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*Heilkunst Series*

*Precursor to the Organon:  
Hahnemann's Occasional  
Writings*

**by Rudi Verspoor, FHCH, HD(RHom.), DMH  
in resonant collaboration with  
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# Introduction

It is now more than 200 years since Dr. Samuel Hahnemann (1755-1843) gave up the practice of allopathic medicine and began, in the nature of all genius, the long, arduous and often lonely search for a better way to restore the sick to health, which is commonly termed homeopathy, although his system of remediation, which he termed *Heilkunst* (the art, literally, of making people whole), extends beyond the proper meaning of this term.

In these intervening years, as during much of his life, there has been little understanding of the complete aspects of this new system of medicine. As a result, the secondary homeopathic literature, as well as the various translations of his works, consist of confusion rather than clarity, misconceptions rather than understanding and in some cases, deception rather than perception of the truth of what is written in the legacy bequeathed to mankind by Dr. Hahnemann.

Because of the failure of generations of followers to fully understand the nature of genius as embedded in Hahnemann's writings, in particular, the *Organon der Heilkunst* (*Organon of the Art of Remediation*), which is linked to numerous of his other works, such as *Chronic Diseases* and occasional articles (collected under the misleading title, *Lesser Writings*), students and practitioners alike of his system remain confused about basic concepts critical to the proper and effective application of therapeutic medicine according to Hahnemann's insights.

This failure of comprehension is both due to faulty translation and an inability to fully comprehend the depth of meaning embedded in Hahnemann's writings. It is the nature of genius to be ahead of its time and to leave to future generations the task and joy of unfolding the treasures that lie hidden. What is required in this case is both a command of the German language, including a deep understanding of the cultural and philosophical context within which genius operates in order to be able to discern the full meaning of the terms used, and experience clinically in the application of the system of

remediation provided to us. To this the authors can reasonably lay claim.

The purpose of this book is to provide the first systematic analysis of Hahnemann's occasional writings leading up to the first edition of the *Organon der Heilkunst* (as set out in the book, *The Lesser Writings*). A proper knowledge and appreciation of these writings is necessary to a genuine practitioner of the remedial art, as Hahnemann would say (*Heilkünstler*). The analysis was undertaken in the light of new insights based on a new inter-linear translation of the extended *Organon* (that is, including its full references) by Steven Decker.

The complete results of the extensive collaboration of the authors regarding Hahnemann's writings have been published in *Homeopathy Re-examined* (2001) and its successor, *The Dynamic Legacy: from Homeopathy to Heilkunst* (2002), available as an on-line book (completely searchable and cross-linked) from the publisher. The reader is encouraged to read this last work for the more extensive context and understanding of Hahnemann's complete medical system, Heilkunst. As research proceeds, this work is continually being expanded and refined.

The reader is also referred to the public material available on the Internet through the website, [www.heilkunst.com](http://www.heilkunst.com).

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*Disenchantment  
and  
Discovery*

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Our story begins with Hahnemann's growing disenchantment with the practice of medicine as he had been taught at medical school. He could no longer stand idly by and watch the practices of his day do more harm to his patients than apparent good. His strong sense of justice and ethics led him as early as 1787 to criticize his colleagues in rather harsh language.

A number of causes, which I will not recount here, have for several centuries reduced the dignity of that God-like science, practical medicine, to a wretched breadwinning, a glossing over of symptoms, a degrading commerce in prescriptions — God help us! — to a trade that mixes the disciples of Hippocrates with the riffraff and medical rogues, in such a way that one is indistinguishable from the other.

How rarely does an honest man, occasionally, succeed in raising himself, by exceptional knowledge and talents, above this swarm of quacks... (Haehl, Vol. I, p. 33)

This deep and abiding sense of honesty and integrity would also eventually lead him into fierce conflict with the apothecaries (pharmacists). Hahnemann was as heavily critical of the all-too-common practice of adulteration of medicines for greater profit as he was of the tendency of doctors to rush as many patients through their offices as possible for the same motive.

Finally, shortly after moving to Leipsic in September 1789, Hahnemann came to the decision to cease the practice of medicine, as his conscience would no longer allow it. Because of his scruples, his allopathic practice had never been particularly large, but this was, nonetheless, a difficult decision for a young doctor with a growing family to feed. As a result, he felt obliged to move to a

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small village outside Leipsic for a year to save expenses and to provide his children with a healthier environment.

What I now earn — little as it is — more than suffices here. I cannot reckon much on income from practice. This I know from fourteen years' experience, and my sensitive temperament forbids me to put myself forward; I am too conscientious to prolong illness, or make it appear more dangerous and important than it really is. Pity, or love of peace, make me reticent in my claims — I am therefore constantly the loser, and I can only look upon my practice as food for the heart. (Haehl, Vol. I, p. 23)

Hahnemann was now relying solely on his translations and medical and scientific writings to feed his family of three children. However, he decided eventually to move back to Leipsic in order to further his work once his children's health had improved. It was here that he wrote his first major work on a new approach to medicine, *Friend of Health*, which deals in detail with the matter of diet and lifestyle (what we can subsume under the term regimen).

He also continued to attack his colleagues for their continued use of injurious methods. We can see from a comment that he made in a translation of a medical book in 1790, that he had begun to discern that there was a problem with the material conception of disease, which attempted to scour out the patient, even if this was by seemingly moderate means. Later, this material conception would lead to Pasteur's germ theory, in contrast to Hahnemann's more dynamic conception (involving the supersensible Wesen of the infectious microbe).<sup>1</sup> We can see, as well, that Hahnemann must have had some foreshadowing of the one-sided view of the human being inherent in the idea of simply removing offending disease matter (that is, that this was an attempt to imitate nature's own crude efforts to remove disease matter, but an effort that was never successful in removing disease, as is shown in chronic disease — leading later to his conception of the dual nature of the Living Power that animates us.

Blood-letting, fever remedies, tepid baths, lowering drinks, weakening diet, blood cleansing and everlasting aperients and clysters form the circle in which the ordinary German physician turns round unceasingly.

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1. For a fuller discussion of this term and others with which the reader is not familiar, see *The Dynamic Legacy: from Homeopathy to Heilkunst* or other books in this series.

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One can only imagine the inner conviction required to abandon the safe confines of authority and to seek, virtually alone and unaided, a better manner of helping suffering humanity, this despite the heavy responsibility of providing for a growing family. Only a deep sense of compassion and commitment to the truth could have induced such behaviour and kept him faithful to his decision despite ever-present financial constraints and the enmity of his colleagues.

This enmity increased all the more as Hahnemann intensified his criticisms of the excesses and fundamental theoretical bankruptcy of the existing system of medicine, backed by centuries of authority. Hahnemann could call on no authority other than his own conscience and the knowledge obtained from careful observation of nature coupled with the precise application of his reason to the results of his research.

The power of this Old School thinking, as Hahnemann labelled it, is identified in an article he wrote in 1797. The mode of thinking derived from authority and not from nature herself he labelled a disease, and one that is extremely tenacious and dangerous to health (a foreshadowing of his later identification of moral diseases, namely those derived from ignorance and superstition).

Why should we complain that our science is obscure and intricate, when we ourselves are the producers of this obscurity and intricacy? Formerly I was infected with this fever; the schools had infected me. The virus clung more obstinately to me before it came to a critical expulsion, then ever did the virus of any other mental disease. (*Lesser Writings*, p. 320)

Did I not know that around me there are some of the worthiest men, who in simple earnestness are striving after the noblest of aims, and who by a similar method of treatment have corroborated my maxims, assuredly I had not dared to confess this heresy. Had I been in Galileo's place, who can tell but that I might have abjured the idea of the earth revolving round the sun! (*Lesser Writings*, p. 322)

An example of his fearless attack against that which he perceived as wrong was Hahnemann's acerbic comments on a bulletin issued after the death of Kaiser Leopold II of Austria. This monarch had come to the throne in 1790 and his wisdom in averting war with France gained him the admiration of many, including Hahnemann, who saw war as a grave threat to science and health. When the Kaiser died suddenly in 1792, suspicions were aroused. In order to

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allay these, the Kaiser's personal physician issued a bulletin. Hahnemann replied in public under his own name to the official explanation that effectively, "...everything had been done that could have been done."

The bulletins state: 'On the morning of February 28th, his doctor, Lagusius, found a severe fever and a distended abdomen' — he tried to fight the condition by venesection [blood-letting], and as this failed to give relief, he repeated the process three times more, without any better result. We ask, from a scientific point of view, according to what principles has anyone the right to order a second venesection when the first has failed to bring relief? As for a third, Heaven help us!; but to draw blood a fourth time when the previous three attempts failed to alleviate! To abstract the fluid of life four times in twenty-four hours from a man, who has lost flesh from mental overwork combined with a long continued diarrhoea, without procuring any relief for him! Science pales before this!

'...but the following night was an extremely restless one, and reduced the strength of the monarch very much' (think of it! the night, and not the four times repeated venesection, reduced his strength so much and Dr. Lagusius could see so clearly —) 'so that on March 1st he began to vomit with terrible convulsions, and to return all that he took' (and yet his physicians left him! so that no one was present at this death, and one of them even declared him out of danger when they left him). 'At 4.30 p.m. he passed away while vomiting, in the presence of the Empress.' [Hahnemann here challenged the doctors to justify themselves publicly] (Haehl, Vol. I, p. 35-36)

Despite Hahnemann's attacks, at this point in his career he still saw some value in blood-letting and some other of the old practices in certain cases. It was not until around 1800-1803 that he came to the firm conclusion that this procedure, as with others, was involved in simply seeking to remove disease matter (*materia pecans*) and did not lead to cure. At this point, he ceased completely their use and advocacy. As he told his students in 1833:

For forty years now I have not drawn a single drop of blood, opened one seton, used pain-producing processes, or applied vesicatories. I have never employed aquapuncture or cauterization, weakened patients with hot baths, abstracted from them their vital humours by sudorifics, or scoured them out with emetics and laxatives. (Haehl, Vol. I, p. 304)

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What seems to have caused this finality in his approach was his growing discernment of the dynamic nature of human life and the role of blood as a carrier of this dynamis at the physical level. Since the traditional medical approach was convinced that disease was material in origin, then the blood and lymph (according to the old humoral theory) were the locus of disease and any alteration of these fluids needed to be removed. Crude postmortems that found black blood in the heart or blood where it should not be, simply confirmed this view.

In this light, venesection, phlebotomy (or blood-letting as it was commonly called), became the established medical procedure to the point that to neglect its use in treatment was tantamount to malpractice. On such false bases is medicine often founded and harmful procedures continued despite evidence of harm. With such shibboleths doctors are able to wash their hands of death with the plaintive cry that, "Everything possible was done to save the patient."

Thus it becomes understandable that for centuries phlebotomy had been regarded as the chief instrument in rational treatment of the sick and had become as it were the main pillar of any medical treatment. To heal without the aid of blood-letting seemed to be impossible, and to attempt to heal whilst purposely omitting phlebotomy was a punishable offence, a crime amounting almost to murder. (Haehl, Vol. I, p. 303)

We can see here that the particular idea of disease very much dictates treatment even in the face of the evident failures. What Hahnemann first objected to was the evident excess of use, much as reform-minded and caring doctors today tend to criticize excesses in the use of anti-biotics or chemotherapy. However, these efforts do not change the system nor the critic's adherence to them as "necessary," albeit in a more moderate way. What is required for radical reform (change at the root) is a change in the organizing idea, and this is what next happened to Hahnemann.

In 1796, he gives us an indication that chemistry, with which he had become most familiar and which was emerging as the base for medicine, could not furnish much in the way of answers, as the living organism did not obey the same laws as those of the laboratory experiments.

These few examples show that chemistry cannot be excluded from a share in the discovery of the medicinal powers of

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drugs. But that chemistry should not be consulted with respect to those medicinal powers which relate, not to hurtful substances to be acted on immediately in the human body [poisons], but to changes wherein the functions to the animal organism are first concerned, is proved, inter alia, by the experiments with antiseptic substances, respecting which, it was imagined that they would exhibit exactly the same antiputrefactive power in the fluids of the body, as they did in the chemical phial. But experience showed that saltpetre, for instance, shows exactly opposite qualities in putrid fever and in tendency to gangrene; the reason of which, I may mention, though out of place here, is, that it weakens the vital powers. (Haehl, Vol. I, p. 252)

Initially, Hahnemann's criticism of medicine (drugs) was a practical one, namely that doctors gave drugs without knowing what their true curative powers were. What knowledge existed was for certain constant disease forms wherein the specific remedy (curative drug) had only been discovered by chance and had been preserved in folk medicine.

However, beyond these few diseases, there was no knowledge of the curative power of drugs, either singly or in the mixtures then commonly prescribed. When Hahnemann examined the existing *materia medica*s, he found only hoary authority, careless recounting of successful disease cases (such that no one could ever reproduce the results), and fanciful recipes based on no solid knowledge of the curative properties of the medicines used.

Then he rediscovered the validity of the ancient law of similars in the famous experiment in 1790 with *Cinchona* bark (quinine). This led him to undertake more experiments (provings) with substances to discover their disease effects, which then became their curative properties. In this context he also became aware of the dual nature of each medicinal substance in the form of a direct (initial) action and an indirect (counter-action).

At that point medicine, using the law of contraries, had been mainly concerned with the direct effects of drugs, seeing the counter-action as a worsening of the disease. Thus, coffee would be used to stimulate the patient, and the later tiredness would simply be a call to repeat the crude dose. Hahnemann's discovery here, as we will see, is a profound one, still not fully recognised within homeopathy, much less medicine more generally.

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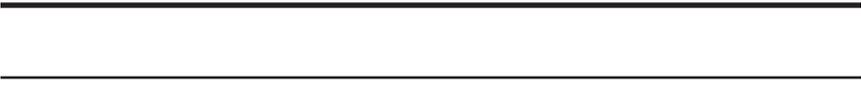
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Hahnemann was now able to put the two aspects (dual action of the medicine and the law of similars) together: the curative power of a drug, that is, its counter-action, could only be found by its disease effects (artificial) on a healthy person according to the law of similars.

Nothing then remains but to test the medicines we wish to investigate on the human body itself. The necessity of this has been perceived in all ages, but a false way was generally followed, inasmuch as they were, as above stated, only employed empirically and capriciously in diseases...They teach nothing and only lead to false conclusions. (*Lesser Writings*, p. 263-264)

It was here not a matter of authority, but pure experiment (provings) based on law and principle. We can then see a series of discoveries (1790-1801/2), based on careful observation of nature and clear thinking of what he was observing, directed by an emerging idea of disease, and all informed by his growing awareness of the functional duality of nature.

What follows is an historical study of the ideas Hahnemann discovered and developed leading up to the publication of his formal call for medical reform, the *Organon*, in 1810, as well as the evolution of his thoughts between then and his death in 1843.



## *Essay on a New Principle (1796)*

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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*, published in 1796. Here we 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.<sup>1</sup>

Hahnemann begins, as we have in the previous chapter, by discussing the contributions of chemistry to medicine. He stresses that chemistry may help find the medicinal powers of substances, but it cannot tell anything about its functions in the human body, which is of a living nature. For example, he stresses that the mixing of a drug with drawn blood in a test tube cannot tell us what will happen with that drug in the body itself, for

...the drug must... first undergo an infinity of changes in the digestive canal, before it can get (and that only by a most circuitous method) into the blood. (*Lesser Writings*, p. 253)

He also points out the difficulty of ascertaining the value of drugs for people in terms of their action on animals, as what can kill a person (such as a large dose of *Nux vomica*) will not harm a pig, for example.

Hahnemann cautions against trying to find the medicinal value of drugs in their external appearance, this approach being, "...as

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1. See also *An Affair to Remember: The Curious History of the Misunderstanding, Suppression and Significance of the Use of Dual Remedies in Homeopathy*, part of the Heilkunst Series.

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deceptive as the physiognomy is in indicating the thoughts of the heart.” (*Lesser Writings*, p. 254) Botanical affinity is similarly to be used carefully as, “...there are many examples of opposite, or at least very different powers, in one and the same family of plants, and that in most of them.” (*Lesser Writings*, p. 255) He summarizes the value of the botanical approach of natural science as being hints that can only, “...help to confirm and serve as a commentary to facts already known.” (*Lesser Writings*, p. 257)

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*Two Kinds of Sources for Materia Medica -  
Clinical and Proving*

Here we see a clear recognition of the “high value” of clinical discoveries, but also a recommendation for the testing of substances on healthy human beings as being the only methodical way of more certainly discovering the therapeutic value of substances yet untested or unknown.

Nothing remains for us but experiment on the human body. But what kind of experiment? Accidental or methodical?

The humiliating confession must be made, that most of the virtues of medicinal bodies were discovered by accidental, empirical experience, by chance; often first observed by non-medical persons. Bold, often over-bold, physicians, then gradually made trial of them.

I have no intention of denying the high value of this mode of discovering medicinal powers — it speaks for itself....

[However] Such a precarious construction of the most important science... could never be the will of the wise and most bountiful Preserver of mankind. How humiliating for proud humanity, did his very preservation depend on chance alone. No! it is exhilarating to believe that for each particular disease, for each morbid variety, there are peculiar directly-acting remedies, and that there is also a way in which these may be methodically discovered.

When I talk of the methodical discovery of the medicinal powers still required by us, I do not refer to those empirical trials usually made in hospitals, where in a difficult, often not accurately noted case, in which those already known do no good, recourse is had to some drug, hitherto either untried altogether, or untried in this particular

affection, which drug is fixed upon either from caprice or blind fancy, or from some obscure notion, for which the experimenter can give no plausible reason, either to himself or others. Such empirical chance trials are, to call them by their mildest appellation, but foolish risks, if not something worse. (*Lesser Writings*, p. 258-259)

Hahnemann then summarizes the two sources of drug information in terms of their curative powers — provings and clinical trials.

The true physician, whose sole aim is to perfect his art, can avail himself of no other information respecting medicines, than -

First — What is the pure action of each by itself on the human body?

Second — What do observations of its action in this or that simple or complex disease teach us? (*Lesser Writings*, p. 264)

As for the second, Hahnemann states:

Would to God such relations [between a specific drug and a specific disease] were more numerous! (*Lesser Writings*, p. 264)

There is also a problem of having a standard:

...whereby we may be enabled to judge of the value and degree of truth of their observations.

[And this standard] can only be derived from the effects that a given medicinal substance has, by itself in this and that dose developed in the healthy human body. (*Lesser Writings*, p. 264)

He refers to accidental poisonings or even deliberate trials that have been undertaken, often on criminals, which reports would form the foundation stone of a new materia medica.

Hahnemann realizes that the problem he faces is one of a qualitative nature (to discover the value of the medicinal substances already in use), rather than simply one of finding more medicinal agents. It was the nature of his genius that he was able to look beyond the more superficial to the deeper issues.

As we already possess a large number of medicines... but concerning which we do not rightly know what diseases they are capable of curing... it may not at first sight appear very necessary to increase the number of our medicinal agents. Very probably all (or nearly all) the aid we seek lies in those we already possess. (*Lesser Writings*, p. 259)

This issue of quantity (number of medicines) versus quality (theory and principle) will arise each time a significant problem emerges in terms of cure for his system, both in the context of his discovery of the chronic miasms and his use of dual remedies.

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### *Two Types of Disease*

Hahnemann goes on to explain two types of disease, a concept that he will continue to develop throughout his lifetime.

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 [constant], and others for its varieties [variable]**, and for other abnormal states of the system. (*Lesser Writings*, p. 260-261, bold and parentheses added).

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### *Dual Action of Medicines*

I. Most medicines have more than one action; the first a direct action, which gradually changes into the second (which I call the indirect secondary action). The latter is generally a state exactly opposite of the former. [these refer to the “Erstwirkung” (initial action) and “Gegenwirkung” (counter-action) to be found later in the aphoristic *Organon*, viz. §64.] (*Lesser Writings*, p. 266)

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*Two Principles of Treatment*

Hahnemann now introduces the three ways of restoring health, which is really a two-fold division: mechanical (removal of external cause) and internal medicine (based on two principles):

1. Removal of the cause, to the extent it is apparent: e.g., the convulsions produced by tapeworm are removed by killing the animal.

This object is above all criticism [Hahnemann calls it the royal road], though the means employed were not always the fittest for attaining it. (*Lesser Writings*, p. 261)

2. By the use of the principle of opposites:

By the second way, the symptoms present were sought to be removed by medicines which produced an opposite condition; for example, constipation by purgatives; inflamed blood by venesection, cold and nitre; acidity in the stomach by alkalis; pains by opium.

Hahnemann states that this approach can give temporary relief in acute, self-limiting diseases and is only justified where no other way is possible. But it is not to be tried in chronic disease as stronger and stronger doses are necessary to provide relief and it should be abandoned.

I beseech my colleagues to abandon this method (contraria contrariis) in chronic diseases, and in such acute diseases as take on a chronic character; it is the deceitful by-path in the dark forest that leads to the fatal swamp. (*Lesser Writings*, p. 262)

3. Treatment by the principle of similars

The better, more discerning, and conscientious physicians, have from time to time sought for remedies...which should not cloak the symptoms, but which should remove the disease radically, in a word for specific remedies; the most desirable, most praiseworthy undertaking that can be imagined...

But what guided them, what principle induced them to try such remedies? Alas! only a precedent from the empirical game of hazard from domestic practice, chance cases...

Nothing then remains but to test the medicines we wish to investigate on the human body itself. (*Lesser Writings*, p. 263)

Hahnemann goes on to venture the principle behind the value of provings, in order to provide a rational basis for medicine.

First he advances the axiom regarding the action of medicinal substances on healthy persons:

Every powerful medicinal substance produces in the human body a kind of peculiar disease; the more powerful the medicine, the more peculiar, marked and violent the disease. (*Lesser Writings*, p. 265)

Next he states the axiom that disease is cured in nature on the basis of the law of similars:

We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure, that medicine which is able to produce another very similar artificial disease, and the former will be cured; *similia similibus*. (*Lesser Writings*, p. 265)

Thus, one needs to know only three things, which is later reprised in Aphorism 3 of the *Organon*:

...the diseases of the human frame accurately in their essential characteristics... the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they usually excite... [then finally matching the two by] choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease. (*Lesser Writings*, p. 265)

This is summarized by Hahnemann into a further maxim:

...that in order to discover the true remedial powers of a medicine for chronic diseases, we must look to the specific artificial disease it can develop in the human body, and employ it in a very similar morbid condition of the organism which it is wished to remove.

This then leads Hahnemann to the analogous maxim:

...that in order to cure radically certain chronic diseases, we must search for medicines that can excite a similar disease (the more similar the better) in the human body. (*Lesser Writings*, p. 267)

It is interesting to note that here Hahnemann is concerned essentially with natural diseases, and also with what he calls chronic natural diseases (this category includes all those endless varieties of diseases that don't seem to resolve themselves). Else-

where he clarifies this in a footnote (no. 1 on p. 265 of *Lesser Writings*) as he considers that self-limiting natural diseases at this point can be handled easily enough by removing the original cause (if possible) or by removing any obstacles to cure (see p. 261-262).

His concern was for those diseases that are not self-limiting and for which no “rapidly-acting specific” exists (this would seem to mean in the context, a constant remedy determined from the constant nature of the self-limiting natural disease). Where the cause is unknown and there is no known specific based on the law of similars, Hahnemann here allows that a remedy based on opposites can be used. He admits, however, that it is purely palliative.

At this point we can see the early and important distinction Hahnemann makes between the constant specific remedies (mainly homogenic at this point in his discoveries), which are derived clinically, and those to be determined by the process of provings and then matching the proving (artificial disease) symptoms and the symptoms of the natural disease. This is an early form of the duality of disease that we witness coming to fullness in the dual remedy discoveries of Aegidi and Boenninghausen (followed by Hahnemann and later, Lutze).<sup>2</sup>

Hahnemann also gives us in this seminal work a firm foundation to the famous experiment with *China* (quinine) in crude dose that he undertook and commented on in his 1790 translation of the well-known English physician, William Cullen’s *Materia Medica*.

In my additions to Cullen’s *Materia Medica*, I have already observed that bark, given in large doses to sensitive, yet healthy individuals, produces a true attack of fever, very similar to the intermittent fever, and for this reason, probably, it overpowers and thus cures the latter. Now after mature experience, I add, not only probably, but quite certainly. (*Lesser Writings*, p. 267)

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2. See *An Affair to Remember* in this series as well as *The Dynamic Legacy: from Homeopathy to Heilkunst* by the authors.

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*Two Actions of a Medicine: Initial Action and Counter-action*

Hahnemann now comes to a lengthy and crucial explanation of the difference between the two actions of a medicine (which, we must remember, is an artificial disease, such that the dual action of the medicine is mirrored in the dual action of disease, or vice versa). It is this difference, based on his close observations, that provides the solid and rational basis for his determination that the principle of similars cures, and the principle of opposites only palliates or suppresses.

This axiom [similia similibus] has, I confess, so much the appearance of a barren, analytical, general formula [which it had been until Hahnemann!], that I must hasten to illustrate it synthetically. But first let me call to mind a few points.

Most medicines have more than one action; the first a direct action, which gradually changes in the second (which I call the indirect secondary action). The latter is generally a state exactly the opposite of the former.

Opium may serve as an example. A fearless elevation of spirit, a sensation of strength and high courage, an imaginative gaiety, are part of the direct primary action of a moderate dose on the system: but after the lapse of eight or twelve hours an opposite state sets in, the indirect secondary action; there ensue relaxation, dejection, diffidence, peevishness, loss of memory, discomfort, fear. (*Lesser Writings*, p. 266)

Thus, if one gives a substance that has a direct action opposite to the natural disease, this is followed by the indirect action which is similar to the disease.

Palliative remedies do so much harm in chronic diseases, and render them more obstinate, probably because after their first antagonistic action they are followed by a secondary action, which is similar to the disease itself. (*Lesser Writings*, p. 267)

However, if one gives a substance

...whose direct primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body sought to be brought about... (*Lesser Writings*, p. 266)

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*Length of Initial and Counter-Actions of a Drug*

Since we have now uncovered the secret of the dual action of a medicine and the need to match the initial action of both the medicine and the disease on the basis of principle (similar), it becomes important to know when the one action ends and the other begins. Hahnemann gives us various indications of the length of time of each action. We must remember here that he is using relatively large doses by today's standards, but moderate by the standards of his day.

[Coffee's] direct action, however, in such large doses, lasts for two days. (*Lesser Writings*, p. 272)

[Belladonna's] direct action lasts twelve, twenty-four, and forty-eight hours. (*Lesser Writings*, p.275)

[Hyocyamus's] direct action lasts scarcely twelve hours. (*Lesser Writings*, p. 276)

The direct action of large doses [of Stramonium] lasts about twenty-four hours; of small doses, only three hours. (*Lesser Writings*, p. 277)

[Tabacum's] direct action is limited to a few hours, except in the case of very large doses, which extend to twenty-four hours (at the farthest). (*Lesser Writings*, p. 278)

In cases where only the direct action as a cordial is necessary, it will be requisite to repeat the administration of it every three or four hours, that is, each time before the relaxing secondary action, which so much increases the irritability, ensues.

But if it is wished to depress permanently the tone of the fibre...we may employ opium with success...making use of its indirect secondary action...In such cases, a dose is necessary every twelve or twenty-four hours [because presumably, the counter-action ends around this time]. (*Lesser Writings*, p. 284)

The mania it causes is a gay humour alternating with despair. As a similarly-acting remedy, it will subdue manias of that sort. The usual action of its efficacy [this seems to refer to the total action - both direct and secondary] is from seven to eight hours, excepting in cases of serious effects from very large doses. (*Lesser Writings*, p. 292)

Camphor in large doses diminishes the sensibility of the whole nervous system...During the transition to the secondary action, there occur convulsions, madness, vomiting,

trembling. In the indirect secondary action itself, the awakening of the sensibility; and the almost extinguished mobility of the extremities of the arteries is restored...The whole process is ended in six, eight, ten, twelve, or at most twenty-four hours. (*Lesser Writings*, p. 295-296)

The duration of [veratrum album's] action is short; limited to about five, at most eight or ten hours, inclusive of the secondary action; except in the case of serious effects from large doses. (*Lesser Writings*, p. 302)

..but sometimes, (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days. A somewhat too large dose of henbane is apt to cause, in its secondary action, great fearfulness; a derangement that sometimes lasts several hours. (*Lesser Writings*, p. 266)

Here we see the emergence of a concept of the initial (direct) action as being the most important from the point of view of the medicinal effect, since it is the symptoms of the direct action of the artificial disease (medicine) that must be matched to the symptoms of the disease. This action is generally a matter of hours, although possibly days in some cases, especially where there are large crude doses. The duration depends to some extent on the substance, but also on the dose, the larger dose, in terms of quantity of medicine, lasting longer.

The direct action of large doses lasts about twenty-four hours; of small doses, only three hours. (*Lesser Writings*, p. 277)

It must be remembered here that Hahnemann is still using crude doses in the form of grains (20 grains = 1 gram).

This linkage of dose and duration of initial action is interesting. In the *Organon*, the initial action of a medicine is generally a matter of minutes or hours, being visible in the homeopathic (medicinal) aggravation. In the use of dual remedies in mixtures later on (1833 and beyond), emphasis is placed on the use of mixtures only in very high potencies (dynamized doses).

This raises an important question. Could it be that the higher the dilution the shorter the initial (direct) action, such that in the case of high potencies with substances that act symbiotically (mutually beneficial), the problem of giving one remedy at the same time as another is removed?<sup>3</sup>

The counter-action is seen as less important than the initial action (at least at this stage), and generally of little importance in the total action of the remedy, so long as the dose is not too large, when it may cause a derangement.

If, in the case of chronic disease, a medicine be given, whose direct primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body sought to be brought about; but sometimes, (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days. A somewhat too large dose of henbane is apt to cause, in its secondary action, great fearfulness; a derangement that sometimes lasts several hours. (*Lesser Writings*, p. 266))

The complete time of the counter-action is seen as relatively short, possibly shorter than the initial action and certainly not longer. Later, Hahnemann will develop a very different view of the importance and timing of the counter-action in his discovery of the chronic diseases and miasms.

The length of time of the total action of the remedy is also relatively short, being a matter of hours or days, as can be seen from the above quotes.

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### *Link Between Action of the Drug and Repetition of Dose/Second Remedy*

We are informed of the length of time of the “direct action” of *Belladonna* (“twelve, twenty-four, and forty-eight hours” - p. 275) and given the caution that a dose should not be repeated sooner than after two days, that is, it would seem, after at least the direct action has ceased. The reason for this is that

...a more rapid repetition of ever so small a dose must resemble in its (dangerous) effects the administration of a large dose. Experience teaches this. (*Lesser Writings*, p. 275).

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3. See *An Affair to Remember* in this series as well as *The Dynamic Legacy* by the authors.

It is not clear what action Hahnemann is talking about when he speaks of waiting to give a subsequent dose until the action of the medicine has ended. At times it appears as if he is speaking of the direct (initial) action of the remedy only, not the full action (which includes the secondary or counter-action of the sustentive aspect of the Living Power). Thus, he warns against prescribing *China* during the direct action of *Aconite*. Presumably then, it is acceptable to give it after the direct action has ceased as he later went on to demonstrate in his final years, in Paris.

A dose [of purple foxglove] is necessary only every three, or at most every two days, but the more rarely the longer it has been used. (During the continuance of its direct action, cinchona bark must not be prescribed; it increases the anxiety caused by foxglove, as I have found, to an almost mortal agony.) (*Lesser Writings*, p. 281)

However, this concern relates to the cumulative power of the dose if given within the initial action. On other occasions, he simply refers to the action of the medicine without specifying which action. Given his sensitivity to the dual action, as indicated by the directions for the giving of *Opium*, either for its direct or secondary action, he must have had some concern generally to wait for the full action.

In a case using *Veratrum album*, which he had stated had a full action of 5-10 hours, he gave the patient a dose every day. The patient disobeyed and took two doses each day and had a strong aggravation, leading almost to death (*Lesser Writings*, p. 307). Later (1821), in reporting on treatment for the new disease of purpura miliaris, Hahnemann states:

Almost all of those, without exception, who are affected...[will be] cured in a few days by aconite given alternatively with tincture of raw coffee...

The one will usually be necessary when the other has acted for from sixteen to twenty-four hours. Not oftener. (*Lesser Writings*, p. 695-696)

Another interesting observation arises in the discussion of *Opium*. Here Hahnemann states that to use its counter-action, "...a dose is necessary every twelve or twenty-four hours." This reference to twelve hours or multiples thereof is often found in his occasional writings. In the one case we noted from this period, Hahnemann gave the patient a dose of *Veratrum album* every day (*Lesser Writings*, p. 300-302)

Is this the basis for the frequent taking of the liquid dose in the 5th edition of the aphoristic *Organon*, and the later LM or Q dosing? Is this also the basis for giving a second remedy only 12 hours or a day after the first that we find in the Paris case-books?

Hahnemann's earlier observation, that the repeated doses of a remedy in too close an order amounts to giving a large dose, is emphasized again in the *Opium* section where he states that one can use *Opium* palliatively if one continues the dose every three or four hours "...each time before the relaxing secondary [counter] action." (p. 284) Thus, the antipathic use of a drug is maintained where the direct action is maintained.

This concern not to give a second dose or remedy before the full action of the first dose has completed itself is reiterated in the first to fourth editions of the *Organon* (1810-1829).<sup>4</sup>

In the context of his comments on *Opium*, Hahnemann provides us with an interesting insight into the effect of a remedy on the Living Power, what Hahnemann here called the tone of the fiber of the patient (that is, "the power of the fibre to contract and relax completely").

The primary action of opium (*papaver somniferum*) consists in transitory elevation of the vital powers, and strengthening of the tone of the blood-vessels and muscles, especially of those belonging to the animal and vital functions, as also in excitation of the mental organs — the memory, the imagination, and the organ of the passions... (*Lesser Writings*, p. 283)

Thus, *Opium* has the direct effect (initial action) of exciting the fiber and raising the tone ("disposition to work, sprightliness in conversation, wit, remembrance of former times, amorousness, etc."), but reducing the irritability, while the secondary effect (counter-action) is the opposite: "weakness, sleepiness, listlessness, grumbling, discomfort, sadness, loss of memory (insensibility, imbecility)". This continues until another dose is given to excite the fiber.

In the direct action, the irritability of the fibre seems to be diminished in the same proportion as its tone is increased;

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4. For a complete history and explanation of dose and potency in Hahnemann's writings and practice, see the relevant article at [www.heilkunst.com](http://www.heilkunst.com).

in the secondary action, the latter is diminished, the former increased. (*Lesser Writings*, p. 283)

Mercury is identified as a specific for syphilis. (p. 285) - "Experience has confirmed it as a specific." This is an example of a specific remedy for a constant Wesen disease (syphilis) that is based on clinical evidence.

Until Hahnemann's time, medicines generally had been given for their opposing effects, because of the instant palliative effect, but little had been done to determine the actual properties of substances. What doctors and herbalists were interested in, and still are to this day, is whether a medicine can remove one or more symptoms, not whether the principle of removal is palliative, suppressive or curative. This blind empiricism, or what Hahnemann termed "parempiricism," reflected the dominance of the Asklepiadean school, and the methodology of Galenic medicine.

The clarion call from Hahnemann for a rational system of medicine based on principle, namely the curative law of similars, and grounded in the knowledge of the dual action of medicines, was a signal departure from accepted procedures. As Hahnemann himself commented:

Before my time - and as long as there existed a medical science - all systems, all therapies, all directions for healing diseases, were included in the phrase, 'Contraria contrariis curentur.' And whenever a wise man did occasionally venture to argue, in gentle language and propose a 'Similia similibus,' this suggestion was never heeded. The basic dogma of all medical schools: 'To treat disease merely by opposing media (by palliatives)' remained quietly prevalent. (Haehl, Vol. I, p. 77)

*Obstacles in  
Practical Medicine  
(1797)*

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*Regimetal Disease*

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In his article, *Are the Obstacles to Certainty and Simplicity in Practical Medicine Insurmountable* (1797), Hahnemann gives us some insight into that realm of disease involving errors of regimen to be corrected by an alteration of regimen (law of opposites).

Hahnemann speaks of cure:

...effected by dietetic rules alone, which, if simple, are not to be despised... (*Lesser Writings*, p. 312)

[He gives the example of how a] deeply rooted scurvy [can be cured by] warm clothing, dry country air, moderate exercise, change of the old salted meat for that freshly killed, along with sour-cROUT, cresses, and such like vegetables, and brisk beer for drink. What would be the use of medicine in such case? To mask the good effects produced by the change of diet! Scurvy is produced by a system of diet opposite to this, therefore it may be cured by a dietetic course - the reverse of that which produced it... (*Lesser Writings*, p. 313).

On the other hand, he emphasizes that diet is not very serviceable in the case of chronic disease.

Why should we render the syphilitic patient, for example, worse than he is by a change of diet, generally of a debilitating nature? We cannot cure him by any system of diet, for his disease is not produced by any errors of the sort. Why then, should we, in this case, make any change?

Since this occurred to my mind, I have cured all venereal diseases (excepting gonorrhoea), without any dietetic restrictions, merely with mercury (and when necessary, opium). (*Lesser Writings*, p. 313)

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Here we can see a further emergence from observation of the idea of differing jurisdictions for disease. Disease, for Hahnemann, already is construed as multi-dimensional and hierarchical, rather than unidimensional in nature.

[Hahnemann warns against too drastic a change in diet, and] if it be necessary to make considerable changes in the diet and regimen, the ingenious physician will do well to mark what effect such changes will have on the disease, before he prescribes the mildest medicine. (*Lesser Writings*, p. 313)

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### *Geographical Influences*

There is a useful section where Hahnemann makes several things clear regarding geographical influences:

1. Any remedy works on the same disease regardless of geography.

What might be said of the Creator, who, having afflicted the inhabitants of this earth with a vast host of diseases, should at the same time have placed an inconceivable number of obstacles in the way of their cure...? (*Lesser Writings*, p. 316)

2. The best treatment is to strengthen the person by destroying disease, thus increasing one's ability to resist outside factors, often ones over which we have little or no control.

...I consider it much more practicable to dispel the morose ideas of the melancholic by medicine, than to abolish for him the countless evils of the physical and moral world, or to argue him out of his fancies. (*Lesser Writings*, p. 317)

3. It is true that a person living in a poor environment will be weaker than one residing in a better one, *mutatis mutandi*, but this is only a relative matter of health.

The sedentary man of business seeks at our hands only tolerable health, for the nature of things denies us the power of giving him the strength of the blacksmith, or the ravenous appetite of the porter. (*Lesser Writings*, p. 316)

Again, Hahnemann touches on the issue of knowledge (meaning) versus information (objects), and quality versus quantity when he states that:

I do not believe that it is the smallness of our knowledge, but only the faulty application of it, that hinders us from approaching, in medical science, nearer to certainty and simplicity. (*Lesser Writings*, p. 317)

The faulty application arises from the lack of knowledge of principles, that is, when to apply what rules and how.



*Antidotes*  
(1798)

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*Antidotes to Some Heroic Vegetable Substances*  
(1798)

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One of the most immediate problems of medicine was the antidoting of accidental poisonings or even of medically applied poisons. Hahnemann criticized the tendency to a uniformitarian view of disease and the tendency to apply the rules of one jurisdiction of disease across others where they were not applicable.

From the time of Nicander to the 16th century...grand plans were formed by medical men for discovering nothing less than an universal specific for everything they called poison; and they included under the denomination of poison, even the plagues, philtres, bewitchment, and the bites of venomous animals... We now know how ridiculous these efforts were.

The more rational spirit of modern times did not, however, completely abandon this illusory idea of the possibility [of] an universal antidote for all poisons.

The efforts of our age to discover a peculiar antidote for each individual poison, or at least for particular classes of poisons, are not to be mistaken, and I give in my adhesion to them. (*Lesser Writings*, p. 322-323.)

Hahnemann then provided, based on careful observation, antidotes that must, by the category he gives in a footnote be dynamic in their effect.

There are at least four kinds of antidotes by means of which the hurtful substance may be —

I. Removed:

1. By evacuation (vomiting, purging, excising the poisonous bite).

2. By enveloping (giving suet for pieces of glass that have been swallowed)

II. Altered:

1. Chemically (liver of sulphur for corrosive sublimate).

2. Dynamically (i.e., their potential influence on the living fibre removed) (Coffee for opium). (*Lesser Writings*, footnote, p. 323)

Hahnemann marvels at the ability of a dose of *Opium* to antidote completely the poisoning effects of a large dose of camphor taken by a small girl by mistake. He does not say so directly, but it seems that the effect was considered by Hahnemann to fall under the fourth category, namely dynamic, as later in the article he refers to these types of examples as such.

Alkalies probably destroy the drastic property of other purgative gum-resins... not as in other cases I have adduced, dynamically, by an opposite influence upon the sensitive and irritable fibre... (*Lesser Writings*, p. 827)<sup>1</sup>

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1. The reference here to irritable and sensitive fibre is another aspect of the profound duality that Hahnemann discovered in living nature. See *The Dynamic Legacy* by the same authors.

# *A Preface* *(1800)*

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In 1800, Hahnemann translated an English medical text with a preface explaining that he did so in order to show the absurdity of polypharmacy. Given that the original was anonymous, Hahnemann kept his comments equally anonymous, and enjoins the reader to simply judge of the content.

However, as truth can neither be more true nor less true, whether it be said by a man with an imposing array of titles or by one perfectly unknown to fame, the indulgent reader will please to regard merely what is said. (*Lesser Writings*, p. 345)

Here we find one of the most descriptive attacks on the absurdity of the allopathic remedy mixtures, which situation seems but little altered to this day!

First, Hahnemann underlines that the past twenty-three centuries of medicine have revealed nothing new about the true action of single substances, much less remedy mixtures. Then he attacks in satirical terms the position of a presumed defender of polypharmacy, a tour de force in its revelation of the irrationality of this approach.

‘In a mixed prescription the case is far otherwise,’ methinks I hear it contended, ‘for there the prescribing physician determines for each ingredient the part it shall play in the human body: this one shall be the base, this other the adjuvant, a third the corrective, that one the director and this one the excipient! It is my sovereign command that none of these ingredients venture to quit the post assigned to it in the human body! I command that the corrective be not backward in concealing blunders of the base, that it cover all the delinquencies of this principal ingredient and of the adjuvant, and direct them for the best; but to

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go out of its rank and situation and to take upon itself a part of its own contrary to the base, I hereby positively forbid it! Now, adjuvant! to thee I assign the office of Mentor to my base, support it in its difficult task; but mind, thou art only to take it by the arm, not to do anything else of thine own accord, or dare to act contrary to the order which I have given to the base to cause a certain amount of vomiting; but thou must by no means presume in thine ignorance to undertake any expeditions in thine own account, or to do anything different from the intention of the base; thou must, though thou art something quite different, act entirely in concert with it; that I command thee! I assign to you all conjointly the highly important business of the whole expedition: see that you expel the impure humours from the blood, without touching in the slightest degree the good ones; alter, transform, what you discover to be in improper combination, in a morbid state.' (*Lesser Writings*, p. 346)

Hahnemann goes on in this vein for several pages, satirizing the presumed ability of the allopath to prescribe several remedies without knowing their effect on the organism, both individually and collectively. We can see that Hahnemann's attack is essentially based upon the prevailing practice of taking the collective symptoms of a disease and dividing them up, according to arbitrary categories (vomiting, diarrhea, fever).

But what if all the symptoms proceeded from one cause, as is almost always the case, and there were one single drug that would meet all these symptoms? (*Lesser Writings*, p. 348)

*Aesculapias in  
the Balance  
(1805)*

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In this writing we start to gain a strong appreciation that the origin and destiny of man, as well as natural disease and its treatment, is divinely inspired, as is the knowledge that all seek to remedy disease. We also find a mature criticism of the prevailing system of medicine and its degeneration into polypharmacy due to a profound misunderstanding of the nature of disease (a generative act).

And yet, oh man! how lofty is thy descent! how great and God-like thy destiny! how noble the object of thy life! Art thou not destined to approach by the ladder of hallowed impressions, ennobling deeds, all-penetrating knowledge, even towards the great Spirit whom all the inhabitants of the universe worship? Can that Divine Spirit who gave thee thy soul, and winged thee for such high enterprizes, have designed that you should be helplessly and irremediably oppressed by those trivial bodily ailments which we call diseases?

Ah, no! The Author of all good, when he allowed diseases to injure his offspring must have laid down a means by which those torments might be lessened or removed....This art must be possible...it must not only be possible, but already exist. Every now and then a man is rescued, as by miracle, from some fatal disease. (*Lesser Writings*, p. 410)

At the same time it is undeniable, that even in such calamities, so humiliating to the pride of our art, but rare cures occur, effected obviously by medicine, of so striking a character, that one is astonished at so daring a rescue from the very jaws of death; these are the hints afforded by the Author of Life, "THAT THERE IS A HEALING ART. (*Lesser Writings*, p. 418)

In no other case is the insufficiency of our art so strongly and so unpardonably manifested as in those distressing dis-

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eases from which hardly any family is altogether free; hardly any in which some one of the circle does not secretly sigh over ailments, for which he has tried the so-called skill of physicians far and near. In silence the afflicted sufferer steals on his melancholy way, borne down with miserable suffering, and, despairing in human aid, seeks solace in religion.

‘Yes,’ I hear the medical school whisper with a seeming compassionate shrug, ‘Yes, these are notoriously incurable evils; our books tell us they are incurable.’ As if it could comfort the million of sufferers to be told of the vain impotence of our art! As if the Creator of these sufferings had not provided remedies for them also, and as if for them the source of boundless goodness did not exist, compared to which the tenderest mother’s love is as thick clouds beside the glory of the noonday sun! (*Lesser Writings*, p. 415)

Then Hahnemann condemns the heroic measures used (“such modes of treatment are not very unlike murders”).

This cannot be the divine art, that like the mighty working of nature should effect the greatest deeds simply, mildly, and unobservably, by means of the smallest agencies. (*Lesser Writings*, p. 417)

The history of medicine has been one of:

...covering over the gaps and inconsistencies of their knowledge by heaping system upon system, each made up of the diversified materials of conjectures, opinions, definitions, postulates, and predicates, linked together by scholastic syllogisms. (*Lesser Writings*, p. 420.)

The true path of Hippocrates, simple observation of nature, led to increasingly complicated systems built upon confusion and lack of knowledge of remedies. At the same time, the original search for the universal remedy based on a uniformitarian notion of disease (commendable although misguided) degenerated into the indiscriminate use of many remedies to cover the case - the unipharmacy and polypharmacy axle of the failure to comprehend the true nature of disease.

Sophistical whimsicalities were pressed into service. Some sought the origin of disease in a universal hostile principle, in some poison which produced all maladies, and which was to be contended with and destroyed. Hence the universal antidote which was to cure all diseases, called theriaca, composed of an innumerable multitude of ingredients, and more lately the mithridatium, and similar compounds, celebrated from the time of Nicander down almost to our own

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day. From these ancient times came the unhappy idea, that if a sufficient number of drugs were mixed in the receipt, it could scarcely fail to contain the one capable of triumphing over the enemy of health - while all the time the action of each individual ingredient was little, or not at all known...

In this great period of nearly two thousand years, was the pure observation of disease neglected..." (*Lesser Writings*, p. 421)

What is more natural, what more appropriate to the weakness of man, than that he should adopt the unhappy resolution (the resolution of almost all ordinary physicians in similar cases!), 'that as he has nothing to direct his choice to the best, he had better give a number of the most celebrated febrifuge medicines mixed together in one prescription. (*Lesser Writings*, p. 426)

To return to our earlier question, as to why Hahnemann made a clean break with the Old School of medicine around 1800-1803, we may perhaps consider the growing understanding of the dynamic nature of disease and the nullity of any measures that simply seek to remove disease effects (*materia peccans*), plus the growing consciousness of the dynamic nature of medicine, being the aspect that cures (crude doses being themselves disease-inducing).

These two tendencies came together in the discovery of a remedy for scarlet fever, both preventatively and for any sequelae of that disease then afflicting Europe. The epidemic emerged in the middle of 1799 and Hahnemann, using his new maxims, was able to examine the symptoms of the disease and find *Belladonna* to be the "specific preservative remedy." The results were all that could be expected of this new "medicine of experience."

What is also remarkable is the dose that Hahnemann was advocating. Prior to this, he had used relatively crude doses, but the medicinal aggravation caused initially in administering the similar substance (homeopathic aggravation) led him to attenuate the dose even more. In 1798, Hahnemann recommends doses of several grains to 30-40 grains, depending on the substance. Later that same year, he is recommending the giving of small doses in liquid form (1-2 milligrams - 0.001-0.002 grains - in solution).

The next year he announces, with no apparent explanation, even smaller (so-called infinitesimal) doses, being in the order of one ten millionth of a grain for Arsenic (0.0000001 grains) (Haehl,

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Vol. I, p. 312). However, the first clear statement of these infinitesimal diluted doses comes with the discovery of the remedy for scarlet fever.

If we now wish to prepare from this prophylactic remedy, we dissolve a grain of this powder (prepared from well preserved belladonna extract evaporated at an ordinary temperature) in one hundred drops of common distilled water, by rubbing it up in a small mortar; we pour the thick solution into a one-ounce bottle, and rinse the mortar and pestle with three hundred drops of diluted alcohol (five parts of water to one of spirit), and we then add this to the solution, and we render the union perfect, by diligently shaking the liquid. We label the bottle strong solution of belladonna. One drop of this is intimately mixed with three hundred drops of diluted alcohol by shaking it for a minute, and this is marked medium solution of belladonna. Of this second mixture one drop is mixed with two hundred drops of the diluted alcohol, by shaking for one minute, and marked weak solution of belladonna; and this is our prophylactic remedy for scarlet-fever, each drop of which contains the twenty-four millionth part of a grain of the dry belladonna juice. (Haehl, Vol. I, p. 381)

Hahnemann gave the weak solution in drop form (up to 40 drops according to age), one dose every 72 hours “...well stirred for a minute in any kind of drink.” (Haehl, Vol. I, p. 381) He seems to have favoured the liquid dose, as it had more points of contact (although he thought the contact was in the stomach).

Very different [from the hard grain-pill] is it with a solution, and particularly with a thorough solution. Let this be as weak as it may, in its passage through the stomach it comes in contact with many more points of the living fibre, and as the medicine does not act atomically but only dynamically, it excites much more severe symptoms than the compact pill... (*Lesser Writings*, p. 387).

This reference to thorough solutions is to those well-shaken, which Hahnemann here found to make the solution “very intimate.” (*Lesser Writings*, p. 386)<sup>1</sup>

Such small doses now brought forth criticism as to its possible effectiveness. Hahnemann answered publicly in an edition of Hufe-

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1. For a more thorough history and explanation of the development of Hahnemann's insights on dose and potency, see the relevant articles on [www.heilkunst.com](http://www.heilkunst.com).

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land's journal of 1801. While Hahnemann continued to experiment with dosage in order to better understand the effects, and while he only came to more fully grasp that what was active was the dynamism of the medicine (referring to potency rather than dilution only around 1814 - see Haehl, Vol. I, p. 317), he now came to realize the power of medicine to cure without the need for other aid, which simply often worked to weaken the life force of the patient. Where other measures were needed, Hahnemann provided these in the form of regimen to build up the life force. He imitated nature in the context of health, not disease (which was what the allopaths sought to do).

Another interesting aspect of this small work is the understanding that a constant disease can develop from its initial, primary (tonic) form into other disease forms that are more variable. Thus, while *Belladonna* seems to work for prevention (initial contact) and the early stages (as well as the sequelae), the later stages require other remedies according to the symptoms. This provides an early basis for what Hahnemann later discovered with the chronic diseases, namely that there were some remedies that seemed almost specific for simpler stages of the chronic miasms, but that the number of remedies for later variable states of chronic disease increased as time went on.



# *The Medicine of Experience (1805)*

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Out of this ripening reflection emerged the first cohesive statement of the new system of medicine, *The Medicine of Experience*, written in 1805.

- Hahnemann identifies the divine nature of the human mind and its ability to discern the curative powers of nature. He sees that the divine design was “to bring to unlimited perfection our whole being, as also our corporeal frame and the cure of its diseases.” (*Lesser Writings*, p. 438) He states clearly that man must not imitate nature in its efforts to get rid of disease, as these methods are crude and ineffective.

The great Instructor of mankind did not intend that we should go to work in the same manner as nature...

I am therefore astonished that the art of medicine has so seldom raised itself above a servile imitation of these crude processes...Never, never was it possible to compel these spontaneous endeavours of the organism by artificial means (the very notion implies a contradiction), never was it the Creator’s will that we should do so.” (*Lesser Writings*, p. 435-437)

- The object of medicine and the knowledge of the physician:  
Medicine is a science of experience; its object is to eradicate diseases by means of remedies.  
The knowledge of diseases, the knowledge of remedies, and the knowledge of their employment, constitute medicine. (*Lesser Writings*, p. 439)
- The Creator permitted diseases, but he also “revealed” to man a “distinct mode” to know these diseases, plus the curative properties of medicines. This knowledge is not to be found in discovering invisible internal changes in the organism in disease or in searching for proxi-

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mate causes (e.g., the person is sick because their liver is inflamed). We must seek, however, the exciting cause, even if this may be hidden in most diseases.

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, smallpox, 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 circumstances, which however do not alter their essential character.

These few diseases, at all events those first mentioned (the miasmatic), we may therefore term specific, and when necessary bestow upon them distinctive appellations.

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

All the other innumerable diseases exhibit such a difference in their phenomena that we may safely assert that they arise from a combination of several dissimilar causes (varying in number and differing in history and intensity).

Hence it happens that with the exception of those few diseases that are always the same [tonic], all others are dissimilar [pathic], 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, and under the same circumstances as in the case before us, and will never again happen precisely in the same way! (*Lesser Writings*, p. 441-442)

- The problem then is essentially those diseases of variable nature, those individual diseases, which cannot be discovered by means of speculation or examinations of the organism in disease, but only through the symptoms. Thus, this type of disease is identified in name only through the remedy that will cure it in contrast to those few constant diseases that can be given a distinctive name, such as measles.

The internal essential nature of every malady, of every individual [versus typical] case of disease, as far as is nec-

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essary 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.

When the physician has discovered all the observable symptoms of the disease that exist, he has discovered the disease itself [that is, the individual disease or the constant disease for which no remedy has yet been discovered clinically], he has attained the complete conception of it requisite to enable him to effect a cure. (*Lesser Writings*, p. 443)

- Regimen is necessary to prevent a relapse where there are predisposing or exciting causes, both of a physical and of a moral nature.
- Instruction is given in how to take the symptoms of the patient.
- Two dissimilar diseases cannot remove each other, but two similar ones cannot occupy the same organism and the stronger annihilates the weaker. Medicines are stronger (being artificial diseases) than the natural disease.

Equally astonishing is the truth that there is no medicinal substance which, when employed in a curative manner, is weaker than the disease for which it is adapted — no morbid irritation for which the medicinal irritation of a positive and extremely analogous nature is not more than a match. (*Lesser Writings*, p. 455)

- Dual nature of medicine in its action: initial action (here termed the “positive primary effect” and counter-action (“opposite (negative) symptoms constituting this secondary effect”).

Thus, to the abnormal irritation present in the body, another morbid irritation as similar to it as possible (by means of the medicine that acts in this case positively with its primary symptoms) is opposed in such a degree that the latter preponderates over the former, and (as two abnormal irritations cannot exist beside each other in the human body, and these are two irritations of the same kind) the complete extinction and annihilation of the former is effected by the latter. (*Lesser Writings*, p. 454)

- The new, artificial disease now expires “in a shorter time than any natural disease.”
- The duration of the initial (direct) action, the primary medicinal symptoms, is “the first few hours, which are the duration allotted by nature.”
- The remedy produces, in the first few hours, a

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...kind of slight [homeopathic] aggravation (this seldom lasts so long as three hours), which the patient imagines to be an increase of his disease, but which is nothing more than the primary symptoms of the medicine, which are somewhat superior in intensity to the disease, and which ought to resemble the original malady so closely as to deceive the patient himself in the first hour, until the recovery that ensues after a few hours teaches him his mistake. (*Lesser Writings*, p. 455)

- Too large doses of the remedy will produce a greater disease than is already present.
- The sensitivity or receptivity of the body to medicine (medicinal irritations) is increased remarkably in disease. What would not affect a healthy person can have strong effects in disease.

*The Medicine of Experience* represents the culmination of this period of Hahnemann's searching for a new system of medicine (1790-1805). Five years later we see the emergence of that seminal document, the aphoristic *Organon der Heilkunst*, whose seeds lay in the earlier occasional writings. He had developed, by this time, sufficient certainty of insight and experience that he could present his discoveries in the form of a formal argument, highly structured and legalistic, as if a presenting his submission to the high court of truth and wisdom.

*The Foundations  
of a New System  
(1790-1805)*

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Between 1790 and 1805, Hahnemann laid the foundations of his new system of medicine.

- He attacked the lack of concrete knowledge of disease and materia medica of his day. What was known was based on centuries of authority, speculation, poor observation, vanity and greed.
- He attacked the large doses of drugs as well as repeated efforts to imitate nature's evacuations in disease as weakening the patient and often leading to their death.
- He criticized the material notion of disease, seeing the internal workings of the human organism as being subject to laws other than chemistry and those disciplines relating to the science of matter.
- He identified two types of disease. First, he identified those few diseases that were of a constant, simple nature, for which specific medicines had been discovered by chance over the centuries through the empiricism of folk medicine. Second, he tackled the problem of those remaining diseases, of great variety, which must be approached individually because their nature is ever-changing and unique.
- As a means of determining the specific individual remedy for these diseases of a variable nature, Hahnemann discovered that this could be done by means of provings - testing the medicines, which were largely poisons, on healthy persons and noting the derangement of their condition in the form of symptoms. Since the power of a medicine lay in its ability to derange the patient's state of health, its ability to cure also lay in this power. His knowledge of the ancient principles of opposites and similars, coupled with his close observation of the dual action of drugs (direct and indirect action), led him to a practical way to ensure

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that the law of similars could be applied in these numerous variable diseases.

- He began to identify various jurisdictions for constant diseases, although he did not formulate these in any systematic manner: those deriving from improper regimen (e.g., scurvy, goitre), those deriving from accidents (e.g., *Arnica* for bruises, *Opium* for fear), those caused by improper use of medicines (mercury disease, arsenic disease), those due to an infectious origin (miasms, epidemics), and those due to ignorance and superstition (e.g., the prevailing system of medicine).
- He began to discern the dynamic nature of disease and of medicines, diluting and shaking the substances to a point up to at least ten millionth that of customary doses in some prescriptions.

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