

HAHNEMANN'S THEORY OF CONCEPTUAL ESSENCES

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Mr President, Ladies and Gentlemen, thank you for the invitation to read this paper and for the opportunity it presents to discuss with you some ideas concerning Hahnemann's views on conceptual essences. It is an aspect of homoeopathic philosophy that is not often discussed, perhaps because it concerns subtle concepts that are not easily explained.

When Homoeopathy is presented today an appropriate emphasis is given to the similia concept, its discovery by Hahnemann, its early application by him and his colleagues, and its continuing practice. The idea will be familiar to us that an agent capable of producing specified symptoms in healthy people can be used in appropriate dosage and form to treat a similar symptom picture occurring in the course of a disease. This is the fundamental principle of Homoeopathy and, again as is well known, implicit in its name. The principle of the similia or, as Hahnemann described it, the similia law, is increasingly acknowledged by the more alert members of the medical profession as a valid therapeutic principle, indicating a specifically named remedy for a particular disease process. This application is well known and need not be expanded here.

There is, however, another aspect to this theory that is not as often publicly presented. This concerns the qualitative aspect or inner effective structural dynamism of the remedy, rather than the name by which it is known. Hahnemann's discussion of concepts relating to similia throughout his writings implies that for him they meant much more than selecting particular named remedies for relatively defined diseases. He clearly and recurrently applies the similia theory to the qualitative aspect of a medicine as well as to the selection of its source. In other words, for him the selection of a correct similia to treat disease implied the need to find the appropriate inner dynamism as well as form of a medicine.

Closely allied to such discussion is Hahnemann's search for causes of health and disease. This is another recurrent theme of his work and closely related to his ideas concerning the medicines to be prescribed in applying the law of similars. These dual themes of a search for causes of disease and for medicines appropriate in form and power to treat them, refer to Hahnemann's ideas on conceptual essences and will be pursued in this paper.

It is evident from Hahnemann's many writings that throughout his long life he was continually attempting to clarify his understanding of these crucial concepts. The six editions of the *Organon* are a particularly clear example of the way in which he was continually re-assessing and defining the principles on which the emerging practice of Homoeopathy was founded. The first edition was published when he was 55 years old, the sixth edition after his

death. References indicate that right up to his last years Hahnemann was working at clarifying his insights into the basis of Homoeopathy.

Comparisons of the various editions show a gradual awareness of factors often regarded as over-subtle, or even spiritual, and how these relate to homoeopathic practice. It is important here immediately to recognize that the term 'spirit' signifies not a religious concept, but refers to the initiating force causing a change of state of being. As the sixth edition is arguably the most provocative for such lines of thought, references to the *Organon* in this study will relate to that edition.

Perhaps one of the reasons that this aspect of Hahnemann's work is seldom discussed publicly is that our Western medical training generally conditions us to emphasize material data and to minimize the less easily defined aspects of determinants of health and disease. Many of us have been trained with such a dualistic attitude that emphasizes gross pathology at the expense of subtle determinants of health. Although this habit is increasingly acknowledged to be erroneous, it persists through inertia. A common example of such medical dualism is to accept as firm an apparently established pathological diagnosis but to hesitate about one that concerns more dynamic causes of disease. Patients often show such an attitude when they accept a disease as 'real' if they are told there are gross physical signs or other clinical test data to account for it. There is still a hangover of the old idea that a disease process where such apparent 'proof' is lacking is unreal or imagined. Unfortunately, such an attitude commonly results in a similarly inappropriate therapeutic bias.

In his resistance to such bias it is arguable that Hahnemann was ahead of his time. Recurrently he stated that disease could be produced by many factors, ranging from bad drains to spiritual essences, and that any such cause always affects all aspects of the person. In other words, Hahnemann was no dualist. He consistently argued that all aspects of man are concerned when disease occurs at any stage in his life. Even when the emphasis was on local physical changes Hahnemann still argued that these were a product of unseen subtle forces as well as more obvious gross factors that always operate within man. Medicine today is beginning to catch up with Hahnemann. Fortunately today there is more acknowledgement of the importance of psychological attitudes in both the development and progress of diseases as various as cancer, rheumatoid arthritis and myocardial infarction. And at the same time the biological component of affective diseases is being increasingly explored. It is a two-way process. We are more aware of dynamic factors in disease with a clearly overt gross pathology, and of chemical factors for those with an affective emphasis. It implies that in both extremes there is more awareness of the hierarchy of causes likely to contribute to diseases. Whilst many doctors acknowledge this trend today, not so many are aware that Hahnemann got there long ago.

How, then, may we summarize Hahnemann's assessment of the hierarchy of causes that influence health and disease? Briefly stated it appears that

Hahnemann had a steadily growing conviction that although disease is always signified by a set of gross symptoms, its causal factors were either dynamic themselves or mediated through the dynamic aspects of the consciousness operating in man.

Before we pursue this line of thought it may be helpful to summarize the arrangement of paragraphs in the *Organon*. They follow the schema that Hahnemann recurrently said was needed for a rational therapeutic practice. He refers to three stages: first, an understanding of disease and what is needed to correct it; second, a knowledge of the powers hidden within medicines; and, third, knowing how to bring these two together. In other words, he says, first know about disease, secondly about medicines, and thirdly, how to apply them. The paragraphs of the *Organon* at once advocate and pursue this series.

In paragraphs 1-71 the basis of Homoeopathy is introduced.

Paragraphs 72-104 are concerned mainly with knowledge of disease, its causes and what is required to treat it.

Paragraphs 105-145 are mainly concerned with how to learn about the powers hidden within medicines, and paragraphs 146 to the end of the book, how to apply them in therapy.

In all these sections, Hahnemann pursues his awareness of a hierarchy of causes and how it is affecting each stage in the process.

The extremes to which he refers are on the one hand gross physical factors such as drains, diet and housing, and, on the other, spiritual factors such as the dynamic causes of disease sometimes translated as conceptual, or spirit-like essences. But to whichever aspect he gives emphasis, clearly an awareness is implicit of the continuing presence and operation of its correspondent.

How then does Hahnemann develop this theory?

First, he emphasizes that a disease is known through the totality of its symptoms. However subtle the causes to which he referred, he said they were only known through the symptoms they initiated. Consequently, he said many times that a detailed review of the symptoms presented by a patient was the key to understanding disease. He made a similar point in discussing the power of medicines. In outlining the procedures for proving their effects, again he argued that however subtle or spiritual the powers presented in them may be, they were only revealed through initiating gross physical changes in healthy volunteers, similar to those they could treat in the sick. Throughout his writing, Hahnemann consistently argued the need to look for indications of subtle causes, whether in disease or therapy, of gross symptoms reported by patients.

Closely related to this was his argument against empty speculation not based on precise observation of physical effects. If Hahnemann was as blunt in his speech as he was in his writings, it is hardly surprising that he provoked considerable opposition to his work. An example of his outspokenness occurs in the preface to the second edition of the *Organon* where he says of medicine

as taught by his colleagues: "If it be merely a product of speculative subtlety, arbitrary maxims, traditional practices and capricious deductions drawn from ambiguous premises, it is and remains a nullity, though it may reckon its age by thousands of years and be decorated with the charters of all the kings and emperors of the earth."

He contrasted such speculation with practice that he described as the "true healing art, a pure science of experience". He always insisted that true therapy is to be based on principles deduced from precise observation of physical effects of even the most subtle influences. In describing how such principles were to be deduced, Hahnemann distinguishes between "unaided reason" tied to personal subjective experience and the "reason-gifted higher mind" able to become aware of true subtle determinants. These concepts may be unfamiliar and require more discussion.

It appears that he is arguing the presence of two strata of thought. The level that he describes as unaided reason appears to be related by him to ideas developed out of and restricted by personal bias. In other words it would be an assumption by someone who had known one child die of scarlet fever that this disease was invariably fatal. Paraphrasing the translation here, it is as if Hahnemann is saying that such biased thought goes no further than the limits of its own particular experience and interpretation. That is, that it cannot search out the real causes of events without acknowledgement that in some situations the determinants and outcome of diseases may differ from those he himself has previously assumed as known. The translator aptly terms it 'unaided reason'. In the language of modern psychological thought it would be described as the limited concepts of the empirical ego. Freud coined the term 'ego' to refer to the self experience that we establish through contact with the gross world. That is, the personal identification and experience that we establish in relation to the name we use. The term empirical ego further qualifies this, emphasizing that it is the record of self experience built up in a particular life span. If we were then to project our own empirical experience onto other people and assume that they had to see things exactly the way we do, then this would be the limitation or tunnel vision which Hahnemann describes as 'unaided reason'. It goes no further than what a person assumes they know for themselves through their personal gross experience.

In contrast to this, Hahnemann refers to the reason-gifted or higher mind which is able to reach beyond its memories of particular experiences to learn of different and wider ranging determinants. Such increase of vision enables a person to learn about forces of which they themselves were not previously conscious. In other words, it makes possible a wider and deeper scan that opens the mind to new levels of understanding. The use of terms such as 'reason-gifted mind' and other related expressions hints that Hahnemann had insight into an all pervading consciousness able to help individuals progress towards sharing in such understanding. Precisely this mind is that which grasps the meaning of conceptual essences.

Many philosophers and religious thinkers of all ages have argued the presence of such a level of consciousness. They suggest that the higher reason, or higher mind as Hahnemann calls it, is an Absolute Consciousness that pervades all creation, but of which we may individually lose awareness for a time when we become over-identified with our particular concerns. The Christian concept of the fall is a particularly well known reference to this shift. In Hindu thought it is described as identification with the jiva, in psychology as a transition from a collective consciousness to individual bias. Whichever terminology is used, it refers to a shift from all pervading and knowing consciousness to an egoically biased and limited focus.

A further stage in Hahnemann's thought is the suggestion that through opening our minds again to the possibility of such higher consciousness we can become increasingly aware of subtle dynamic forms operating within it that are the precursors of all gross physical manifestations. Such precursors he describes as spiritual or conceptual essences.

Again similar ideas have been expressed by many thinkers, philosophers and other researchers throughout human history. Plato's concept of Ideas is an example from Greek philosophy; the Buddhist religion refers to a field of forms; the Christian concepts to the Logos. Hahnemann appears similarly to refer to dynamic forms, of which the gross structures seen in time are precipitates, when he writes of spiritual or conceptual essences. He implies an understanding that such essences are the precursors to all created forms and their expressions in the time-matter world. In other words, he argues that they are the causes without which creation could not happen and which are therefore aptly described as 'essentials'.

Such forms, Hahnemann argues, are the prime movers of our existence, saying that in time their expression may be modified, but that they remain the original causes of all that happens to us.

In applying such concepts to an understanding of causes of diseases, Hahnemann suggests that even when a gross physical effect such as a poor diet or housing is a primary factor, its influence relates back to the expression of such spirit-like or conceptual essences, so that the gross presentation as well as its subtle cause share in the experience. In other disease, he argues, the cause itself may be a spiritual essence unassimilable to the person who shows its effect as disease.

It is very interesting to see how Hahnemann's view of this hierarchy contributes on one hand to care about public health and on the other to concern for awareness of spirit-like causes of disease. He continually spans the spectrum of causes and in many of his expressions relating to it was arguably ahead of his time. Hahnemann in effect described the limitation of egoic identification long before Freud; he also spoke out about public health before such ideas were widely acknowledged. His writings on cholera are a particular example of how he looked in both directions simultaneously. In a work entitled *Appeal to Thinking Philanthropists Respecting the Mode of Propagation of Asiatic Cholera* (Leipzig: Berger, 1831) he says: "The most

striking infections took place and made astounding progress . . . whenever in the stuffy spaces of ships, filled as they are with musty aqueous vapours, the cholera miasm found an element favourable to its own multiplication and throve to an enormously increased swarm of those infinitely small, invisible living organisms, which are so murderously hostile to human life and which most probably form the infectious matter of cholera”.

Here he at once hints at an idea of the vibrio later to be discovered, but at the same time refers to this as a miasm, a term used in his day to refer to a spiritual or initiatory force assumed to convey disease. It is an example of how Hahnemann continually spanned the spectrum of causes of diseases.¹

It appears therefore that although he says that disease is known through the symptoms of which patients complain, he is also insisting that this is produced by the vital force, or as we may express it today, by psychological factors, and by even more subtle determinants that he calls conceptual or spirit-like essences.

In discussing medicines, Hahnemann again argues the presence and operation of this hierarchy. The spirit-like form, he says, is hidden in the gross form of medicine, ready to be revealed through potentization. Associated with this he argues the importance of both dilution and succussion which he says releases, or unveils, the otherwise hidden essence and presents it ready for assimilation by a patient. Such medicines, he reasons, able to initiate appropriate beneficial changes in the vital force determinants of an individual and thus induce a return to health, are therefore aptly termed spiritual essences in the true sense of the word.

Hence he is arguing that potentization, a term coined to imply that it is revealing the power or potency of a medicine, presents a form not only similar in the effects it is able to produce, but similar in quality to the dynamic causes of disease and therefore assimilable to these levels and able to change them. In other words, this is another aspect of the similia, that it is similar in spiritual quality to the dynamic causes of disease as well as to the gross effects it is able to produce or treat.

Hahnemann's theory of conceptual or spirit-like essences is therefore a fundamental aspect of the principle of similars on which Homoeopathy is founded. Research into such concepts clearly occupied Hahnemann throughout his life. Today such ideas are not easily discussed, largely because our ears are usually conditioned to accept concepts that refer more to the material aspects of the spectrum of causes. But the ideas expressed by Hahnemann concerning such conceptual or spirit-like essences are of profound importance.

In conclusion may I suggest that we have to pursue the implications of such ideas if today we are to come anywhere near to understanding the insights Hahnemann had into Homoeopathy. Arguably they are fundamental to a thorough understanding of terms such as similia, potentization and Homoeopathy.

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We are never to forget that ideas are forms of force which must have at some level their effects and by resonance influence all planes of being.

Finally may I quote from the 6th edition of the *Organon*, paragraph 275: "The suitability of a medicine for any given case of disease does not depend on its accurate homoeopathic selection alone, but likewise on the proper size, or rather the smallness, of the dose."

REFERENCES

All quotes are from translations of the *Organon* by Dudgeon & Boericke.

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