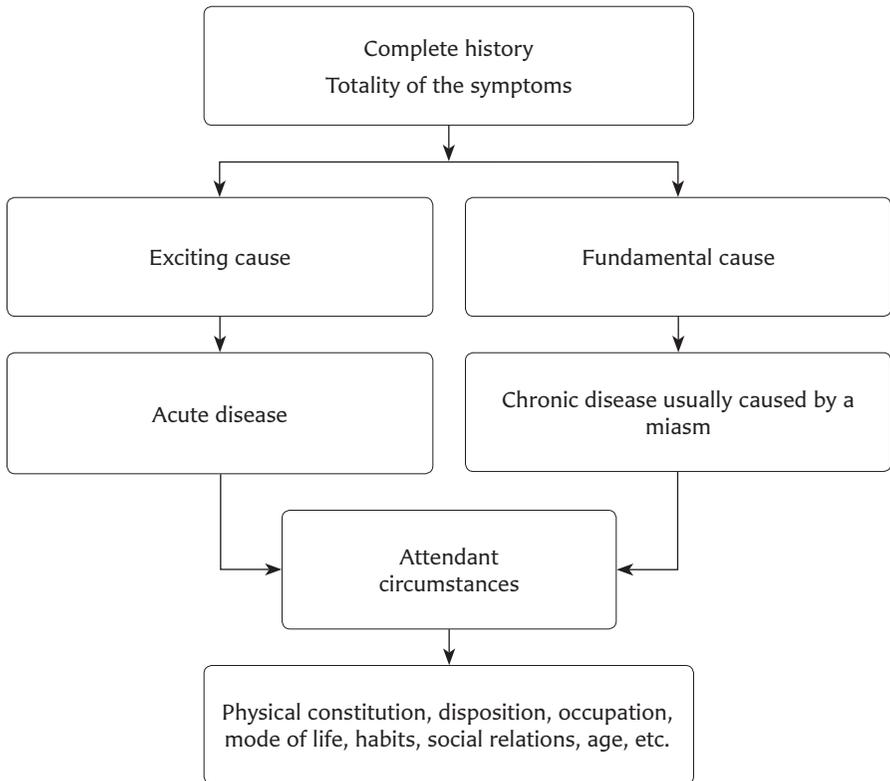
The unprejudiced observer, (however great may be his powers of penetration) aware of the futility of all metaphysical speculations that are not confirmed by experience, perceives in each individual affection changes of general state

of the body and mind, traces of disease, causalities, and symptoms that are discoverable externally alone,—that is to say, deviations from the former sound state of health, which are felt by the patient himself, remarked by the individuals around him, and observed by the physician. The *ensemble* of these available signs represents, in its full extent, the disease itself—that is, they constitute the true and only form of it which the mind is capable of receiving.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 8.

Chart 3.5 | Aphorism 7: Causation and Attendant Circumstances

4th Organon (1829)



There are those who tend to rely on metaphysical priori that are very hard to confirm by experience. They are always looking for a transcendental cause or symptom that will explain everything in a few words. These attempts are often based on subjective interpretations of a single person rather than the objective facts visible

to all. Hahnemann emphasized a Gestalt philosophy in which the whole was more important than the sum of its parts. In his view it is the assembly of all perceivable causalities, disease traces and symptoms found in the body and mind that make up the true portrait of the illness. By viewing the essential nature of the totality of the symptoms the disease takes on the form of a holographic picture that may be seen from all sides and by every observer.

In aphorism 9 Hahnemann introduced a category called “causa occasionalis”, which are exciting and manifesting causes that need to be removed. This includes removing foreign objects by surgery, using stomach pumps or emetics to remove poisons and other mechanical problems that need physical assistance. In cases where there are no such factors Hahnemann writes “we can perceive nothing but the symptoms, then must these symptoms alone (with due attention to the accessory circumstances, and the possibility of the existence of a miasm) guide the physician in the choice of a fitting remedy to combat the disease.” Unlike the first three editions of the *Organon* the last three editions all emphasize the need to assess the totality of symptoms as well as the attendant circumstances (constitution, temperament, habits, lifestyle, relationships, sexuality, etc.) and the chronic miasms (psora, syphilitis and syphilis).

In the earlier editions of the *Organon* Hahnemann opined that nature produces single, unique diseases in each individual that demand the complete individualization of each and every case. By the time of the 4th *Organon* Hahnemann was equally sure that infectious miasms were collective social diseases based on a common cause. For this reason, he concluded that there were personal disorders and group miasms that demanded a different approach. To understand a collective disease like the acute and chronic miasms demands a much larger study. This is because each individual patient only shows one facet of the collective miasm, which does not provide the complete totality of the symptoms. To treat a collective disease it is necessary to study the miasmatic signs in a greater group of patients to find specific genus epidemicus remedies. Although early Homœopathy addressed this issue in acute disorders it was not until the 4th *Organon* that the need to study the chronic miasms in a similar manner was emphasized. Vide aphorism 96.

This method, so indispensable in epidemic diseases which are for the most part acute, I have likewise thought proper to apply in a more rigorous manner than has hitherto been done, to chronic diseases principally produced by a miasm that always retains its identity and to psora in particular. In fact, it is necessary to search out the whole of the symptoms of these affections, since each individual they attack only presents a part of them, and the remainder must be sought for in other patients; so that without having observed a great number of persons attacked with one of the chronic

affections which belong to this class, it would not be possible to acquire knowledge of the totality of the symptoms that characterise them, or, consequently, of the homœopathic remedy which is appropriate to all their different stages and forms.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 96.

By 1821 Hahnemann was already studying the symptoms of the itch disease through the collective case history. He would carefully mark the potential symptoms of psora with NB in the margins of his casebooks. From these observations it was possible for him to construct a group case based on the totality of the symptoms of the miasms found in hundreds of patients. This collective study brought out the group symptoms of psora in such a manner that it was possible to find chronic genus epidemicus remedies for anti-psoric treatment. For the chronic miasm to be cured the remedy must have the potential to remove the totality of symptoms in all its stages and forms. If a remedy cannot treat the primary, latent and secondary symptoms of psora then it cannot properly be called an anti-psoric remedy.

The Wait and Watch Method of the 4th Organon

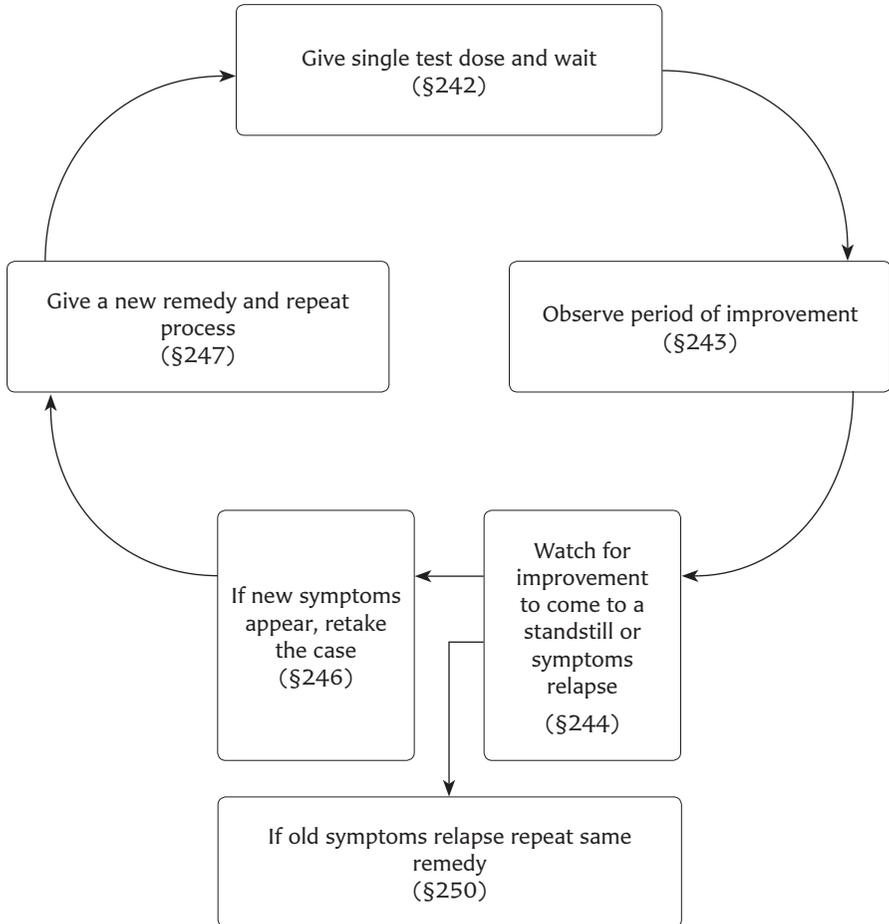
In the 4th *Organon* Hahnemann taught that the size of the dose should be kept as small as possible and suggested the use of tiny poppy-seed size pellets as a medium for his remedies. At this time, he started most cases with the 30C and then lowered the potencies to 24C, 18C, 12C and 6C if and when needed. The Founder gave careful rules regarding the repetition of the remedy and perfected what is often called “the single dose wait and watch method”. This approach is clearly explained in aphorisms 242, 243, 244 and 245. SEE: CHART 3.6 | SINGLE DOSE WAIT AND WATCH METHOD; P. 128.

So long, then, as the progressive amendment resulting from the dose continues, it must at least be admitted that, in this case, the action of the remedy has not yet ceased, and consequently no other medicine should be prescribed.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 242.

In the above passage Hahnemann clearly explains that as long as there is a progressive improvement one must assume that the duration of the remedy still continues. As long as the patient is getting better day by day and week by week the repetition of any medicine whatsoever is forbidden. After this aphorism the Hofrath proceeds to explain the nature of the work that can be accomplished by a single dose of an appropriate homœopathic medicine.

Chart 3.6 | Single Dose Wait And Watch Method
4th Organon (1829)



To this we may add that when the remedy is perfectly homœopathic, the amelioration continues even after its action has terminated. The salutary operation does not cease immediately after the first remedy has exhausted its action, not even when several hours, and in chronic diseases several days, are suffered to elapse without administering another dose. That part of the disease which has already been destroyed cannot revive again, and the amendment would still be perceptible for a long time, if even no more medicines were administered to the patient.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 243.

Hahnemann continues by explaining that the improvement produced by a well-selected remedy will continue for an intermediate period after the duration of the remedy ceases. This period may last for a few hours in an acute disorder to several days in a chronic disease. He notes that the symptoms of the diseases that have been truly cured will not return, and an increase in health will be observable for some time even without additional medicine. This is the power of the single dose.

When the progressive amendment arising from the first dose of the homœopathic remedy does not terminate in perfect health, (which is rarely the case in acute diseases), a period of stagnation ensues, which for the most part is also the limit of the action of the remedy. Until this arrives, it would be acting without any reasonable motive, or even advantage to the patient, and in direct opposition to the desired object, as well as to the welfare of the sufferer, to make him take a fresh dose of the medicinal agent.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 244.

In the following paragraph Hahnemann explains his reasons for forbidding all medicinal interventions until the amelioration reaches a standstill in every direction. He emphasized the fact that untimely intervention, even with a well-chosen remedy, runs the risk of producing aggravations and unhomœopathic medicinal symptoms that mix with the natural symptoms and delay the cure. If the prescriber does not recognize the nature of these signs, and continues to give more medicine, there is a danger of causing a serious medicinal disease.

Even a medicine that had produced very salutary effects until a given time would only aggravate the state of the patient if repeated before the amelioration terminated in all its points. This would be an attack at an improper moment. In fact, the first dose, when its action, proportioned to the duration of the disease is exhausted, has already done all the good that this remedy could till then accomplish—that is to say, it has brought back the health to the most favourable state it was possible to bring it. A second

dose would now spoil this good result, for it would excite the appearance of the other non-homœopathic symptoms peculiar to the remedy—that is to say, it would create a non-homœopathic medicinal disease, which joining itself to the rest of the symptoms of the natural one would constitute a complicated malady of still greater intensity. In short, it would destroy all the good effects already produced by the former, or any that might be expected from it, and thus at least impede recovery.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 245.

The statements in aphorisms 242, 243, 244 and 245 are in harmony with what Hahnemann had written in *The Chronic Diseases* in 1828. The idea of giving a single dose and waiting until the improvement ceases in every direction before giving more medicine is commonly associated with “classical Homœopathy”. Many of today’s practitioners, especially those who use higher potencies like the 30C, 200C, 1M and 10M use this method. The only exception to the wait and watch rule is when a remedy produces a dissimilar aggravation marked by new symptoms without causing any clear improvement. Hahnemann took this as a sign that the wrong remedy had been given and corrective measures were needed to regularize the case. This is explained in aphorisms 248 and 249.

There is but one case where another medicine ought to be administered before the preceding one has exhausted its action; it is that where a dangerous disease far from improving in the slightest degree becomes on the contrary aggravated by the appearance of fresh symptoms. It is then evident that the medicinal substance administered in the first instance was not homœopathic to the existing disease. It is therefore necessary, even before it shall have finished its effects, to administer another which is more conformable to the actual state of the disease.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 248.

The appearance of new symptoms not appertaining to the disease under treatment is a sign that the patient has received the wrong remedy. In cases where there is no immediate danger these symptoms will often disappear by themselves in a matter of minutes to hours in acute diseases or a day or two in a chronic complaint. In dangerous cases, however, this is no time to wait and watch. A new remedy that suits the present condition must be given immediately without waiting for the cessation of the wrong remedy. The correct remedy for the presiding symptoms will regularize the case and start the process of amelioration. Hahnemann continues on this theme in aphorism 249.

This mode of proceeding would be imperative in a still greater degree if, in any urgent case, the physician who watches the progress of things with

attention, perceives, at the expiration of six, eight, or twelve hours, that he has made a mistake in the choice of the last remedy, because the patient grows worse and new symptoms declare themselves. In such a case, it is not only allowed, but it is even a duty, to repair the error he has committed by selecting another homœopathic remedy that is as appropriate as possible to the present state of the disease. (§161).

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 249.

In the 4th *Organon* Hahnemann taught that after the first dose the symptoms of the patient often change to such a degree that a new remedy is needed for the remaining complaints. He felt that if a remedy was well selected it would eliminate all of the symptoms it was capable of removing in a single dose. He raises this idea in aphorisms 246 and 247.

When the progressive amendment is stopped before the complete restoration of health, and what remains of the disease be examined with attention, we shall then find the group of symptoms not only diminished but also changed to such a degree that the same remedy will no longer be homœopathic to it, and so on each occasion it will be necessary to select another more suitable to the existing state of the malady.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 246.

Consequently, when the first dose of the remedy, which has been well selected, does not effect a perfect restoration to health during the continuance of its action, which it seldom fails to accomplish in recent affections that develop themselves in a rapid manner, there remains nothing better to be done, to annihilate what remains of the disease, than to administer a dose of another medicine as homœopathic as possible to the totality of the remaining symptoms.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 247.

In these passages he suggested that after the single dose one usually finds that there has been some alteration of the symptoms suggestive of a new remedy. The casebooks of this period show that Hahnemann was only using around 60 remedies to treat most of his patients. With such a limited materia medica it is not surprising that many of these remedies were partial simillimums that caused an improvement in some areas while not removing symptoms in others calling for a new remedy. For this reason, it may take a series of remedies to complete the cure. This method is called “zigzag prescribing” because the improvement proceeds at oblique angles rather than being a straightforward affair. In aphorism 250 Hahnemann presents a similar observation in the case of chronic diseases, which were often based on chronic miasms.

In chronic diseases, particularly at the commencement, it seldom happens that it would be good to administer two doses of the same remedy successively, not even if the second were delayed till the action of the first had terminated. If the first dose has done good, the amendment produced will continue for some time, and in general there is no indication that would call for a repetition of the same medicine, because that which has not been improved by the power of a first dose will not yield to a second of equal strength or even to one that is yet stronger.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 250.

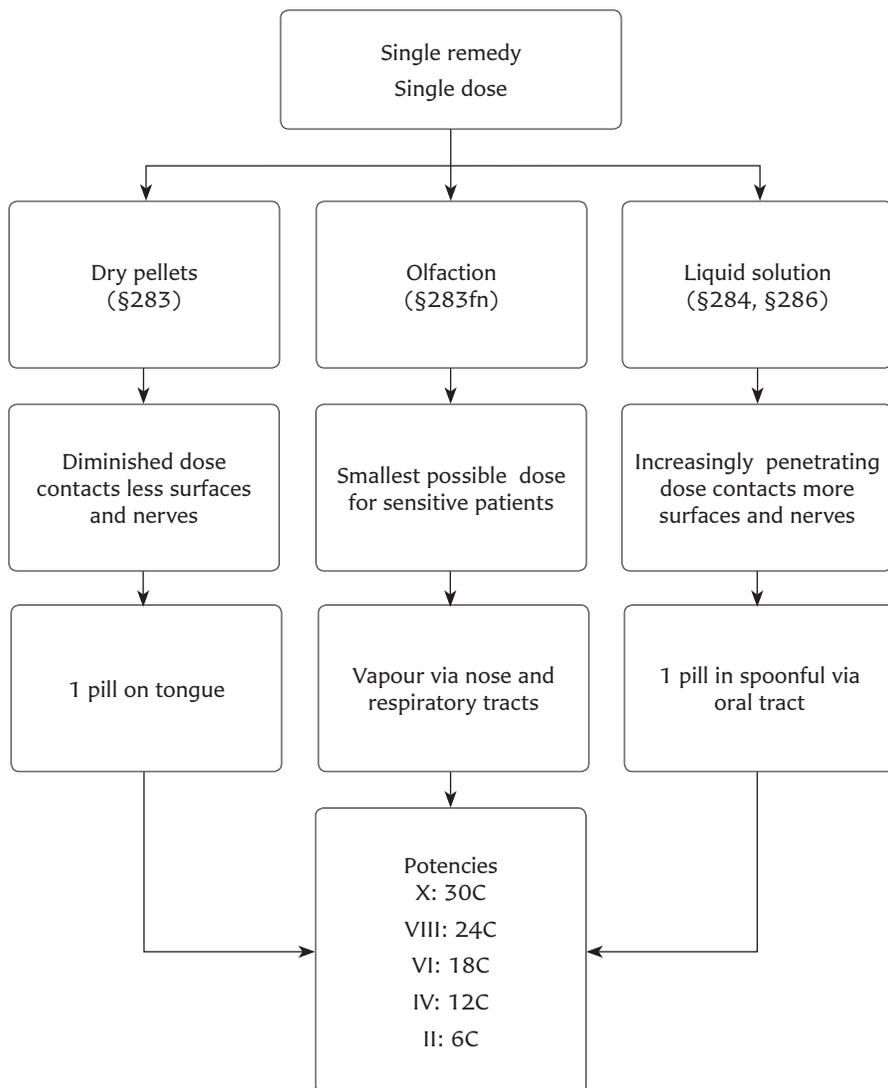
A single remedy in a single dose is often all that is needed in a recently developed disease state but in more protracted chronic diseases this is usually not the case. A chronic case may need a series of remedies that are administered over a longer period of time. Hahnemann seems to believe at this time that whatever symptoms remained uncured by a single dose of a remedy would not be cured by a second or third dose. The only exceptions to this general rule were the repetition of Sulphur, Hepar Sulphuris Calcareum, and to a lesser degree Sepia as expressed in *The Chronic Diseases*. Hahnemann repeated these cardinal anti-psorics sometimes alone or with the interpolation of intercurrent remedies to calm the vital force and prepare the organism for further doses.

The information in paragraphs 247, 248 and 250 of the 4th *Organon* was replaced in the 5th edition with instructions on when to allow a single dose to act alone and when to repeat the same remedy to speed the cure. It appears that by 1833 Hahnemann found that he could gain more benefit by carefully repeating the same remedy than he thought possible in 1829. This may have been because of the advent of more experience, new remedies, new reference works and the increased use of olfaction and liquid doses. The changes in these paragraphs will be discussed in the following chapter, The Homœopathy of the 1830s.

Posology Methods and Delivery Systems

In the 4th *Organon* Hahnemann discussed administering remedies in the form of dry pellets, in aqueous solutions and by olfaction. SEE: CHART 3.7 | POSOLOGY IN THE 4TH ORGANON (1829); p. 133. In *The Chronic Diseases* he spoke of using solutions under specific conditions, but in the 4th *Organon* he opined that remedies work better in general in liquid. In some cases he would add a small amount of water to the pills in a teaspoon, and at other times he would dissolve the pellets in a glass of water and give the patient portions of this solution. Hahnemann even goes so far as to say that pills should be rejected, as their action on the living tissues is “vague and uncertain”.

Chart 3.7 | Posology in the 4th Organon (1829)



As the certain and comparative effects of medicines are never more easily ascertained than when they are administered in a solution, the physician ought consequently to employ all medicinal substances in a soluble state when their constitution does not absolutely require them to be given in a form of powder. All the other forms in which medicines have, till the present time, usually been enveloped, such as pills, electuaries, etc., should be rejected, because their action upon the living fibre is vague and uncertain.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 269.

Hahnemann was very precise about the size of the dose in the 4th edition of the *Organon*. He describes the process where one drop of a dynamization is placed on 300 tiny poppy-seed size pellets making each pill 1/300 of a drop. He suggests that 1 of these pills placed on the tongue is a sufficient dose for the patient. He also adds that those who are sensitive should receive the dose by olfaction, which he considered one of the smallest doses possible.

The best mode of administration is to make use of small comfits or globules of sugar, the size of a poppy seed, one of these globules having imbibed the medicine, and being introduced into the vehicle, forms a dose containing about the three-hundredth part of a drop, for three hundred of such globules will imbibe one drop of alcohol; by placing one of those on the tongue, and not drinking any thing after it, the dose is considerably diminished. But if the patient is very sensitive, and it is necessary to employ the smallest dose possible, and attain at the same time the most speedy results, it will be sufficient to let him smell once to a phial that contains a globule the size of a mustard-seed, imbibing the medicinal liquid attenuated to a very high degree.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), footnote 1, Aphorism 283.

One small pill placed on the tongue only comes in contact with a smaller surface area of the organism. The liquid dose, however, contacts a larger number of nerves that transmit the power of the remedy to the vital force. This is also true with olfaction as the fumes of the remedy come in contact with the olfactory nerve to the brain, the sinuses and the tissues of lungs. Hahnemann notes that in theory one might imagine that the use of medicines in liquid would weaken medicinal action but in practice the opposite is true as far as homœopathic remedies are concerned.

By the same reason, the effect of a homœopathic dose is increased when we augment the quantity of liquid in which it is dissolved to administer it to the patient, although the proportion of the medicinal substance remains the same; but then the remedy comes in contact with a much more extended surface, and the nerves that feel its effects are far more numerous. Although theorists

have asserted that the extension of the medicine in liquid weakens its action, experience proves the reverse, at least as far as regards homœopathic remedies.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 284.

Hahnemann continues with the same theme in aphorism 286 where he explains the penetrating effect of remedies given in liquid. He suggests that the liquid remedy is rapidly transmitted from the sensitive parts replete with nerves to all other parts of the organism. He calls this remedial action “spiritual” in the sense of a dynamic or virtual effect on the vital force.

The action of liquid medicines upon the body is so penetrating, it propagates itself with so much rapidity and in a manner so general, from the irritable and sensitive part which has undergone the first impression of the medicinal substance to all other parts of the body, that we might almost call it a spiritual (dynamic or virtual) effect.

The Homœopathic Medical Doctrine or The Organon of the Healing Art; S. Hahnemann (Translation of the 4th Organon by Charles H. Devriant, 1833), Aphorism 286.

In *The Chronic Diseases* Hahnemann recommended the use of 1 or 2 small pellets as an appropriate dose. This set the standard for the use of the dry dose, which is still the most common method of giving remedies today. In the 4th *Organon*, however, Hahnemann stated his preference for the administration of remedies in a liquid although he was yet to give the exact details how this was to be carried out. The Founder also pointed out that olfaction was an excellent method for administering remedies to those who are sensitive. So in this work Hahnemann reviews three methods of administering remedies, i.e., as dry pellets, in liquid solutions and by inhalation. In *The Chronic Diseases* and the 4th *Organon* the Founder taught that as long there was amelioration of the symptoms the repetition of the remedy was counter-indicated. The repetition of the remedy was allowed only after there was a clear standstill in the improvement of the symptoms in every direction.

Hahnemann Restricts Potency to 30C

By the 1820’s Hahnemann was convinced that the actions of the 30C were truly more powerful than the low potencies he had previously administered. As he was now confronting the chronic miasms he was searching for more powerful methods of overcoming the obstacles to the cure. For this reason, the Founder began to experiment with higher potencies of the cardinal anti-miasmatic remedies. Hahnemann’s early use of potencies above the 30C is recorded in the second edition of the *Materia Medica Pura* (1826) in his lecture on Thuja.

As the fig-wart gonorrhoea is one of the few permanent miasmatic diseases, I was able to test in the most certain manner the degree of efficacy

of the higher dilutions of thuja juice. **Thus I found that even the higher dilutions, e.g., the decillion-fold or even the vigesillion-fold dilution (IXX, made with sixty diluting phials, each of 100 drops),★** if each diluting vial were succussed ten times and oftener (that is, with ten or more shakes of a powerful arm), was not weaker in power than the less diluted preparations, nor, on account of the enormously diminished arithmetical fraction, had it sunk to complete powerlessness, to nothing, but, on the contrary, **it had rather become even more intensely charged with the medicinal virtue of thuja.★**

Materia Medica Pura; S. Hahnemann, Volume II, Thuja, p. 649.

In this quote Hahnemann discusses the use of the decillionth (30C) and the vigesillionth (60C) potencies. The fact that Hahnemann was making higher potencies with 10 or more succussions did not go unnoticed by his students. By 1829 some of Hahnemann's pupils began experimenting with their own potencies above the 30C. One of the principal members of this group was Dr Gustav Adolph Schreter (1803–1864), who was born in Lentschau, Upper Hungary in 1803. His father was a respected allopathic physician who provided his son with a quality education. With his father's support Gustav attended medical school in Vienna where he received his diploma in 1826. After his graduation Gustav's father planned a two year scientific pilgrimage to France and Germany where he requested his son to study Homœopathy. At first Gustav was a little reluctant to take on such a journey but in 1826 he travelled to Leipzig to study Homœopathy with Samuel Hahnemann.

In 1828 Dr Schreter returned to Lentschau to start a practice from where his reputation spread throughout Eastern Europe. After the successful treatment of a Polish Countess he was invited to Lemberg, Poland, which is now part of the Ukraine. Not sure how to proceed, the young doctor asked Samuel Hahnemann for advice. Hahnemann wrote back and said that Schreter "as the faithful disciple of Homœopathy, should introduce and spread the new curative method in the interest of science and of suffering humanity, especially in those countries in which no ray of the truth had yet penetrated". Taking this counsel to heart, the young doctor moved his practice to Poland where he became known as Dr Schreter of Lemberg.

Following on the information Hahnemann published in 1826 in *The Materia Medica Pura*, Dr Schreter began to experiment with making potencies that were above the 30C recommended by Hahnemann in *The Chronic Diseases* and *Organon*. When Hahnemann was informed of these new experiments he was worried that his students were going too far too fast. He knew that the higher potencies were "more intensely charged" than the lower potencies and he was concerned about their potential for producing strong aggravations. Hahnemann writes that he had made Thuja

60C with 10 or more succussions per dilution but in the same article he states that he now only uses 2 succussions in order to prevent aggravations. The Founder says:

In order to obtain real preparations of sufficiently developed, but at the same time, suitably moderated, power for even the more and most sensitive patients by the dilution of the medicinal substances for homœopathic use, for some time back, I have adopted the plan in the case of all fluid medicines of succussing each dilution vial with only two strokes of the arm.

Materia Medica Pura; S. Hahnemann, Volume II, Thuja, p. 649.

So at this time, Hahnemann was not worried that his potencies were too weak but that they were too strong, especially on those who were highly sensitive. The Founder was working hard to find a perfect balance between remedies that were powerful enough to remove the chronic miasms yet gentle enough to avoid unnecessary aggravations. Hahnemann wondered what would happen if everyone starting using different degrees of potency made in different ways with varying number of succussions. In September 12th, 1829, Hahnemann wrote a letter to Dr Schreter which was later published in Stapf's *New Archive for the Homœopathic Healing Art*, Volume III, Part 2, p. 182, 1846.

I do not approve of your potentising medicines higher than to XII and XX — there must be a limit to the matter it cannot go on indefinitely. But by definitely deciding that homœopathic medicine should all be diluted and potentised up to X [30th centesimal–R.H.] a homogeneous process arises in the cures of all homœopaths and if they describe a cure, we are able to work after them in the same degree, since they are operating with the same tools as we are. Then our enemies cannot reproach us with having nothing definite, no fixed standard.

Samuel Hahnemann, His Life & Work; R. Haehl, Volume I, p. 322.

In this letter Hahnemann requested that the 30C become the standard potency for clinical applications. One of the main reasons for this dictum was his concern that his opponents would claim that Homœopathy has no fixed standards and was therefore unscientific. For this reason, he recommended that all homœopaths should use the 30C potency so they could present uniform medical studies. Another factor was that Hahnemann was ridiculed for the use of the decillionth, and he wondered what his critics would say about using even smaller fractions of medicine. This letter must have come as a surprise to Dr Schreter as Hahnemann had already published the results of his own experiments with the 60C. The idea that all homœopaths should use 30th potency did not go down well with most of Hahnemann's students. Many felt that each homœopath should go by their own experience when it came to the choice of potency for their patients. Some preferred the lower potencies like the 6th or 12th, and others wished to experiment with degrees higher than the

30C. Dr Schreter continued to experiment with high potencies and eventually used dynamizations as high as the 2000th. The editor of the *Archive*, Dr Stapf, added a note to the letter saying that it is well known that Hahnemann later changed his views on this subject.

The Limit Maker

The period around the publication of the 4th *Organon* (1829) was a time of great transformation in the philosophy and causal doctrine of Homœopathy. The teachings of *The Chronic Diseases* and the chronic miasms were integrated into the text of the 4th *Organon* and many anti-psoric remedies were introduced. At the same time, Hahnemann was working hard to remove any complications that remained in his new medical system. For this reason, he made several changes in the areas of pharmaceutical production, case management strategies and posology procedures. First of all, he limited the number of succussions given to the pharmaceutical potency to two in order to modify the power of the increased number of dilutions. Then he limited the amount of the dose to one or two poppy-seed size pills given dry or by olfaction or in liquid solution. He did this because the drop doses of the stock potencies were causing too many unnecessary aggravations and accessory symptoms. He recommended the use of the single dose and emphasized the problems caused by untimely repetition. He suggested that each remedy be given only one time and not repeated in most cases. Hahnemann also wrote letters limiting the potency at 30C made by the instructions of the *Organon* in an effort to maintain a uniform standard for homœopathic remedies. In some ways, the 4th *Organon* may be called the “limit maker” because Hahnemann placed new restrictions on the homœopathic system to control the rapidly expanding power of the remedies.