

Topics from Hahnemann's *Organon*

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Summary: It has been said that Adolphus Von Lippe, one of our most esteemed forbears in homœopathy, declared that he understood the *Organon* of Hahnemann only after having read it fifty times. On this 200th anniversary of the *Organon*, this presentation—offered with enormous gratitude in honor of the memory and genius of Hahnemann—addresses some of the aphorisms of this original textbook in the interest of examining some apparent sources of confusion that have arisen in my study of this great book. (I must add that I haven't yet read the whole book fifty times).

Hahnemann's apparent evolution of thought regarding the role and capacity of the vital force is one area to be discussed, as well as a number of the paragraphs following the oft-quoted aphorism 153. These aphorisms are some of those that relate to dose and potency and aggravation of symptoms. They also address the approach to and challenges from cases in which only some of the symptoms of the patient can be found in the provings of the medicine that is as yet the most appropriate. The presentation will raise some questions about other selected aphorisms and, hopefully, stimulate thought in respect to their clarification.

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Despite homœopathy's long history and multitude of practitioners, we have yet to explain its mechanism of initiation of cure. As we all know, our existing vocabulary is inadequate to describe what we experience in the use of homœopathic medicines. We talk of the Vital Force, the morbidic stimulus and the healing stimulus (in our case, the homœopathic medicine). We then try to piece together what happens when the (properly chosen) medicine is introduced to a vital force that is in the throes of challenge by a morbidic stimulus.

Hahnemann, in the *Organon*, in the footnotes to aphorism 22, speaks of the vital force as only maintaining the organism in health but not having the ability to heal the organism when diseased...“for if it possessed an ability so worthy of imitation, it would never allow the organism to fall ill,” and “The morbidly mistuned vital force has so little ability to cure that it certainly does not deserve to be imitated...” He further recognizes the vital force, when untuned, as “(bringing) about in the organism the disagreeable sensations and abnormal functions that we call disease.” (§ 11). Then, “It is only the pathologically untuned vital force that causes diseases” (§ 12), and “the physician has only to eliminate the totality of symptoms in order to remove simultaneously the inner alteration...thereby removing and annihilating the disease itself.” (§ 17).¹ This portrays the vital force as having

limited capability (maintenance of the organism in health) and the capacity to be affected and to manifest symptoms when subjected to the influence of a morbidic stimulus. In aphorism 64, the vital force is described as behaving in a receptive or passive way during the primary action of artificial disease agents (medicines), “(receiving) into itself the artificial power acting from without, so allowing its state of health to be changed.” However Hahnemann says, “But then it seems to rally in response to this influence (primary action) that it has taken on.” (Emphasis mine). And further, “It produces the exactly opposite condition (secondary action)...the intensity of this reaction is proportionate to the effect (primary action) exerted on it by the artificial disease agent and, of course, to its own energy as well.” In aphorism 66, he states, “...in a healthy body one will not notice any conspicuous... counteraction (secondary action) to the effect of very small homœopathic doses of pathogenetic substances...the counteraction of the living organism is only as much as is needed to restore the normal condition.” These last two statements seem to imply that the vital force possesses more ability to act effectively in the diseased state than is stated in the previous aphorisms. The vital force, or basic life force (and its ability to [at least] bring forth symptoms), seems to possess a certain strength, depending on nutrition, psychological well-being (I use psychological in its most generic

sense: psycho/psychic-logical) and factors of inheritance, as well as previous experience in this lifetime.

Dr. Hahnemann, in aphorism 29 of the *Organon*, despite asserting in aphorism 28 that—because it is based on factual experience—a scientific explanation of the mode of action of homœopathy is actually of little importance, proceeds nonetheless to propose his own explanation:

“...by administering a medicinal potency chosen exactly in accordance with the similitude of symptoms, a somewhat stronger, similar, artificial morbid affection is implanted upon the vital power deranged by a natural disease; this artificial affection is substituted, as it were, for the weaker similar natural disease, against which the instinctive vital force, now only excited to stronger effort by the drug-affection, needs only to direct its increased energy; but owing to its brief duration it will soon be overcome by the vital force, which, liberated first from the natural disease, and finally from the substituted artificial (drug-) affection, now again finds itself enabled to continue the life of the organism in health.” (This is from the 5th edition of the *Organon*).²

This presents the notion of a “sham” illness (stronger than the actual illness), which is presented to the vital force, and which stimulates it to greater action, then evaporates, as it were, after the vital force has dealt successfully with the original illness. In the 6th edition of the *Organon*, it is stated slightly differently:

“...this vital principle, which has been dynamically untuned by natural disease, is taken over by a similar and somewhat stronger artificial disease, through the administration of a potentized medicine that has been accurately chosen for the similarity of its symptoms. Consequently the (weaker) dynamic disease is extinguished and disappears; from then on it no longer exists for the vital principle, which is controlled and occupied by the stronger artificial disease; this in turn presently wanes, so that the patient is left free and cured. Thus delivered, the dynamis can again maintain the organism in health.”

In this later version, the presumption is that the similar medicinal disease and not the vital force is responsible for extinguishing the natural disease.

In aphorism 29, despite his disclaimer in §28 that empirical results are what are important rather than proposed scientific explanations, Hahnemann proposes his model to explain the manner in which homœopathic medicines work. This model is central to many of the later aphorisms in which he repeats this construct and builds upon it.

Here, the vital force is described as having no power to restore health or to work toward healing, where in the 5th Edition is described as “direct(ing) its increased energy...,” the implication being that it possesses some power which is excited by the presence of the healing similar medicine. On the other hand, in §51 in the 6th edition Hahnemann states:

“once they have completed their curative application, the power of these medicines is conquered by the life force and disappears of itself without requiring repeated help....” The implication is inconsistent in both editions.

In summary, it seems that Hahnemann is telling us: (1) that the vital force has insufficient ability to cure disease but instead maintains the organism in health and produces symptoms of illness in the face of becoming ill from a morbid stimulus, but (2) that the vital force plays an active role—to some degree—in restoring health, but with the lion’s share of the work being effected by the presence of the spirit-like artificial disease (similar medicine). Nonetheless, there seems to be some ambiguity regarding his perception (or at least his description) of the extent of capability of the vital force.

§ 27: *“The curative power of medicines, therefore, depends on their symptoms, similar to the disease but superior to it in strength (§ 12-26), so that each individual case of disease is most surely, radically, rapidly and permanently annihilated and removed only by a medicine capable of producing (in the human system) in the most similar and complete manner the totality of its symptoms, which at the same time are stronger than the disease.”* (i.e., the medicine is the similar medicine and superior in strength to the natural disease.)

Here he seems to determine that the medicine is superior in strength by way of inductive reasoning, from seeing the medicines actually work, i.e., from clinical trials. He further bolsters this argument for a proposed mechanism by giving examples of naturally occurring diseases eradicating other natural diseases of similar symptomatology but of inferior strength, to demonstrate examples of “stronger” and “weaker” diseases. (§43-46).

§32: *“Every real medicine, namely, acts at all times, under all circumstances, on every living human being, and produces in him its peculiar symptoms (distinctly perceptible, if the dose be large enough), so that evidently every living human organism is liable to be affected, and, as it were, inoculated with the medicinal disease at all times, and absolutely (unconditionally), which, as before said, is by no means the case with the natural diseases.”*

So far, he has spoken of the principle of similars, the superior strength of the medicinal “disease” and that the medicinal disease can be manifested in everyone, if the dose is large enough. (“Dose” in this case seeming to relate to the amount of crude substance administered—in provings). This further bolsters his assertion that the medicinal strength is superior to the strength of the disease.

I’d like to examine Hahnemann’s words regarding the troublesome—and all too frequent—cases in which beautiful and sustained curative reactions don’t take place following the administration of the remedy. In some of the

aphorisms that address this situation his comments relate to cases in which there is limited data, either: (1) *Limited historical data* (from a paucity of symptoms exhibited by the patient in a well-taken case §162-171) or (2) *Limited materia medica data* (only a limited number of symptoms of the patient being met within the symptom picture of the best fitting medicine §172-184). Let's look at these and other aphorisms which speak to this situation.

First, aphorisms 17, 18, 25-34, as well as 70, 147, 152, 155, etc., all refer to the necessity for prescribing the simillimum to achieve cure or valid progress toward cure. That's the goal of our work—our Holy Grail. When the prescription is not near the mark, nothing changes and we must seek the correct remedy (§165).

In the well-known aphorisms which are emblematic of the essence of our art and science, §153 and 154, it is stated that the unusual and characteristic symptoms, peculiar to the patient, are the most useful in the search for the correct remedy and will rapidly set the cure in motion.

§155 states that only the symptoms of the medicine that resonate with the symptoms of the patient are active and that the other symptoms of the medicine remain *almost* entirely silent (emphasis mine).

§156 refers to those symptoms of the medicine which are not similar to those of the patient, which may linger for a short time and not be perceived by other than the most sensitive patients (§68 says essentially the same thing). This seems to refer to what is described as "proving symptoms," which are inconsequential, assuming the prescription is successful.

So, in both aphorisms 68 and 156, we have the similar medicine acting curatively and leaving a residual of very subtle symptoms in the patient—*symptoms of the medicine itself*. The vital force dispenses with these symptoms fairly quickly without their being perceived except by the most sensitive patients. §68 does not specify whether these lingering medicinal symptoms are similar or not similar to the disease symptoms of the patient. §156 refers to lingering medicinal symptoms which are not similar to those of the patient.

§ 162: "*It sometimes happens, owing to the moderate number of medicines yet known with respect to their true, pure action, that but a portion of the symptoms of the disease under treatment are to be met with in the list of symptoms of the most appropriate medicine, consequently this imperfect medicinal morbid agent must be employed for lack of a more perfect one.*"

§ 163: "*In this case we cannot indeed expect from this medicine a complete, untroubled cure; for during its use some symptoms appear which were not previously observable in the disease, accessory symptoms of the not perfectly appropriate remedy. This does by no means prevent a considerable part of the disease (the symptoms of the disease that resemble those of the medicine) from being eradicated by this medicine, thereby establishing a fair commencement*

of the cure, but still this does not take place without those accessory symptoms, which are, however, always moderate when the dose of the medicine is sufficiently minute (emphasis mine)."

§ 164: "*The small number of homœopathic symptoms present in the best selected medicine is no obstacle to the cure in cases where these few medicinal symptoms are chiefly of an uncommon kind and such as are peculiarly distinctive (characteristic) of the disease; the cure takes place under such circumstances without any particular disturbance.*"

§ 178: "*It will, no doubt, sometimes happen that this medicine, selected in strict observance of the homœopathic law, furnishes the similar artificial disease suited for the annihilation of the malady present; and this is much more likely to happen when these few morbid symptoms are very striking, decided, uncommon and peculiarly distinctive (characteristic).*"

[This complements §164 and refers to the other situation of incomplete data, the defective disease or one-sided case.] This refers again to the basic homœopathic principle of the characteristic symptoms, peculiar to the individual, being met by the characteristic symptoms of the correct remedy. Even though there are a limited number, they are highly individualizing and lead to a successful prescription.

§ 167: "*Thus if there occur, during the use of this imperfectly homœopathic remedy first employed, accessory symptoms of some moment, then, in the case of acute diseases, we do not allow this first dose to exhaust its action, nor leave the patient to the full duration of the action of the remedy, but we investigate afresh the morbid state in its now altered condition, and add the remainder of the original symptoms to those newly developed in tracing a new picture of the disease.*" (emphasis mine)

This paragraph declares that the accessory symptoms, resulting from the first (imperfect) prescription, are now to be considered to be symptoms of the patient in his or her disease, and a new medicine is to be chosen factoring them into the totality. (Remember that this still refers to a case in which only a limited number of symptoms of the patient are met within the symptom picture of the best-fitting medicine).

Now, in reference to the one-sided case or the defective disease:

§ 176: "*There are, however, still a few diseases, which, after the most careful initial examination (§§ 84-98), present but one or two severe, violent symptoms, while all the others are but indistinctly perceptible.*" (Assuming that the case is well-taken, §175)

§ 177: "*In order to meet most successfully such a case as this, which is of very rare occurrence, we are in the first place to select, guided by these few symptoms, the medicine which in our judgment is the most homœopathically indicated.*"

§ 179: "*More frequently, however, the medicine first cho-*

sen in such a case will be only partially, that is to say, not exactly suitable, as there was no considerable number of symptoms to guide to an accurate selection."

§ 180: "In this case the medicine, which has been chosen as well as was possible, but—due to the one-sided nature of the disease—is only imperfectly homœopathic; that is, it is only partially analogous to the disease. Consequently, the medicine will arouse accessory ailments, just as in the above-mentioned case (§ 162 & 163) where the limited number of homœopathic remedies renders the selection imperfect. The medicine will mingle accessory symptoms from its own array of symptoms into the condition of the patient. These symptoms are, however, at the same time, symptoms of the disease itself, although they may have been hitherto never or very rarely perceived by the patient. Symptoms which the patient had never previously experienced appear, or others he had only felt indistinctly become more pronounced."

§ 181: "Let it not be objected that the accessory phenomena and new symptoms of this disease that now appear should be laid to the account of the medicament just employed. They owe their origin to it certainly, but they are always only symptoms of such a nature as this disease was itself capable of producing in this organism, and which were summoned forth and induced to make their appearance by the medicine given, owing to its power to cause similar symptoms ('a self-engenderer of similar symptoms' - O'Reilly). In a word, we have to regard the whole collection of symptoms now perceptible as belonging to the disease itself, as the actual existing condition, and to direct our further treatment accordingly."

Up to aphorism 167, in the sequence of aphorisms describing new symptoms arising in the patient following a homœopathic prescription, the "accessory" symptoms are described as being caused by the medicine. These are symptoms which don't match the symptoms of the patient and which remain—at varying levels of intensity—after the medicine has acted in the patient. Are these different than the "proving symptoms" described in §155 and 156?

In aphorisms 167, 180 and 181, these symptoms are now described as being symptoms of the disease. Granted, some of the aphorisms refer to cases of acute illnesses, some to cases in which subjective data (symptoms) are scanty and some in which a limited number of symptoms of the patient are met within the symptom picture of the best fitting medicine. I think it's fair to include them all in the category of imperfect prescriptions, nonetheless.

This leaves us with a conundrum: if the new symptoms arising in the patient after an imperfect prescription are symptoms of the medicine prescribed and also (previously unexperienced) symptoms of the patient in his or her disease, why—since they are the same symptoms—are they not

eradicated (rather than being engendered) by the medicine, by means of the simillimum principle?

The reasoning doesn't seem to make sense. It seems to me to make more sense if we regard the additional symptoms as *engendered* (as O'Reilly translates the original) by the imperfect prescription, but *not by means of generation of similar symptoms*. I have to conclude that the mechanism remains a mystery, though a fortuitous one. Also, where does that leave us in the identification of "proving symptoms"?

I must add, also, that if we view the situation purely from a practical standpoint and do what Hahnemann says and regard the new combination of symptoms as the new totality of the symptoms of the illness, we can proceed in the manner he recommends, regardless of his explanation (§183). §171 describes this process (in psoric cases) of prescribing a sequence of medicines, each chosen based on the currently existing constellation of (uncured and newly arising) symptoms which are present at the completion of action of the previous medicine remains to discuss the *urgency* with which the prescription is to be changed. If the original prescription is followed with "accessory ailments of some moment" (§167) or "new and troublesome symptoms not appertaining to the disease to be cured" (§249), Hahnemann recommends immediate restudy of the original and accessory symptoms, and the prescription of a new, more suitable, medicine. This includes the situation in which the patient is worsening, but "good-naturedly assur(ing) us that he feels better." (§256)

In the above situations, the cases seem to be indicating a suppressive prescription which is calling for rapid correction. If we return to the above conundrum, does this worsening of symptoms mean that they are symptoms of the disease of the patient and/or symptoms of the incorrectly chosen remedy? Or is there another mechanism taking place in which the homœopathic medicine is suppressing the patient much like an allopathic prescription?

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