

An Evaluation Of Hahnemann's Conception of Chronic Disease.

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CHRONIC disease, as conceived by Hahnemann is a subject which has been treated with considerable shyness by teachers of homeopathy for many years. Many of them are frank enough to disavow his ideas completely, on the basis that modern diagnostic methods and knowledge of disease have rendered his theory obsolete and erroneous.

Let us examine the basis for such action in an impartial manner. First as to motive. Necessity was the motive for Hahnemann's promulgation of his theory of chronic disease. He found that after a number of years of homeopathic experience, that no matter how well he had prescribed according to symptoms, certain cases slipped back and in his own words: "The beginning was favorable, the progress less satisfactory, the outcome hopeless,"

This, then, was a frank admission that homeopathy was not omnipotent in a large class of disease, but so great was his belief in the underlying truth of the principle of similars, that he laid its failure to an incomplete knowledge of all the obstacles complicating the case in question. He argued that the first thing in every case was to remove the cause, and this being done, left a clear road for the correctly prescribed homeopathic remedy. In the average office case, such casual features were easily taken care of, and therefore homeopathic medication had no difficulties. But in the chronic case it was another matter, even after obvious causes had been removed, yet something still retarded and nullified the action of even the best homeopathic remedy.

Hahnemann recognized that this something must be a disease, as yet unknown or whose ravages were unappreciated. He set about finding a drug or drugs which would eradicate this stumbling block operating against the orderly

curative action of the homeopathic remedy. Adhering to his declaration that every disease is expressed by symptoms, his task was to simply pick out certain symptom-syndromes, which occurred over and over in his run of chronic cases, and obviously such a picture would constitute the outward signs of this obstructive element. Such symptom groups for purposes of classification and brevity should have a name, and so we find that Hahnemann gave three names to three different symptom groups, Psora, Psycosis and Syphilis. He might just as well have classified them as A, B and C. Finally, during his stay at Coethen, he worked out a set of drugs which he gave to the world as the most effective way to combat such symptoms if a physician encountered them in taking the case preparatory for a remedy.

If Hahnemann had stopped here all would have been well, for certainly there is nothing in modern medicine to condemn the treatment of a symptom group by a single remedy. But when Hahnemann entered to define the cause of the above symptom syndromes, he was not on solid ground—at least according to our present understanding. He was at perfect liberty to set up a theory of the origin of chronic disease, but a theory, however useful, never becomes a fact until it has been proven. The theory of similia has been proven overwhelmingly, but the theory of his chronic disease has not. Because the theory is not sound, modern clinicians have abandoned the directions for the treatment of chronic diseases, losing sight of the fact that the truth or falsity of causal factor, has nothing whatever to do with the method or its actual worth as a therapeutic measure. We do not have to accept Hahnemann's theory of Psora to prescribe Sulphur on symptoms that are clearly designated. Call it by its correct modern equivalent. We do not need to accept his theory of Sycosis to treat condylomata with Thuja. But we do well to make use of his suggested indications for these drugs, even if we have to step on our pathological toe by looking them up under the title of Psora and Sycosis.

Let us remember that Hahnemann's recommendations for the treatment of complicated cases by homœopathy are the result of experience and unrenitting labor. He kept track of every patient that entered his home, and there are at the present day 54 immense case books, covering these records from 1799 to 1843—until the year of his death. Surely no sane man, having such records would cherish a will-o'-the-wisp, and would not endorse a method that had not brought results.

The question resolves itself into this then—granting that Hahnemann got results from his method of chronic disease treatment, why cannot we do the same thing, or have newer methods totally supplanted such an approach?

If our patient comes to us for a diagnosis, as many of them do, the types of chronic disease as conceived by Hahnemann are of little use, unless he chances to come in the leptic category. Hahnemann's classification is much too broad as far as our present beliefs go, and something more specific is in order. Thus 80 per cent. of all chronic disease according to Hahnemann is due to Psora. In this hydra headed etiologic factor is included such diseases as tuberculosis, focal infection of whatever cause, malignancies and all glandular infections and skin diseases. At the present time we can get a better grip on the therapeutics and prognosis of the disease by their modern classification, than by simply considering them all as Psora. This is because we have other methods of treatment besides homœopathic treatment, which the public demands, and which certainly seems to get better results by physicians trained as we train them now. Thus, the best example of this is the modern treatment of focal infection—granting that there may be a constitutional cause or taint which permits such an invasion, yet no one can deny that its removal gives this same constitution a new lease of life and often is all that is needed to turn the balance toward complete recovery.

Another point against the practical application of Hahnemannian treatment of chronic disease is that only a

master in study of homœopathy is able to get consistently brilliant results. He not only has to thoroughly understand homœopathic philosophy, but he really has to educate his patient over again, so that he will grasp the rationale of the whole idea. This is hard enough for the seasoned and experienced physician but is far worse for a young man starting out, who has to overcome the prejudices and half baked knowledge of his patient. This can certainly be done by a man with the proper ideals in medicine, but the whole idea of such treatment is quite beyond the key of many worthy practitioners, and nothing falls flatter than inadequate homœopathic medication.

It would be a bold thing to do to condemn Hahnemann's treatment of chronic disease, when we know so little of life processes. His theory and method attacked something not even remotely approached by our most enlightened modern therapeutics. Perhaps the general theory of homœopathic philosophy might be briefly touched up at this time, since it is the key to an appreciation of this theory of chronic disease.

Hahnemann's philosophy was created to explain certain new effects. Thus the efficacy of attenuated drugs, the successful application of the principle of similars, were the two facts. Medical philosophy as then or now understood did not help him—hence the need of a new conception of vital processes.

The fact that in homœopathy we do not treat the part, but the whole, was probably the starting point of his thinking. Hahnemann was a vitalist. He saw in the body but an organism made up of material particles, in themselves dead, but vivified and adapted to the real living man—the spirit within.

The connection between this spiritual and immaterial being on the one hand and physiological function on the other, was accomplished by the supposition that there existed a vital force which he designated "dynamis."

Dynamis, then, is the formative force of the organism—

the immediate cause of every functional activity and of all metabolism. Altered or deranged dynamis is the immediate cause of every malfunction or changed metabolism—in other words, disease. Only the vital principle thus disturbed can give to the organism its abnormal sensations and incline it to the irregular action we call disease.

If this be so, then to really treat the cause of disease we must treat the dynamis or vital force, and this having been adjusted, functional and organic cure automatically follows.

According to this conception, we see the folly of trying to adjust the intangible dynamis with crude physiologic medication aimed at gross results of disease. At the same time we have a theoretical conception of why attenuated drugs are able to set in motion great bodily changes—presumably they adjust the dynamis, and hence start a natural curative cycle.

Thus we say that according to Hahnemann's philosophy causes are invisible, results are visible. If we wish to treat the causes of disease, which is the true aim of every physician, we must seek an agent delicate enough and individually specific. The homœopathic potencies fulfill the first qualification, and the application of the law of similars, the second.

Now, no physician is bound by any theory. This was Hahnemann's. We may have another. Such a conception accounts for most homœopathic phenomena and serves a useful place in the logic of vital processes.

In a short compend which I am publishing this fall, I venture to point out the practical use of the so-called anti-Psoric medicines. Anyone can use these whether or not he accepts Hahnemann's theoretical basis or not.

The fact of the matter is, that we are all bumping up against cases in our practice that defy our best efforts. Now I believe that if we review such a patient in the light of Hahnemann's researches, we can derive practical benefit from his suggestions. His treatment of chronic disease is just as

simple as the treatment of acute disease, and incidently only a few drugs are to be considered. The method is exactly the same, but broad generalities from the basis rather than the common symptoms that the patient complains of.

I can put the attitude of mind necessary on the part of the physician who intends to use this method very succinctly. He must analyze the patient for general reactions, stigmata and past history in exactly the same way that an endocrinologist would do. There is no short cut. No symptom is too small to have its bearing. Once the analysis is made and the drug given the physician turns himself into a passive observer—and watches for a reaction in the way we do after a dose of vaccine. Let me summarize the indications for so-called anti-Psoric or constitutional treatment :

I. We observe that the regular clinical course of the disease in question is being distorted and complicated by factors not readily apparent. In rheumatic fever, influenza, and the pneumonias this is most apt to happen. Here we should take a perspective of the patient's complaints, and see whether they do not correspond to one of our deep-acting drugs like Sulphur, Lycopodium or Calcarea. In the selection of any one of these, we depend on the general symptoms only—the big modalities and characteristics of the drug. It does not matter whether the common symptoms are in agreement or not, and too much emphasis should not be put on tissue proclivity. It is not necessary to use a high potency, though as we become more expert this is certainly the tendency. Doses several time a day usually suffice, and then a period of observation. When we finally do go back to our former medication, it is probable that a better result will be seen.

The second use of anti-Psoric or constitutional medication comes in in any case in which apparently well selected remedies fail to act. There is always some good reason for this, and it is our business to find it out. Experience teaches us that we should do two things—first be sure that there is not some hidden pathology that has escaped us—the

recurrent cold may be tubercular, the nervousness may be thyrotoxicosis, the asthenia and cramps may be a slow colonic malignancy—in any of these conditions it is obvious that a casual prescription will always fail. I tell my students that when a remedy does not act it is better to take down a differential diagnosis than a Kent repertory for in my experience there is always some mighty good reason.

If we are sure of our diagnosis, then we can attack the whole disease by constitutional medication along the lines indicated.

The third use of our chronic remedies comes in on an etiologic basis. Thus we find a previous history of a severe infection, ill-effects of some inoculation, and especially complaints that make their appearance under certain condition of weather or environment. We are all familiar with the use of Natrum Sulph. in respiratory cases which show the aggravation from dampness marked. The use of Thuja to bring to a head focal infection not as yet placed, such as a blastophthoric taints is even more legitimate than its use in condylomata.

The fact that dermatosis can disappear, usually eczema, and be followed in a greater or less time by severe constitutional symptoms, usually of the chronic catarrhal or asthmatic type, cannot fail to have been observed by any physician of experience. It does not always occur by any means, but it certainly is prone to do so given the proper soil or diathesis. I think that we have been perhaps exaggerating the role of suppression, as far as a local application goes—for it seems to me that this might well occur anyway, being the internal phase, so to speak, of the toxic agent. We all admit the ameliorating effects of discharges and eruptions in a case, and besides local measures the anti-Psoric remedies mentioned are simply another aid to bring this about.

Recent work has shown the potent part that the skin plays in nullifying toxic effects, provided always that we can manage to drive the infection outward. It is a appreciation

of this fact that constitutes the skin phase of Psora of Hahnemann, and he pointed out that this phase is a distinctly favorable reaction. To thoughtful medical men who have followed large series of cases, it is questionable whether the prompt disappearance of the cutaneous eruption and angina of secondary syphilis is as favorable as would seem, judging from the increase of cardiovascular syphilis since the introduction of the arsenicals.

As a last caution in applying Hahnemann's method in chronic disease we should remember to try to account for the complaint in all other ways first. Thus: consider whether the symptoms and signs present are due to previous drugging or medical treatment.

Rule out venereal infection.

Ascertain the influence of previous dietary and hygienic faults.

If this is done then a symptomatic consideration along the lines indicated will be a real aid, always with the proviso that the phenomena of events is intelligently evaluated according to the rules laid down for the treatment of chronic disease by Hahnemann.

DISCUSSION.

DR. O. S. HAINES: It has always seemed to me that Samuel Hahnemann was just a doctor like you and me. He was confronted by the same problem that baffle us. He succeeded and he failed, as we do. In fact, he said so himself. He said he had very little trouble curing acute disorders, epidemic diseases, fevers and venereal diseases; but that many cases of the chronic diseases that came to him, fairly stumped him.

Hahnemann, however, was never a complacent doctor. He was great for finding out "the ways" of his medical problems. Whether or not his explanation of the underlying cause of his failures to cure chronic diseases, because they

were due to Psora, Syphilis or Sycosis, was correct, I do not know. This I do know, however. The result of his studies along this line, resulted in a magnificent Materia Medica of the anti-Psorics, which is a lasting monument to his genius and industry.

I have heard it said that his Psoric theory was pure craziness. Now in these days of "foci of infection" and other things, I do not know whether we moderns are not more crazy than he was. Posterity will decide that, no doubt.

I also know that in his day, suppressed itch was about as common as teeth today, so he picked on itch as we pick on teeth. For my part I have a theory myself as to why I cannot cure every case of chronic disease that I see. I think it is because the pathological changes in the affected organs have advanced to a stage that makes them impossible to cure. You see, I claim that homœopathy and I are infallible in all curable conditions, and that may be wrong, too.

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In general, however, the tyro in homœopathy cannot too earnestly take to heart the caution to avoid the great error of regarding a large numerical quantity of symptoms that are *general* in their character and that do not *individualize* the case, as a sufficient guide in the choice of the remedy. The keen perception and appreciation of those symptoms which, *at the same time, correspond to the nature of the disease, and also designate that remedy which is exclusively or at least most decidedly indicated* this alone betokens the master mind. For it is easier—very much easier—to select the right remedy after a picture of the disease, complete in every respect and fully meeting all requirements, has been drawn up, than, oneself, to obtain the materials for such a picture and to construct it—BENNINGHAUSEN.