

## HAHNEMANN'S DOCTRINE OF PSORA AND THE HOMŒOPATHIC TREATMENT OF SKIN DISEASES

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MR. PRESIDENT, LADIES AND GENTLEMEN,

As an introduction to this paper and the discussion which I trust will follow, may I direct your attention to the double title under which I have been invited to speak—Hahnemann's Doctrine of Psora and the Homœopathic treatment of skin diseases.

When your President asked me to give a paper on the homœopathic treatment of skin diseases, I readily consented for two reasons. First, I could not refuse to assist in a Congress under the Presidency of my friend and colleague, Dr. Alva Benjamin, and secondly I felt that it would not be a difficult task to give of my experience in the treatment of skin diseases, especially that found in children.

The incidence of skin disease in general practice is such that there can be few physicians who could not give account of their treatment, homœopathic or allopathic, successful or otherwise.

However perhaps I may claim in over 40 years' practice to have had unusual opportunity to observe and treat skin diseases, although unlike our President I am not a Skin Specialist.

In the earlier part of my medical career, before I even heard of Homœopathy, I was not only engaged in general practice, but was fortunate enough to be appointed as Medical Officer in charge of an Infectious Disease Hospital. There it was my duty to acquaint myself with the various types of skin eruption, and to acquire some knowledge of the significance of these skin disturbances.

At that time I was not to know that in later years I was to find myself in charge of medical wards, this time

at the Scottish Homœopathic Hospital for Children, Mt. Vernon, Glasgow.

Here, ladies and gentlemen, I would like you to note that it was only after a period of experience in the practice of Homœopathy—that is the treatment of disease according to the law of similars—that I was forced to give consideration to the Hahnemannian Doctrine of the Psoric Miasm.

It is possible to practice Homœopathy without any knowledge of the Hahnemannian doctrine, but I shall be commenting on this, and giving of my experience on this point, later in this paper.

Meantime let me recall for you a common experience in the homœopathic treatment of acute disease in children. A child is admitted to hospital, acutely and dangerously ill, with Broncho-pneumonia. From the symptom complex—not from the name of the disease—a remedy is selected, and homœopathic treatment given, for this case of Broncho-pneumonia. Within a short period of hours there is evidence of improvement in the child's condition, and finally the symptoms of Broncho-pneumonia disappear—the child is cured.

That, however, is not the happy ending of the story, for in 14 days time, when the parents visit the "cured" child they are horrified to find it covered in an unsightly skin eruption, and naturally demand an explanation. At the bedside, in the presence of the junior medical or nursing staff, one may ease one's conscience by demonstrating the case as an excellent example of the manifestation of the basic miasm of Psora, but in the waiting room, before the parents, it requires considerable courage to expound the doctrine of Hahnemann and convince them, that because of this eruptive condition, their child is now in a much healthier condition than when admitted. The sequel, not infrequently, is the removal of the child by the indignant parents, and not only so, but the parents of the child in the next cot demand that their child be removed from contact

with a child suffering from a dirty skin disease. All this, please note, is the result of the homœopathic treatment of acute illness and the manifestation of the underlying Psoric Miasm of Hahnemann.

It is not, however, of the administrative difficulties I wish to speak but of the clinical phenomena observed in treatment, and to offer you, in modern medical terms, the conclusions I have arrived at, and to compare these with the doctrine of Hahnemann as expressed in "The Chronic Diseases".

As I said in my opening remarks, it is not a difficult task to offer of one's experience in homœopathic treatment, but it is indeed a task to expound to you the Hahnemannian doctrine of Psora without a first-hand knowledge of what Hahnemann did write on the subject.

I am not a linguist, but even if I were expert enough to read the original German text of "The Chronic Diseases" I am assured by those with authority on the subject, that it would be impossible even for a German student to make a literal translation into modern German language which would be understood, and fully represent the fundamental thought of the author.

I have therefore to accept as my standard work the English translation by Chas. J. Hempel published in 4 volumes in New York, 1845, "The Chronic Diseases—Their Nature and Homœopathic Treatment".

This, I think, is the only English translation available and I was much encouraged by Hempel's introductory remarks. He says "Hahnemann's phraseology is so involved and bears so little resemblance to the usual mode of constructing periods, either in German or any other language that it is utterly impossible to furnish a bare translation of Hahnemann's writings". He then adds this sentence, "I have not translated words but ideas". That, in my opinion, is the only method of translating Hahnemann's writings and so getting to know the fundamental ideas upon which he formulated his doctrines. Throughout the homœopathic

literature, you will find, here and there, extracts from the context of "Chronic Diseases" by authors who attempt to make literal translation, each making a different sense and, in the end, confusing the student who attempts to find the true basis of the Hahnemannian doctrine.

I shall be making reference to some of these extracts and commenting on how they digress from the basic ideas of Hahnemann.

My interpretation of Hahnemann's ideas must therefore depend upon the English translation by Chas. J. Hempel, M.D., and I shall be quoting his text as the basis of my comments.

I want to make this point quite clear—to state my source of information—as there has been so much controversy as to what Hahnemann did or did not say regarding the Miasm.

This controversy began almost as soon as he published "The Chronic Diseases" and it would seem that this controversy still goes on. In 1837 it is recorded that at the Central Congress of Homœopaths held at Frankfort-am-Main, a resolution was passed condemning the Hahnemannian Doctrine, and in the Pacific Coast Homœopathic Bulletin of January, 1953 you will find an article entitled "Discounting Hahnemann's Theory of Miasms".

This later paper by Harvey Farrington is in answer to a previous one by a Dr. Renner in which he concluded that "we do not find anything added since Hahnemann's time and that his theory of miasms is altogether without foundation in fact". It will be evident from the context of this paper that I do not agree with that conclusion, and I shall be giving you factual evidence, which not only adds to, but supports, the doctrine of Hahnemann.

Fully to appreciate the doctrine of Psora as propounded by Hahnemann, we should consider in proper sequence the events which led up to the publication of *The Chronic Diseases*.

In 1790 Hahnemann made his first experiment with

*China*, and for a considerable period (over 20 years) he adopted as a method of treatment, the law of similars, in other words he practised Homœopathy, which he had established as a sound scientific method of drug therapy.

I should like you to note that it was the result of his observations in the practice of Homœopathy, that led him to a new conception as to the nature of disease and the publication of the *Organon* in 1810. This publication I suggest might be called the "Beginners' Handbook to the Study of the Doctrine of Hahnemann". Again we meet with the difficulty of translation, and any of you who have read the 6th (English) Edition will agree that it is almost impossible to paraphrase the sections into modern English language. That may account for the fact that many homœopathic physicians have never progressed to the study of this beginners' handbook in the study of the doctrines of Hahnemann, and indeed there are not a few who, like some of the immediate followers of Hahnemann, declare it to be quite unnecessary to bother about miasms so long as one practises Homœopathy, according to the law of similars.

In the introduction to the 3rd American edition of the *Organon* Dr. Hering says "What influence can it have, whether a physician adopt or reject the psoric theory, so long as he always selects the most similar medicine possible".

Since I am giving of my clinical experiences in the practice of Homœopathy, I would like to state here and now that, in the treatment of chronic disease which one meets with in practice, it is well nigh impossible to get successful results without a full knowledge of the Hahnemannian doctrine of the miasms, so that one may indeed choose "the most similar medicine possible".

I shall therefore be interested to hear from my colleagues, in the discussion of this paper, of their experiences in the treatment of chronic diseases.

May I briefly summarize the main points in the teach-

ing of Hahnemann as expressed in the *Organon*.

First, and I think of greatest importance, is his conception of the existence of a "vital force" capable of maintaining life itself, of maintaining normal function and sensation; a force capable of adjusting itself to internal or external influences:—this he called "DYNAMIS".

Should anything disturb this balance, the action of the "Dynamis" would produce abnormal functioning and abnormal sensation, a symptom complex which should be interpreted as the evidence of disease, and not as the prime disease.

I find that it is difficult for the modern medical student to grasp the significance of this conception of the nature of disease, so may I break this sequence to give an example. The treatment would follow one's conception as to the nature of the disease present, and as we are considering skin diseases let us take the case of a skin eruption. Upon the diagnosis will depend the rationale of treatment. If the skin eruption is declared to be an Exfoliative Dermatitis—based on the pathological evidence—then treatment must be local treatment of the skin. If, however, the diagnosis is that the eruption is the evidence of an internal condition—a manifestation of the psoric miasm—then treatment must be directed to the prime cause—the miasm.

Hahnemann, from his experience of Homœopathy, declared that Nature had no nomenclature for disease; that it was unscientific to treat disease according to the nomenclature based on pathology.

In logical sequence, therefore, we find that "the sole guide to direct us in the choice of a remedy must be the sum total of all the symptoms and conditions in each individual case of disease". (Para. 18—*Organon*.)

In his clinical observations Hahnemann found it necessary to divide diseases into (1) Acute and (2) Chronic— which he defines for us (Para. 72—*Organon*).

*ACUTE Disease:* is characterized by "rapid morbid pro-

cesses which have a tendency to finish their course more or less quickly".

*CHRONIC Disease:* is characterized by imperceptible beginnings, gradual onset, so that the *vital force*, whose office is to preserve the health, offers imperfect resistance, and becomes ever more and more abnormally deranged.

*CHRONIC diseases are caused by dynamic infection with a chronic miasm.*

I have paraphrased this paragraph from the text of the 6th Edition of the *Organon* because I think it of the greatest importance and I have underlined in my script these words "vital force whose office is to preserve the health" and in the last sentence "caused by dynamic infection with a chronic miasm". These words will be the text from which I shall speak in a moment, but meantime I would like to leave Hahnemann and Homœopathy and consider the course of an acute disease as exemplified in a case of MEASLES. We must presume that at some particular point in time, the virus infection entered the child's body, and in 10 days time there developed the typical symptoms, followed by the appearance of a characteristic skin eruption (rash) on the 14th day.

That the symptoms can be acute and even endanger a child's life will be agreed by all who have experience of this disease, but the remarkable point in the course of the majority of the cases, is the rapid easing of the acute symptoms and the comparative quick recovery immediately after the appearance of the rash.

Have you ever asked the question, what is happening in the incubation period in which the child is infected with a living virus and yet, so far as can be ascertained, there is no evidence of disease; or considered the significance of the appearance of the skin rash and the disappearance of symptoms—with complete cure.

Experimental evidence into the production of Immunity, shows that the tissues are not dormant in the incuba-

tion period, but highly active. There are three factors concerned in the production of immunity and the cure of the acute exanthematous disease.

The body cells must produce, fix, then eliminate the virus to complete the cure. All body cells possess the ability to produce anti-toxin but there is a considerable difference in the degree of production. The skin possesses this capability to the highest degree and the blood plasma to the least degree.

While all cells have the potential to produce anti-toxin, not all have the power to fix the anti-toxin, that is to make a physico-chemical union, and finally by a process of proteolysis destroy the virus. (*Tissue Immunity*—Kahn.)

Applying this experimental evidence to the actual case of Measles, we can reason thus. The virus enters the body, affecting local cells, which have the power to produce to a higher or lower degree anti-toxin, but lacking the power to fix the toxin, it can only at best put up a local defence, the living virus goes on producing its toxin, even during the incubation period, and it is only when the blood plasma has been sufficiently saturated that the toxin reaches the skin with its high degree of anti-toxin production and power to make a physico-chemical union and finally proteolyse the virus of Measles.

The skin eruption is the result of the physico-chemical disturbance taking place in the skin cells which have the power to fix and destroy the toxin—the whole phenomenon is a measure of the defensive power mechanism of the body, and evidence of an inherent vital force, whose *function it is to maintain a state of health.*

(To be continued)