



HEILKUNST SERIES

CHRONIC DISEASE *in Dr. Hahnemann's Medical System*

*by Steven Decker FHCH(Hon.)
Patty Smith DMH, DVH
Rudi Verspoor DMH*

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Preface

When, at the mature age of 73, Dr. Samuel Hahnemann made public his ground-breaking discovery regarding the nemesis of medicine – chronic disease – he hardly expected that discovery, or himself for that matter, to be received warmly or openly, much less to be truly understood, even by his followers. Many physicians of his time in Germany, and increasingly elsewhere, had adopted the application of the ancient law of similars based on his system of provings and the dynamized and potentized dose he had pioneered. Yet he knew that what he had discovered and was now revealing to his followers demanded a comprehension that would stretch the limits of even those who had accepted what he had already presented to the world, what he called “general homeopathy.”

But in communicating to the world this great discovery, I am sorry that I must doubt whether my contemporaries will realize the consistency of these teachings of mine, and will imitate 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 unimitated, and therefore unused.

At least I cannot hope that these important communications will fare any better than the General Homeopathy which I have published hitherto. (*Chronic Diseases*, SRD translation).

Indeed, as one early chronicler of Hahnemann's life points out, the new understanding of disease, the “psora theory” as it came to be termed, “...aroused just as much excitement amongst his adherents and students as amongst the opponents of homoeopathy.”¹ One of the keenest students of

¹ Haehl, Richard, *Samuel Hahnemann, His Life and Work*, Vol I, p. 148.

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this new theory declared in 1836 that he had encountered not one homeopath that agreed with it.²

On the one hand, the “psora theory” was seen in a materialistic sense as being related largely and simply to the itch mite (scabies), yet on the other it was seen abstractly as a concept not linked therapeutically to homeopathy. Indeed, homeopathy could do without it in any case, given that the essence lay in finding a remedy based on the symptoms of the disease according to the law of similars.³

In either instance, the result was a profound misunderstanding of what Hahnemann had discovered in his 7th decade of life. It seems as if many, if not all of his followers thought that the Master had lost some of his capacities in what seemed the twilight years of an already illustrious career.

Today the prevailing situation regarding the understanding and acceptance of the “psora theory” is little changed. Either the matter of the chronic miasms is ignored, which is mostly the case, with few homeopaths having bothered to read or study *Chronic Diseases*, Hahnemann's work on this matter, or it is subsumed back into “general homeopathy.” The fact is that the presence of a chronic miasm becomes a factor in the decision as to which remedy should be selected from amongst the group that is identified from a repertorisation. In both cases, the full import of Hahnemann's discovery is misunderstood, essentially because of the wider and more critical misunderstanding of Hahnemann's teachings regarding his new medical system.

² Op cit., Vol II, p. 166

³A good example of this thinking is the following: “Schrön finds that the action of homoeopathic remedies in chronic diseases is not founded on the theory of psora, but on the truth of the law of similars. Homoeopathic cures have taken place before the advent of the psora teaching; of the fifty remedies named in 1828 as antipsorics twenty-two had been previously incorporated in our Medical treasury and have cured without their ‘title of nobility’; chronic evils have been cured by remedies which do not belong to the ‘antipsorics.’” (Haehl, Vol II, p. 164)

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The more general misunderstandings of Hahnemann's teachings have been systematically set out by the authors in *The Dynamic Legacy: from Homeopathy to Heilkunst*. This work seeks to deal in more detail with one particular aspect, namely the "psora theory" and its implications for medical treatment within the context of Dr. Hahnemann's complete medical system, Heilkunst.

While the reader is directed to our larger work for the general background to what we set out here as regards chronic disease, and in particular the chronic miasms, a few comments as introduction and orientation would be in order.

Strictly speaking, *homeopathy* is an approach using the law of cure - law of similars or *similia similibus* - to the selection of the right medicine for a disease based on the characteristic symptom picture or pattern of that disease in a given patient. As much as it may surprise some, and while this approach does dominate the pages of the main work of Hahnemann's new system of medicine, the aphoristic *Organon*, homeopathy can by no means be equated to the full extent of this system, which he rightly termed *Heilkunst* (as in *Organon der Heilkunst*).

Heilkunst is difficult word to translate into English, for in its demotic, abstract sense it can simply be taken to mean medical art or remedial art. In its deeper sense it encompasses all means of restoring the human being to health and wholeness at all levels (body, mind, soul and spirit). That Hahnemann had more than homeopathy in mind in his medical system can be seen by glancing at those aspects of his writings that cover such things as diet, exercise, hygiene, prevention, hydrotherapy, "mesmerism" (energy therapies in general) and magnets, electricity and "galvanism."

While it may be convenient at times to use the word "homeopathy" to refer to this whole system, as it often is, this continued use only results in confusion down the road. It is better if we confine the term "homeopathy" to its correct meaning – that is, the system of selection of a medicine using the symptoms of disease guided by the law of similar resonance (grounded in the actual provings of medicinal substances as set out in *materia medica*). Then, when we wish to refer to Hahnemann's complete medical system, we should use the correct term, *Heilkunst*. For what is not

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generally understood or appreciated is that Dr. Hahnemann taught that one could select medicines for certain diseases on other than the basis of "homeopathicity" or symptom similarity.

Where the selection of the remedy is essentially to be based on the symptom picture of the disease, there is really little or no need for any concept such as that of a miasm, whether acute or chronic in nature. To know that a disease is or isn't a miasm should make no difference in the selection of a remedy, as all that is supposedly considered are the symptoms. However, for convenience's sake, in order to reduce the field of medicines from which one must select the correct remedy, homeopaths have found it useful to know which miasm they are dealing with, as each miasm, for reasons they do not know or can explain, seems to have a limited number of medicines to chose from for cure.

It is quite a different matter for the student of Hahnemann's complete medical system, *Heilkunst*. Nosology, or the classification of disease, is of utmost importance in dealing with the critical and underlying realm of disease that Hahnemann identified by their characteristic of being primary and having a more or less constant disease nature. This is in contrast to the diseases that homeopathy treats – secondary, that is, derived *from* the primary disease, and of variable nature. The selection of the right medicine according to the law of similars is not necessarily done, nor indeed can it often be done, on the basis of the symptom picture, but rather on the basis of jurisdiction and principle, which forms part of Hahnemann's disease nosology. You will search in vain for such a nosology in any general homeopathic text.

This small work is first aimed at all students of Dr. Hahnemann's works, including the general student of homeopathy as it is conventionally taught. Much of the material will be familiar and what is not should help to clear up the prevailing confusion on the topic of miasms. It seems these days that anything can be classified as or considered a miasm. There is no clear understanding of the term in homeopathic writings (nor is one required in principle to prescribe homeopathically, which explains the prevailing confusion in the literature). Without a clear and real foundation or grounding of the term, it means both everything and nothing. This takes

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us far from Hahnemann's intent to create a rational system of medicine. We need first to return to some basic concepts and principles.

The second intent of this work is perhaps of more value to those few students who have actually studied Heilkunst and not simply homeopathy, at least the confused variant now taught, so-called "classical" or "Hahnemannian" homeopathy, which purports to cover all that Hahnemann wrote on medicine and also to be true to his legacy, neither of which its proponents can properly lay claim to, as is carefully documented in our larger work, *The Dynamic Legacy: From Homeopathy to Heilkunst*. While some others may derive some benefit therefrom and even be encouraged to read more about the riches that lie beyond the limited horizons of homeopathy, whether "classical" or more correctly defined, the reader is hereby warned that parts of this analysis may take him into waters that require more depth of study (for those interested in pursuing this study, we refer them to www.homeopathy.com and www.heilkunst.com). To stray past the Pillars of Hercules involves its own perils, least of which is the loss of one's restricted world-view.

1: The Historical Foundation

In 1828, the German medical reformer, Samuel Hahnemann, formally communicated his discovery to the world of a new, fundamental type of disease, which he termed *chronic miasms*⁴. Out of these fundamental disease types, or archetypes, there emerged a myriad of other, more particular diseases, also chronic in nature, which he referred to as *chronic diseases*. What had occasioned this new discovery in Dr. Hahnemann's later years? He was by this time already 73 years old.

Not long after having communicated formally his discoveries to the world in 1810, particularly that of homeopathic prescribing,⁵ in his *Organon der Heilkunst* (Organon of the Remedial Art), Hahnemann made some disquieting observations. He began to notice that often the chronic disease conditions, initially improved and even seemingly dispatched by the application of remedies homeopathically-selected, returned and were now no longer responsive to the previous successfully applied medicine or, if they did not return, the underlying state of health (constitution) of the patient continued to degenerate despite the apparent cure.

⁴ The term "miasm" was commonly in use in Hahnemann's day and referred to some noxious, unseen influence in the air that made one sick. The term goes back to the Greek and was used by Hippocrates to refer to a certain taint in the air that caused disease, the precursor to the later "germs of the air" theory made famous by Louis Pasteur, but it is important to understand that there is a world of difference between Hahnemann's dynamic conception of disease and the more material one of Pasteur and conventional medicine.

⁵ It is critical here to understand that the term "homeopathy" refers factually to Hahnemann's discovery of a way to find the curative medicine for a disease that is unidentifiable by the usual diagnostic methods, and this by means of the disease image created by the totality of characteristic symptoms of the disease, to which a similar medicine can be found, namely that one that produces in clinical provings a similar disease image (as recorded in the *Materia Medica*). Thus, while the *Organon* dwells heavily on this new, and very useful method of disease diagnosis and treatment, it also covers other aspects of medicine, such as obstacles to cure, energetic balancing, psychotherapy, drainage, etc.

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His followers seemed to think that the problem lay in the limited number of medicines that were available to the homeopathic practitioner. Hahnemann himself rejected this possibility and concluded that the problem was not so much a quantitative one (more medicines) as a qualitative one (deeper understanding of the underlying principles of disease and treatment). This led him quickly to the discovery of the venereal miasms, which were chronic, infectious and inheritable in nature. It took another 10 years of close observation, however, to discover and confirm the “arch malady” behind the many non-venereal diseases of chronic nature (*psora*), as well as to determine new medicines to cure them, as the hitherto store of medicines, while effective against true acute diseases (that is, self-contained, self-limiting diseases), were of no use against the chronic diseases derived from the chronic miasms.

The general discovery of the chronic miasms as the underlying fundamental cause of the myriad of chronic diseases not only clarified a compelling medical mystery and enhanced the therapeutic effectiveness of his new system of medicine, but also brought Hahnemann back to his initial fundamental discovery of the two types of disease – those of a fixed, static or constant nature and diseases mostly arising from them having a more variable nature or essence. It also provided the critical basis for the next momentous chapter in his life's work – the use of dual remedy prescribing.⁶ Both of these aspects have been misunderstood, if not ignored by his followers since, perhaps because they involve a deeper understanding of disease and therapeutics than is contained in conventional homeopathic texts, and Hahnemann was rightfully skeptical of the reception his new discovery would receive even as he felt compelled to share it with the world for the benefit of mankind.

3 At least I cannot hope that these important communications will fare any better than the General Homeopathy which I have published hitherto.

5 May they do better with the great discovery herewith presented to them!

⁶ See *An Affair to Remember* in the Heilkunst Series (www.heilkunst.com)

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6 And if they do not -- well - then will a more conscientious and insightful posterity alone have the advantage to be obtained by a faithful, punctual observance of the teachings laid down here of being able to deliver mankind from the numberless torments stemming from the unnameable, protracted diseases which have been an onus upon poor diseased humanity as far back as history extends - a boon that had not been within their reach by what Homeopathy had taught hitherto.

Based on the literature to date on this important topic, even in the last few years, as well as the one-sided treatment of, and even lack of treatment of the chronic diseases and miasms by the followers of Dr. Hahnemann, it would seem that his fears have been borne out. Yet it lies open to every practitioner of the true medical art, *Heilkunst*, to achieve the success in treatment bequeathed by Dr. Hahnemann from a faithful observance of his teachings on chronic disease. This book is dedicated to the full understanding of his teachings and the fruitful application of his insights to the many sufferers of chronic illness, as he had fervently wished.

2: The Problem

By his own account, around 1816 Hahnemann began to have doubts about the efficacy of the hitherto homeopathic method (treatment of disease based on symptom similarity) despite its success in the true acute diseases, including the epidemic and sporadic. He openly and honestly describes the process he went through in facing these doubts in his second seminal work, *Chronic Diseases*, which properly forms part of his more occasional writings (the language and length, except for the *materia medica*, is more in keeping with these).⁷

36.1 Using the more natural treatment, homeopathic physicians have frequently been able in a short time to remove the present chronic state of suffering which they had before them, after examining it according to all the symptoms perceptible to the senses... These improvements indeed far excelled all that allopathy had ever — in rare cases — been able to effect by a lucky grab into their medicine chests.

37.1 The complaints yielded for the most part to very small doses... and, if the malady was not altogether too old and had not been too much and in too great a degree spoiled by allopathy, it often yielded for a considerable time, so that mankind had good reason to deem itself fortunate even for that much help, and, indeed, it often proclaimed its thankfulness.

37.2 A patient thus treated might and often did consider himself in pretty good health, when he fairly judged of his present improved state and compared it with the far more painful one before Homeopathy had afforded him its help.

⁷ It could be said with some justice that the *Chronic Diseases*, theoretical part, and the various occasional writings collected as *The Lesser Writings*, form a parallel *Organon*, intended to be read alongside of and in conjunction with the more aphoristic *Organon*. Indeed, Hahnemann explicitly references several of the occasional writings, as well as the *Chronic Diseases*, in the *Organon*.

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37..2.1 Of this kind were the cures of psoric disease not yet fully evolved, which had been treated by my followers with remedies which did not belong to the number of those which, later, proved to be the chief anti-psoric remedies, because these remedies were not yet known. They had been merely treated with such medicines as homeopathically best covered and temporarily removed the then apparent moderate symptoms, thus managing a kind of a cure which brought back the emerging psora into a latent state, thus achieving a kind of well-being, lasting for many years, especially in young, vigorous persons, such as would appear as true health to every inaccurately investigating observer.

37..2.2 But with chronic cases of fully evolved psora, the medicines which were then known never sufficed for a complete cure, any more than these same medicines suffice presently.

38. Often even somewhat gross dietary sins, colds, the onset of especially rough, wet and cold or stormy weather, or even of autumn, however mild, but, more yet, winter and a wintry spring, and then some violent mental or physical exertion, but particularly some shock to the health caused by some severe external injury, or a very sad event that bowed down the mind, repeated fright, great grief, sorrow and continuous vexation, often brought forth in a weakened body (if the apparently cured disease had an already advanced psora at its base) the re-appearance of one or more of the sufferings which seemed already conquered, often aggravated by some quite new occurments, which, if not more serious than those formerly dispatched homeopathically, were often just as onerous and now more obstinate.

39. Sometimes a joyous lot, or an external situation of circumstances improved by fortune, a pleasant journey, a favorable season or dry, uniform weather conditions, might produce a remarkable pause of shorter or longer duration in the chronic malady of the patient, during which the Homeopathist might consider him as fairly well recovered; and the patient himself, if he good-naturedly overlooked some passably moderate maladies, might consider himself as

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healthy. Still such a favorable pause would never be of long duration, and the return and repeated returns of the maladies in the end left even the best selected homeopathic 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. But usually, after repeated attempts to conquer the disease which appeared in a form always somewhat modified, residual maladies appeared, which the homeopathic medicines hitherto proved, though not few, had to leave uneradicated, yea, often undiminished. Thus there followed more and more complaints ever more troublesome, and as time proceeded, more serious, and this even with blameless regimen and punctual observance of directions on the part of the patient. The chronic sickness could be but little delayed in its progress by the homeopathic physician while worsening from year to year despite all efforts.

40. This was, and remained, a quicker or slower process in such treatments of all non-venereal, severe chronic diseases, even when these were treated in exact accordance with the teachings of the homeopathic art as hitherto known. Their beginning was promising, the continuation less favorable, the outcome hopeless. (SRD translation; emphasis added throughout)

From such an exciting and promising beginning of a new system of medicine not more than a decade earlier, Hahnemann had come to this startling and gloomy conclusion. What had happened?

Hahnemann's honest and critical observations had triggered a crisis of confidence in his new system of homeopathic medicine. How did he react? He could have simply ignored the problem and consoled himself with the many successful cures that had been achieved and were still possible. He could have consoled himself with the thought and fact that there simply were not enough medicines in use and placed his focus and energies solely into more provings, as many of his followers urged. However, such approaches are not open to a seeker of truth and a genius of Hahnemann's

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stature. The burden of genius is to go beyond the comfortable confines of the known light and to cross the boundary into the unknown darkness.

53 To find out then the reason why all the medicines known to Homeopathy failed to bring a real cure in the above-mentioned diseases, and to gain an insight more nearly correct and, if possible, quite correct, into the true nature of the thousands of chronic diseases which still remain uncured, despite the irrefutable truth of the Homeopathic Law of Cure, this very serious task has occupied me since the years 1816 and 1817, night and day...

Hahnemann knew from his study of the matter that the problem lay not in the lack of known medicines but in his lack of knowledge of disease. Homeopathy had proved efficacious against many diseases so the problem was not that the law of similars was not universally valid – indeed it was – but that there was a gap in the understanding of disease and, therefore, the most effective application of that ancient law of cure. He realized that the treatment to date, based on the prevailing symptoms, did not constitute a full cure of the case; there remained hidden diseases not visible in any symptoms and not treatable by his hitherto homeopathic system of treatment.

41 And nevertheless this teaching itself was supported upon the most unassailable pillars of truth and will evermore be so. The attestation of its excellence, yea (so far as this can be predicated of human affairs), of its infallibility, has been laid before the eyes of the world through facts.

42. Homeopathy alone taught first how to cure the great self-contained diseases, the old, smooth scarlet fever of Sydenham, the more recent purples, whooping cough, croup, sycosis, and autumnal dysenteries, by means of the specifically aiding homeopathic remedies. Even acute pleurisy, and typhous contagious epidemics must now allow themselves to be speedily turned into health by a few small doses of rightly- selected homeopathic medicine.

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Hahnemann was aware that he faced a qualitative problem, not a quantitative one that could simply be addressed by increasing the number of remedies in the materia medica. Only if the understanding of disease could be advanced, only then could the quantitative issue of additional remedies be usefully explored. The organizing idea must come first, for the search for new remedies to be properly guided and fruitful. He realized that he faced a problem not of lack of medicines, but of knowledge.

43. Whence then this less favorable, this unfavorable, result of the continued treatment of the non-venereal chronic diseases even by Homeopathy? What was missing in the thousands of failed endeavors to cure the remaining diseases of protracted nature so that lasting recovery might proceed therefrom?

44 Perhaps by the still too small number of homeopathic remedial implements so far proven as to their pure actions!

45 Students of Homeopathy have hitherto thus consoled themselves [and still largely do today]; but this excuse, or so-called consolation, never satisfied the founder of Homeopathy — particularly because even the ever increasing store of proved powerful medicines has not advanced the cure of chronic (non-venereal) diseases by a single step, while acute diseases (unless these, at their commencement, threaten unavoidable death) are not only passably removed, by means of a correct application of homeopathic remedies, but, with the assistance of the never-resting, living, Sustentive Power in our organism, find a speedy and complete cure.

385 If the cause must at all times be proportionate to its effect and the reason to its consequence, as always in nature, no one can see how, after rescinding those external assaults to her health, the resulting maladies could not only continue, but even increase from year to year, if their ground did not lie in something else, something deeper,

-so that those untoward events (the miscarriage and the sad tidings), since both disappeared of themselves and therefore could not possibly yield a sufficient ground for the ensuing chronic disease, are only to be regarded as the

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impetus and occasion of the evolution of an inimical Potence of greater importance, inwardly pre-existent but hitherto quiescent.

Hahnemann quickly identified the two known venereal diseases, infectious in nature and passed on to offspring, syphilis and gonorrhea (sycosis), as constituting two of the hidden causes of chronic diseases. However, these two miasms⁸ only accounted for a small proportion of all chronic disease cases at the time. Hahnemann realized that the cause of the other chronic diseases lay in a hidden fundamental disease (“arch malady”) that could not be detected by the presenting symptoms of the patient. Where he and his students had been treating the chronic diseases as if they were stand alone, idiopathic diseases, he discovered that they were but fragments of a deeper disease, a chronic miasm.

49. ...and that consequently he would first have to come to know as far as possible the whole extent of all the occurments and symptoms belonging to the unknown arch malady before he might hope to discover one or more medicines homeopathically capable of covering the whole of the fundamental malady by means of its peculiar symptoms, by which means he would then be in a position to curatively conquer and extinguish the sickness in its whole extent, consequently also its single members – that is, all its disease fragments appearing as so many various disease cases.

⁸ Hippocrates' writings seem to be the first recorded use of the term 'miasm,' which has its origins in the Greek word for 'taint' or 'fault.' There was the understanding that certain diseases were infectious in nature, that is, they were transmitted to humans by tainted air and water in the form of entities called miasms. In Hahnemann's time it was a common belief that miasms were impure airs, such as that from swamps, which were responsible for the spread of epidemic diseases among groups of people. One of the remedies for malaria, *Malaria officianalis*, was developed at least partly on the basis of the view that it was the impure airs emanating from the swamp water that caused malaria.

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Hahnemann realized that the arch malady had to be of a chronic nature. It also had to be infectious, much like the chronic venereal miasms he had earlier discovered.

50. But that the arch malady sought for must also be of a miasmatic, chronic nature clearly showed itself to me from this circumstance, that after flourishing and evolving to a certain height, it is never lifted by dint of a robust constitution, or overcome by the most wholesome diet and regimen, nor does it quench itself. Rather it is evermore aggravated, from year to year, by transition into other more serious symptoms, right up to the end of life, like every chronic, miasmatic disease, e.g., the venereal bubo which has not been cured from within by mercury, its specific remedy, but has passed over into venereal disease that likewise never quenches itself, but increases from year to year (despite the best regimen and most robust bodily constitution), evolving new and worse symptoms, again right up to the end of life.

What now emerged was that under the various chronic diseases, which had seemed initially to be idiopathic diseases (that is, self-contained), there existed more fundamental, primary chronic maladies of a constant nature called chronic miasms.⁹

49.1 The continually repeated fact that the nonvenereal chronic diseases, after being time and again removed homeopathically in the best way by the remedies fully proved up to the present time, always returned in a more or less varied form and with new symptoms, or reappeared annually with an increase of complaints, first disclosed to me:

that the homeopathic physician in such a chronic (non-venereal) case, yea, in all cases of (non-venereal) chronic disease, is not only dealing with the disease appearance before his eyes, and should not view and treat it as if it were an idiopathic disease, to be speedily and permanently expunged

⁹ See the section in *The Dynamic Legacy on Idiopathic Disease*.

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and cured homeopathically (which empirical results refuted) but that he was always dealing with some separate part of a more deep-seated original malady, whose great extent is shown in the new occurments emerging from time to time;

that the homeopathic physician may not hope to permanently cure single disease cases of this kind under the presupposition, hitherto entertained, that they were idiopathic, self-contained diseases which would never again sprout forth with other, new, troublesome symptoms...

Here we have a discovery that has been completely missed by generations of homeopaths because of their blindness regarding the dual nature of disease – between those diseases having a constant nature or *Wesen* and those having a more variable nature. This discovery involved the dual nature of chronic disease: first, the few chronic miasms that are of a static or constant nature, which then can give rise to numerous chronic diseases of variable nature (for example, we have the archetypal chronic miasm, psora, and also a host of psoric diseases, for which there are a host of anti-psoric medicines. This is everywhere emphasized in his *Chronic Diseases* and the *Organon* as the following examples illustrate:

13.2 ...The Chronic Diseases, which spring from miasms...

14.1 ...the chronic diseases arising from miasms directly...

57.1 All chronic diseases of mankind... must therefore all have for their origin and foundation static chronic miasms...

896 ...every other psoric diathesis, i.e., the psora that is still dormant within, as well as the psora that has evolved into one of the innumerable chronic diseases springing from it

183.1 ...then the slumbering psora awakes and shows itself, by the heightened and augmented symptoms following below, in its transition to the formation of severe maladies; one or another of the nameless (psoric) chronic diseases breaks out...

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243.1 ...psora... having gradually developed secondary maladies and thus having changed into chronic diseases of various kinds...

243.2 ...but instead of the original chronic (psoric) disease, they have for a time come under the dominion of a sulphur-disease (another, perhaps more bearable, indisposition)... They do not know, that their changed disease state is merely a transformation of the same psora...

244.1 ...the treatment of a multitude of chronic diseases (the secondary psoric maladies)...

245 ...either with the still hidden and dormant psora or, when this has already more or less developed and broken out into its varied chronic diseases...

§.72.2. these are called chronic diseases.

§.72.3. They arise from dynamic infection by a chronic miasm.

The chronic, secondary diseases that arise from psora and the other chronic miasms are determined by various factors:

394 The awakening of the internal psora, hitherto slumbering and latent, having been held in check as it were by a good bodily constitution and favorable external relations, as well as its breaking out into more serious maladies and sicknesses, is announced by the increase of the signs given above as indicating the slumbering psora and also by a numberless multitude of various other signs and complaints. These are varied according to the distinct bodily constitution of a person, his hereditary disposition, the various errors in his education and habits, his manner of living and diet, his employments, his spiritual direction, his morality, etc.

395 Then when the itch-malady evolves into a manifest secondary disease...

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The venereal diseases did not present the same picture of suppression and proliferation of disease as did the arch malady, which he termed "psora." He traced this miasm to an initial skin lesion, often undetected, which was highly infectious through contact or exchange of clothing, and could be inherited, and was able to discover medicines that had the power to address the chronic diseases of psoric origin.

53.1 Gradually I learned of more helpful means against this arch malady engendering so many sufferings, that is against that which may be called by the general name of Psora (the inner itch disease with or without its skin eruption). It then dawned on me, due to the subsequent aid afforded by using these medicines in similar chronic diseases for which the patient was unable to identify such an infection, that also these cases, in which the patient recalled no infection of this kind, nevertheless had to have stemmed from a Psora contracted perhaps already in the cradle, or communicated in some other unrecalable fashion; and this often found corroboration upon more careful inquiry with the parents or aged relatives.

54.1 Exacting observation of the aid afforded by the antipsoric means added in the first of these eleven years taught me evermore how frequently the moderate, as well as the more severe and the most severe, chronic diseases were of this origin.

Of the three chronic miasms, psora was the most important.

58.1 In Europe and also on other continents so far as is known, according to all investigations, only three chronic miasms are found, whose diseases emerge as local symptoms, and from which most, if not all, the chronic diseases originate; namely, first, SYPHILIS, which I have also called the venereal chancre disease; then SYCOSIS, or the fig-wart disease; and finally the chronic disease which lies at the foundation of the eruption of itch, the PSORA, which shall be spoken of first as the most important of them all.

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62.1 And, if we except those diseases evinced by a perverse medical practice or by deleterious labors in quicksilver, Lead, Arsenic, etc., which appear in the common pathology under a hundred proper names as supposedly separate and self-contained (idiopathic) diseases (and also those springing from syphilis and the still rarer ones springing from sycosis), all the remaining natural chronic sufferings, with or without names, find in PSORA their true origin, their only source.

3: The Dynamic Nature of Disease

It is critical to understand what Hahnemann means by disease if a full understanding of chronic disease is to be achieved. This is set out in detail in the prior works of the authors, *The Dynamic Legacy*, and *Understanding Disease in Hahnemann's System*; what follows here are the main elements.

For Hahnemann, disease is a dynamic or supersensible phenomenon that resides above the physical body in what is commonly referred to as the astral body of man, that part of the dynamic man that involves the emotions and desire, what he called a “dynamic affection.” The power of the medicine (artificial disease) lies precisely in its similar resonance to that affection.

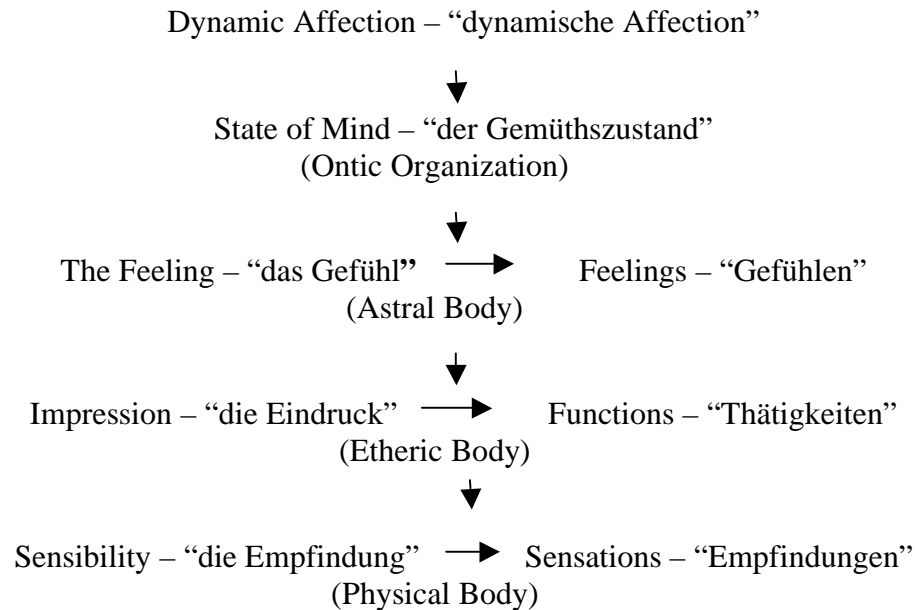
§.29.1 ...the Feeling of the natural (weaker) dynamic disease affection is extinguished and disappears for it [the Living Principle] thereby, which affection from then on exists no more for the Living Principle, which is now solely occupied and governed by the stronger, artificial disease affection...

A disturbance of our natural, god-given desire function then deranges the functioning of the organism and eventually leads to physical symptoms, the famous hierarchy of altered “feelings, functions and sensations” used in homeopathic case-taking.

The impingement of the Feeling (*das Gefühl*) leads to a pervasive mood or feeling (*Stimmung*), which, at the phenomenological level, anchors the disease in the patient in the form of feelings. Next, we have “impressions” at the etheric level of the body (*Leib*), which is the realm of functions, and finally “sensations” in the physical body. The feelings, functions and sensations comprise what Hahnemann termed the condition (*Befinden*).

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Thus, we now have a sequence for the disease process:



What this means is that the terms that Hahnemann uses for disease, while they may bear a resemblance to existing disease names, are not to be reduced to their material counterparts, or even judged thereby. Allopathic nosology (disease classification) consists in the naming or describing of the outer form or appearances of things, on the belief that disease is a material thing. Thus, the naming of the outer shell of a thing is taken as the thing itself, as if one were to take a box of cereal as being the cereal itself. Initially, the physicians who had accepted his application of the ancient law of similars based on provings, now rejected en masse the psora theory. They interpreted Hahnemann as saying that the itch mite was responsible for a host of diseases that they considered as separate (based on allopathic “diagnosis”), missing entirely Hahnemann’s dynamic concept of disease that had its origins in an external itch and to which he gave the existing name of psora.

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Psora, a common expression that was widely known in Hahnemann's time, was the general term for a whole series of skin troubles of the most varied kinds, well known from the very earliest times...although at the same time [his contemporaries] applied it in the narrower sense to itch proper. (Richard Haehl, *Samuel Hahnemann, His Life and Work*, p. 143)

Even today there are articles by allopathically-trained homeopaths criticizing Hahnemann's disease classification based on current materially-based and derived disease distinctions, implying that Hahnemann's insights are out of date, crude and can be set aside in the light of modern medical science.

4: Rediscovery of the Dual Nature of Disease

The discovery of the chronic miasms as fundamental diseases of constant nature that gave rise to a myriad of secondary, variable diseases was, for Hahnemann, a return to the roots of his system. Right from the beginning he had identified two types of disease: diseases of a constant, static nature which were primary and gave rise over time, under varying circumstances and in varying constitutions, to disease of a varying nature or essence. However, the primary, constant diseases are limited in number and had largely been identified by Hahnemann's time. They include the classic infectious diseases, such as the childhood illnesses, cholera, typhoid, yellow fever, etc., as well as the category of physical and emotional shocks Hahnemann referred to as homogenic diseases.¹⁰

The specific remedies for these diseases had mostly been identified from folk medicine or from clinical observation based on provings, so Hahnemann turned his attention to the many remaining diseases that were of a variable nature. Treatment of these diseases could not be done on the basis of the known cause or disease image, such as with the constant diseases, which are more readily identifiable due to their constant nature over the centuries. It was Hahnemann's genius to approach them by way of their symptom image on the basis of the ancient law of similars, and thereby to create what he termed homeopathy. This became the focus of his call for medical reform with the publication of the *Organon* in 1810.

However, with the discovery of the chronic miasms as the progenitor of the many chronic diseases, Hahnemann had discovered a deeper form of his earlier observation of the dual nature of disease.

57.1. All chronic diseases of mankind, even those left to themselves, not aggravated by a perverted treatment, show, as was said, such a constancy and perseverance, that as soon as they have developed and have not been thoroughly cured by art, evermore increase with the years and during the whole of

¹⁰ See *The Dynamic Legacy*.

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man's lifetime; they cannot be diminished by the powers of even the most robust constitution, nor by the soundest regimen and diet. Still less can they be vanquished and extinguished. Thus they never pass away of themselves, but increase and are aggravated even till death. They must therefore all have for their origin and foundation static [constant] chronic miasms, whereby their parasitical existence in the human organism is enabled to continually rise and grow.

70. ...They must therefore all have for their origin and foundation static chronic miasms, whereby their parasitical existence in the human organism is enabled to continually rise and grow.

This idea of static diseases (that is, diseases of a constant nature) as well as those of more variable nature is found also in the *Organon*:

§.46.1. Very many examples of diseases would be adducible, which in the course of nature were cured homeopathically by diseases of similar symptoms, if we did not have to keep solely to those few static diseases arising out of a fixed miasm, and thus worthy of a determinate name, so as to be able to speak of something determined and undoubted.

§.81.1. b] 11. If one however, nevertheless, occasionally believes himself in need of certain disease names in order to make himself succinctly understandable to common people when the patient is being spoken of, so let him make use of the same only as a collective name and say e.g.,: the patient has a kind of St. Vitus' dance, a kind of edema, a kind of nerve fever, a kind of ague, never however (so that the delusion in these names may finally cease once and for all): he has the St. Vitus' dance, the nerve fever, the dropsy, the ague, since there certainly aren't any fixed, static diseases by these and similar names. [that is, only such diseases can have a disease name independent of the medicine]

§.100.2. The novelty or peculiarity of such an epidemic makes no difference in either its examination or cure, since the physician presupposes the pure image of each presently

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reigning disease as new and unknown...and here all the more, since each reigning contagion is in many regards a phenomenon of its own kind, and is found by exact examination to be very divergent from all former contagions falsely labeled with certain names; -- if we except the epidemics that stem from an static infectious tinder such as smallpox, measles, etc.

§.142.1. But how some symptoms a] of the simple medicine employed for cure may be spotted, even in diseases, especially of the static, chronic type, among the ailments of the original disease, is an object of the higher art of judgment and is to be left only to masters of observation.

Introduction to the Organon: 161. If one discounts the cases where the empiricism of the common man furnished the ordinary doctors (rather than their inventive art,) with the specific means for a static disease, whereby they could thus directly cure, e.g., venereal chancre disease with mercury, contusion disease with Arnica, intermittent swamp fever with China bark, freshly arisen scabies with sulfur powder, etc.

However, the most comprehensive understanding of this critical distinction between fixed and variable diseases is to be found in his occasional writings, collected under the unfortunate and misleading title, *The Lesser Writings*.

Essay on a New Principle (1796)

The first published result of Hahnemann's new observations on medicine was a lengthy and important work entitled, *Essay on a New Principle for Ascertaining the Curative Powers of Drugs* of 1796. Here we can find the initial insights that emerged from all the hard labors of the previous eight years, in particular the early discoveries of the dual nature of disease and medicinal action.

Hahnemann sets out that there exist two types of disease, a concept that he would continue to develop throughout his lifetime.

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It is only the very great simplicity and constancy of ague and syphilis that permitted remedies to be found for them, which appeared to many physicians to have specific qualities... they are, however, probably specific in both diseases, when they occur simple, pure and free from all complication. Our great and intelligent observers of disease have seen the truth of this too well, to require that I should dwell longer on this subject.

Now, when I entirely deny that there are any absolute specifics for individual diseases, in their full extent, as they are described in ordinary works on pathology, I am, on the other hand, convinced that there are as many specifics as there are different states of individual diseases, i.e., that there are peculiar specifics for the pure disease [tonic], and others for its varieties [pathic], and for other abnormal states of the system. (*Lesser Writings*, p. 260-261, underlines and brackets added)

The most fixed of these diseases were those for which medicine had previously discovered the curative substance *casu fortuito* (by trial and error), and by drawing on the established lore and practice of folk medicine. This discovery of diseases of a fixed and constant nature led Hahnemann to the discovery of one type of specific medicine, which could be ascertained simply from the knowledge of the disease itself. Such constant diseases as Hahnemann was able to determine at this point fell, as we shall see, into the two dimensions of disease known as the *homogenic* and *pathogenic*.

The earliest examples of pathogenic diseases were the self-limiting infectious illnesses of childhood, such as measles and scarlet fever (these we later identify as pathogenic diseases), and of homogenic diseases - the traumatic injuries (e.g., falls, bruises, and emotional shocks). Hahnemann referred to the remedies for the constant, fixed diseases as “constant specifics” or “peculiar” remedies.

The second form of specific medicine arose because there seemed to be maladies in which no fixed, constant nature was easily identifiable. The disease nature was much more variable and difficult to diagnose. In such

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cases, which formed the majority of problems facing the physician, Hahnemann discovered that he could determine the remedy for the disease, that is the specific, through the symptoms of the patient, the pathology (*pathos* = suffering), as expressed in alterations in feelings, functions and sensations. The provings had given him the totality of characteristic symptoms of the curative medicine and he had only to match this to the totality of characteristic symptoms of the disease as expressed in the patient. This was a more difficult approach to the treatment of disease and became the focus of his main treatise on medicine, the *Organon der Heilkunst* (first published, as noted earlier, in 1810).

We could call the remedies for the more variable, or individual diseases, variable specifics, as the specific remedy needed will depend to a large degree on the individual symptoms of the case of disease at hand. What was used in a previous case of a headache, for example, would not necessarily be valid in the next case, as the diseases causing headaches are variable in nature.

Let us examine the writings of Hahnemann on these two types of specifics, each coming from a different side of disease (speaking here of disease as a concept, not of a particular disease as such).

It is only the very great simplicity and constancy of ague and syphilis that permitted remedies to be found for them, which appeared to many physicians to have specific qualities; for the variations in these diseases occur much more seldom, and are usually much less important than in others, consequently bark and mercury must be much more serviceable than not so. But neither is bark specific in ague, in the most extended sense of the term, nor mercury in syphilis, in its most extended sense [that is, where there are complications]; they are, however, probably specific in both diseases, when they occur simple, pure and free from all complications. Our great and intelligent observers of disease have seen the truth of this too well, to require that I should dwell longer on this subject.

Now, when I entirely deny that there are any absolute specifics for individual diseases, in their full extent, as they are described in ordinary works on pathology, I am, on the

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other hand, convinced that there are as many specifics as there are different states of individual diseases, i.e., that there are peculiar specifics for the pure disease, and others for its varieties, and for other abnormal states of the system. (Lesser Writings, p. 260-61).

We observe a few diseases that always arise from one and the same cause, e.g., the miasmatic maladies; hydrophobia, the venereal disease, the plague of the Levant, yellow fever, small-pox, cow-pox, the measles and some others, which bear upon them the distinctive mark of always remaining diseases of a peculiar character; and, because they arise from a contagious principle that always remains the same, they also always retain the same character and pursue the same course, excepting as regards some accidental concomitant circumstances, which however do not alter their essential character...

These few [fixed or static] diseases, at all events those first mentioned (the miasmatic), we may therefore term specific, and when necessary bestow on them distinctive appellations.

If a remedy have been discovered for one of these, it will always be able to cure it, for such a disease always remains essentially identical, both in its manifestations (the representatives of its internal nature [Wesen]) and in its cause. (*Lesser Writings*, p. 440)

From Two Specifics to Two Sides of Disease

Eventually Hahnemann came to realize that these two approaches to disease represented a dynamic polarity of disease and that disease, considered conceptually, had two sides.

These two sides can be called the *tonic* and the *pathic* sides, based on their respective natures and the terms that Hahnemann used in speaking of them. While he never formally gave the two sides labels, the terms used here are adducible from the language Hahnemann used in describing them.

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The constant nature of disease and the constant specific relate to the tonic side of the case, which is unific in nature (that is, involves data that is wholistic and supersensible, such as objective feeling and state of mind). The more variable disease varieties and the variable, individual specific relate to the pathic side, which is prolific in nature (the expression of the disease as manifested in the sensible data, or totality of characteristic symptoms of the patient).

In essence, each disease has an underlying form and each disease also often has a particular expression over time. However, the degree of constancy of the form will be different for different diseases, and the nature of the expression in terms of the data used by the physician will also be different.

By an infinite number of trials of all imaginable simple substances used in domestic practice, in a well-defined disease, which shall constantly present the same characters, a true, certainly efficacious, specific remedy for the greater number of individuals and their friends suffering from the same disease might certainly be discovered, though only *casu fortuito*...

...The constant specific remedies in these few diseases were capable of being discovered by means of trying every imaginable medicinal substance, only because the thing to be cured, the disease, was of a constant character; - they are diseases which always remain the same; some are produced by a miasm which constitutes the same through all generations, such as the venereal disease; others have the same exciting causes, as the ague of marshy districts, the goitre of the inhabitants of deep valleys and their outlets, and the bruises caused by falls and blows...

Only for a want [disease] of a constant character can we suppose a supply [remedy] of a constant character.

That it was requisite, in order to find out empirically the proper remedy, that all diseases, for which the specific was sought should be identical and preserve an invariable fixed character, appears not to only have been surmised, but to have been deeply felt by the medical community of the old school.

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They imagined that they must represent to themselves the various diseases of humanity in certain fixed forms, before they could hope to discover for each a suitable, trustworthy remedy, and this (as they knew no other better – scientific – way of finding the fitting medicine in diseases) by means of experimenting on them with all possible drugs, - a method which had succeeded so well in the few fixed diseases above alluded to. (*Lesser Writings*, pp. 687-689)

§46.1. Very many examples of diseases would be adducible, which in the course of nature were cured homeopathically by diseases of similar symptoms, if we did not have to keep solely to those few static [gleichbleibend] diseases arising out of a fixed miasm, and thus worthy of a determinate name, so as to be able to speak of something determined and undoubted.

§81.1.b]1 How many improper, ambiguous names are there not therein, under each of which highly different [variable] disease states are comprehended, often only resembling themselves in a single symptom, like: ague, jaundice, edema, consumption, leucorrhoea, hemorrhoids, rheumatism, stroke, convulsions, hysteria, hypochondria, melancholy, mania, croup, paralysis etc., which are declared to be static, fixed diseases [gleichbleibende, festständige Krankheiten] in and of themselves and are treated by name according to standard practice!

§81.1.b]6 Even those common acute disease are documented by the old medicinal school as if they were always uniformly recurrent, already known, fixed diseases like: Typhus- hospital-, or jail-, camp-, putrid-, typhoid nerve- or mucous-fever etc., although every epidemic of such circulating fevers distinguishes itself each time as another new disease, never before entirely extant, and very divergent with respect to its course, as well as to several of its most striking symptoms, and its entire respective conduct.

§81.1.b]11 If one however, nevertheless, occasionally believes himself in need of certain disease names in order to

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make himself succinctly understandable to common people when the patient is being spoken of, so let him make use of the same only as a collective name and say e.g.: the patient has a kind of St. Vitus' dance, a kind of edema, a kind of nerve fever, a kind of ague, never however (so that the delusion in these names may finally cease once and for all): he has the St. Vitus' dance, the nerve fever, the dropsy, the ague, since there certainly aren't any fixed, static diseases [gleichbleibende, festständige Krankheiten] by these and similar names.

In the above passage, Hahnemann has given us a principle relating to the degree of constancy of a disease:

Only for a want of a constant character can we suppose a supply of a constant character.

Thus, where there is a disease (want) of a constant character, we would look for a remedial agent (supply) of a constant character.

As regards the naming of disease (dia-gnosis), only the fixed, constant diseases can be given a distinctive name that allows it to be recognized, such as measles or whooping cough. However the variable, individual diseases can only be identified by their remedy. Thus, the names given by allopaths are false names in most cases, as they describe the *result* of disease and then only that which is *material* in nature.

If someone suffers, for example, from protracted lack of energy with no known cause, they are "diagnosed" with chronic fatigue syndrome; if with certain sensitivity and stiffness in the joints accompanied by swelling, with rheumatoid arthritis. These are *results* of disease, not true diseases, and even then they are not true conditions, being only a fragment of the actual condition (alteration in feelings, functions and sensations) produced by the disease, as we will see when we later examine the manner of taking the case through the condition (totality of characteristic symptoms). As Hahnemann states, we can only speak of a type of fatigue, or a type of arthritis if we wish to use these allopathic names.

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For Hahnemann, the desired approach in medicine is first to determine if the disease in question is of a constant, fixed nature and then treat for that disease with the appropriate constant remedy. This approach has the advantage that the physician often has only to know or look up the constant or true specific that has been previously identified to cure the case, allowing for the treatment of disease rapidly and with relatively few remedies.

Where the disease is *not* of a discernible typical constant nature (either recognizable as such, as with measles or scarlet fever, or because the cause is known, as in the case of accidents, poisonings and traumas) and thus is of a variable, individual nature, the physician must then take the route of eliciting and analyzing the expression of the individual disease (symptoms) in order to find the curative medicine.

Hence it happens that with the exception of those few diseases that are always the same, all others are dissimilar and innumerable and so different that each of them occurs scarcely more than once in the world and each case of disease that presents itself must be regarded (and treated) as an individual malady that never before occurred in the same manner.

The internal essential nature of every malady, of every individual case of disease, as far as it is necessary for us to know it, for the purpose of curing it, expresses itself by the symptoms, as they present themselves to the investigations of the true observer in their whole extent, connection and succession. (Lesser Writings, pp. 442-443)

In order to treat successfully the other cases of disease occurring in man, and which, be they acute or chronic, differ so vastly among each other, if they cannot be referred to some primary disease which is constant in its character, they must each be regarded as peculiar diseases, and a medicine which in its pure effects on the healthy body shows symptoms similar to those of the case before us, must be administered. (Lesser Writings, p. 693)

It should be noted from the above quotes that Hahnemann also distinguished between simple, uncomplicated (true) diseases and those

that were more complicated and formed varieties of this true disease. This insight would later prove useful in Hahnemann's discovery of the chronic diseases, both in terms of the simple, true disease and its many varieties.

Pathic Side of Disease

The pathic is that aspect of disease that expresses itself in terms of the suffering (pathos) of the patient and the sufferings caused in those around him. We see this in the term "homeopathic" or "similar suffering." The remedy chosen on the basis of this suffering can be said to have a pathic relationship to the disease, making it the remedy for the pathic disease. These are the individual, variable diseases that can only be identified through the symptoms expressed by the particular patient. Thus, if one were to ask what was the name of the disease he was suffering from, the correct response would be, "You are suffering from (name of remedy) disease."

This is the side of disease that Hahnemann pioneered through his use of provings to create a usable armory of medicines to treat the many varieties of natural disease. It is the side that gave the name to one aspect of the new system of Heilkunst based on the law of similar resonance (*homoios + pathos* = similar suffering). In acute diseases of an idiopathic nature the pathic side is relatively easy to identify and prescribe on, as the symptom picture is strong and clear.

§73. There is nothing that would earn the honorable name of "cure" in this revulsive treatment, which has no straight, immediate pathic direction (*pathische Richtung*) towards the originally suffering formation.

§139 ...because the substances prescribed in such a sense had little or no direct pathic relation (*pathischen Bezug*) to the suffering nor should have, but, on the contrary, only attacked the least stricken points in a useless and damaging way.

§22.1.a]1 The other possible manner of employing medicines against diseases besides both of these is the allopathic method in which medicines are prescribed whose symptoms have no direct pathic connection (*pathische*

Beziehung) to the disease state, therefore are neither similar nor opposed to the disease symptoms; rather, are entirely heterogenic.

284.4 So also in a long continued allopathic treatment, which has no true healing power with respect to the disease, no direct pathic (Homeopathic) relation to the parts and processes concerned in the chronic disease... (*Chronic Diseases*)

Tonic Side of Disease

The tonic is that aspect that relates to the more supersensible (beyond the sense world) dimension of expression. The operative aspect here is the state of mind rather than the pathology (suffering of the patient based on the somatic state). Rather than expressing itself in the individual bodily constitutions in terms of suffering, the tonic side expresses itself more in other ways, such as in behavior and occurrences (circumstances surrounding the disease, e.g., accidents or emotional stress). Tonic diseases involve typology rather than symptomology, or constancy rather than variability. The tonic remedies also have a fixed relationship to a particular disease; they are constant specifics, as opposed to the individual specifics of the pathic diseases. *Psorinum* is always the remedy for *psora*, *Tuberculinum* for *tuberculosis* (as the chronic miasm, not the allopathic name for the morbid tissue change, which arises out of the tubercular miasm), *Arnica* for contusions, *Apis* for bee stings, etc.

The tonic side can be detected in Hahnemann's use of words that contain the root word *stimm*, such as *Verstimmung* (mistunement). The root has the concept of underlying "tone," which can exist at many levels – muscle tone, music tone, manner of speech or writing, attitude, state of morals, physical condition (e.g., flesh toned-complexion).

The mistunement or mistonification is the profound shifting of the state of health through a change in the underlying tone of the person – the dynamic disturbance of the Living Power's natural rhythm. Rather than pathology (suffering, sensible expression), what we have on the tonic side is disease as phenomenon (a supersensible expression).

What we have in the tonic aspect of disease, then, is phenomenology in polarity with the pathology or pathic (suffering) aspect. The common functioning principle for both is nosology (study of disease categorization). It is only through a thorough understanding of disease in its different dimensions, aspects and hierarchies that we can properly identify and comprehend the different tonic and pathic diseases in a patient, and then work out an effective treatment. The tonic side exists in time as well as space, whereas the pathic side exists in layers.

The tonic side is linked to Hahnemann's terms for curing, which have as their root the word *stimm*. The root *stimm* is found in the term for cure – *überstimmen* or overtunement (see §68).

This refers to the process by which the medicinal Potence acts on the natural mistunement. It is also used in the reference to the power of the medicine to alter the tone of a healthy person (*umstimmen* - differently tune - §21) and to the effect of allopathic treatment (to lower the vitality through reducing the tone of the patient - see fn 60- *herabstimmen*).

§34.2. It is above all required for cure that it be an artificial disease as resonant as possible to the disease to be cured so as to shift, albeit with somewhat stronger power, the instinct-like Living Principle, capable of no deliberation and of no recollection, into a morbid sonation {tonation} very resonant to the natural disease, in order not only to obscure the Feeling of the natural disease mistunement in the Living Principle but to entirely extinguish and so to annihilate the Feeling. (Note: not the symptoms, but "the Feeling.")

§63.1. Each Life-impinging Potence, each medicine, resonifies {retonifies} the Living Power more or less and arouses a certain alteration of condition in man for a longer or shorter time.

§66.1. A conspicuous, opposed after-action is, however, understandably, not to be perceived in the healthy body with the impinging-action of quite small homeopathic doses of resonifying Potences.

§69.5. ...the resonant to the present unexpunged natural disease mistunement...

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§70.1...the diseases, as solely dynamic mistuning stimuli, are over-tuned and extinguished by the stronger, resonant mistuning stimulus of the homeopathic medicine in the Feeling of the Living Principle...

§148.2. If then, however, the Feeling of the impinging action of this inimical agent, that strove to actuate and continue this mistunement, is again withdrawn from the Living Principle, that is, if the physician lets an artificial disease Potence impinge on the patient against the agent, an artificial disease Potence able to morbidly mistune the Living Principle most resonantly, and which continually exceeds the natural disease in energy (§33, 279), even in the smallest dose, then the Sensibility [*Empfindung*] of the original disease agent gets lost for the Living Principle during the impinging action of this stronger, similar, artificial disease; from then on the malady exists no more for the Living Principle; it is annihilated.

§246 ...so that the Living Principle being resonified to the resonant medicinal disease may never feel itself agitated to adverse counter-actions and enraged...

§247...the diseased Living Principle then allows itself to be further resonified (that is, its Feeling of the natural disease to be further decreased)

§270.8. Only through this processing of crude medicinal substances, preparations arise which attain their full capability of aptly touching the suffering parts in the diseased organism and thus, by resonant, artificial disease affection, of withdrawing the Feeling of the natural disease from the Living Principle present in those suffering parts.

§289 fn a ...resonification of the entire Human Wesen

At a certain stage of his work, Hahnemann and his closest associates began to work with dual remedies, the idea arises from, and is grounded

in, this fundamental understanding of the dual nature of disease, to treat both sides of disease with surprising results.¹¹

Idiopathic Disease

Hahnemann often spoke of diseases that were specific, self-contained and peculiar, in other words, idiopathic diseases. These were the true, primary forms of disease. Such diseases were of an independent origin, not being derived from other diseases.

The term he used was *eigene und in sich abgeschlossenen Krankheit*, which we have translated as “well-defined idiopathic diseases.”

Webster's New 20th Century Unabridged – idiopathy

[Gr. idiopatheia, feeling for oneself alone, from idios, one's own, peculiar, and pathos, feeling, suffering] an independent disease, neither induced by nor related to another disease; spontaneous or primary disease.

Taber's idiopathic [idio- Gr. idios, own]

Prefix indicating individual, distinct, or unknown.

Pert. to conditions without clear pathogenesis, or disease without recognizable cause, as of spontaneous origin.

Hahnemann admits that prior to his discovery of the chronic miasms as primary (tonic) diseases, he and his students mistakenly treated the secondary (pathic) diseases stemming from them (in particular, those stemming from psora, which were most developed in his time) as being primary diseases. However, Hahnemann came to fundamentally discover that there were two sides to disease: the primary type, constant in its essence and the secondary, or individual type, with its variable nature.

¹¹ See *An Affair to Remember* in the Heilkunst series of books as well as *The Dynamic Legacy*.

This led later to the more profound discovery of the use of dual remedies to treat both types.¹²

§80.1. – Psora, that true fundamental cause and engenderer of almost all remaining frequent, indeed countless disease forms, a] which figure in the pathologies as their own well-defined idiopathic diseases under the names of nerve weakness, hysteria, hypochondria, mania, melancholy, imbecility, raving, epilepsy, convulsions of all kinds, of softening of the bone (Rhachitis), scrofula, scoliosis, and kyphosis, bone caries, cancer, fungus hematodes, neoplasms, gout, hemorrhoids, jaundice and cyanosis, dropsy, amenorrhea and hemorrhage of the stomach, nose, lungs, from the bladder and uterus, of asthma and suppuration of the lungs, of impotence and infertility, of migraine, deafness, cataract and amaurosis, kidney stones, paralyses, defects of the senses and pains of a thousand kinds, etc.

42.1 Homeopathy alone taught first how to cure the great self-contained diseases, the old, smooth scarlet fever of Sydenham, the more recent purples, whooping cough, croup, sycosis, and autumnal dysenteries, by means of the specifically aiding homeopathic remedies.

Even acute pleurisy, and typhous contagious epidemics must now allow themselves to be speedily turned into health by a few small doses of rightly- selected homeopathic medicine.

49.1. The continually repeated fact that the nonvenereal chronic diseases, after being time and again removed homeopathically in the best way by the remedies fully proved up to the present time, always returned in a more or less varied form and with new symptoms, or reappeared annually with an increase of complaints, first disclosed to me:

that the homeopathic physician in such a chronic (non-venereal) case, yea, in all cases of (non-venereal) chronic

¹² See *An Affair to Remember* in this series.

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disease, is not only dealing with the disease appearance before his eyes, and should not view and treat it as if it were an idiopathic disease, to be speedily and permanently expunged and cured homeopathically (which empirical results refuted) but that he was always dealing with some separate part of a more deep-seated original malady, whose great extent is shown in the new occurments emerging from time to time;

that the homeopathic physician may not hope to permanently cure single disease cases of this kind under the presupposition, hitherto entertained, that they were idiopathic, self-contained diseases which would never again sprout forth with other, new, troublesome symptoms; The Tonic Dimensions of Disease

The tonic side of disease does not have layers, as does the pathic side (which must be peeled away as they emerge, their order not known until then), but rather dimensions according to the nature of the causal agent.

HOMOGENIC DIMENSION

This dimension relates to the various accidents and injuries as well as mental and emotional shocks. These are injuries that generally affect each individual in the same way, creating blockages to the normal flow of life energy. Thus, for each of these fixed, constant events, there are also specific remedies. This is also the basis for first aid and the home treatment of simple traumas, which can be done by almost anyone without more extensive knowledge of Heilkunst. The emotional shocks are generally more serious and can generate a host of mistunements of a person's normal state of health. Hahnemann notes the effects of extended grief, vexation and fear on one's health as being powerful triggers of the latent chronic miasms.

§93.1. If the disease has been caused by a remarkable event, recently or, in the case of a protracted malady, some time ago, the patient – or at least the relations questioned in

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private – will then readily declare it, either of his own accord or upon cautious inquiry.

§93.1.a]1 The physician must seek to trace by astutely phrased questions or other private inquiries the possible dishonoring occasions which the patient or the relations do not readily confess, at least not voluntarily.

§93.1.a]2 To these belong: poisoning or attempted suicide, onanism, common or unnatural lascivious debaucheries, revelry in wine, liquor, punch and other heating drinks, tea or coffee,

– luxuriating in eating generally or in particularly deleterious foods,

– venereal or prurient infection,

unhappy love, jealousy, domestic discord, vexation, grief over family misfortune, abuses, dogged revenge, offended pride, disruption of the pecuniary circumstances, superstitious fear,

– hunger,

– or perhaps bodily infirmities in the private parts, a hernia, a prolapse, etc.

Hahnemann speaks of remedies that are specific to the disease irritation and mentions that they are *homogenic*.

14.2 The reliably availing ones could not have been any others than the specific ones; that is, medicines which were *homogenic* in their action to the disease irritation, whose use, however, by the old school was forbidden and tabooed as highly damaging because observation had taught that, with the so highly intensified receptivity for homogenic irritations in diseases, such medicines in the conventional large doses had proven themselves life-endangering.

It is important to note the last comment, namely that the use of homogenic medicines in large doses is dangerous. Prescribing the tonic

remedy at the right time is capable of unleashing a strong healing reaction, because it shifts force fields releasing tremendous amounts of energy, which can potentially overwhelm the Living Power if caution is not used.

PATHOGENIC DIMENSION

This is the dimension of natural diseases. Natural diseases are in the nature of dynamic infections. Nature employs microbes as the carrier for each particular disease. As you learned earlier, the disease attempts to penetrate the Wesen or Dynamis of the human being. If successful, a separate disease is engendered within us and develops along a pre-determined path. If the disease is self-limiting (so-called acute), the Living Principle is able eventually to recover once the disease has run its course, through its counter-action. The main forms of pathogenic diseases are epidemic and sporadic diseases and the chronic miasms.

IATROGENIC DIMENSION

Each medicine is capable of engendering an artificial disease. Thus, it has the potential to harm as well as to cure. In very small doses, the medicine seems to be mainly self-limiting in nature, allowing the sustentive power of the Living Principle to re-establish balance relatively easily.

In crude form, the medicine has a high risk of harming the human organism, disturbing its healthy state and giving rise to abnormal functioning, the more so the larger the dose and the longer the medicine is applied. Eventually the medicine may penetrate the generative power and engender a disease of its own. This is called iatrogenic disease (doctor-caused). Hahnemann was quite vocal in his criticism of this aspect of allopathic medicine and was often pessimistic about the ability of medicine to correct the damage caused by allopathic prescribing. However, with the subsequent development of isodes, remedies made from the medicine, we now have an effective curative method for dealing

with these man-made diseases, which are as much the scourge of our times as in Hahnemann's day.

IDEOGENIC DIMENSION

Hahnemann was fully aware of the ability of suggestion (operating in the context of ignorance or superstition) or false belief to generate disease, even leading to death. These diseases involve dynamic affections, which he called "the highest disease." Originally, disease arose out of a primordial split between the emotional and intellectual minds, which derived from a lack of true knowledge, giving ground to belief or delusion.

§17...the highest disease can be brought to pass by sufficient mistunement of the Living Principle by means of imagination, and so, in the same manner, taken away again.

§17.1.a]2 A premonitory dream, a superstitious fancy or a solemn fateful prophecy of inevitable death on a certain day or at a certain hour has not infrequently brought to pass all signs of arising and increasing disease of approaching death and death itself at the indicated hour which, without simultaneous actuation of the internal alteration (corresponding to the outwardly perceptible state), was not possible; thus, in such cases from the same cause, all the near-death-signaling disease features were in turn not infrequently scared off by an artificial deception or persuasion to the contrary and health suddenly again established, which would not have been possible without removal of the death-preparing internal and external morbid alterations by means of these merely moral remedies.

Principles of Disease Jurisdiction

Disease acts, and must be treated, on the basis of a principle, and each principle will vary according to the genesis. The Natural Law of Cure includes, as does the realm of human law, various "jurisdictions."

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Each dimension or jurisdiction that arises from the genesis has its own particular competence and principles by which cure and healing are affected. All dimensions operate on the natural law of similarity of resonance, but the nature of this resonance will vary according to the nature of the genesis of disease:

Homogenic: resonance of specific irritant action. The focus in this dimension is the irritant actions. Irritant actions involve both traumas and toxins, both of which act on the life force. The traumas are further divided into psychic (grief, fear, etc.) and somatic (physical accidents, surgeries, etc.). The toxins are divided between those that act from outside (exogenous) and those that are produced from within (endogenous). In the realm of the homogenic, we have the principle of specific irritant action.

The first level (traumas) has been admirably addressed by Dr. Jean Elmiger of Switzerland with his isotherapeutic system of the sequential treatment of traumas (see his book, *Rediscovering Real Medicine*), and the second (toxins) by Dr. Reckeweg in his comprehensive system of tissue detoxification at the humoral and cellular level called homotoxicology

Kent himself also realized later in life, based on close observation, that tissue change required the prescription of remedies based on that change, not the psychic state.

As Eizayaga expresses it,

During the last years of his active life as a physician, Kent published a most interesting article entitled 'Remedies related to pathological changes in the tissues.' In it Kent expresses diametrically opposed ideas to those known by everybody in his Homeopathic Philosophy, surely on account of his remarkable clinical experience and his acute observation of reality.

Eizayaga then goes on to quote from the article:

When a remedy has been prescribed for a patient in whom tissue changes have occurred, the prescription being based on the symptom-image, resolution of the existing tissue changes has occurred as a result of the reaction to the remedy. These become reliable clinical symptoms of the remedy,

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demonstrations of the power of the remedy over the altered tissue. These remedies are then recognised to be suited to constitutions in which these pathological changes can develop. Hence they are as important to the prescriber as though they had appeared actually in the proving.

Eizayaga explains Kent's reasoning further:

The author goes on to say that when said lesional changes occur in the tissues, usually the patient's symptoms have disappeared, especially those on which the prescription was based: thus, the prescription must be based on the symptoms of the pathology, except in the case when the doctor can individualise a medicine covering the lesional symptoms plus the patient's own. Further on he advises not to ever indicate in any case a medicine which does not cover the present pathology when the physician is dealing with serious or lesional patients and quotes numerous examples. The article finishes with these words:

'By reference to the repertory, the prescriber may find remedies which have thus been established as suitable for suppuration, those suited for cancer, those related to apoplexy, etc., and as an intelligent prescriber, the physician should select a remedy for the patient similar to the condition of the ultimate disorder. This is totally different from prescribing on the pathology alone, or seeking a specific for the name of the ultimate, regardless of the patient.' (Eizayaga, *Treatise on Homeopathic Medicine*, pp. 259-260).

Iatrogenic: resonance of drug. What is emphasized here are the conditions (e.g., dropsy), or what was caused as a "side effect" of the material drugs. The principle is one of tautopathy; namely the matching of the drug disease with the drug that produced the disease on the basis of similars. However, as in the case of homogenic remedial action, the substance used must be rendered safe by the process of dynamization (normally serial dilution and succussion). This is not the principle of equal

action (*aequilia aequilibus curentur*), but the use of isodes, which is very different (see footnote 56 of the *Organon*).

Pathogenic: *resonance of pathogen*. This is the realm of infection. Pathological signs are emphasized. Here we have a principle of disease, which leads to the use of isodes (remedies made from the disease agent) or nosodes (products made from disease discharges).

Ideogenic: *resonance of psychic state*. Emphasis here is on the behavior, which exhibits and demonstrates the core delusion (arch-belief). The principle is one of matching the psychic state of the patient with the remedy. However, in some cases, the use of the Law of Opposites comes into play (see §226 where Hahnemann talks of using psychotherapeutic means and appropriate living habits to treat those truly psychic diseases that are not of long-standing).

Within each of these dimensions we have relationships based on the form of the disease. Goethe was the first to speak of the form or morphology of something as being the underlying nature that is not sensible (open to the senses) but supersensible (open to our higher organs of knowledge, involving kenning).

Homogenic: a relationship with the irritant action (homomorphic).

Iatrogenic: a relationship with the drug (isomorphic)

Pathogenic: a relationship with the pathogen (pathomorphic)

Ideogenic: a relationship with the belief (core delusion)
(ideomorphic)

The Heilkünstler needs to decide where to go to settle the case, and at which level, in accordance with Aphorism 3.

The Heilkünstler decides the competent jurisdiction to begin the case, and prosecutes according to the principles of treatment valid in that jurisdiction. He then proceeds, according to the hierarchy of jurisdictions, up the scale.

5: The Chronic Miasms

The chronic miasms that Hahnemann discovered were initially three in number: *psora*, *sycosis* and *syphilis*. Later, with the emergence of tuberculosis in the 19th Century, this was found to be an infectious disease of constant Wesen. It had been considered part of psora early on and in some of the books had been initially referred to as pseudo-psora.

Research has revealed that Hahnemann himself realized this.

In the preface of Charles Hempel's translation of the *Organon*, Constantine Hering recorded that late in his life Hahnemann made further discoveries and developed a new aspect of the theory of Psora with the introduction of a new miasm he called Pseudo-psora. Hering wrote:

"Hahnemann distinguishes the venereal miasms as syphilis and sycosis; and also subdivides psora with pseudo-psora." (quoted from *Miasms in Classical Homœopathy*, Chapter Two: What are Miasms, by David Little on www.simillimum.com)

Tuberculosis, which is what pseudo-psora essentially was, has many features of psora, but also of syphilis. The isolation by Koch of the tubercular microbe confirmed the infectious nature of this miasm.

Acute miasms, as with other true acute diseases, had a relatively sudden onset, climax and resolution (self-limiting). In contrast, the chronic miasms had a slower onset, seldom grew to any climax (although there were periodic flare-ups) and continued until one's death. Their course could not be prevented, only slowed by diet and lifestyle, or the absence of stresses. The prognosis was poor and the outcome often fatal.

The chronic miasms were infectious natural diseases, and each had a characteristic skin lesion. This lesion was the first response of the Living Power in its efforts to evict the disease. Unable to do so, the Living Power, in its counter-action, pushes the disturbance of its energy, as far as

possible, to the periphery of the organism where it can do the least harm and is visible to the physician so that he can effect a cure.

However, if the natural law of cure is not followed the treatment only provides temporary relief (palliative) or it suppresses the expression of the disease on the skin and forces the Living Power to set up a line of defense deeper in the organism, affecting more important (what Hahnemann called "more noble") organs.

Inherited Nature of Chronic Miasms

The chronic miasms, Hahnemann wrote, could also be transmitted to future generations. This he discovered from observation, many years before the emergence of the science of genetics. A person is born with certain latent diseases that can subsequently be awakened by various stresses, or triggers, during one's life, including during pregnancy and the birth process.

§284.1.a]3 Since Psora is usually communicated through the milk of the wet nurse to most nursing infants if they do not already possess Psora by inheritance from the mother, they are then at the same time protected anti-psorically in the indicated manner by means of the medicinal milk of the wet nurse.

§284.1.a]4 But the care of mothers in their first pregnancy is indispensable by means of a gentle anti-psoric treatment, especially by means of the new dynamizations of sulphur described in this edition (§270), in order to extirpate in the mothers and in the fruit of their womb the Psora (engenderers of most of the chronic diseases) already imparted to the mothers through inheritance, and almost always present in them, so that their progeny might be protected against it in advance.

Proliferation of Chronic Diseases

Thus, we have a chronic miasm, the constant (tonic) disease, giving rise over time and through the individual bodily constitutions, to variable (pathic) chronic diseases.

897 This circumstance may not seem odd to us when we stop to think that the psora is a chronic miasm of quite a peculiar and especial character, which over several thousand years has passed through several million human organisms, and must have assumed such a monstrous extension of varied symptoms,—the elements of those innumerable, chronic, non-venereal sufferings, under which mankind sighs,— and could configure itself into such an indeterminate multitude of forms differing from one another as it gradually ultimated in the various bodily constitutions of individual men differing from one another in their domiciles, their climatic peculiarities, their upbringing, habits, occupations,* * i.e., occupations which lay claim to these or those organs of the body, more this or that function of the spirit and mind. mode of life and of diet, and moulded by varying somatic and psychic relations. It is, therefore, not strange, that no one and only single medicine is sufficient to cure the entire psora in all its forms, but that it takes several anti-psoric medicines in order to be able to correspond curatively and homeopathically, by the artificial morbid actions peculiar to each, to the enormous host of psoric symptoms, that is, to all of the chronic (non venereal) diseases, consequently to the entire psora.

It is only, therefore, as mentioned, when the eruption of itch is still in full bloom and the infection thus still recent, that the complete cure can be executed by sulphur alone, and then at times with but a single dose. I leave it undecided, whether this will succeed in every case of itch still blooming on the skin, because the age of the itch eruption covering patients is quite various.

For if the eruption has been on the skin for some time (although it may not have been treated with external expulsives) and begins of itself to recede from the skin, then has the internal psora already in part gained the upper hand;

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the cutaneous eruption is then no longer entirely vicarious, and sufferings of another kind begin to be generated, partly as the signs of a latent psora, partly as chronic maladies evolved from the inner psora. In such a case sulphur alone (as little as any other single antipsoric remedy) is usually no longer sufficient for a complete cure, and the other antipsoric medicines, one or another according to the remaining symptoms, must be taken for homeopathic aid.

The first variant or generation of the chronic diseases will be the closest to its origin. Thus, *Sulphur* is the pre-eminent anti-psoric remedy, *Thuja* and *Nitric Acid* for the initial sycotic disease, *Phosphorus* in the case of the Tubercular miasm, and *Mercury* and *Aurum* for syphilis. The chronic diseases stemming from each of these miasms branch out like the lineage of a family through time. The longer the miasm is allowed to act, the more it penetrates the somatic realm and the greater the proliferation of chronic diseases in a given individual. It is therefore important, as Hahnemann points out in the quote immediately above, to treat for any chronic miasms as soon as possible, even to the point of treating the child while still in the womb. Even better would be to treat the parents prior to conception, a true form of eugenics.

6: Classical Views on Psora Theory

Hering said, in his introductory remarks to the 3rd American edition of the *Organon*:

What important influence can it exert whether a homoeopath adopt the theoretical opinions of Hahnemann or not, so long as he holds the principal tools of the master and the materia medica of our schools? What influence can it have, whether a physician adopt or reject the psoric theory, so long as he always selects the most similar medicine possible? (quoted from Allen, *The Chronic Miasms – Psora and Pseudo-psora*, p. 13, 1990 reprint, Jain).

This view may have been an attempt to avoid the divisiveness that Hahnemann's psora theory had occasioned amongst the body of homeopathic doctors in Germany and elsewhere, but it also reflected a significant view then and since, namely that the theory of psora had little to do with the selection of the remedy for the pathic disease for a given case, which was still to be chosen on the basis of symptom similarity. This is in accord, at least on this narrow point, with Hahnemann's own statement:

899 The homeopathic medical treatment of the countless chronic diseases (non-venereal and therefore of psoric origin) agrees essentially with the homeopathic treatment of human diseases in general as taught in the *Organon of the Remedial Art*...

However, Hering's view was challenged by J. H. Allen as ignoring several factors. First, knowledge of the theory is necessary to the development of more anti-psoric remedies (and anti-miasmatic remedies more generally), as Hahnemann himself had noted. Second, it is important to know the miasms as they often lie dormant, and if the nature of the miasms is not known, the practitioner ends up prescribing for what seems like an idiopathic disease, but is only really a flare-up of an underlying miasm.

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Their [chronic miasms] work is often hidden for years, so latent and pent-up are these forces in the organism. How many times have we based our prescription upon the totality of the symptoms that were entirely nervous or reflex, when really, in the totality, values were not considered. But values *must* be considered, for reflexes are always secondary, and primary or basic symptoms directly of miasmatic origin. The nervous phenomena may be palliated by such procedure; but it returns, and time is lost in the experiment; while the physician skilled in anti-miasmatic prescribing overlooks the foamings upon the surface, and dips deeper into the case, looking for *prima causa morbi*, and applies a remedial agent that has a deeper and closer relationship with the perverted life force. (Allen, p. 14)

This reflects what Hahnemann taught; indeed, it formed the basis for his discovery of the chronic miasms in the first place.

§.194.1. ...then (as not rarely) the acute local malady was a flare up of a hitherto internally dormant Psora which is on the verge of evolving itself into an overt chronic disease.

Kent also echoed this view by Allen in his own *Lectures on Homoeopathic Philosophy*:

Asthma, when it is hereditary, is one of the sycotic diseases of Hahnemann... For years I was puzzled with the management of asthma. When a person came to me and asked: "Doctor can you cure asthma?" I would say "No." But now I am beginning to get quite liberal on asthma, since I have learned that asthma is a sycotic disease, and since I have made judicious application of anti-sycotics I have been able to relieve or cure a great number of such cases. You will find in the history of medicine that wherever asthma was cured, it has been by anti-sycotic remedies. That is one of the first things I observed, that outside of sycotics you will seldom find a cure for asthma.

While Ipecac, Spongia, and Arsenicum will correspond just as clearly to the supervening symptoms and to everything

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that you can find about the case, yet what do they do? They palliate; they repress the symptoms; but your asthma is no better off, your patient is not cured.

Today, this view is found in the computer programs that list remedies by miasmatic category to aid in the selection of the correct medicine for each case where chronic miasms are detected. A comprehensive approach to miasmatic prescribing that has taken Allen's method into the current era is the recent book by Dr. S. K. Banerjea, *Miasmatic Prescribing*. In this book, Hahnemann's sequential approach to the layers of chronic disease, plus the removal of the various layers of suppression by allopathic treatment, is set out in detail, based on a knowledge of the indications of each chronic miasm and the anti-miasmatic medicines.

There is only one approach if a complete cure is sought and this is to systematically remove each layer of suppression and miasmatic dyscrasia before proceeding to nip the underlying cause of disease in the bud. (p. iv)

Clinical experience... has shown that the best way to open up these [one-sided, suppressed] cases is from the miasmatic viewpoint...

Once the outer layer... is removed the second layer is revealed. The second layer in turn becomes the surface miasm, reflecting a different group of symptoms. Dr. Kent guides us here, stating that there now has to be a change in the plan of treatment...The totality of the case needs to be reassessed and the next prescription selected on the basis of the totality of symptoms including the miasmatic symptomology. (p. 2-3)

7: Prescribing for the Miasm

What is missing today is both an appreciation for the difference between a chronic miasm and a chronic disease, despite Hahnemann's own very clear distinction, and an understanding of the need to treat for the miasm as well as any disease arising from it. The two are linked, and if there is no understanding and acceptance of Hahnemann's initial distinction between constant, static diseases and those of a more variable nature, there can be no conception of treatment of the miasm itself, in addition to the chronic diseases derived therefrom. What we have today in the literature and in practice is confusion at both the level of principle and of therapeutics.

For example, in his book *Miasmatic Prescribing*, Dr. S. K. Banerjea summarizes the prevailing method of treatment of chronic disease, which is driven by the one-sided view of disease as being only that with a symptom-picture in terms of altered condition (changes in feelings, functions and sensations):

Here miasm is the cause and the miasmatic state [he means condition] is the effect or manifestation. We do not prescribe for the miasmatic state and not for the miasm.
(p. 11)

At the same time, the use of nosodes for the treatment of miasms generally was developed during the last 200 years. J. Compton Burnett and Marjory Blackie in England were great proponents of the use of nosodes to treat for the various infectious diseases of a fixed nature, the true acute miasms, such as the epidemic, sporadic diseases and the childhood illnesses. Nosodes for all the acute miasms were developed and used with great effect, such as *Variolinum* for smallpox or *Morbillinum* for measles.

If the acute miasms can be treated directly by means of nosodes, being the exact simillimum (or the most similar medicine), then why not the chronic miasms? In practical terms, the homeopathic literature is

replete with clinical use of the chronic nosodes to unblock cases (termed by Randall Neustadter the “hidden case”), representing an unconscious attempt to cure the underlying chronic miasm, although the matter is clouded by the use of the abstraction “blockage,” leaving out Hahnemann’s very real *Potence* of disease.

Nosodes

The nosodes are as specific for the chronic miasm as for the acute, capturing the essence of the disease in the characteristic discharge. Whereas the chronic diseases are to be treated on the basis of the homeopathic specific (that is, on the basis of the symptom picture or image of the disease), the chronic miasms are to be treated using the homotonic specific, which is the nosode. Sankaran rightly terms the nosode the “centre-point” of the miasm.

The use of nosodes is still controversial despite over two centuries of use because the nature of disease in Hahnemann’s system of medicine is little understood. Within homeopathy the use of nosodes can only be sanctioned based on selection according to the symptom picture of the disease. On this basis, the prescribing of nosodes on a causal basis is rejected. It is rightly not part of homeopathy, which is symptom-driven, but it *is* a rightful part of Heilkunst, Hahnemann’s more comprehensive system of medicine.

While many writers and commentators state that the use of nosodes or isodes (so-called isopathy) was rejected by Hahnemann, it is clear from any study of what Hahnemann actually stated that he rejected the false version of the use of nosodes, but fully incorporated them within Heilkunst and the law of similar resonance (see section on **Isopathy**)

Hahnemann’s Sequence for Multi-miasmatic Cases

836 ...when the psora, as is often the case, was latent before in the patient. At times, when a badly treated case of venereal chancre disease had also preceded, both these

miasms are conjoined in a threefold complication with syphilis. Then it is necessary first to come to the assistance of the most afflicted part, namely the psora, with the specific anti-psoric remedies given below, and then to make use of the remedies indicated for sycosis, before the proper dose of the best quicksilver preparation [Mercury], as we shall soon see, is prescribed for the syphilis; the same alternating treatment is to be resumed, when necessary, until a complete cure is effected. However, each one of these three kinds of medicine must be given the proper time to complete its action. (*The Chronic Diseases*)

Law of Succession of Forces

The first truly rational approach to the treatment of the chronic miasms based on Hahnemann's understanding of the dual nature of disease in general and chronic disease in particular did not come until the publication in the early 1980's of *Re-discovering Real Medicine* by Dr. Jean F. Elmiger of Switzerland. In this work Elmiger provides clinical evidence of the existence of all of the four classical miasms in most people and of their sequential treatment, based on Hahnemann's own observations as to the order of treatment of multi-miasmatic cases.

Having removed the diseases caused by life's shocks and traumas (homogenic, iatrogenic and pathogenic diseases)¹³, Elmiger noticed that the chronic condition of his patients returned under new stress, much as Hahnemann described his experience prior to his discovery of the chronic miasms:

I have seen too many patients who have been treated for 20 or 30 years by conscientious professionals who follow the Kentist school and who have profoundly suffered from the chronic nature of their condition despite judicious and repeated use of the appropriate simillimum. (p. 215)

¹³ See *The Dynamic Legacy*.

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Elmiger also realized, as did Hahnemann and some others, that the true simillimum for the chronic miasm was the relevant nosode or “biotherapeutic.”

...it is impossible to cure these ...illnesses definitively
...without the help of the corresponding major biotherapeutic...

By not understanding this fairly simple truth, the great majority of contemporary homeopaths still fail too often in the every bit as simple cure of many repeated illnesses. They say that they are strict Kentists or Hahnemannians and respect the Law of Similarity to the letter, but they have not grasped its essence. They deceive their patients by proposing a lifetime of the remedies that are suggested by Kent's repertory, while one high potency of an appropriate major biotherapeutic would be enough to erase the weighty predisposition that the patient has inherited. Hahnemann wouldn't have hesitated to use these prodigious weapons if they had been at his disposal, since they represent the final accomplishment of his creative thought process brought to fruition by Hering and Nebel. (p. 215-216)

He realized that he had to correct the genetic code through the treatment of the miasms. He had been taught to determine the particular chronic miasm of each patient and treat for that. However, he discovered from observation again that most people carry all of the chronic miasms.

By minutely studying the anamneses of my patients I realized that they had all been subjected to the structural rules of the four archetypes at one moment or another in their lives. I rapidly acquired the conviction that every one of us has been in turn psoric, tuberculinic, sycotic and luetic. (p. 224)

How can a doctor declare a patient 'luetic' when his past is full of psoric, tuberculinic and sycotic clues?... What would you think of an archeologist who denied the Romanesque origins of a building simply because a later builder had embellished it with Gothic arches?...

If one of the four constitutions seems to eclipse the others at the time of diagnosis, the observer must not conclude that

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the rival genetic instructions have been definitively lost or cancelled. (p. 223)

The question remained how to determine the order of treatment. Was it random or did nature have an order in mind? What Elmiger found in several thousands of patients was that once the life traumas had been removed, all his patients first exhibited symptoms of psora, even if signs of other miasms were also there. On giving each patient *Psorinum* he noticed that the next miasm to emerge was invariably the same. From this he discovered what he calls the *Law of Succession of Forces* at the genetic level. The order he discerned is: psora, tuberculosis, sycosis and syphilis. This is an order that we have confirmed countless times in the clinic.

...I will present the following archclassical example of a young luetic patient brought to me in desperation by his parents who had exhausted the limited means of allopathy... Ever since his first vaccinations this little mercurian's health had vanished in a succession of earaches, sore throats, bronchitis and colds...

With me the child was first freed from his iatrogenic bonds and other astral stickiness. I then went after the constitution from the angle of psora, contrary to homoeopathic dogma, which would have indicated Luesinum. What was going to happen? Following the reactions of psora elimination I was expecting a resurgence of the luetic signs. They didn't take long to appear. Was I now supposed to give Luesinum? Logically yes, but once again no. The Law of Succession of Forces, which I have derived through observation, gives priority to Tuberculinum for all patients irrespective of their illnesses... I have verified this over 3,000 times with my own eyes, and verify it daily with my radiesthetic techniques. This natural order must be respected...

...In the hierarchical order of succession, sycosis is the third predisposition and its biotherapeutic awakens, by resonance, the third of the four great forces. (p. 233-234)

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Dr. Elmiger then discovered that he needed to go higher in many cases, in a series of cycles of the Law of Succession of Forces. The initial cycle is to 10M, which he calls E1.

However, the fact is that not all of my 3,000 patients treated in this way recovered. Both the more severely debilitated children and the adults suffering from chronic illnesses needed more than this first modest regulation...

There was only one way out. I had to increase the depth of my work by playing the same diathetic sequence again in another key...

So I followed my first heredosequential intervention with a second incursion into the four predispositions using the same biotherapeutics, but this time potentized to 50,000K... This is the EII cycle. Like the first one, it is rigorously sequential and doesn't permit of any deviation from the majestic succession of forces: Psorinum, Tuberculinum, Medorrhinum and Luesinum... (p. 235-236)

Dr. Elmiger also discovered that at the higher potencies there was a relationship between a particular miasm and a season, so that treating for the miasm in the relevant season was even more efficacious.

As long as I was involved only in the E1 sequence there was no real reason for me to be concerned about the depth of the activity. Doses of XM are active for only about 6 weeks and the patient's reactions can be monitored from one visit to the next. But the situation is totally different with doses of LM [50M], which as I have said, are really long-range missiles. Two to three months are required by the organism to execute fully the condensed vibrational instructions of an LM dose. The doctor can therefore prescribe each of the four great remedies only once a year...

...And suddenly it was clear somewhere in my right brain: the four predispositions were the daughters, or at least the cousins, of the four seasons. I immediately verified this intuition by submitting it to the double test of practice and comparative radiesthetic analysis, and I made a surprising

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discovery: all my chronic patients who had finished the EI sequence and were relatively well stabilized began once again to show signs of psoric instability at the beginning of the autumn. The duration of the period of instability, be it 6 months or 30 days, didn't change a thing...

...Who has never been taken with psoric spleen at the onset of the autumn, suffered from tuberculinic bronchitis in winter, felt the typically sycotic sexual vitality of spring and the characteristically luetic effects of unexpected sore throats in summer? (p. 236-237)

The order in which the chronic miasms tends to appear or be activated in people is as follows:

fall	psora
winter	tuberculosis
spring	sycosis
summer	syphilis

The Law of Succession of Forces seems to govern the tonic dimension of the chronic miasms. If this sequence is not followed in the repeated use of high potencies (above 10M) of the relevant nosodes for the miasms (Dr. Elmiger here shares Sankaran's observation that the higher potencies reach deeper into the energy level), a major destabilization of the energy field can result.

I could cite numerous examples where the major remedies have been prescribed following exactly the Law of Similarities [he means here the choice of the remedy on the basis of the presenting symptoms] or Voll's technique. Some patients have received Medorrhinum LM or CM 20 times and none of the other three. Others took Psorinum or Luesinum for 20 years without ever seeing Tuberculinum or Medorrhinum. All these "defectors" who appeared in my consulting rooms had been treated conscientiously, even masterfully, according to the principal law of homoeopathy... but they hadn't been cured!

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Worse, their condition had clearly been aggravated by these classical treatments. (*Rediscovering Real Medicine*, p. 246) (comments in square brackets added)

It is noteworthy that Dr. Elmiger realized that treatment of the miasms, as well as of the various shocks and traumas, is not enough. Diet and structural treatment is also critical, as Hahnemann himself knew, the complete story of his insights and use of regimen therapeutically still remaining to be told.

First, it must be categorically stated that no medicine can achieve lasting results if the patient's diet is not healthy. This initial requirement, brilliantly formulated by Hippocrates, was put aside in some dark corner of history for centuries. The dietetics taught in our faculties today is a pale caricature of the royal science which like health, should occupy the key professional chairs in our universities. (p. 189)

Elmiger fully understood, as well, the fundamental difference between removing an imbalance (proper regimen) and removing a disease (the realm of medicine proper):

Yet while it is true that Real Medicine cannot be conceived without a rigorous change in our alimentation it must be said that this is not in itself enough to reinstate the lost balance of vital energy totally confused by a long series of destabilizing shocks...

...This is why chronic illnesses that are tamed by macrobiotic or other dietetic means inevitably reappear at the slightest lapse in alimentary discipline. (p. 190-191)

How Many Miasms Are There?

Hahnemann distinguished between those miasms that were of a self-limiting nature, the acute miasms, and those that were of a chronic nature. Of the chronic miasms, he initially identified three and at the very end, a

fourth, giving us two venereal (sycosis and syphilis) and two non-venereal, puritic miasms of a chronic nature.

By and large, the classical literature has confirmed and followed this four-fold nature of the chronic miasms and also Hahnemann's meaning of miasm as being an infectious disease of fixed or static nature. Indeed, we have Elmiger's fuller development and unfolding of Hahnemann's observations regarding the sequence of treatment of these archetypal force fields in his Law of Succession of Forces. There has also been the acceptance of the distinction between acute and chronic concerning the inheritable nature of the latter and not the former.

However, more recently there has been a tendency to call many things miasms, both of acute and chronic nature. This arises because of the prevailing ignorance concerning the nature of disease and Hahnemann's disease classification (nosology). This mainly is due to the one-sided understanding of Hahnemann's system of medicine as being only the treatment of disease based on the symptoms of the patient, which has reduced disease to being the totality of symptoms of the patient, ignoring the fact that, as Hahnemann pointed out, a person can have more than one disease at a time. The history of this conflation and uniformitarianism has been laid out in great detail in our earlier work, *The Dynamic Legacy: From Homeopathy to Heilkunst*.

Let's look at some of the writings. One of the few practitioners writing extensively on the issue of philosophy, albeit on a more speculative basis, is Rajan Sankaran. In *Substance of Homœopathy* he first makes clear that there can be several chronic miasms in a given case and also that it is critical to know the miasms in order to prescribe correctly.

There can be and usually are two or more miasms in a case, though only one is prominent at a time. (p. 34)

I cannot overstress the need to settle upon the miasm before searching for a remedy; the drug must match the pace and nature of the disease. It will not do to give a remedy belonging to the acute miasm in a syphilitic case e.g. Stram where Merc is required. (p. 46)

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Of course this fits in with the classical orthodoxy, which sees the chronic miasms only as a tool to finding the right remedy, not as a disease to be treated in their own right. Sankaran's first departure from Hahnemann is in the characterization of the acute miasm. In Sankaran's view it is only an acute state, not something that has an infectious nature (that is, of the pathogenic dimension of the constant or tonic diseases). So, the acute miasm becomes simply an acute disease.

An immediate, strong response like high fever, bounding pulse, flushed face etc. as in Belladonna or Aconite. (p. 26)

Hahnemann identified the acute miasm as a sub-set of true acute diseases. To call all acute states of disease acute miasms certainly destroys the careful distinctions Hahnemann made, and made on the basis of the constancy of the disease essence (see Annex on Acute Disease)

Sankaran then identifies miasms in-between the "main" miasms. This seems not to have arisen from clinical experience, but out of speculation, and this driven by a philosophic need.

The miasmatic classification represents to me a map of diseases, and to plot diseases on this map more specifically it was necessary to have more points on it. (p. 51)

He first adds tuberculosis, drawing from the classical literature. So far, so good. He next draws on the high incidence of leprosy to classify it as a miasm. This ignores the work of Hahnemann regarding the link between leprosy and psora.

67 ...the age old chronic miasma of leprosy and itch; i.e., merely descendants of one and the same monstrous, original malady, the nearly innumerable symptoms of which form but one whole and are to be regarded as members of and to be medicinally treated as parts of one and the same disease...

76 ...The different names which were imparted by different nations to the more or less malignant varieties of leprosy (the external symptoms of Psora), which in many ways deformed the external parts of the body, do not further

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my purpose and add nothing to the matter, since the nature (Wesen) of this miasmatic itching eruption always remained essentially the same.

78 The occidental Psora, which, during the Middle Ages, had raged in Europe for several centuries under the form of malignant erysipelas (called St. Anthony's Fire), reassumed the form of leprosy through the leprosy which was brought back by the returning crusaders in the thirteenth century.

80 But the plight of mankind was not improved thereby; in many respects it grew far worse. For, although in ancient times the eruption of Psora in the form of leprosy was very troublesome

84 Mankind, therefore, is worse off from the diminution of the external form of the Psora,—from leprosy down to the eruption of itch

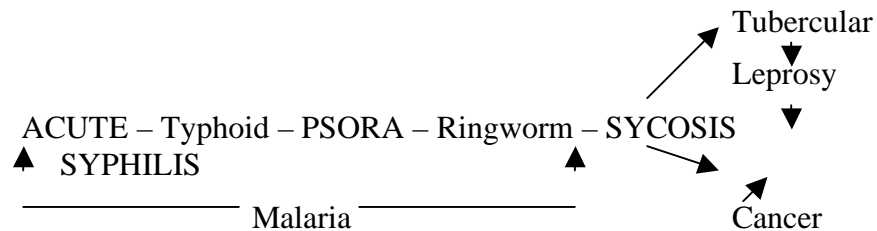
86 This good feature Psora has lost in the present more and more mitigated character of its chief symptom, which has changed from leprosy to itch in the last three centuries.

87 But let no one think that Psora, which has been thus mitigated in its local symptom, its cutaneous eruption, differs essentially from ancient leprosy.

887 Even in the most ancient times when itch occurred, for it did not degenerate into leprosy everywhere...

Sankaran treats this as a separate miasm, placing it between tuberculosis and syphilis, with the tubercular miasm falling between sycosis and syphilis. This brings us to the “map” that Sankaran has developed, based purely on, it seems, the psychological profiles of the “miasm” or remedy involved, rather than on any clinical evidence as in Elmiger's case. Let's look at that map (p. 78).

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Here we can see a number of other supposed chronic miasms introduced based on experience in India with the infectious “diseases” of ringworm, malaria, and leprosy. They are placed on this map according to their psychological profile as determined by Sankaran and by reference to the remedies that seem to be associated with them.

This map is not in full accord with that developed by Elmiger based on years of clinical observation and set out in his Law of Succession of Forces. However, the map has some validity based on clinical fact insofar as the cancer miasm is concerned. Both Elmiger’s clinical work and our own clinical experiences have verified that miasm as chronic and the placement is between sycosis and syphilis. However, this then raised an interesting question for us in light of the fact that Elmiger also found a correlation clinically between each of the four “classic” chronic miasms and the four seasons, which is also borne out by examining the essence of each miasm against the essence of each season: fall – psora (lack); winter – tuberculosis (many respiratory infections); spring – sycosis (intense growth); and summer – syphilis (lush growth with decay, particularly in the more tropical zones). Clinically, treatment of a given miasm proceeded more effectively if done in the respective season. However, the cancer miasm did not belong to a season and seemed like an “erratic boulder” on the landscape.

In the last few years, we have had occasion to discover a state of mind and body corresponding to that described by Sankaran as belonging to the ringworm miasm, which was borne out by the fact that the use of *Baccillinum* (Burnett’s classic remedy for ringworm), then the *Ringworm*

nosode itself (developed by Sankaran) cured the state of disease in one striking case. While the symptoms did seem similar to *Medorrhinum*, this remedy was taken with no effect. Only on taking *Bacillinum* was there significant relief from the symptoms, a kind of angry depression. When the *Ringworm* nosode was taken there was a further improvement at the mental/emotional level. This occurred after treatment for the tubercular miasm in the winter, but before the expected emergence in the case of the sycotic miasm in the spring, and it seems to be related to what is referred to in the Northern Hemisphere as Seasonal Affective Disorder (SAD).

We then recalled the map that Sankaran had provided and realized that we now had another piece to the puzzle relating to the chronic miasms. We already had, based on clinical observation, an intervening chronic miasm between sycosis and syphilis (cancer), and now one appeared between tuberculosis and sycosis (ringworm). What was missing was an intervening miasm between psora and tuberculosis. Based on Sankaran's description of the malaria miasm and our knowledge of the states of mind that emerged in patients in the late fall in North America, we hypothesized that the intermediate chronic miasm was *Malaria*. This has now been borne out empirically in many cases since.

We now have a more comprehensive map of the chronic miasms based on extensive clinical observation (both our own and that of others) that confirms that in addition to the four main, classic chronic miasms, there are also four intermediate chronic miasms. Contemplation on the nature of each of these intermediate miasms and on their appearance in history strongly suggests to us that the intermediate miasms have an evolutionary development that accords with the tenor of the times. Thus, cancer is prevalent now in the West, particularly in the last fifty years, whereas in Hahnemann's time malaria was endemic, followed by ringworm in children in the period up to about 1950. We initially observed these other two miasms in cases that had been treated to several levels of the four dominant miasms as per Elmiger's method. This supports the historical view that the higher the potency, the deeper one goes back into the genetic history.

Further, a dynamic understanding of the human organism, based on Hahnemann's own map of the supersensible members (*Geist, Wesen, Leib*,

Seele, Gemüt, Sinn) as well as the insights of Anthroposophical Medicine, and Hahnemann's contemporaries, John Brown and Richard Saumarez, leads us to the insight that the four main chronic miasms relate to the problems facing the Upper Man, which is more lodged at the Spirit (*Geist*) pole of man, manifested through the Soul (*Seele*) and expressed by means of the intellect (*Sinn*), whereas the four intermediate miasms relate to the Nether Man, which is found at the pole of the Dynamis, manifested through the Body (*Leib*) and expressed by means of the emotional or body mind (*Gemüt*).

In addition, based on our own observations, clinical experience and insights, as well as those of Sankaran, it appears that the four intermediate miasms have a theme that runs from the sense of irritable victimization of malaria, through the sense of angry persecution of ringworm, to the unsuccessful attempt to break out of the trap and the ultimate resignation of cancer, followed by the final break from reality of lyme. This is compared to the classic theme of lack or poverty of psora, the sense of restlessness and fear of suffocation of tuberculinum, which leads to the desperate attempt to break out of sycosis (excess) and finally the stagnation, rigidity and self-destructive behavior of syphilis.

Thus, to summarize, we now have eight chronic miasms – four main ones and four intermediate ones. They are meaningfully related to the human organism as well as the environment around it. Each is an archetype, or fundamental disease type that can give rise to many secondary disease forms, the variable nature chronic diseases.

The Sequence of Treatment

Dr. Hahnemann provided us with a sequence for treating the chronic miasms (constant or tonic diseases), and this sequence has been further elaborated by the Swiss physician, Dr. Elmiger, in his discovery, through clinical experience, of the Law of Succession of Forces. This law reveals the following order of treatment of the four main chronic miasms, which is in the same order as their historical evolution.

psora —————> tuberculosis —————> sycosis —————> syphilis

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We then need to build in the four “recessive” or intermediate miasms. This order was revealed by the link that Elmiger had provided, and we have confirmed, of a seasonal order of the miasms, as well as evidence that cancer seemed to be between sycosis and syphilis. Our own experience has confirmed that ringworm fits in between tuberculosis and sycosis and malaria between psora and tuberculosis, with lyme coming after syphilis. Thus, we have the following order:

psora – *malaria* – tuberculosis – *ringworm* – sycosis – *cancer* – syphilis - *lyme*

For the Northern Hemisphere at least we have confirmed the following order and relationship:

psora	early-mid autumn (September/October)
<i>malaria</i>	later autumn (Nov.)
tuberculosis	early-mid winter (December/January)
<i>ringworm</i>	late winter (February)
sycosis	early-mid spring (March/April)
<i>cancer</i>	late spring (May)
syphilis	early-mid summer (June/July)
<i>lyme</i>	late summer (late July/August)

The Meaning of the Chronic Miasms

We can look to the meaning of each of these primordial diseases to see the logic and force behind the order.

Psora – this involves the initial contraction of the human condition of health due to dehydration at the psychic level (dry, arid thoughts coming from the intellect) and the somatic level (inadequate water intake). This leads to the beginning of a sense of lack or poverty at all levels (body, mind, soul and spirit). There is a general sense of tension and dryness, a feeling that is most connected to that of the fall season when we find the

theme of dryness most pronounced, and also that of withering away and a sense of contraction and closing in.

Tuberculosis – the essence of this disease state is restlessness, the desire to escape from the encroaching limits of the psoric state. There is no sense of peace in the present, but a continual need to move, preferably to higher ground (> mountains), but where they then feel the constriction in their heart, forcing them to move to descend. They feel caught between opposing forces and seem condemned to wander the earth without repose. There is an increasing sense of lack of connection with life as manifested in the lung symptoms. The paleness and weakness also speaks to the increasing lack of vitality.

Sycosis – This disease state represents a desperate attempt to break out of the enclosing contractive forces. The level of energy increases and becomes almost hyper in nature. There is a high degree of irritability that can explode into anger and rage if provoked. The desperate attempt to re-connect to life against the impinging disease states leads to a hedonistic rush into sensate experience (“sex, drugs, rock ‘n roll”). There is strong inflammatory response throughout the organism to try to dissolve the sclerotic, contractive forces, producing all the “itises” of medicine.

Syphilis – Here we see the final breakdown of the individual at all levels: the acts of self-destruction through addictive behavior, leading in cases to suicide; the descent into madness; the lack of conscience; addictions, withdrawal from society – in essence the expression of the human creative energy with few or no restraints coming from the spiritual or natural domain. The organism feels trapped and no longer struggles against the “dying of the light” (Dylan Thomas), but gives itself over to the forces of gravity and darkness.

Chronic Miasms and the Seasons

Elmiger has further identified each of the chronic miasms with one of the seasons. Our research has verified the strong appearance of the energetic imprint of each of the chronic miasms with the particular season and the efficacy in treating for a chronic miasm when it is most active, all

other factors being equal. This similarity of the season's energy with that of a disease allows the forces of the disease to act more forcefully on the human organism, even in health. To the extent that we have the chronic miasm in us, the effects will be all the greater, due to the arousing of the slumbering giant within.

Thus:

Psora and Autumn - The energy of the Fall is one of a lack, of drying leaves and dying vegetation, of the dimming of the light, of lowering heat, that is, essential of an approaching encroachment or compression.

Tuberculosis and Winter - The emergence of respiratory viruses, coughs, and similar ailments in winter needs no reminder. We also see, at least in the more extreme northern latitudes, where the contrasts of temperature and climate are more pronounced, the great desire for travel and escape that drives the tubercular state of mind.

Sycosis and Spring - The energy of spring, with its promise of growth, heat and the return of energy has an expansive, youthful quality reflecting the swelling of the buds of trees and bushes, the re-emergence of the earth's green cover, and the rising of the sap of life in plants, animals and humans. It is in spring that we feel most alive and that we partake of life with most abandon, with the greatest energy and joie de vivre.

Syphilis and Summer - The "lazy, hazy, crazy days of summer" have a decadent, languorous quality to them. There is an element of underlying decay amidst the profusion of growth, an increase in bacterial and microbial growth generally, and the feeling of lushness without any real goal or product. What we see in summer is the height of the Ancient Regime in the decadent court of the Sun King, but a perceptive observer can already discern the signs of decline and the eventual fall into madness from the self-indulgent and almost self-destructive actions of an aristocracy that has lost touch with its roots.

Theme of the Four Intermediate Chronic Miasms

The general theme of these miasms is that of a growing sense of isolation and victimization, along with a withdrawal from reality.

Malaria - Malaria, which is linked to acute malaria, we have the theme of being attacked, picked-on, of victimization generally (reflected in reality by the mosquito, a carrier of the malarial plasmodium).

Ringworm - Ringworm, which is also linked to the acute occurrence of ringworm, has a general sense of being a victim, which grows to encompass a sense of being persecuted. Where the state of mind of malaria is one of irritability and grouchiness, along with some tiredness and lack of motivation, ringworm has a deeper fatigue, and the irritability is more a sense of depression and frustration, as the theme of ringworm is "wants to, but can't." It is a picture of SAD, or seasonal affective disorder.

Cancer - The next intermediate miasm is cancer, which has a feeling of isolation and disconnectedness, and being overly sensitive to contact with the outside world. While the early phase of the cancer miasm can be hyperactive in an attempt to break out of the encircling sense of negativity, the eventual state of mind is one of a growing resignation to the state of affairs.

Lyme - With lyme, we have a complete withdrawal from the world, and a sense of alienation and being misunderstood. The outside world and social contact are painful and to be avoided, a picture very similar to the autistic condition.

Chronic Miasms and the Evolution of Man

As is seen from Hahnemann's description, psora is the oldest of the chronic miasms. It was the most prevalent in his day as well, providing over 80 per cent of the chronic diseases he faced, earning the sobriquet of "hydra-headed monster." In between, we see the prevalence throughout the west of malaria, reaching even into the northern lands, such as Holland and Canada. Almost a half-century later we can see in the history of medicine the emergence of tuberculosis as the dominant miasm, along

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with the later prevalence of ringworm. Later, in the first half of the 20th century, we can see the rise of the inflammatory conditions, primary allergies and a more materialistic life-style typical of the dominance of sycosis, followed by the rise of cancer from an isolated disease to a plague upon the land. We are now witnessing the emergence of syphilis to its time of dominance in the form of the growing autoimmune disorders, self-destructive behaviors in adolescents, fascination with death and the dark side of human nature, pornography, war in the form of terrorism involving civilian populations, and such things as “flesh-eating disease.”

8: Conclusion

The concept of miasm is a critical part of Hahnemann's medical system in terms of the categorization of disease and its treatment. It refers to diseases of infectious origin that have a constant nature (tonic diseases). Those miasms that also have the capacity to be passed on from generation to generation are distinguished from those of a purely temporary nature by being termed "chronic."

Tonic diseases, or diseases of constant nature, are further primary diseases because they have a causal agent that, once identified, can be used as the basis for the selection of the curative medicine according to the dimension of the disease. In the case of the miasms, because they are of infectious origin they belong to the pathogenic dimension of tonic disease. The curative agent is derived from the principle of a fixed, static relationship between the microbial, infectious agent, the disease and the curative agent itself, according to the law of similar resonance.

Thus the nosode, made from the disease discharge of a particular patient suffering from a fixed, static disease (such as measles), will always be the curative medicine as it contains the infectious principle within it. This enables the selection of the curative remedy without reference to symptoms, but simply on knowledge of the causal agent (or recognition of the static disease due to its constant nature). It also enables in new cases never before seen or treated, where the infectious nature of the disease is clear or suspected, to use disease discharge to make the curative agent on the spot, again without the need for reference to the symptoms produced. This is what Hahnemann referred to as *true causal prescribing*. It is not homeopathy, which is the prescribing for the diseases or variable nature based on the symptom picture, but it is a valid and important part of his broader system of medicine, Heilkunst. We can term it homotonic prescribing.

Those diseases that arise not from an outer cause, but simply are the product of the evolution of a primary disease within the bodily constitution over time as it engenders itself more and more into the

organism's life force, cannot be treated causally. They are secondary diseases, derived from the primary diseases. These diseases are variable in nature, depending on the individual circumstances and constitution of the patient. They can be treated indirectly upon their cause, that is, the tonic disease. Thus, to treat for the tonic disease using the homotonic remedy according selected according to the disease dimension is also to destroy many of the secondary diseases that arose from it.

However, some of the secondary diseases derived from the tonic disease will remain, having become sufficiently independent of the parent and they need to be treated directly. The curative agent then must be identified by means of the symptoms of the disease, which is thus termed pathic, on the basis of the law of similars, and the treatment is properly termed homeopathic prescribing.

The few chronic miasms, the tonic, inherited diseases of infectious origin give rise to many chronic, pathic diseases. The knowledge of the chronic miasms and their identification in the patient then allows for the expedient treatment using the curative agent, immediately provided in the disease identification (diagnosis). Where there is more than one chronic miasm, and this is the case for most patients today, there is a principle for the treatment of such multi-miasmatic cases, termed the Law of Succession of Forces, whose germ lies in Hahnemann's observations and which was further unfolded by Elmiger several decades ago through extensive treatment (and corroborated many times by our own experience). This homotonic treatment for a chronic miasm removes at the same time many of the chronic diseases (pathic in nature) derived therefrom. Where a chronic disease remains it can be identified readily from the symptom picture that emerges and treated homeopathically.

With the true understanding of the concept of miasms, particularly in their chronic form, the practitioner is better able to understand the nature of disease and also to attain a simpler, more effective treatment, to the benefit of the patient.

Without such an understanding, the practitioner is left in confusion, and with only the ability to treat the secondary, chronic diseases according to the homeopathic principle. The primary chronic miasm underlying a

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given chronic disease remains. An anti-psoric remedy is a remedy against a psoric (pathic) disease, but *not* against the psora itself. When a nosode is used against a suspected chronic miasm (or even an acute one), it may be according to the symptom picture (for it can be so selected in some cases), but is usually based on expedience and not principle (that is, on the presumption of some hidden blockage or impediment to cure using the “well-selected” or remedy for the pathic disease, rather than on an understanding of tonic disease). Until practitioners of Hahnemann's system comprehend the fuller understanding of disease, they will remain simply homeopaths rather than Heilkünstlers, Hahnemann's term for the genuine practitioner of his complete medical system.

§. 3.1. If the physician clearly realizes what in diseases, that is, what in each particular case of disease, is to be remedied (disease discernment, indicant),

if he clearly realizes what in medicines, that is, in each particular medicine, is curative (knowledge of medicinal virtues)

and if he is aware of how to adapt what is curative in medicines according to clear reasons to that which he has undoubtedly discerned in the patient as diseased so that recovery must result,

to adapt with respect to the commensurability of the most appropriate medicine for each case according to its mode of action (selection of the remedy, indicant)

as well as with regard to the exact necessary preparation and amount of the same (right dosage) and of the proper timing of the repetition of the dose;

-- finally, if he knows the obstacles to recovery in each case and is aware of how to remove them so that the restoration be enduring

-- then does he understand how to act expediently and thoroughly and is a genuine Remedial-Artist [Heilkünstler].

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§.6.2. a] 2. Is not then what is sensibly discernible as disease signs the disease itself for the Remedial-Artist [Heilkünstler]...

§.8.1.a] 1. When somebody has been restored from his disease in such a manner by a true Remedial-Artist [Heilkünstler]...

§.12.1.a] The Remedial-Artist [Heilkünstler] can derive no benefit from probing into how and why the Living Power brings the organism to the morbid manifestations, that is, how it creates disease ...

§.16.1. ...and, likewise, all such morbid mistunements (the diseases) cannot be removed by the Remedial-Artist [Heilkünstler]...

§.16.2. ...to the attentively observing and investigating Remedial-Artist [Heilkünstler] ...

§.17. 1. ...the Remedial-Artist [Heilkünstler] has only to take away the symptom complex in order to lift and annihilate the internal alteration conjointly with it [the symptom complex], that is, the morbid mistunement of the Living Principle, hence, the whole of the disease itself.

§.17.1 b] 1. Only thus could God, the Sustainer of humanity, bring His wisdom and goodness to the light of day in remedying the diseases befalling us here below, in that He openly portrayed to the Remedial-Artist [Heilkünstler] what is to be taken away in diseases in order to annihilate them and so to establish health.

§.29.1. a] 1. ...the weaker natural diseases, which solely on account of their longer, mostly lifelong effective duration (Psora, Syphilis, Sycosis) can never be vanquished and extinguished by it alone until the Remedial-Artist [Heilkünstler] more strongly affects the Living Power with a very resonant morbidic, but stronger Potence (of homeopathic medicine).

§.81.1. b] 10. ...the treatment mode of a genuine Remedial-Artist [Heilkünstler] ...

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§.83.1. This individualizing examination of a disease case... demands from the Remedial-Artist [Heilkünstler] nothing but impartiality and healthy senses, attention while observing and fidelity in recording the image of the disease.

§.100.2. ...if he wants to be a genuine, thorough Remedial-Artist [Heilkünstler] who never sets conjecture in the place of perception...

§104.1.a] 6. Thus was the most pensive of all pursuits, the conscientious, careful investigation of the state of each single patient, and the special cure to be grounded thereon, practiced by those people, who called themselves physicians, rational Remedial-Artists [Heilkünstler].

§104.2. During treatment, the Remedial-Artist [Heilkünstler] then has the image always before him, especially in cases of chronic disease, and can behold it in all of its parts and make out the characteristic signs in order to oppose to it a well-aimed similar, artificial disease Potence directed against the malady itself in the form of the homeopathically chosen medicament selected from the series of symptoms of all medicines which have become known according to their pure actions.

§.105.1. The second item [cf. §72 & §146] of the office of a genuine Remedial-Artist [Heilkünstler] concerns the investigation of the implements appointed for the cure of natural diseases...

§.146. 1. The third item of the office of a genuine Remedial-Artist [Heilkünstler] concerns the most expedient employment of the artificial disease Potences (medicines) proven for their pure action in healthy humans for the homeopathic cure of natural diseases.

§.165.1. ...and if among the known medicines there is no more homeopathically fitting one to be found, then the Remedial-Artist [Heilkünstler] cannot promise himself any directly advantageous result from the employment of this unhomeopathic medicine.

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§.210.3. a] 1. How often, for instance, in the most painful, protracted diseases do we not meet with a mild, gentle mindedness [Gemüt], so that the Remedial-Artist [Heilkünstler] feels impelled to bestow attention and sympathy upon the patient.

§.250.1. ...the shrewd Remedial-Artist [Heilkünstler], accurately investigating according to the disease state...

§.251.2. Should the Remedial-Artist [Heilkünstler] nevertheless find no improvement upon prescribing one of the same medicines according to strict homeopathic selection, he will then soon attain his purpose in most cases (in acute diseases, already after a few hours) by a new equally minute dose of the same means.

§.254.1. ...the keenly observing and investigating Remedial-Artist [Heilkünstler]...

§.257.1. The genuine Remedial-Artist [Heilkünstler] will know how to avoid making favorites of certain medicines whose use he accidentally perhaps found appropriate more often and had had occasion to employ with good success.

§.258.1. By the same token, the genuine Remedial-Artist [Heilkünstler] shall not slight medicines in his further curative pursuit out of mistrustful weakness...

§.264.1. The true Remedial-Artist [Heilkünstler] must have the most genuine, full strength medicines in his hand in order to be able to rely on their curative power; he himself must know them according to their genuineness.

§.268.1. The rational Remedial-Artist [Heilkünstler] will never accept on trust and belief...

§.274.1. ...the true Remedial-Artist [Heilkünstler]...

§.283.1. In order to now proceed entirely according to nature, the true Remedial-Artist [Heilkünstler] will prescribe his homeopathic medicine...

§.285.1.a] 3. A cardinal principle for the homeopathic Remedial-Artist [Heilkünstler] (which distinguishes him from

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every so-called physician of all older schools) is that with none of his patients does he employ any medicament whose morbid impinging actions on the healthy human being had not previously been carefully proven and familiar to him. (§20-21)

§.285.1.a] 6. +) Therefore a true Remedial-Artist [Heilkünstler], who never practices without correct principles, never unconscionably gambles with the life of the patient entrusted to him...

Annexes

Annex A: Wesen

This is a key term used by Dr. Hahnemann, one that has been lost as a result of previous translations of his work, until the fully accurate translations of Steven Decker. The term *Wesen* is difficult to translate into English because it has many meanings: genius, essence, substance, creature, living thing, nature or entity.

A *Wesen* is a dynamic entity that permeates the whole of something. It cannot be divided from that which it permeates (except conceptually). It has no mass; rather, it is energetic in nature. It is similar to the term "genius," used by the romantic philosophers of the 19th Century such as Coleridge, as well as by contributors to our *Materia Medica*.

The Living Power is exponential to the human *Wesen*. The *Wesen* cannot be a property of something, but only the essence itself. Hahnemann makes clear in various passages that the Living Power has properties, that is, that it can be lowered or raised (see footnote to §60 or §288) and that there is a supply of Living Power (Introduction).

§60.1.^{a]}⁶ For Broussais it was only necessary to tone down the Living Power of the patient, to lower it more and more and see! the more frequently he had him bled and the more he had the vital humour sucked out of him by leeches and cupping glasses (for the innocent irreplaceable blood was supposed to be guilty of almost all sufferings), the more the patient lost the power to feel pains or to express his aggravated state by vehement complaints and gestures.

§288.2. This remedial power, often foolishly denied or reviled for an entire century, being a wonderful inestimable gift of God granted to humanity, by means of which the Living Power of the healthy mesmerist gifted with this power dynamically streams into another human being by touch and even without the same, indeed even at some distance, by the powerful will of a well-intentioned individual (like one of the poles of a powerful

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magnet into a rod of raw steel) works in a different way, in that this remedial power partly replaces the Living Power lacking here and there in the patient's organism, partly drains off, decreases and more equally distributes the Living Power accumulated all too much in other places.

So as we can see, the Living Power is a property of the human Wesen. What Hahnemann referred to as the Dynamis (§9, 12) is in effect the human Wesen (*Menschen-Wesen*). The Living Power is a property of the Wesen that keeps the organism in proper functioning, akin to the executive power of a government.

The Wesen may form a unity with a particular material body or the body may be immaterial in nature. Disease agents are Wesen, as are medicines.

Wesen is a very real entity, albeit a dynamic and not a material one. It underlies the process of disease and cure. It links natural disease to the human organism and then to the action of the curative remedy.

The Wesen of the disease agent effectively interacts with the Wesen of the human organism. If the disease Wesen is more powerful it manages to engender a disease upon the dynamis of the human organism. Thus, disease is dynamic in nature and effect.

The disease first takes place at the level of the dynamis (energy level), then moves down to affect the more noble organs, and gradually outward to the circumference (skin). It then requires, in chronic disease, the intervention of a similar medicinal Wesen (artificial disease Wesen) to expunge the existing disease Wesen.

There is another aspect of the Wesen that helps in understanding the full dimension of disease as it manifests and is captured in Hahnemann's totality of characteristic symptoms. The Wesen permeates the human organism but also the immediate supersensible sphere of the organism, which is the field or ambient around the organism.

Thus, the sphere of action of the Wesen includes the circumstances, events and conditions that make up the experiences of the individual.

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What happens to the individual is, in large part, shaped by the action of the individual's Wesen in interaction with his Geist (intellectual mind). If we have an accident this is a manifestation, at least partly, of the action of the Wesen. The actions of the human Wesen are themselves the result in part of the influence of the disease Wesen(s) that have engendered themselves in our Wesen.

As we have learned, some diseases have a fixed Wesen, which remains the same (acute and chronic miasms, shocks and traumas); others are unique and changeable (sporadic and epidemic diseases).

While the disease agent might be mediated through a microbe, as it invariably is in natural diseases (e.g., scarlet fever, measles, typhoid, etc.), the microbe itself has a supersensible reality, or Wesen. It is the Wesen of the microbe that seeks to penetrate the energetic reality of the person. Unless this can be done, there will be only a disturbance, temporarily, of the normal state of health (such as tiredness and a dragged-down feeling rather than full-blown illness). The microbe moves on to seek another victim and the person quickly recovers his slightly disturbed equilibrium.

There are also many cases where our Living Power is disturbed, such as through lack of sleep and poor nutrition, which upsets our normal functioning. However, these are more in the way of indispositions, correctable through adjustments to our regimen (e.g., rest and proper nutrition). If they continue long enough, however, they may eventually damage the Living Power to the point that medical intervention is required.

To understand what else disease is beyond simply a disturbance of the Living Power, we need to understand a fundamental and unique contribution of Hahnemann to our knowledge of disease, namely the uncovering of the dual nature of that Power.

Annex B: Wesengeschichte – History of Psora

Hahnemann sets out the history of the constant nature of psora, making clear that it is not to be reduced to scabies, but involves a dynamic internal itch, which comes from the engenderment of this primordial disease state in the generative side (*erzeugungskraft*) of the Living Power. Banerjea, in his recent work on the chronic diseases, underlines this fact as well (see p. 25, 32-33 of his work).

74 Just as protracted as syphilis or sycosis, and therefore just as unquenchable before the last breath of the longest human life, unless thoroughly cured, since not even the most robust constitution is able to annihilate and extinguish it by its own proper strength, Psora, or the Itch disease, is besides the oldest and most hydra-headed of all the chronic miasmatic diseases.

76 The oldest monuments of history which we possess show the Psora even then in great development. Moses* 3400 years ago pointed out several varieties. At that time and later on among the Israelites, Psora seems to have mostly kept to the external parts of the body for its chief seat as well as during the times of uncultivated Greece, later in Arabia, and lastly in Europe during the Middle Ages.

The different names which were imparted by different nations to the more or less malignant varieties of leprosy (the external symptoms of Psora), which in many ways deformed the external parts of the body, do not further my purpose and add nothing to the matter, since the nature (Wesen) of this miasmatic itching eruption always remained essentially the same.

78 The occidental Psora, which, during the Middle Ages, had raged in Europe for several centuries under the form of malignant erysipelas (called St. Anthony's Fire), reassumed the form of leprosy through the leprosy which was brought back by the returning crusaders in the thirteenth century.

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And though it thus spread in Europe even more than before (for in the year 1226 there were in France alone 2,000 houses for lepers), this Psora, which now raged as a dreadful eruption, found at least an external alleviation in the means conducive to cleanliness, which also were brought by the crusaders from the Orient, namely, the (cotton, linen) shirts before unknown in Europe, and the more frequent use of warm baths. Through both of those means, as well as through the more exquisite diet and refinement in the mode of living introduced by increased cultivation, the external horrors of the Psora within the space of several centuries were at last so far moderated that, at the end of the fifteenth century, it appeared only in the form of the common eruption of itch, just at the time when the other miasmatic chronic disease, syphilis, began (in 1493) to raise its dreadful head.

79 Thus this eruption, externally reduced in cultivated countries to a common itch, could be much more easily removed from the skin through various means, so that with the external medical treatments since introduced, especially in the middle and higher classes, through baths, washes and ointments of sulphur and lead, and by preparations of copper, zinc and mercury, the external manifestation of Psora on the skin was often so quickly expunged, and is so now, that in most cases it remained quite unknown whether it had befallen a child or adult.

80 But the plight of mankind was not improved thereby; in many respects it grew far worse. For, although in ancient times the eruption of Psora in the form of leprosy was very troublesome to those suffering from it due to the lancinating pains in and around the violently itching tumors and scabs, the rest of their condition remained as a rule untouched owing to the obstinately persistent skin suffering, which served as a vicariating substitute for the internal Psora-malady.

And what is more, the horrible and disgusting appearance of the lepers made such a frightful impression on healthy people that they fled even at their distant approach, so that the seclusion of most of these patients, and their sequestration in leper hospitals, kept them apart from other human society,

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whereby infection from them was greatly curtailed and remained comparatively rare.

81 However, due to the very much milder outer form of the Psora (due to the afore-mentioned causes) during the fourteenth and fifteenth centuries appearing as itch, the few pustules appearing after infection made but little show and could easily be concealed, but they were irresistibly scratched because of their unbearable itching, thus spreading the fluid around, and the psoric miasma was communicated more certainly and more readily to many other people the more it was concealed; for things contaminated by the psoric fluid infected those who unwittingly touched them, and thus infected far more people than the lepers, who, on account of their frightful external appearance, were previously carefully shunned.

82 PSORA has in this way become the most infectious and most general of all the chronic miasmas.

84 Mankind, therefore, is worse off from the diminution of the external form of the Psora,—from leprosy down to the eruption of itch—not only because this is less visible and more hidden and therefore more frequently infectious, but also especially because the Psora, now mitigated externally into a mere itch and on that account more wide spread, nevertheless still remained unchanged in its original dreadful nature (Wesen). Now, after the eruption's being more easily driven off, the disease grows all the more unnoticed within and so, in the last three centuries, after the iatric [allopathic medical] annihilation of its chief symptom (the external skin eruption) it plays the sad role of producing innumerable secondary symptoms, that is, it engenders a legion of chronic sufferings, the source of which doctors never surmised nor deciphered, and which, therefore, they could no more cure than they could ever thoroughly cure the entire original itch disease (Psora) when accompanied by its cutaneous eruption; but these chronic diseases, as daily experience teaches, were ever and again aggravated by the multitude of their faulty means.

Origin of Psora

Hahnemann does not give us the original source of psora saying only that it pre-dates human memory and history. Kent provides us a clue in linking the susceptibility to psora to an innate corruptibility of man, a form of spiritual sickness that leads eventually to the creation of psora as a disease and miasm. The idea, which is contained in all cultures and philosophies, is that of the fall of man from a state of perfection to one of imperfection, which allows for error and indiscretions.

Thus, psora becomes a disease state engendered by errors of *omission*, that is, the failure to live right, both spiritually, mentally, emotionally and physically. Hahnemann points out that it is the indiscretions of diet as well as the burdens of emotional stress that are the particular arousers of the already existent, though dormant, latent psora. If so, then they must have been involved in its engenderment in the first place to have the power, even in seemingly minor events, to call up the power of the miasm to action.

379 But still, even with such favorable external relations, as soon as this person advances in age, even slight occasions (a moderate vexation, a cold, or an error in diet, etc.), can produce a violent (though brief) surge of disease: a severe colic, chest or throat inflammation, erysipelas, fever and the like - attacks whose severity stands in no relation to their moderate exciting cause. These are mostly wont to eventuate.

380 Where however a person with an internally slumbering psora, be it a child or an adult, having much semblance of health, gets into the opposite of the above-indicated favorable relations of life, when, for example, his condition and whole organism have been very much weakened and shaken by a prevalent epidemic fever or an infectious acute disease,*

382 smallpox, measles, whooping cough, scarlet fever, purple rash, etc, or through an external severe injury, a shock, a fall, a wound, a significant burn, the breaking of an arm or a leg, a hard labor, hospitalization (usually egged on by incorrect and weakening allopathic treatment), confinement

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at a sedentary occupation in a gloomy, close room, weakening the Living Power; or where sad losses of beloved relations, bowing down the mind with grief, or daily vexation and annoyance which embitter life obtrude; or where nutritional deficiency or an entire want of what is necessary and indispensable, exposure and inferior fare beat down man's courage and vitality; then the slumbering psora awakes and shows itself, by the heightened and augmented symptoms following below, in its transition to the formation of severe maladies; one or another of the nameless (psoric) chronic diseases* breaks out and becomes aggravated (most of all under the weakening and invasive, errant treatment of allopathic doctors) from time to time almost unremittingly, often to a most fearful level, if externally favorable circumstances for the patient do not soon intervene and impose a more moderate progress on the sickness.

383 *The one or the other disease, according to the original bodily constitution, the peculiar mode of living adopted, the peculiar disposition of the mind often acquired through individual upbringing, or one or the other more susceptible or weakened part of the body, gives a peculiar direction to the disease, thus guiding the itch sickness to arise as the one or the other malady, so as to unfold itself pre-eminently in that side of the condition and modified in just that way. An angry, sullen disposition prompts the outbreak of the psora quite particularly, as do previous exhaustions due to frequent pregnancies, excessive nursing of infants, extraordinary hardships, intrusive medical maltreatment, debauchery, and a profligate life style.

The internal itch-sickness 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 under externally favorable conditions, so that a man may seem healthy to the superficial observer, often for years on end, until unfavorable circumstances for spirit or body, or both, once set in, serving as an inimical impact to awaken the disease slumbering within and to develop its germs.

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His acquaintances and his doctor, yea, the patient himself, cannot then grasp just how his health could so suddenly fall into a decline. Here are some illustrative examples from my own experience: After a simple fracture of a leg attended with confinement to bed for five or six weeks, there may follow disease conditions of another kind, the cause of which cannot be guessed, disease-conditions, which, even after being passably dispatched, nevertheless return, and which, even with a blameless diet, nevertheless show aggravation to a high degree upon their return—mostly in fall, winter and spring -, becoming an increasingly protracted suffering from year to year, a lasting cure for which, without replacing it with a still worse malady due to allopathic cure, has been vainly sought for in doctorial councils up till now and also in visits to mineral baths.

Such impacts in life are innumerable, such unfavorable occurrences which serve to awaken the psora (the internal sickness), slumbering till then (perhaps for some time), and which bring its germs to proliferate. They are often of such a nature that the grave maladies which follow them by and by are all out of proportion to them, so that no intelligent man can view those occasions as sufficient reason for the ensuing, often monstrous, chronic diseases which follow, but is compelled to acknowledge for this phenomenon a deeper lying inimical cause, which has now just evolved.

394 The awakening of the internal psora, hitherto slumbering and latent, having been held in check as it were by a good bodily constitution and favorable external relations, as well as its breaking out into more serious maladies and sicknesses, is announced by the increase of the signs given above as indicating the slumbering psora and also by a numberless multitude of various other signs and complaints. These are varied according to the distinct bodily constitution of a person, his hereditary disposition, the various errors in his education and habits, his manner of living and diet, his employments, his spiritual direction, his morality, etc.

928 But the most frequent excitation of the slumbering psora into chronic disease, as well as the most frequent

aggravation of present chronic maladies, arises from grief and vexation.

It is probable that various deficiencies in man's existence over the centuries, plus certain natural, acute diseases of a miasmatic, epidemic or sporadic nature, led to a sufficient weakening of the genetic inheritance. This deficiency also became engendered in the Living Power of man as a fundamental and archetypal disease of fixed, constant nature and one that could be transmitted from one generation to the next.

Progression of Psychic Disease

Hahnemann also gives us the progression of the mental and emotional diseases.

Disease would originally have started from ignorance (lack of knowledge). Ignorance then leads to superstition, as superstition is arch belief (*Aberglaube*), and belief operates where there is a vacuum caused by lack of knowledge. Belief (which is false knowledge) then gives rise to a neglect of the spirit (almost like trying to run a car on contaminated fuel). This, in turn, results in false morality and immorality (as opposed to ethics, which is the thought form and activity that results from pure knowledge). False morality and immorality are opposite functional pairs of the imbalance of the soul. Finally, the false morality or immorality leads to bad habits and the visiting of these habits onto other generations (faulty upbringing).

Of course, once this progression is established, the course of disease can run in the opposite direction: faulty upbringing can lead to bad habits, then to false morality/immorality (to control the bad habits), spiritual neglect and superstition (beliefs). All of this is entailed within states of ignorance.

§17.1.a]1 Just as also the highest disease can be brought to pass by sufficient mistunement of the Living Principle by means of imagination, and so, in the same manner, taken away again.

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§17.1.a]2 A premonitory dream, a superstitious fancy or a solemn fateful prophecy of inevitable death on a certain day or at a certain hour has not infrequently brought to pass all signs of arising and increasing disease of approaching death and death itself at the indicated hour which, without simultaneous actuation of the internal alteration (corresponding to the outwardly perceptible state), was not possible; thus, in such cases from the same cause, all the near-death-signaling disease features were in turn not infrequently scared off by an artificial deception or persuasion to the contrary and health suddenly again established, which would not have been possible without removal of the death-preparing internal and external morbid alterations by means of these merely moral remedies.

§224.1. If the spiritual/mental disease is not yet fully developed, and were there still some doubt as to whether it had really arisen from somatic suffering or rather stemmed from faulty upbringing, bad habits, perverted morality, neglect of the spirit, superstitions or ignorance, what then serves as a criterion is that the latter will subside and improve by understanding, well-intentioned exhortation, consolation or earnest and rational expostulations...

In this sense, Kent was right to identify that the beginning of psora was due to a “spiritual weakness.”

It is altogether too extensive, for it goes to the very primitive wrong of the human race, the very first sickness of the human race, that is the spiritual sickness, from which first state of the race progressed into what may be called the true susceptibility to psora, which in turn laid the foundation for other diseases. (quoted from Banerjea, p. 33)

However, we cannot ignore the weakness that must also exist at the other pole of man, as set out in Aphorisms 9 and 10 of the *Organon*, namely the *Dynamis*, in addition to the *Spiritus*.

Kent's View

Both Kent and Allen, and others since, have put forth the idea that psora is a form of “original sin” and thus, that psora is the mother of all disease.

Kent: “Psora is the beginning of all physical sickness. Had psora never been established as a miasm upon the human race, the other two chronic diseases would have been impossible, and susceptibility to acute diseases would have been impossible. All the diseases of man are built upon psora; hence it is the foundation of all sickness; all other sickness came afterwards.” (quoted from Banerjea, p. 34)

J.H. Allen: “...psora is the primary manifestation of primordial sin, of the primary curse, the prophetic fulfillment of thou shalt surely die.” (quoted in Banerjea, p. 33)

Aside from removing any attachment of morality to the issue, which was not found in Hahnemann, as well as to note that Hahnemann only stated that psora was the mother of most chronic diseases (as it is clear acute diseases existed prior to psora), it is important to underline, as does Banerjea, that psora is an actual disease (of constant nature), not an underlying predisposition to disease.

313 However small the internal psora may be at the time of the quick expulsion of an itch-eruption, which has only come forth with a few vesicles and which is then followed by only moderate indispositions and complaints (which are then usually, from ignorance, ascribed by the family doctor to other causes of little import), the internal psoric disease, although as yet of slight degree, remains in its character (Wesen) and chronic nature the same general psoric disease of the whole organism; i.e., without the aid of art it is inextinguishable, and cannot be extirpated by the strength of even the best and most robust bodily constitution, staying on the rise even to the end of the patient's life.

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First, there were and are acute diseases that exist independently of psora, such as the acute miasms, which are themselves idiopathic in nature and of a primary, constant cause.

§. 5.1. As remedial aids, the data of the most probable occasion of the acute disease as well as the most significant factors in the entire history of the protracted sickness serve the physician in finding out its [disease] fundamental cause, which **mostly** [but not entirely] rests on a chronic miasm, whereby there is to be taken into account...

Second, as Hahnemann points out, he was able to discern the features of psora as being distinct from other diseases since he himself did not suffer from psora, but was susceptible to acute diseases, including those brought on by emotional suffering.

316 * It was more possible for me than for many hundreds of others to find out and to recognize the signs of the yet latent and slumbering Psora within as well as of the awakened version grown to considerable proportions by an accurate comparison of the condition of all those, thus afflicted, with myself, since I, as is seldom the case, was never psoric, and have, therefore, from my birth even until now in my eightieth year, been entirely free from the (smaller and greater) ailments enumerated here and further below - even though exposed to many mental exertions and thousand fold emotional vexations - although I have been, in other respects, very apt to catch acute epidemic diseases.

The failure, starting mainly with Kent, to understand Hahnemann's very real and concrete disease classification¹⁴ meant that psora came to be seen as a predisposition to disease, a form of dyscrasia, rather than a disease itself. From there, it was a simple leap to concluding that psora,

¹⁴ See *The Dynamic Legacy*.

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which was so widespread and ancient, was really the base for all other disease, despite Hahnemann's clear statements to the contrary. What Hahnemann stated is the fact that most of the chronic diseases of his time (less so today) had psora as their direct cause. The others were caused by syphilis and sycosis.

90 Thus was PSORA the most universal mother of chronic diseases.

§.79.1. Hitherto, Syphilis alone was known to some extent as such a chronic miasmatic disease, which, uncured, expires only with the end of life.

§.79.2. The uncured Sycosis (Figwart disease), likewise ineradicable by the Living Power, was not recognized as being an internal chronic miasm of its own kind as it however indisputably is, and believed it to be cured by destruction of the outgrowths on the skin without heeding the continuing residual sickness.

§.80.1. Immeasurably more widespread, consequently more significant than both [of the above] named is the internal, monstrous, chronic miasm of Psora...-- Psora, that true fundamental cause and engenderer of almost all remaining frequent, indeed countless disease forms,a] which figure in the pathologies as their own self-contained diseases under the names of nerve weakness, hysteria, hypochondria, mania, melancholy, imbecility...etc.

There is also the erroneous view that psora is the cause of acute disease, but this is a mis-reading of what Hahnemann wrote. Where psora was suppressed, this could lead to acute diseases as well, but the cause here is the suppression, not psora itself. The first statement has to be read in conjunction with the second, which provides the context:

72 PSORA is that oldest, most universal, most destructive, and yet most misapprehended chronic miasmatic disease which for many thousands of years has disfigured and tortured mankind, and which during the last centuries has become the mother of all the thousands of incredibly various

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(acute and) chronic (non-venereal) maladies, by which the whole civilized human race on the inhabited globe is being increasingly haunted.

101 The diseases, partly acute but chiefly chronic, springing from such a one-sided annihilation of the skin symptom (eruption and itching) which acts vicariously to assuage the internal Psora (which annihilation is erroneously called "Driving the itch into the body") are innumerable; as manifold as the peculiarities of the many different bodily constitutions and of the outer world which modifies them.

Hahnemann also distinguishes true acute diseases that are idiopathic and occasioned by a singular cause from those that are simply acute flare-ups of an underlying chronic miasm, usually psora:

§. 73.1. With respect to acute diseases, they are partly such as assail the single individual as occasioned by malignities to which just this person was particularly exposed.

§.73.2. Pleasurable excesses or their deprivation, physically vehement impressions, chillings, heatings, fatigues, strains from lifting etc., or psychological agitations, affects etc., are the occasion of such acute fevers, but fundamentally they are mostly only transient flare-ups of latent Psora...

§. 73.3. Thence arise fevers of their own nature...

§.81.1. b] 6. Even those common acute diseases which are indeed able to propagate themselves in each single epidemic by an infectious matter of their own remaining unknown to us...

§.221.1. If, however, a mania or frenzy (upon occasion of fright, vexation, spirituous drink, etc.) has suddenly broken out from the ordinary, quiet state as an acute disease, although it is almost always without exception sprung from internal Psora, (flaring up as it were as a flame)...

§. 243.1. In those often very virulent intermittent fevers which befall a single person, outside of marshy regions, a remedy, homeopathically selected for the special case from

among the class of remaining proven medicines (not anti-psoric), must, likewise, to be sure, in the beginning, as generally in the case of acute diseases which resemble the often very virulent alternating fevers with regard to their Psoric origin, first be employed several days for the most possible help; if, however, the recovery is nevertheless delayed hereby, then we must be aware that we are dealing with Psora close to its evolution and that here only anti-psoric medicine can provide radical help.

The Somatic Cause of Psora

But if there is a psychic disturbance and weakness that leads to a drying out of the mind from its richness in wisdom (at the pole of the Spiritus or *Geist*), then there must also be a corresponding drying up at the somatic level at the Dynamic pole (*Dynamis*). This may well have been discovered by Dr. Batmanghelidj recently, in his book, *Your Body's Many Cries for Water*.

About 20 years ago, an Iranian medical doctor made an astoundingly simple discovery - the healing property of water. Dr. Batmanghelidj was directing a family charity medical center, the largest medical complex in Iran, when the revolution that overthrew the Shah in 1979 also seized all his family's assets and cast him in prison. While preparing to execute him on trumped-up charges, the revolutionary guards discovered he was a doctor and allowed him to help his fellow prisoners and delayed his execution.

While in prison, Dr. Batmanghelidj initially had nothing with which to treat the suffering except for water. One night he gave two glasses of water to a stomach ulcer patient in extreme pain. Within several minutes the pain subsided. At his trial, his life was saved when he presented the judge with a treatise on the role of water treatment in peptic ulcer disease and was released to continue his research. Dr. Batmanghelidj left Iran and finally ended up in America. He has spent the rest of his life pursuing the role of dehydration in producing many symptoms and conditions that are

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seen as idiopathic, self-contained diseases. This resulted in a book, *Your Body's Many Cries for Water*.

The essential message is that the body indicates the need for water well before we are thirsty. These “cries for water” are diagnosed as a medical condition requiring drugs, which only worsens the body's dehydration.

Man is a water organism. We contain the salt of the oceans within us in the intercellular fluid. We have also developed a mechanism for preserving this necessary salt bath around our cells, so necessary for continued life. In situations of scarcity, the body acts to conserve what water remains. All metabolic function depends on adequate water both within and without the cells.

When there is insufficient water intake, the body responds by severely rationing water so that the brain is supplied on a priority basis, but other, less critical organs or tissues are cut back. This produces various symptoms - which are then diagnosed as a disease - (for all the reasons that Hahnemann so brilliantly pointed out in dissecting the allopathic, material mindset where the results of an imbalance or underlying disease are taken as the disease itself).

The problem is that in the mechanical model of allopathic medicine water is simply seen as a carrier for the solutes (matter dissolved in it), which are deemed the regulators. The physical role of water itself as a regulator is not considered. What is needed is a shift from a solvent-based to a solute-based view of water.

It is the solvent - the water content - that regulates all functions of the body, including the activity of the solutes (the solids) that are dissolved in it...

Let me repeat: every function of the body is monitored and pegged to the efficient flow of water. (*Your Body's Many Cries for Water*, p. 14)

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In this context, as Dr. Batmanghelidj explains,

...chronic dehydration is the root cause of most major degenerative diseases of the human body.

In the solvent-based approach, Dr. Batmanghelidj comes at the problem of water balance in the body by means of the whole (unity), rather than from the parts, which is the solute-based approach.

The dry mouth becomes the last desperate cry of the body for water, not the first. Once this symptom appears, it is already almost too late.

It has become clear that the practice of clinical medicine is based on a false assumption and an inaccurate premise. Otherwise, how could a signal system for water metabolism disturbance be missed or so blatantly ignored for such a long time? At the moment, the "dry mouth" is the only accepted sign of dehydration of the body. As I have explained, this signal is the last outward sign of extreme dehydration. The damage occurs at a level of persistent dehydration that does not necessarily demonstrate a "dry mouth" signal. (*Your Body's Many Cries for Water*, p. 10)

One example of the effect of dehydration can be seen dramatically today in the high incidence of heart problems, with death from heart malfunction being one of the top causes of mortality along with lung failure.

When there is insufficient water, the cell wall alters and creates a system of water filters like a showerhead that requires pressure to force water into the cell and protects water from leaving.

Vasopressin is one of the hormones involved in the rationing and distribution of water according to a priority plan when there is dehydration... To make sure the water can pass through these tiny holes (which only allow the passage of one water molecule at a time), vasopressin also has the property of

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causing vasoconstriction and putting the squeeze on the fluid volume in the region. (*Your Body's Many Cries for Water*, p. 61)

Another aspect of high blood pressure is that in order to retain normal blood volume, the water regulating system closes off portions of the capillary system. This is not detected in blood tests, yet the damage from this, if continued, is considerable. The problem with high blood pressure is that the body is trying to retain its water volume, but doctors misinterpret the result for the cause and give diuretics. Then the body has to hang onto sodium in order to keep water in the intercellular fluid. Salt is the regulator of water held outside the cell. This water is then forced by the higher blood pressure into the priority cells by the "shower-head" mechanism. The doctors then interpret the higher salt levels as being another cause of hypertension. Diuretics are then prescribed to lower salt levels. However, the only true diuretic is water in this case!

The vogue in medical practice has become the spontaneous and indiscriminate use of diuretics, calcium blockers, beta blockers, and anti-cholesterol medications... Why? Simply because the "science of medicine" has expanded on a hopelessly erroneous paradigm. The very foundation of "knowledge" on which medical practice of today is staking its credibility and license to practice is in error and ignorant of water metabolism disturbance as a possible cause of disease emergence in the human body. (*Your Body's Many Cries for Water*, p. 159)

Higher blood cholesterol is a sign that the cells of the body have developed a defense mechanism against the osmotic force of the blood that keeps drawing water out through the cell membranes; or the concentrated blood cannot release sufficient water to go through the cell membrane and maintain normal cell function. Cholesterol is a natural "clay" that, when poured in the gaps of the cell membrane, will make the cell wall impervious to the passage of water. Its excessive manufacture and deposition in the cell membranes is part of the natural design for the protection of living cells against

dehydration... It is a necessary substance. Its excess denotes dehydration. (*Your Body's many Cries for Water*, p. 84)

Inherited Effects

More astoundingly, Dr. Batmanghelidj found that the effects of chronic dehydration could be inherited.

The established signal-producing chronic dehydration also has a permanently damaging impact on subsequent descendants of the person. (*Your Body's Many Cries for Water*, p. 7)

If we consider the findings of Dr. Wilhelm Reich regarding the effects of an arid environment on character structure, as well as the insights of Rudolf Steiner regarding the supersensible sclerotic impact of dry (abstract) thoughts and education on our capacity for generation (generative power) in spirit, mind, body and soul, we are led to the possibility that we may be staring at an operative biological mechanism for the emergence of psora.

Reich found that the actual condition of dryness in the external world caused a constriction of the life force and a form of character armoring or rigidity that limits the expression of our healthy generative power, overtly in the form of sexuality. Steiner showed how the exposure to arid, dry (abstract) thought, not at all grounded in the inner wisdom of the body (etheric body, or level of life functions) led to a weakening of the overall organism due to the failure to generate warmth in all its forms, which is the foundation for our acting as individuals in freedom.¹⁵

Water is the fundamental condition for life. Life cannot exist without water. The less water there is, the less we find vegetation (of course, there also needs to be a minimal amount of heat so that the water temperature is

¹⁵ This is set out in more detail in *The Dynamic Legacy: from Homeopathy to Heilkunst* by the same authors.

conducive to life). The chronic effects of dehydration on the human organism works to weaken the overall resistance to disease, and this weakness is passed on to subsequent generations. Eventually, the Living Power is weakened to such an extent that the human Wesen becomes susceptible to the first of the chronic miasms.

Dehydration and Genetic Damage

By understanding the latest findings on gene research we can understand how the lack of water at the physiological level will lead to genetic damage. The human genome project has revealed how the unique action of our genes relies on a complicated and individualized folding of the amino acid sequence of each protein. As the Stanford University site on protein folding (<http://folding.stanford.edu>) explains it:

What are proteins and why do they "fold"? Proteins are biology's workhorses — its "nanomachines." Before proteins can carry out their biochemical function, they remarkably assemble themselves, or "fold." The process of protein folding, while critical and fundamental to virtually all of biology, remains a mystery. Moreover, perhaps not surprisingly, when proteins do not fold correctly (i.e., "misfold"), there can be serious effects, including many well known diseases, such as Alzheimer's, Mad Cow (CJD), ALS, and Parkinson's disease.

When proteins misfold, they can clump together ("aggregate").

The drawings on site illustrate the process of protein formation (linking the sequence of the protein to the gene) and the role of folding to protein function. In the more detailed explanation of this protein folding, we discover that the secret to the folding sequence is water (see <http://folding.stanford.edu/science.html>)

Essentially, proteins provide the individual building blocks of our organism and are involved in our physical form, our immune system and our ability to metabolize (through enzymes).

What is fascinating is that the function of a protein arises from its shape, and this shape is a function of its folding, which in turn is determined very much by the interaction of the protein chain with water, through its water repelling or attracting response, dictated by various substances on the outside of the molecules along the chain. Thus, we can see that water, which forms the somatic foundation for the energetic or life body, is essential to our physiological functions.

The function of a protein arises from its form, its three-dimensional shape. The unique sequence of the 20 amino acids coded by human deoxyribonucleic acid (DNA), "the genetic master compound," determines the shape or form of a protein. The unique sequence of a particular kind of protein is determined by the unique sequence of coding genes on the DNA of chromosomes that initiate synthesis of that protein.

Nothing in life happens in a vacuum. Context and environment are essential to the fulfillment of function, and proteins are no exception. The environment not only allows proteins to function as necessary, it supports their endeavors. Water molecules provide that environment. In order to fulfill their respective missions, proteins must bend, twist, and contort their primary amino acid strands into secondary, tertiary, and quaternary forms. The hydrophobic (water-avoiding) and hydrophilic (water-attracting) interactions between water and protein strands drives the conformational changes needed for protein strands to realize their ultimate functional form. In other words, the final shape of a protein is determined by the manner in which water and protein strands are attracted to or repelled by each other. As a lubricating agent, water facilitates the breaking and re-establishing of hydrogen bonds and other links between the various parts of protein. Once the appropriate bonding is in place, water molecules are critical to the continued integrity and stability of protein structure. (*Water*, Holloway/Joiner-Bey, p. 17-18)

From all of this, it is clear that optimum protein function requires complete hydration.

The genetic code defines the structure of proteins by delineating unique sequences of amino acids. Water molecules drive the protein amino acid strands into their functional shapes and forms using hydrophobic and hydrophilic forces... Put more simply, the process is somewhat like the construction of a building. Protein is the edifice [physical body]; DNA is the architect [ontic organization]; RNA is the construction foreman [astral body]; and water molecules are the laborers and maintenance workers [etheric body]. This interdependent interaction among DNA, mRNA, protein, and water defines a fundamental biochemical relationship that sustains life. (*Water*, p. 19)

How does dehydration then work at the cellular level? In 1992, scientists discovered the means by which water actually enters the cell. Previously, it was simply assumed that water “passed” through the membrane. These entry points for water are protein water structures, or channels through the double layer of fatty acids (phospholipids) called “aquaporins.” Because the cell wall is made up of oil-based molecules, it is hard for water molecules to pass through. The water channels are very small, ranging in size from three to six angstroms, but the problem is that water molecules tend to group together in larger clusters (because of hydrogen bonding).¹⁶ These clusters are typically 30 angstroms in diameter. The body must then breakdown these clusters into smaller molecules that can pass through the aquaporins. If the capacity to do this is weakened by disease or imbalance, then we will become dehydrated even if we drink enough.

The Extent of Dryness in Psora

If we examine the symptoms of psora as listed by Hahnemann in his *Chronic Diseases*, we are struck by the characteristic “dry” nature of many

¹⁶ This hydrogen bonding is essential in the ability of water to structure proteins. (*Water*, p. 22)

of them. The essence of psora is also that of deficiency and lack at all levels.

Psora is further characterized by a kind of voluptuous itching, which gives great relief on scratching, but then becomes burning and itches even more. Here we can see the suppressed generative power of the Life Principle (Dynamis) attempting expression (counter action) at the very periphery of the organism.

Latent Symptoms of Psora

- 180.17 dryness in the nose
- 180.25 dryness of the [head]
- 180.40 dryness in the mouth
- 180.57 dry skin on the limbs

Signs of Awakened Psora

- 189.73 Feeling of dryness in the nose
- 189.84 The red of the lips is dry, scabby, peeling off; it chaps
- 189.103 Tongue dry
- 189.104 Feeling of dryness on the tongue, even while it is properly moist
- 189.108 Sensation of dryness of the whole internal mouth
- 189.286 Dry cough
- 189.370 Dryness of the (epidermal) skin either on the whole body, with inability to sweat or perspire in any noticeable way through motion and heat, or only in some parts.*
- 189.370*Especially on the hands, the outer side of the arms and legs, and even in the face; the skin is dry, rough, parched, feels chapped, and often has scales like bran

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189.371 Disagreeable sensation of dryness over the whole body (also in the face, around and in the mouth, in the throat, or in the nose, although the breath passes freely through it)

The most important signal of dehydration is dyspeptic pain (gastritis, duodenitis, heartburn). This then leads to the formation of ulcers.

How am I able to make such claims? I have treated with only water well over 3000 persons with dyspeptic pain... They all responded to an increase in their water intake, and their clinical problems associated with the pain disappeared. The report... was published as the editorial article in the *Journal of Clinical Gastroenterology* in June of 1983. (*Your Body's Many Cries for Water*, p. 26)

One dramatic case is provided by Dr. Batmanghelidj to illustrate:

For 10 hours, this man had suffered from pain and taken the most potent and advanced medicines for the treatment of peptic ulcer disease without any relief. Now, three glasses of water had produced an obvious and absolute relief in about 20 minutes... On the average, it takes less severe cases about eight minutes to achieve total pain relief. (*Your Body's Many Cries for Water*, p. 28-29)

What happens is that the first glass of water immediately passes into the small intestine and is absorbed, being returned within 30 minutes to the stomach for digestion. Water is indispensable for digestion as it buffers the acid, provides for the activation of the enzymes and turns the solid food into the liquid state necessary for entry into the intestine (which cannot take the acid of the stomach).

The buffering action of water in the stomach is in providing the basis for the mucosal lining of the inside of the stomach. The water holds the sodium bicarbonate of the deeper layers, which neutralizes any acid that tries to get through the mucosal layer. Acid-sodium bicarbonate interactions produce salt (sodium from the bicarbonate and

chlorine from the acid), which needs to be removed by a "back-washing" process that is dependent on an adequate water supply.

Thus, water provides the only natural protection against the acid in the stomach, from base upward. Antacids are designed to attach to the acid in the stomach itself - an inefficient protection. (*Your Body's Many Cries for Water*, p. 31)

Actually, dyspepsia is really a thirst pain signal, much as we have a food pain signal in the form of hunger. The current preoccupation with H-pylori bacteria in stomach ulcers is again coming at the cause through the result. These bacteria live normally in the intestines and are necessary for our proper assimilation of nutrients. However, as the histamine system operates more actively at the valve into the small intestines, it has a growth effect on the H-pylori.

Psoric Symptoms of the Stomach

Latent

180.36 Nausea, in the morning.

180.37 Sensation of emptiness in the stomach.

180.38 Repugnance to cooked, warm food, especially to meat (principally with children). [because of a lack of hydrochloric acid and bile due to the lack of water].

180.39 Repugnance to milk. [same need for HCl and bile to break down the proteins and fats].

Active

189.120 Eructations, with the taste of the food, several hours after eating.

189.121 Eructations, empty, loud, of mere air, uncontrollable, often for hours, not infrequently at night.

189.122 Incomplete eructation, which causes merely convulsive shocks in the fauces, without coming out of the mouth.

189.123 Eructation, sour, either fasting or after food, especially after milk.

189.124 Eructation, which excites to vomiting.

189.125 Eructation, rancid (especially after eating fat things).

189.126. Eructation, putrid or mouldy, early in the morning.

189.127 Frequent eructations before meals, with a sort of rabid hunger.

189.128 Heart-burn, more or less frequent; there is a burning along the chest, especially after breakfast, or while moving the body.

189.129 Water-brash, a gushing discharge of a sort of salivary fluid from the stomach, preceded by writhing pains in the stomach (the pancreas), with a sensation of weakness (shakiness), nausea causing as it were a swoon, and gathering of the saliva in the mouth, even at night.*

189.129* This also at times turns into vomiting of water, mucus, or a gush of acrid acid - more frequently after eating flour dumplings, foods causing flatulence, baked prunes, etc.

189.147 In the pit of the stomach there is a sensation of swelling painful to the touch.

189.148 Sensation of coldness in the pit of the stomach.

189.149 Pressure in the stomach or in the pit of the stomach, as from a stone, or a constricting pain (cramp).*

189.150 In the stomach, beating and pulsation, even when fasting.

189.151 Spasm in the stomach; pain in the pit of the stomach as if drawn together.

189.152 Griping in the stomach; a painful griping in the stomach;* it suddenly constricts the stomach, especially after cold drinking.

189.152* Not infrequently with vomiting of mucus and water, without which in such a case the griping is not alleviated.

189.153 Pain in the stomach, as if sore, when eating even the most harmless kinds of foods.

189.154 Pressure in the stomach, even when fasting, but more from every kind of food, or from particular dishes, fruit, green vegetables, rye-bread, food containing vinegar, etc.*

189.154* Even after partaking of the slightest quantity of such things, there may also ensue colic, pain or numbness of the jaws, tearing pain in the teeth, copious accumulation of mucus in the throat, and the like.

189.156 After the slightest supper, nocturnal heat in bed; in the morning, constipation and exceeding lassitude.

189.157 After meals, anxiety and cold perspiration with anxiety.*

189.157* There may also be pains, renewed now and then; e.g., stitches in the lips, griping and digging in the abdomen, pressure in the chest, heaviness in the back and the small of the back, even to nausea; when nothing but an artificially excited vomiting will give relief. With some the anguish is aggravated upon eating, even to an impulse to destroy themselves by strangulation.

189.159 Immediately after eating, vomiting.

189.160 After meals, pressure and burning in the stomach, or in the epigastrium, almost like heartburn.

189.161 After eating, burning in esophagus from below upward.

Other Thirst Pain Signals and Psora

Nausea in pregnancy

189.265 During pregnancies great weariness, nausea, frequent vomiting, swoons, painful varicose on the thighs and calves, and also at times on the labia, hysterical maladies of various kinds, etc.

Colitis pain

189.183 Pressure in the abdomen as from a stone.*

189.183* Which often rises to the pit of the stomach, digging and causing vomiting.

189.184 Hardness of the abdomen.

189.185 Crampy colic, a grasping pain in the bowels.

189.186 In colic, coldness on one side of the abdomen.

189.187 A gurgling, croaking and audible rumbling and grumbling in the abdomen.*

189.187* At times only in the left side of the abdomen, passing upwards with the inspiration and downward with the expiration.

189.188 So-called uterine spasms, like labor pains, grasping pains often compelling the patient to lie down, frequently quickly distending the abdomen without flatulence.

189.189 In the lower abdomen, pains pressing down toward the genitals.*

189.189* Pressing down as if to cause a prolapsus, and when it is passed she feels heavy in all her limbs, the limbs go to sleep; she must stretch and extend her limbs.

Rheumatoid arthritis

189.320 In the joints a sort of tearing, like scraping on the bone, with a red, hot swelling which is insufferably sensitive to the touch and to the air, with insufferably sensitive, peevish disposition (gout, podagra, chiragra, gout in the knees, etc.).*

189.320*The pains are either worse in daytime, or at night. After every attack, and when the inflammation is past, the joints of the hand are painful, as also those of the knee, the foot, those of the big toe when moved, when he stands up, etc., they feel intolerably benumbed and the limb is weakened.

189.321 The joints of the fingers, swollen with pressive pains, painful when touching and bending them.

189.322 Thickening of the joints; they remain hard swollen, and there is pain on bending them.

189.323 The joints, as it were, stiff, with painful, difficult motion, the ligaments seem too short.*

189.323* E.g., the Achilles tendon while treading, stiffness of the tarsus, of the knees, either transient (after sitting, when rising), or permanent (contraction).

189.324 Joints, painful on motion.*

189.324* E.g., the shoulder-joint on raising the arm; the tarsus pains on treading as if it was about to break.

189.325 Joints crack on moving, or they make a snapping noise.

189.326 The joints are easily sprained or strained.*

189.326* E.g., the tarsus, the wrist-joint, the joint of the thumb.

189.327 Increasing disposition to strain oneself upon lifting and, as is said, to do oneself harm upon very slight exertion of the muscles, even in small manual tasks, in reaching up or stretching for something up high, in lifting things that are not heavy, when suddenly turning the body, pushing, etc. Such a slight flexing or stretching of the muscles often then brings about long confinement in bed, swoons, all grades of hysterical troubles.

189.329 The joints are easily dislocated upon any false movement.*

189.329* E.g. the tarsus when taking a false step, so also the shoulder-joint. Of this kind is also the gradual luxation of the hip-joint (i.e., of the head of the femur from the acetabulum, when the leg then becomes too long, or too short, causing limping).

189.330 In the joint of the foot there is pain on treading, as if it would break.

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Headaches

189.21 Headache daily at certain hours; e. g., a stitching in the temples.

189.22 Attacks of throbbing headache (e. g., in the forehead) with violent nausea as if about to sink down, or, also, vomiting; from morning till evening, repeated every fortnight, or sooner or later.

189.23 Headache as if the skull were about to burst open.

189.24 Headache, drawing pains.

189.25 Headache, jerks of the head (passing out at the ears).

189.26 Headache, stitches in the head (passing out at the ears).

Anginal pain

189.290 Violent, at times unbearable stitches in the chest at every breath; cough impossible for pain; without inflammatory fever (spurious pleurisy).

189.291 Pain in the chest on walking, as if the chest was about to burst.

189.292 Pressive pain in the chest, at deep breathing or at sneezing.

189.293 Often a slightly constrictive pain in the chest, which, when it does not quickly pass, causes the deepest dejection.*

189.294 Burning pain in the chest.

189.295 Frequent stitches in the chest, with or without cough.

189.296 Violent stitches in the side; with great heat of the body, it is almost impossible to breathe in, on account of stitches in the chest with hemoptysis and headache; he is confined to his bed.

Stress and depression

189.10 Vertigo, passing over into unconsciousness.

189.11 Dizziness; inability to think or to perform mental labor.

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189.12 Her thoughts are not under her control.

189.13 She is at times quite without thought (sits lost in thought).

189.402 After three o'clock in the morning, no sleep, or at least no sound sleep.

189.403 As soon as he closes his eyes, all manner of phantastic images and distorted faces appear.

189.404 In going to sleep, she is disquieted by strange, anxious fancies; she has to get up and walk about for a long time.

189.405 Very vivid dreams, as if awake; or sad, frightful, anxious, vexing, lascivious dreams.

189.406 Loud talking, screaming, during sleep.

189.407 Somnambulism; he rises up at night, while sleeping with closed eyes, and performs various jobs, even dangerous ones with ease, without knowing anything about them after waking.

189.408 Attacks of suffocation while sleeping (nightmares).

189.417 Disturbances of the mind and spirit of all kinds.* however, though rarely, with syphilis.*

189.417* I have never either in my practice, nor in any insane asylum, seen a patient suffering from melancholy, insanity, or frenzy whose disease did not have psora as its foundation, complicated at times.

189.418 Melancholy by itself, or with insanity, also at times alternating with frenzy and hours of rationality.

189.419 Anxious oppression, early on awaking.

189.420 Anxious oppression in the evening after going to bed.*

189.421 Apprehensiveness several times a day (with and without pains), or at certain hours of the day or of the night; usually the person then finds no rest, but has to run hither and thither, and often breaks out in a sweat.

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189.422 Melancholy, palpitation and anxiousness wakes her at night from sleep (mostly just before the onset of the menses).

189.423 Suicidal mania.* (spleen ?)

189.424 A weeping mood; they often weep for hours without knowing a cause for it.*

189.425 Attacks of insane irascibility.

189.426 Fright often at the merest trifles; they often break into sweating and trembling therefrom.

189.427 Disinclination to work in persons who else are most industrious; no impulse to occupy himself, but rather the most decided repugnance thereto.

189.428 Hypersensitivity.*

189.428* All physical and psychical impressions, even the weaker and the weakest, induce a morbid excitement, often in a high degree. Events affecting the mind, not only such as are of a sad and vexatious kind, but also those of a joyous kind, cause surprising ailments and sufferings; touching tales, yea, even thinking of them and recalling them, stirs up the nerves, and drives the anxiety into the head, etc.

189.429 Weakness - Irritability.

189.430 Rapid mood swings; often very merry and exuberantly so, often suddenly dejected; e.g., on account of his disease, or from other trifling objects. Sudden transition from cheerfulness to sadness, or vexation without cause.

When the body becomes dehydrated, the physiological processes that will establish are the same ones that occur when coping with stress. Dehydration equals stress, and once stress establishes, there is an associated mobilization of primary materials from body stores. This process will "mop up" some of the water reserves of the body. Consequently, dehydration causes stress, and stress will further cause dehydration. (*Your Body's Many Cries for Water*, p. 57)

Asthma and allergies

- 189.299 Asthma, merely when moving the arms, not while walking.
- 189.300 Attacks of suffocation especially after midnight; the patient has to sit up, sometimes he has to leave his bed, stand stooping forward, leaning on his hands; he has to open the windows, or go out into the open air, etc.; he has palpitations; these are followed by eructations or yawning, and the spasm terminates with or without coughing and expectoration.
- 189.301 Palpitation with anxiety, especially at night.
- 189.302 Asthma, loud, difficult, at times also sibilant respiration.
- 189.303 Shortness of breath.
- 189.304 Asthma, on moving, with or without cough.
- 189.305 Asthma, mostly while sitting down.
- 189.306 Asthma, spasmodic; when she comes into the open air it takes her breath away.
- 189.307 Asthma, in attacks, lasting several weeks.

Asthma and allergies are indicators that the body has resorted to an increase in production of the neurotransmitter histamine, the sensor regulator of water metabolism and its distribution in the body.

It is recognized that asthmatics have an increase in histamine content of their lung tissue and that it is the histamine that regulates the bronchial muscle contraction. Since one of the sites for water loss through evaporation is in the lungs, bronchial constriction produced by histamine means less water evaporation during the act of breathing - a simple natural maneuver to preserve the body water. (*Your Body's Many Cries for Water*, p. 115)

Let me explain another very important issue in asthma - the role of salt... I would like to share an important secret with you. Salt is a natural antihistamine. People with allergies should begin to increase their salt intake to prevent excess

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histamine production.

Water is needed in the lungs to keep the air passages moist... In the first stages of asthma, mucus is secreted to protect the tissues. There comes a time that much mucus is secreted and it stays put, preventing normal passage of air through the airways. Sodium is a natural mucus breaker... People with asthma should slightly increase their salt intake. (*Your Body's Many Cries for Water*, p. 120)

Annex C: Treatment Using Nosodes

Given that the chronic miasms are primary or constant in nature, what we have termed tonic diseases; given that there can be only one medicine for a given disease; and given that the principle for the tonic jurisdiction (pathogenic) under which the chronic miasms fall is that of a similar resonance between the pathogen, the disease and the remedy, the remedy for each of the chronic miasms is the relevant nosode. Thus:

psora	- <i>Psorinum</i>
tuberculosis	- <i>Tuberculinum</i>
sycosis	- <i>Medorrhinum</i>
syphilis	- <i>Syphilinum</i>

This makes prescribing for the chronic miasms quite simple. Of course, there are many remedies for the various, variable (pathic) chronic diseases deriving from each of the chronic miasms. On these, the main homeopathic literature and materia medica are fulsome.

The use of nosodes for the treatment of a disease by means of selection according to the tonic principle of jurisdiction (similar resonance), rather than on the pathic principle of symptom similarity, is not accepted within homeopathy. To the extent that we understand homeopathy to refer to prescribing on the basis of symptom similarity and to apply exclusively to the pathic diseases, this is based on correct principle (if not always so consciously). To the extent that the term is intended to encompass Hahnemann's complete medical system, it is unfounded (or, more precisely, founded on ignorance, not knowledge).

This issue is often referred to under the term isopathy. While the conventional homeopathic texts state that isopathy is not homeopathy, which is correct, they also imply or intend to claim that isopathy, or the use of medicines according to the law of similar resonance on a basis other than symptom similarity is not part of Hahnemann's medical system, which is not correct.

Isopathy

The terms “isopathy” and “isodes” encapsulate the development of the tonic side of disease. Hahnemann criticized the use of the principle of equality on which isopathy is based, rightfully seeing it as only a variant of the law of similars (as true isopathy is what allopaths use, such as in vaccinations, with all its attendant disease effects). He accepted that the remedies chosen on the basis of their relationship to the disease material (containing the disease potency) were a valid application of the law of similar resonance and were the missing link to the treatment of the tonic diseases.

So-called isopathic remedies represent another dimension of disease and treatment involving a relationship to disease agent, whether infectious (natural, i.e., existing in nature) or poisons, both natural (e.g., snake bites or toxic metals) or medicinal (synthetic, i.e., man-made). The use of such remedies is a variant of the law of similars.

History of Isopathic Remedies

The use of disease material to treat certain diseases of known etiology (cause) has a long history. In a chapter by Dr. Marc Haffen, in O.A. Julian's Treatise on Dynamised Micro-Immunotherapy, the following examples are cited:

- Use by Bohemians of venom introduced near a snake bite; by Columbian Indians of a serum made from the liver of a serpent.
- People in China were made to wear the clothes of a smallpox patient who was in full suppuration stage or by introducing the dried pustule into the nostrils.
- Hippocrates: the use of the slime of a rabid dog to guard against rabies.
- Dioscorides: recommends the use of the liver of the dog that has bitten a person, grilled earthworms to get rid of worms, the flesh of the viper and crushed scorpion that have bitten one. He also stated the principle that where there is the disease, there is also the remedy.

- Paracelsus: “The similars cure the similars, the scorpion cures the scorpion, mercury cures mercury. The poison is mortal for man except, if in the organism there is another poison with which it may fight, in which case the patient regains his health.” (Compendium philosophiae, 1568). Paracelsus used very weak doses of the poisons.
- Robert Fludd in the 17th Century treats tuberculosis with the dilution of the sputum of the patient, prepared spleen to prevent enlarged spleen and kidney stone to prevent kidney stone formation.
- Anthanasius Kircher: “The poisonings in general are cured by their proper counterpoisons. Thus, the bite of the spider will be cured by the application of a spider, the biting of a scorpion by the application of the scorpion, the poison of a rabid dog is drawn out of the body by the furs of the same dog.” (Magna sive de arte magnetica.) “Ubi morbus, ibi etiam medicamentum morbo illis opportunum (There where there is disease, there also is the proper remedy of the disease).” (In mundus subterraneus, 1645)
- Lady Montague has her child vaccinated by an extract of smallpox pus. Prof. Phillipus Nettr of Venice (1718) recommends the use of dried pus from the plague eruption against the plague. Frances Home of Edinburg used the blood of the patient suffering from measles against that disease (Homoeo medical facts and Experiments, 1754)

Hering and Isopathic Remedies

Constantine Hering, who was a contemporary of Hahnemann and carried on a close correspondence with him, is perhaps the father of isopathic remedy use. Hering used the venom from the Bushmaster snake, creating the remedy *Lachesis*. He also used the saliva of a rabid dog. Later he developed the use of the potentized pus of scabies (*Psorinum*), smallpox (*Variolinum*) and speculated that there was a principle allowing

the use of disease agents to treat and prevent against acute diseases (sporadic and epidemic diseases such as the plague and anthrax).

It is interesting that Hering's wide-ranging research and inquiries led him into other areas such as the use of organ remedies and tissue salts. Hering speculated that some products of the human body and some parts of the healthy organism had a more particular action on the parts from which they are derived (Stapf's *Archiv für die homöopathische Heilkunst*, 14-2, pp. 98-99). Hering also speculated that various chemical elements found in the organism would have a particular effect on the organs in which they can be principally found (Archiv, 13-3, p. 65 and 14-3, p. 14).

Lux and the Thesis of Equality

Johann Wilhelm Lux was a well-known veterinarian who taught and wrote extensively. In 1820, he came across the writings of Hahnemann and started to apply this new approach to medicine. He could be said to be the Father of Veterinary Homeopathy. He founded many homeopathic associations and started the first periodical devoted to homeopathic veterinary. He dedicated his first volume of the periodical, *Zooiasis*, to Hahnemann.

Lux was asked at one point (1831) what remedy could be used against anthrax and *Lues bovim pestifera* (rinderpest), but not otherwise knowing a remedy, advised the use of the 30th dilution of the nasal mucous of the animal suffering from rinderpest and of the blood of an animal suffering from anthrax. This led to success in treatment of this disease and in 1833 Lux published his results in a small pamphlet, *Isopathik der Contagionen*. In this work, Lux proposed an idea not unusual given the history noted above, namely that "...all diseases carry in them the means of their cure." In the context of his time, this implied the use of diluted and dynamized morbid agents such as:

- Scabby of sheep
- Tinea of animals
- Itch (psora) of man

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- The blood of the spleen of animals suffering from anthrax
- Pus of syphilis
- Serum taken from vesicles of Marochetti in rabid persons
- Lymph of anthrax and of the plague and cholera
- Products from secretions of men and animals (dynamized fecal matter, foot sweats, saliva of epileptics, etc.)
- Drugs used to excess (e.g., diluted *Sulphur* against the abuse of sulphur)

Lux then went further by suggesting a new principle — *aequalia aequalibus* — to replace the principle of *similia similibus*. Hering and Lux's work, set against a medical backdrop of experimentation with disease material for medicinal agents, triggered a greater use of such remedies.

The main proponents at the time were Attomyr, a German homeopath; Gross, one of Hahnemann's original provers, and co-editor with Stapf of the first homeopathic periodical, *Archiv für die homöopathische Heilkunst* (Archive for the Homeopathic Remedial Art); Herrmann, a homeopath in Austria; Jolly, a dentist in Istanbul; Theuille, a homeopath in Moscow who made remedies from leprosy and the bubonic plague; and Weber, a German homeopathic veterinarian who conducted trials with *Anthracinum*.

Attomyr and Gross spread the knowledge about *Psorinum* produced by Hering. Weber wrote a serious and scientific study of his work on the treatment of anthrax using a potentized nosode (30C of the blood of a diseased spleen) (*Der Milzbrand und dessen sichersten Heilmittel*, Leipzig, 1836). Jolly wrote to Hahnemann about work that Theuille was doing in Moscow regarding the plague using the 30th dilution (*Archiv*, 1837, v.6, p. 289). Herrmann took up Hering's ideas on organ remedies and felt that the real scope of isopathy was "the medicinal power of substances of homonomus organs" (*Allgemeine Hom. Zeitung*, 1844, Bd. 27, p. 187). He then published a book on organotherapy in 1848, which is the origin of later work in this direction, such as by German and French researchers, but also that of Compton-Burnett in England.

The Modest Author (Lux's Pamphlet)

History of Isopathy

DOCUMENTARY No. 3

JOHANN JOSEPH WILHELM LUX

ISOPATHY OF CONTAGIONS

or

All the diseases carry in their substance even the means of their cure. Proposed to the Congress of Homoeopathy for their strict experiment.

Published at Leipzig, 1833 at Christian Ernest Kollmann.

Translation: Doctor J. Askenasi (Paris) [This is the first French translation.]

M. Valentin Zibrik of Szarvaskend, proprietor of the Comitatus Rauber in Hungary asked me by writing on the 11th December, 1831, for a homoeopathic medicine against *Lues boum restifera* or bovine plague (*Loeserdurre*) and against anthrax (*milzbrand*).

My reply was negative, because I did not yet know the homoeopathic means for these epidemics. Nevertheless in order to honour the confidence of this proprietor, I explained to him the mystery of the nature by the highest principle of medicine which may be expressed as follows. "All the contagions carry in their substance, even the means of their cure."

At the same time I told him, knowing that he has ideas about Homoeopathy, how a drop of blood of an anthrax and a drop of the nasal mucus of the bovine plague, diluted thirty times, should be used. The basis of this fundamental law was unknown at that time.

Patients suffering from frostbite find amelioration by the snow. Apples and potatoes peeled cause to diminish their coldness by cold water. Burns are best treated by the fire. Serpent bites are treated by the venom of the same serpent.

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Hydrophobia in man, even very grave, is treated in Russia by the saliva of rabid dog, as is related by General Boroden in June 1829, with a rapid and certain result.

In these cases that may be multiplied easily, the natural force seems not to cure by the simillimum but by aequale (although in another dynamisation).

The inoculation of the cows by the lymph of the mammary pustules protects them from psora and syphilis. This vaccination remains identical.

One should potentise with a drop of blood of the spleen of some animals suffering from anthrax or other pustules like it or syphilitic chancre, in short product of every contagious disease of cows, sheeps, cats, dogs in order to obtain a real homoeopathic cure.

It is in 1831 that Lachesis was experimented by Dr. Hering, then in another experiment was carried out on healthy man by Dr. Grisselich in 1832 with Psorinum (Psoricum)—the itch. Against latent herpes, I will prescribe three grains of the latter (psorinum) with success, even for herpes squamosa.

Four members of my family were definitely cured of their toothache (dental arthritis) by the same Psorinum.

One must be very careful while treating the Ozena of horses by isotherapy, by changing the dynamisation (Potenz) between 15 to 30.

Some epidemics of the year 1832 were eradicated with Isopathy helped by some remedies in the 30th dilution like Mercurius, Spiritus sulphuratum, China, Natrum muriaticum.

I may be allowed to mention that the numerous prizes that I have obtained for my works in England, Holland, Germany, Austria and Turkey go to the Homoeopathic school.

Very often it is found that Homoeopathy [her meant generally] is realised perfectly in Isopathy, because we cure contagious disease by their own infecting substance.

STRENGTH AND DILUTION

Homoeopathy acts on the nervous system and on each organ according to its totality through the energy liberating out the gross substance of the medicine, which is a force obtained by some particular process.

The more the substances are potentialised, the more the dormant power (energy) is liberated. Thus mineral substances that have neither smell nor taste like Silica, Gold, Lycopodium, change their qualities by diluting them to 30th, 40th or 50th potency.

Copper, Iron, Lead need to be of such high dilutions.

Roots, barks and grains that have however smell and taste, act in lower dilutions, like Asafoetida, Chamomilla, Valeriana, Castoreum, Moschus etc.... 12th to 15th dilutions are enough.

Contagions require higher dilutions. Contagious bites of horses require 30th dilutions...

For more than 10 years, I treated all the animals by Homoeopathy and I continue to follow with success this marvellous means.

Moreover, I continue experiments of new doses of different medicines which are more suitable to animals.

The positive results are so much attractive that I feel the necessity to tell them to others and it is for this reason that I have founded. the review Zooiassis or "Homoeopathic cure destined to the diseases of animals." The first issue is going to be published, during the Easter of this year.

Hahnemann's Views on Isopathy and Isopathic Remedies

The use of nosodes as specifics for diseases of constant nature has been a controversial one. Where does Hahnemann fit into this debate? Hahnemann must have been knowledgeable about Lux's work and ideas. These were not too far from the ideas Hering was generating. However, the bold challenge put forward by Lux as to the principle of cure forced Hahnemann to react. In the 5th Edition of the *Organon*, which came out in the fall of 1833, Hahnemann published his reply:

93.a]1. On these examples from domestic practice Mr. M. Lux erects his so-called remedial mode by "equal and same," called by him Isopathy, [meaning, he, Hahnemann would call it by a different name] which some eccentric heads have even already assumed as the "last word" of remedial methodology, without being aware of how they could realize this.

93.a]2 It is quite a different matter, however, if one judges these examples precisely.

93.a]3 The purely physical powers are of a different nature than the dynamic medicinal ones in their impinging action on the living organism.

93.a]4 Warmth or cold of the surrounding air or water or of foods and drink do not in themselves (as warmth or cold) cause absolute noxiousness for a healthy body; warmth and cold belong in their alternations to the sustainment of a healthy life and, consequently, are not medicinal in themselves.

93.a]5 Thus, warmth and cold do not act as remedies in bodily ailments by virtue of their nature (therefore not as warmth and cold per se, not as things detrimental in themselves, as are perhaps the medicines rhubarb, China, etc., even in the finest doses) – rather, merely by virtue of their greater or lesser quantity; that is, according to their degree of temperature, just as (in order to give another example of purely physical forces) a great lead weight painfully bruises my hand, not by virtue of its nature [Wesen] as lead, but due

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to its quantity and weight in bulk, whilst a thin lead plate would not bruise me.

93.a]6 Therefore if cold or warmth prove to be helpful in bodily ailments like frostbite and burns, they prove so solely because of their degree of temperature, just as they also, due to extremes in their degree of temperature, inflict damage on the healthy body.

93.a]7 Accordingly we find in these examples of help from domestic practice that the limb was not restored isopathically by the persistent employment of that degree of cold wherein the limb froze (it would have become quite lifeless and dead thereby), but rather by a cold which, only approximating it (Homeopathy), gradually tones down to a comfortable temperature, as frozen sauerkraut applied to a frozen hand at room temperature soon melts away and gradually warms up from 32° to 33° [Fahr.] and so on up to the temperature of the room, be it even only 50°, thus restoring the limb again by physical homeopathy.

93.a]8 So also a hand scalded with boiling water is not restored isopathically by application of boiling water, but only by a somewhat lesser heat: e.g., when one holds it in a dish with a liquid that is heated to 140° [Fahr.], the liquid becomes somewhat less hot every minute and finally assumes the temperature of the room, whereupon the scalded part is again restored by Homeopathy.

93.a]9 Water which is still in the process of freezing will not draw the frost out of potatoes and apples isopathically, but only water near the freezing point.

93.a]10 Thus, to give another example of physical impinging action, the damage resulting from a blow to the forehead by a hard object (a very painful bump) is quite soon diminished in pain and swelling when one vigorously presses the site with the ball of the thumb and ultimately always more gently, homeopathically; however, not by an equal blow with an equally solid body, isopathically, that would add insult to injury.

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93.a]11 What is likewise adduced in that book in the way of Isopathic 'cure', that muscular contractions in humans and lower spinal paralysis in a dog, both arisen by means of cold, have been rapidly remedied by cold bathing – this event is falsely explained by Isopathy.

93.a]12 Cold ailments have only the name of cold, but come about in bodies prone thereto even with a sudden draft, which was not at all cold.

93.a]13 The various effects of a cold bath on the living organism in the healthy and diseased state are not to be encompassed at all with a single concept, so that one immediately thereupon could found such an audacious system!

93.a]14 That snake bites, as stated there, would be cured most surely by snake parts will remain a fable from the days of yore until such an improbable assertion has been confirmed by indubitable observations and experiences, and it will probably never come to that.

93.a]15 Finally, that the saliva of a mad dog administered to a man already raving from hydrophobia (in Russia) is supposed to have cured him – this 'supposed to' will lead no conscientious physician astray, however, into dangerous imitation or into the erection of a so-called Isopathic system (as dangerous as its expansion is highly improbable), which it has been passed off for (not by the modest author of the little book: The Isopathy of Contagions, Leipzig: Kollman, but) by its eccentric devotees; especially by Dr. Gross, who cries Isopathy up as the only correct remedial principle, and insists on seeing Similar Things by Means of Similar Things only as a stop-gap measure, thanklessly enough, however, seeing as how he owes his fame and fortune solely to this principle of Similar Things by Means of Similar Things.

Hahnemann is here responding not so much to Lux's pamphlet, as to the apparent excesses of others. He is clearly worried that some are taking the matter far beyond what Lux himself had proposed. Dr. Gross bears the

brunt of the criticism for seeming to promote the principle of identities as the only one. Dr. Lux, the “modest author of the little book: The Isopathy of Contagions,” is apparently not included in those who wish to raise a new system of medicine on this new principle. Given that Lux uses the term “isopathy” in the title and text, this may seem surprising. However, if we look to what Lux actually wrote, it becomes clearer.

In these cases that may be multiplied easily, the natural force seems not to cure by the simillimum but by aequale (although in another dynamisation)...

Some epidemics of the year 1832 were eradicated with Isopathy helped by some remedies in the 30th dilution like Mercurius, Spiritus sulphuratum, China, Natrum muriaticum... [Are these the tonic and pathic sides coming out?]

Very often it is found that Homoeopathy [that is, the law of similars] is realised perfectly in Isopathy, because we cure contagious disease by their own infecting substance...

For more than 10 years, I treated all the animals by Homoeopathy and I continue to follow with success this marvelous means...

The positive results are so much attractive that I feel the necessity to tell them to others and it is for this reason that I have founded the review Zooiassis or 'Homoeopathic cure destined to the diseases of animals.' The first issue is going to be published during the Easter of this year [1833]. (from Julian, *Treatise on Dynamised Micro Immunotherapy*, pp. 61-66) (bold and square brackets added)

Lux presented the concept of isopathy, or more correctly the concept of deriving remedies in potency from disease matter, as a variation of the law of similar resonance. This explains Hahnemann's exception of him from the criticism of those trying to erect a new system of medicine on the concept. For Hahnemann, the use of such remedies was consistent with the idea of specific remedies related to diseases of common origin or constant nature. In the realm of disease irritation, homogenics applied. In the realm

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of disease agents, isopathics were valid. What was not valid was the argument that this dimension of the law of similars was somehow a new law. It was simply a principle within the law of similar resonance.

Hahnemann also created a footnote to §56 in the 5th Edition of the *Organon*. By the time Hahnemann had written the Introduction (1833), he had become aware of efforts to take what Hering and Lux were doing to create a false system of medicine (Gross in particular) and made an addition to address this:

A fourth mode of employing medicines in diseases has been attempted to be created by means of Isopathy, as it is called - that is to say, a method of curing a given disease by the same contagious principle that produces it. But even granting this could be done, which would certainly be a most valuable discovery, yet, after all, seeing that the miasm (virus) is given to the patient highly potentised, and thereby, consequently, to a certain degree in an altered condition, the cure is effected only by opposing a simillimum to a simillimum.

Again, the language of Hahnemann's criticism makes clear that Hahnemann supports the use of isopathic medicines (to cure a given disease by the same contagious agent that produces it), but through the use of potentised remedies, which only underscores the fact that this is a variation of the law of similars. There is no new law of identities. In the context of homogenic remedies, the use of such remedies in crude, unpotentized form is highly dangerous, as would be the case here due to chemical toxicity (and also with vaccinations).

Hahnemann also dealt with the issue raised by Lux and Hering in his *Chronic Diseases*, second edition (1835-39):

379.1 The antipsoric medicines treated of in what follows contain no so-called isopathic medicines, since their pure actions, even those of the potentized miasma of itch (Psorin) have not been proved enough, by far, that a safe homeopathic use might be made of it. I say homeopathic use, for it does not remain idem (the same); even if the prepared itch substance should be given to the same patient from whom it was taken, it

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would not remain idem (the same), as it could only be useful to him in a potentized state, since crude itch substance which he already has on his body as an idem is without effect on him. But the dynamization or potentizing changes it and modifies it; just as gold leaf after potentizing is no more inactive crude gold leaf in the human body, but in every stage of potentization it is more and more modified and changed.

380.1 Thus potentized and modified, the itch substance (Psorin) when taken is also no more an idem (same) with the crude original itch substance, but only a simillimum (thing most similar). For between IDEM and SIMILLIMUM there is no intermediate [stage] for any one that can think; or in other words between idem and simile only simillimum can be intermediate. Isopathic and æquale are equivocal expressions, which if they should signify anything reliable, can only signify simillimum, because they are not idem (tauton).

What is Hahnemann saying here? Again, he clearly accepts the use of remedies made from disease material. For Hahnemann, however, it is incorrect to state that there is a new law to explain the use of such remedies. When disease material or disease agents are potentized, they are no longer the same (*idem*), but similar. Thus, their use falls under the domain of the law of similar resonance.

Hahnemann modified the footnote in the 6th Edition.

§56.4.a]1 There are those who would gladly create a third application of medicines against disease by means of Isopathy, as it is called, that is to say, cure a present disease with the same miasm.

§56.4.a]2 But even granted they could do this, so would Isopathy nevertheless only effectuate a cure by opposing the Simillimo with a Simillimum, since Isopathy only presents the miasm to the patient highly potentized and consequently altered.

§56.4.a]3 But this intending to cure by means of an entirely identical [crude] disease Potence contradicts all

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healthy common sense and therefore all experience also.

§56.4.a]4 Those who first broached the subject of so called Isopathy presumably had hovering before them the benefaction which humanity learned by the employment of the cowpox inoculation, by which the inoculated one remained free from all future smallpox infection and was cured of the disease in advance as it were.

§56.4.a]5 But both the cowpox and the small pox are only very similar, in no way entirely the same disease; they are in many respects divergent from one another, in particular by the more rapid course and the gentleness of the cowpox, but especially by virtue of the fact that cowpox never infects the human being by proximity, and so by means of the general distribution of this inoculation an end has been made to all epidemics of that deadly, terrible smallpox to such an extent that the present generation no longer has any graphic conception whatever of that former horrible smallpox plague.

§56.4.a]6 Thus, to be sure, certain animal diseases will proffer medicinal and curative Potences of their own for very similar, important human diseases, and accordingly, supplement our homeopathic medicinal stock happily even further.

§56.4.a]7 But meaning to cure a human disease (scabies or maladies arisen therefrom) with an identical [crude] human disease matter (e.g. with a *Psoricum* taken from scabies) – that is going too far!

§56.4.a]8 Nothing results from it but calamity and aggravation of the disease! (bold and square brackets added)

Hahnemann's modifications address another argument raised, namely the use of cowpox to protect against smallpox. He also underscores the danger, as in the case of homogenic remedies, of using the remedy in crude doses. The text makes clearer that Hahnemann accepts the value of isodes (as he was now using *Psorinum*), but not the use of a system of

medicine based on true identity, that is, from the use of crude disease matter, which is highly dangerous, even deadly.

However, Hahnemann's attempts at dealing with this issue were not well understood, not surprising given the general lack of understanding of the dual nature of disease. On Hahnemann's death, Griesselich, the editor of the journal, *Hygea* (1834-1848), who had considerable influence in homeopathic circles at the time, followed in Hahnemann's footsteps and attacked isopathy as a system, even though he was sympathetic to the use of sarcodes and nosodes (and had earlier developed the use of Psorinum which Hahnemann and Hering took up).

The result was confusion and the casting of isodes and nosodes into a shadowland of continued use without any clear understanding of the basis for this use. On the one hand, they do not strictly conform to the prevailing idea that remedies should be prescribed solely on the basis of symptomology (provings). On the other hand, they are clinically effective when used on the basis of a direct relationship with a known and constant disease (such as measles, whooping cough, smallpox, chronic miasms, etc.).

Modern Views on Isopathic Medicine

Other than O. A. Julian in Europe, we have only seen one other serious attempt to deal with the place of isopathic remedies in the context of Hahnemann's medical system – Francisco Eizayaga's *Treatise on Homeopathic Medicine*.

The five therapeutic methods [homeopathy, isopathy, enantiopathic, tautopathic, allopathic] are at present used in Western medicine...The isopathic method, being as it is the most like the homoeopathic one, renders great service in the treatment of patients, both in the official and homoeopathic schools, although in the homoeopathic school it is always used as a complementary therapy to the properly established simillimum. Tautopathy [use of attenuated doses of drugs to cure illnesses caused by that drug] has a great field of action in the grave and increasingly numerous cases of drug intoxications or reactions... (p. 60)

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We still do not know exactly how the nosodes act in accordance with this etiological similitude, but a vast experience does confirm it. In the chronic infectious states, such as gonorrhoea, syphilis and tuberculosis, we almost inevitably have prescribed the nosode which tends to exercise a most favourable action... Isopathic treatment constitutes a field, in certain aspects, that is unexplored and has great possibilities. The use of medicines that come from pathological products, such as tumours (carcinosis, schirrhinum); of different types of pus (baccillinum) or from bacterial or viral cultures (influenzinum, morbillinum, colibacillinum); of parasites (hydatidum), etc. merit profound a serious research not only for their therapeutic possibilities, but also for their application in preventative medicine. There exists well documented information regarding the preventative effect of infectious nosodes and there is no obstacle to discover why, by analogy and based on the same principle, other nosodes should not also have similar virtues by acting in the same manner. (p. 67)

The harmful, and at times, unlucky effects of vaccinations are treated in homeopathy with medicines that are almost specific: Thuja, Apis, Silicea, Malandrinum... or with the nosode corresponding to the administered germ (Vaccinum, Tuberculinum, etc.). The toxic action of numerous allopathic remedies (antibiotics, chemotherapeutics in general) may be successfully treated by the same dynamized substance. The cases that have been published of intoxication due to penicillin and other antibiotics which have been treated by this simple method are numerous.

There are arousing causal factors of pathological states, each one of which often have their remedies chosen by etiology, at times even without taking into account the symptoms, when these are absent. (pp. 67-68)

Sometimes an acute infectious state cannot be healed with the rightly indicated medicine and it is indispensable to administer the nosode corresponding to the germ at stake in order to obtain a quick effect. We have seen cases of acute, febrile, colibacillary pyelitis which corresponded clearly to

Pulsatilla and which only cured with Colibacillinum. We have seen whooping cough cases which are typical of Drosera and which only cured with Pertussinum, and so on. (p. 277)

If homoeopathy is employed with restrictive criteria, its therapeutic possibilities are very few. If, on the other hand, all the tools of homoeopathy [Heilkunst] are used freely, both as regards remedies as well as application techniques, with an ample and scientific criterion, its possibilities are practically unlimited and they only depend upon the physician's human limitations. (p. 282)

In homeopathy, with the nosode of each of the acute diseases we could fulfill a job similar to the one achieved by the vaccines which are known without any of their inconveniences. While the non specific resistance of an individual to an infection is increased with the homoeopathic remedy, a higher specific immunity against a given germ is obtained with the nosode... (p. 283)

If this immunization is valid for the epidemics we have mentioned, it is logical to deduct that, by applying the same isotherapeutic principle of the specific nosodes, we could prevent our patients, especially the children, from any epidemics. (p. 285)

Isopathy in Other Contexts

The attempt to find remedies to cure diseases in the infectious disease material or in morbidic bodily secretions provided a fertile stimulus both for homeopathy and allopathy.

We have the development in "homeopathy" of:

- remedies for use in miasms (diseases of fixed nature) made from the disease exudation or agent, such as *Morbillinum* for measles, *Variolinum* for smallpox, *Tuberculinum* for the tubercular miasm, *Psorinum*, *Medorrhinum*, *Syphilinum*, etc.

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- remedies made from drugs to treat chemical and other drug-induced diseases (e.g., *Sulphur* to remove sulphur disease, *Cortisone*, *Penicillinum*, *Mercurius*, *Plumbum*, *Cuprum*, etc.)
- remedies made from organs and organ secretions to treat such organs (organotherapy)
- remedies made from chemical salts to treat various conditions (Dr. Schüssler's Biochemic Tissue Salts)

However, these developments have not been fully integrated into Hahnemann's system for two reasons. First, Hahnemann himself only came to realize their potential late in his life and second, the emphasis to date on pathic prescribing (homeopathy proper) means that these remedies are used only when indicated on the symptom picture, or if used tonically, this is done sporadically (and essentially unconsciously), because of a general lack of understanding of this realm of disease.

Annex: Acute Disease

Two main types (Aphorism 73):

1. Individual acute fevers

- a. due to shocks/traumas
- b. flare-ups of underlying chronic miasm

§73.2. Pleasurable excesses or their deprivation, physically vehement impressions, chillings, heatings, fatigues, strains from lifting etc., or psychical agitations, affects etc., are the occasion of such acute fevers, but fundamentally they are mostly only transient flare-ups of latent Psora, which returns spontaneously into its dormant state when the acute diseases were not all too vehement and were soon dispatched.

2. True acute diseases

- a. with a “uniquely occurring” (variable) nature
 - i. sporadic (affects only a few)
 - ii epidemic (affects many widely)

§73.4. Wartime exigencies, floods and famine are their not infrequent occasions and engenderers — they are partly such as assail some people at the same time here and there (sporadically) by occasion of meteoric or telluric influences and malignities, whereby only some people possess the receptivity to become morbidly aroused at the same time; hereon border those acute diseases which epidemically seize many people with very similar ailments from a similar cause, which then usually are wont to become contagious when they spread over thronged masses of people.

- b. of a constant nature (acute miasms)

§73.4. ...partly they are peculiar acute miasms recurring in the same manner (thus known under a traditional name) which either befall the individual once in a lifetime, like

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smallpox, measles, whooping cough, or the old, bright red scarlet fever of Sydenham, mumps, etc. or recur often in a rather similar way, like Levantine plague, coastal yellow fever, Asiatic cholera, etc.

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