

THE HIDDEN TREASURES OF THE LAST ORGANON

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Innovations and Last Advice of Hahnemann

The main points which I wish to raise here are either entirely new and somewhat revolutionary when compared with accepted notions divulged and applied in the five earlier editions of the *Organon*, or points already stated but redrafted and re-examined. They are, as a rule, badly known or not known at all by Homœopaths. I shall therefore endeavour to extract them as gold and diamonds are extracted from a mine, and let them sparkle in the sunshine of truth. This is what I propose to do for the benefit of my illustrious colleagues assembled here. I shall not proceed paragraph by paragraph, but by order of importance.

The paragraphs I shall consider first are those of practical interest, and, afterwards, I shall take such paragraphs as are interesting from a theoretical point of view.

1. PHARMACOPOLLAXY, or medicamental repetition is, undoubtedly, a question of great interest to all medical men, but it is more particularly so for Homœopaths who are more specially trained to observe individual reactions. The paragraphs contained in the *Organon* on this subject are the outcome of numerous experiments repeated in the course of Hahnemann's professional activity, that is, over 50 years' practical experience.

In §246, he repeats the statement included in the five earlier editions, namely, that:

"Any clearly defined improvement showing obvious progress is a state in which—as long as it lasts—the repeated administration of any medicine whatsoever is to be strictly forbidden, as the remedy previously taken by the patient is still producing its beneficial effect and", Hahnemann adds, "this is no rare occurrence in acute disorders."

Such is the well-known and much-quoted paragraph which Hahnemann's and Kent's disciples observe most reverently and to which they owe such excellent results. The

words "This is no rare occurrence . . .", however, remind one that, though this is fairly frequent, there are a good many cases in which no progress is detected and where it will be necessary to repeat. We shall see later on how this is to be done, but we must bear in mind that Hahnemann never says anything which has not been duly considered and thought out, and that all his words should be weighed with the utmost care. He goes on to say:

"On the other hand, *in chronic disorders which have not reached an advanced stage*"
mark the words "not reached an advanced stage!"

"the improvement may last from 40 to 60 or even 100 days. This is, however, very rare, and, besides, it is important for both physician and patient to *reduce the period in order to effect a speedier cure*. This may be achieved provided the following conditions are observed:

- "(1) The choice of the remedy shall be strictly determined in accordance with the Law of Similars.
- "(2) It shall be administered in an infinitesimal potency." (I insist upon "dynamization" as the word "dose" implies quantity, whereas dynamization refers to quality.)
- "(3) After being extensively diluted and highly dynamized.
- "(4) Absorbed dissolved in water.
- "(5) Administered in general in very small quantities (1 coffee-spoonful).
- "(6) Repeated at intervals which experience has proved suitable to effect as speedy a cure as possible.
- "(7) *Taking great care, however, in repeating, to vary the degree of potency so that each dose should differ slightly from those preceding and following.*"

Where he is at variance with the notions hitherto accepted is in the following recommendations:

- (a) The absorption of *any homœopathic remedy to be*

repeated shall henceforth be exclusively in liquid form. A new factor in the preparation of remedies is the suppression of attenuations from mother tinctures. All remedies, to whichever natural kingdom they may belong, whether derived from mother tinctures or substance solutions, *must undergo the three traditional centesimal triturations.* Hahnemann rejects granules, tablets and trituration (§246).

(b) In acute cases, where no improvement is observed, the dose is to be repeated and—this is quite new—in chronic diseases where the treatment has proved effective, *the remedy, in order to speed up the cure, may be given daily and for months, if necessary.*

In paragraph 247, Hahnemann stresses the danger of repeating the remedy with the same degree of potency, which he defines as

“inopportune and unwarranted repetition of an unmodified dose liable to provoke an absolutely unnecessary morbid addition”.

It is detrimental to the patient (§247a) to repeat the same remedy on the plea that it has done him good *in globules* with the same dynamization.

It is also detrimental to the patient if repeated because it has done him good *in liquid form* with the same dynamization.

It is detrimental, too, if repeated with the same attenuation, even if the original preparation has been shaken on each occasion, ten times or only twice, because the remedy newly administered is unchanged as regards potency and liable to occasion what is known as *therapeutic saturation*.

In fact, after the first dose of a medicine which has proved efficacious, the patient will be a little less ill. The second dose must consequently be adapted to a less morbid condition, or rather to disease in a more dynamized stage. The patient has been saturated in the first stage, thanks to a remedy in a suitable dose. Consequently Hahnemann recommends giving the same remedy, but more highly

dynamized, the disease having been partially *subdued under its influence*. The remedy is thus to be administered in *varying forms* as the cure proceeds, so as to be constantly adapted to the disease.

• Hahnemann combines two factors in an entirely new form. Apparently the remedy was to be given in diluted and dynamized form only, but a notion of quantity was added in order that no confusion should arise as to the notions of *dosing, frequency* and *dynamization*.

Dosage implies capacity: 1, 2, 3 small, middle-sized or large spoonfuls, i.e. notion of *quantity*.

Frequency is implied by repetition of the dose once, twice, 3 times....

Dynamization, produced by shaking the dilution a certain number of times, implies *quality*.

Hahnemann now defines quantity (§§275, 281), i.e. *posology*, even with high potency, in the form of a *single globule* of poppy seed size (§§270f, 272, 275).

PHARMACOPOLLAXY MUST BE ASCENDENT

For the first time in his professional life, Hahnemann lays stress upon the importance of increasing the rate of potency in repeating the dose of a remedy. This had not yet been mentioned in former editions. It is contained in the footnote to §246 as well as in §§248, 270f, 280 and 281, and worded as follows:

"The remedy is to be administered at a low rate of potency, proceeding according to the technique and, after exhaustion of the solution, repeating at a higher rate of power."

Finally, he insists upon the

"danger of repeating with the same potency, even only once, this being detrimental and even liable to lead to incurability. It is even more harmful that it would be with an equal dose of an allopathic remedy, as such repetition, through unwarranted dosage, might bring about chronic medicamental dyscrasia, a kind of medi-

camental miasma. This", he adds, "may also occur when the dosage is too high", i.e. when a mouthful or a tablespoonful is given instead of a teaspoonful. (In this connection, see §276 and footnote to §282.)

I shall not comment on the results of this new practice, nor compare it with Kent's ascendent pharmacopollaxy, as it would lead me too far.

However, there is a *very important exception* to which I wish to call your attention in the footnote to §282, with regard to the doses *in the treatment of the three great diatheses during the period of their first cutaneous manifestations, namely:*

*for psora: recent scabieic dermatosis,
for syphilis: untreated primary canker, wherever located,
and for sycosis: condylomata.*

"These localized diseases" (and not local, I insist upon it) "do not only tolerate, but demand immediate administration of large doses (large table-spoonfuls or even mouthfuls) repeated daily and even several times a day, of their specific remedies in ascending repetition. In chronic illnesses, the doses should at first be as small as possible (a tea-spoonful only)."

The volume of the remedy, i.e. the quantity, according to Hahnemann's experience, must therefore be taken into account.

"In such cases particularly, no objective localization should be suppressed and nothing ought to be removed by external applications, for the disappearance of such objective manifestations, which the physician cannot fail to notice, enable him to ascertain that the remedy hitherto administered is no longer necessary."

Hahnemann adds, however, that

"experience has shown that itch, like syphilitic canker can and must be treated only exceptionally through external channels, but that in the case of sycotic condy-

lomata, internal administration combined with simultaneous external application in direct contact with the lesions may prove necessary",

(Footnote to §282) as the Homœopath never tries to deceive patients by purely superficial success which, though it may be gratifying at first, is always harmful in the long run.

2. PHARMACOPRAXY, i.e. the preparation of remedies (§264 to §272). Here Hahnemann expounds his absolutely new theory for the preparation of the 50 millesimals as well as the technique of their application. I had, in fact, already read years ago, in the *B.H.J.*, an article on the "plus method". I had even applied it...and it had been a dead failure. Since then, none of our papers has ever mentioned it. It showed, however, how important it was to have the *Organon* translated, as no one had ever applied the method in the proper way. Even to-day, I occasionally read in homœopathic journals about cures effected by 50 millesimals in globules. This is positive proof that the prescribers of such doses have not understood the new method at all, as the remedies ought to be administered *in liquid form only* (§271).

In practice, the patient is given a capsule containing a single poppy-seed size globule crushed in a little sugar of milk. He is instructed to let it dissolve only before taking it. After putting it into a bottle with about 100 grammes of clean and slightly alcoholized water and vigorously shaking it ten times, he is then to take about a coffee-spoonful morning and night, in the case of chronic illness, or more frequently in acute conditions, care being taken that the bottle is previously *shaken ten times* on each occasion. Eight to ten doses, thus potentized, having been taken, a *fresh unused bottle* is provided and the remedy is administered again at a higher rate of dynamization, duly shaken ten times before being taken.

In §§269 and 270, Hahnemann stresses the importance of dilution combined with dynamization by friction when

trituration has been effected, and finally by succussion. The number of shakes when the original remedy is prepared by a chemist should be 100, but for potions to be taken daily, *ten times* on each occasion are prescribed, although the 5th edition stated that two sufficed. (See §§239, 247 footnote, 248 and footnote, 270 and footnotes, 280 and 282.)

There was a time when succussion was considered all-important. Then dilution was thought to play the leading part. In the 6th edition Hahnemann ascribes the real efficacy of homœopathic remedies to the combination of these two pharmacopractical factors, but he also lays stress on the *non-medicamental substratum*, the *excipient* used for either trituration or dilution, which enables the active substance to be dispersed and provides, as it were, by contact, a new influence or energy (footnote to §269).

3. PHARMACONOMY, or the channel of penetration of therapeutic agents. §284 opens entirely new prospects as regards the channels of absorption of homœopathic remedies:

(1) *Oral absorption* through the mucous membrane of mouth, tongue, stomach and intestinal tube.

(2) *Inhalation* through the upper organs of respiration, nose and pharynx (and not olfaction as has quite erroneously been maintained) (§§248, 284, 286).

(3) *Inspiration* through the lower organs of respiration, tracheae, bronchi and lungs.

(4) *Friction* through the whole cutaneous surface of the body, *wherever the epidermis is sound* (a very important point!) (§194 and §284). It is a well-known fact that any point of the epidermic covering is directly connected with the encephalic centres.

One hundred and fifty years ago, Hahnemann, much ahead of his time, suggested adopting as channels of absorption the oral and anal digestive tubes, a theory which is now considered the most modern. Whereas medicine absorbed through the mouth and swallowed may become

partially inactive in the stomach or liver, the *perlingual* absorption of medicine, as recommended by our Master, may, by avoiding portal circulation, display its full efficiency upon the whole organism. The excellent innervation and the rich vascularization of the oral cavity, as well as the proximity of the large blood vessels and cervical sympathetic ganglia, provide perfect conditions for action through contact and good resorption with prompt effects. This was shown by Hahnemann as early as 1810.

Inhalation through the upper and lower organs of respiration, which I have just described, has recently been practised in our modern "aerosols". Now, as regards friction through the cutaneous covering, it is known today that the parts of the epidermis through which the nervous centres may be reached may be divided into more or less privileged areas, corresponding to very definite parts of the encephalic centres. In the two earliest editions of the *Organon*, Hahnemann had already alluded to the *epigastrium*, the *inner upper part of the thighs* and the *lower part of the abdomen as channels* for neuro-epidermic conduction to centres.

In §§284 and 285, he recommends non-systematic, but occasional friction, in the case of *very chronic complaints*, on back, arms, thighs, and legs with the medicinal solution which has proved efficacious when administered internally. This, however, may only be resorted to *when the skin is perfectly sound* and free from *dermatoses, cramps or algies*. Whereas allopathy prescribes application of the drug to the affected parts, Homœopathy advocates exactly the opposite.

Recent research is alleged to have shown that friction applied to the testicles or to the labia majora acts upon the pallido-cortical region. Some medicaments are even supposed to act more specifically according to the part rubbed (J. Portié).

Hahnemann, as far as I know, never raised the question of "*time pharmaconomy*" (i.e. the most opportune moment

of the 24 hours for the administration of a remedy) except in his *Materia Medica*, in his reference to *Nux vomica*.

This question is also connected with the very delicate problem of *simultaneous intus et extra* application of a remedy. The local frictions recommended in §§284 and 285 would appear to be disapproved of in §§194, 196, 197, 198 and 199, where Hahnemann categorically rejects any application of or friction with any external remedy whatsoever on the diseased region, in the course of an acute or chronic ailment *localized* by a dermatosis, a tumour, an area of vasoconstriction or vaso-dilatation. Any external application *loco-dolenti* is absolutely prohibited as being contrary to the doctrine. Hahnemann expounds his reasons in a very pertinent manner and, in the preface of his 6th edition, he states that only a perfectly healthy skin and treatment of a very chronic ailment can justify the *simultaneous intus et extra* application of a remedy.

4. I wish here to refer briefly to the important recommendation of Hahnemann, in §265, to the effect that homœopathic remedies should be *prepared and administered by the physician* or in his presence, in order to make sure that they are taken in the proper way. This is unfortunately a recommendation which modern physicians are hardly in a position to comply with.

5. We shall now approach the burning question of HOMŒOPATHIC AGGRAVATION.

The careful observation which Hahnemann advocates after the administration of homœopathic medicine is described in §§280 to 283, then further in §§155 to 161, 284, footnote to 253, 275 and 276. He deals therein with what we have called for the last 150 years *homœopathic aggravation* and what modern classical medicine has recently detected and called "*rebound phenomena*".

In his 6th edition, Hahnemann treats of *belated aggravation* (§§161 and 248). This question is in close relationship with the two important ones dealt with in his last edition:

(1) The appearance of *new symptoms* in the course of treatment and how to interpret them (§§249 and 250).

(2) The limit of homœopathic dynamization; dealt with in §160, footnote to 249, and 279, and with regard to which Hahnemann asserts that there is *no limit to be set to the number of our dynamization as long as they can lead to aggravation*.

(3) On the subject of aggravation, Hahnemann, who had already alluded without specifying (in §138 and footnote to §210) to what is known as *the return of former symptoms*, comments upon this notion (which Kent was to deal with later in a magisterial way and gives an entirely modified version of it. This return, which J. H. Allen called "retrograde metamorphosis" is an extremely valuable indication for the Homœopath in making his prognosis.

The interpretation of new symptoms may be read with great interest as well as the therapeutic indications they provide, but, whether we touch upon new symptoms or recurring ones, everything reverts to *the reaction of the organism on the remedy*, with regard to which Hahnemann gives in his various paragraphs most enlightening data.

6. DYNAMIZATION.

(a) The important paragraph 270, though completely modified in the latest edition, asserts—as the *Organon* does whenever potencies are mentioned—that it is *centesimal* (§§128, 270 and 271) and should always be effected in *separate phials*, which is indicated nowadays by the capital H following the figure relating to potency, 6^h, 9^h, 12^h, 30^h, etc., clearly showing that the preparation was done in separate bottles, unlike the system of the single bottle advocated by Korsakoff.

Hahnemann expounds:

(a) New ideas on medicamental dispersion, associating *dilution*, or simple dispersion of the substance,

with *dynamization* or *potentialization* of latent medicinal properties by friction, trituration or succussion. *Homœopathic remedies are not inert substances whose matter is divided in the extreme.* They are products which have been rendered essentially efficient by reinforcing their latent and highly disintegrated properties through a mechanical treatment which confers upon them new, active, and efficient properties (§269).

- (b) *Duration of the medicamental efficacy* of homœopathic remedies. In his last edition, Hahnemann asserts that these remedies may be kept for *many years*, provided they are sheltered from light and heat.
- (c) *Scales of concordances*: As you all know, Hahnemann, in his 5th edition, anticipating Mr. Berne, of Paris, had already attempted to shake a medicament for half an hour, believing thus to have multiplied by 30 the strength of the first centesimal dilution. When, however, he realized that he had been mistaken, he cancelled his former statement and replaced it by explanatory notes in §270, where he describes the preparation of his 50 millesimals, uniting the notions of quantity and quality.
- (d) I have already mentioned above the problem of the limit of attenuation.

7. PLACEBO.

- (e) In order to enable the physician to make a differential diagnosis distinguishing the worsening of the disease from that of the patient, Hahnemann, in §§96 and 281 (an innovation in the 6th edition), advocates recourse to *Placebo*.

8. HOMOEOPATHY AND SOCIAL MEDICINE

In the footnote to §271 he outlines a social and philanthropic medical service whereby the sick, whether rich or

poor, would be given free remedies through the bounty of the State.

9. PRE- AND POST-NATAL HOMOEOPATHIC TREATMENT

This entirely new footnote, no. 284, discusses:

- (a) The campaign against heredity by means of an antipsoric cure, the infant being treated *in utero* during pregnancy (the first, if possible), especially with *Sulphur*. "Thus it is much stronger and healthier at birth."
- (b) The post-natal treatment called "*remedial nursing*", when the baby may be treated indirectly through its mother or foster-mother, who takes the remedy and transmits its properties to the baby through her milk.

"Just as a baby may contract psora through its foster-mother's milk, so it may be protected from it by the same milk once it has become a medicine owing to the antipsoric absorbed by the person giving suck."

10. THERAPEUTIC REACTIONS AFTER THE FIRST PRESCRIPTION, or differential diagnosis distinguishing symptoms recorded before treatment from those observed during it; enquiry into primal symptoms; importance of mental symptoms in the reaction; the imperative necessity for very minute dynamizations; all these are set out in the paragraphs revised, nos. 91, 253, 254, 255, 256.

11. PARTIAL REMEDIES AND DEFICIENT DISEASES

Although §§162-170 for the former and 172-179 for the latter have only been modified in some details, I would urge all Homœopaths carefully to read these articles on deficient diseases, since they are frequently found among patients and are therapeutically of great significance.

Partial remedies are those whose pathogenesis has not been fully explored, but which apparently possess many therapeutic potentialities as yet unknown and undeveloped. Hahnemann shows us how to act in such cases, how

to investigate symptomatic residues and reconsider cases after the first prescription.

Deficient diseases are those in which there is a dearth of symptoms. The *Organon* indicates what is to be done in such cases, of such daily occurrence in our consulting rooms.

Lack of symptoms should not be confused with want of practical knowledge on the part of the doctor, either because he does not give enough time to questioning his patient or because he is unable to detect the relevant symptoms. In that case it is not the disease which is deficient but the doctor!

12. PROVINGS, or medicinal experimenting on a healthy man, nowadays referred to as physio-pathological investigation or, better still, human exploration.

How few doctors know that Hahnemann, in §§121-141, gave, with particular care and minuteness, all requisite details about the manner of experimenting with drugs on a healthy man! In that account you will find matter to satisfy the hunger and thirst of the seeker after knowledge: instructions for experimenting, dosage, diet, choice of the subject and his observation during the proving, study of reactions, examination of the reports on the experiment, self-experimentation by doctors, etc. Instead of trying, as in classical medicine, to interpret what goes on in the laboratory (*in vitro*), which only comprises a limited number of parameters, Hahnemann has shown how to understand what is going on *in vivo humano*, where they are exceptionally numerous owing to the presence of a biologically suitable basis. There is no other means whereby one may thus "listen-in" to the human *bios* (what Hahnemann calls the *dynamis*) and infiltrate the field of human pathology in such a flexible and sensitive manner, for the *bios* is compounded of niceties and subtle inflexions. This matter of proving is one of the agate points of Homoeopathy, for one of the essential biological subterfuges of the human organism lies concealed in it. Here, too, lies the

fundamental link and hidden spring of Hahnemann's experimental method, for, by recommending the 30th potency as the starting-point for any proving, it enables the vital psychical symptoms of the subject to be disclosed at the outset.

The neuro-vegetative centres that compose the "ceiling" of the physiological entity form in exact coincidence the "floor" of the psychological entity, to which a modern allopathic writer, Portie, has given the name neuro-vegetative endo-consciousness.

These neuro-vegetative centres, which are to record all the valuable symptoms of the drug to be tested, are of great importance to us, for it is there that Man's physiology and psychology meet: meet and, better still, coincide. Hahnemann's genius grasped the need to exploit the opening offered by this cardinal ambivalence which, from the neuro-vegetative centres to the endo-consciousness—coincident and identical, a Janus double—and yet single-visaged—operate the relays and transformations from the physiology to the psychology, that is, to the discursive intelligence which is thus infused, animated and adapted.

The experiment thus carried out is psychological as well as biological, hence the discursive exo-consciousness can become acquainted with the incidents of the organic life.

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THE BASIS OF INVESTIGATION OF BACTERIAL THERAPEUTICS

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Undoubtedly the proper basis for investigation of bacterial therapeutics is a thorough study of Homœopathy. Men speak of determining the cause of disease; in reality the cause is in the beginning, yet the cause or causes were before its popularly recognized beginning; that is to say,