

Triumph of the light— isopathy and the rise of transcendental homeopathy, 1830–1920

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Modern homeopathy dwells in a nebulous and metaphysical realm into which few non-homeopathic doctors would venture; a very different world and speaking a language virtually incomprehensible to science. Fundamentally incompatible systems, their highly sophisticated conceptions of “disease” and “cure” are sufficiently divergent to prevent their peaceful coexistence. Can the best of modern scientific medicine be reconciled with this recently resuscitated “medical Lazarus”? Could a creative dialogue be established? This article explores the development of modern homeopathic thinking between 1830 and 1920, charting a discourse within homeopathy initiated in the 1830s with reference to use of “higher potencies” and disease products (“nosodes”). Incorporation of disease products into the homeopathic mainstream killed off and supplanted the earlier allopathic version of homeopathy, encouraged the use of higher potencies, and legitimated a widespread adoption of metaphysical views within the movement, here termed “transcendental homeopathy”.

Long before the birth of bacteriotherapy ... homeopathic physicians carried out investigation in their own way, and discovered similar medicines, and effected numerous cures ... Hydrophobium was proved in 1833 ... 50 years before Pasteur ... many others followed.¹

Developed in 1790s Saxony by Dr Samuel Hahnemann (1755–1843), homeopathy gives to the sick drugs that can induce similar symptoms in the healthy (*similia similibus*).² Seeking through experimentation to radically improve the ineffective medicine of his day, and partly inspired by studies of poisonings, he conducted “provings” of single drugs on healthy volunteers, and compiled a new *materia medica*, by detailing their precise symptoms. Having studied at Leipzig, Vienna, and Erlangen, where he graduated in 1779, Hahnemann was a controversial figure, who attracted many students; homeopathy spread rapidly throughout Europe, Russia, and the Americas. In 1798, as a result of further experiments, he introduced infinitesimal doses of drugs, using centesimal dilution scales, in which one part of the drug—for example, a plant tincture was diluted with 99 parts of dilute spirit and vigorously shaken (succussion). For insoluble drugs—for example, oyster shell, or *Lycopodium* (pollen), prolonged grinding (trituration) with milk sugar replaced shaking in dilute spirit.³

Homeopathy employs single drugs and small doses, based on similars and the overall features of the case (patient totality) rather than upon named diseases. In 1828, Hahnemann announced the miasm theory of chronic diseases,⁴ which stirred up controversy and dissent. His main works were the *Organon* (1810, but revised five times to 1842), the *Chronic Diseases* (1828) and the *Materia Medica Pura* (1811), numerous essays and scientific papers, and 21 translations into German of key medical texts from Italian, English, and French, including William Cullen’s pivotal *Materia Medica* of 1790.

Homeopathy was brought to the UK in 1828 by Dr Frederic Quin (1799–1878), who established a London practice in July 1832⁵; the British Homeopathic Society (1844); the London Homeopathic Hospital (1849), and the *British Journal of Homeopathy* (1848). An Edinburgh graduate and aristocrat, he was physician to the Belgian King Leopold (1790–1865) from 1827–29,⁵ to Queen Adelaide (1792–1849) and to Elizabeth Cavendish, Duchess of Devonshire (1758–1824). He was the

only British homeopath who had studied directly with Hahnemann, in Coethen, in 1826⁶; in Moravia to treat cholera,⁵ and then in Paris from 1830. Quin “combined great charm and close aristocratic connections,”⁶ which meant that homeopathy “got a firm hold of the highest grades of society first of all.”⁵

By midcentury, homeopathy in Britain had become something of a medical cause celebre. Quin was a man of tremendous charisma and integrity, well connected, at ease in high society and on friendly terms with everyone who mattered,⁷ even being in later life a dining partner of the Prince of Wales, the future King Edward VII (1841–1910). Quin’s efforts obviously rendered homeopathy as palatable to the social elite and ruling classes in London and the fashionable resorts, as it became with royals throughout Europe. He frequently visited Hahnemann in his last years (1835–43) in Paris.

While some physicians regarded homeopathy as “an innocent and harmless species of quackery”,⁸ others ridiculed it as “medical superstition and pretension”,⁹ condemning the processes of trituration and succussion as “magical ceremonies and the tricks of conjurors”.¹⁰ Apart from vilification heaped upon homeopaths by the mainstream, and many doctors refusing to meet homeopaths in consultation, powerful divisions soon became apparent during the 1830s over some of Hahnemann’s more contentious doctrines; concerning the use of high dilutions of drugs, and the miasm theory (1828), which portrayed all chronic disease as deriving from ancient and internalised dyscrasias, rooted in syphilis, gonorrhoea, and psora (suppressed skin eruptions). In the 1830s, those who favoured such transcendental doctrines, especially in the USA, also developed isopathic drugs (nosodes) derived from diseased tissues,¹¹ such as *Tuberculinum bovinum* from the lung of a tubercular cow. They devised mechanical contrivances (fluxion machines)¹² for preparing the higher centesimal potencies, upon which their practice became based. It is these aspects of homeopathy, and their impact, that form the focus of this essay.

Homeopathy seems to emphasise a more spiritual aspect in medicine than is recognised by allopaths. Aphorism nine of Hahnemann’s *Organon*—for example, speaks of the material organism being governed by a vital force or “spiritual principle ... that rules with unbounded sway”.¹³ The germ theory,

emerging in the 1880s with Koch (1843–1910) and Pasteur (1822–95)¹⁴ actually succeeded and paralleled the nosode movement in homeopathy. “Burnett’s Bacillinum was prepared from ... sputum whereas Koch’s preparation was made from a culture of the bacillus ... by 1914 most homeopathic doctors used both Bacillinum and Tuberculin”.¹⁵ The therapeutics of such preparations varied widely: “Tuberculinum has for years been helpfully given in meningitis, hereditary and inveterate headaches, hectic fever, night sweats, cough with tuberculous expectoration ...”¹⁶ A conflict emerged within the movement, one between darkness and light, between the material and the spiritual. Sceptical of the germ theory, homeopaths consider patient susceptibility as a more credible explanation of the facts of disease.¹⁷ This susceptibility was deemed to “exist in the vital force, and not in the tissues”,¹⁸ because if a man was “in perfect health he would not be susceptible”.¹⁹ The nosode technique was grounded in 1850s experimentation with disease products: “It must be over fifteen years since I first ... [used] the viruses of certain diseases against the diseases themselves”²⁰; “I beg publicly to thank Dr Skinner, of London, for inducing me, sixteen years ago, to administer the virus of a disease therapeutically.”²¹ It was based upon the proving: “I took [Tuberculinum] myself in varying doses at various times ... in the form of pillules”.²² Yet, they clearly believed that diseased tissue contains some kind of “healing essence” that can be set to good use.

A ROMANTIC OUTLOOK

Homeopaths drew some inspiration from esoteric sources, religious, and metaphysical traditions that share a vitalist view of the organism. For example, Simpson claims homeopathy is reliant upon “a spiritual medicinal power”,²³ and homeopaths viewed the phenomena of life, disease, and cure through essentialist eyes: “the outer world is the world of results”.²⁴ Much homeopathic theory reflects this essentialist view, using concepts such as potency energy, similars, resonance, layers, miasms, and vital force. Even the concept of *constitution* in homeopathy is rather complex and nebulous.²⁵ Homeopaths have tended towards vitalist and spiritual ideas, and to be sympathetic to concepts such as the soul or spirit, an afterlife, reincarnation, pacifism, vegetarianism, Druidism, paganism, etc, which believe in spirit in all life forms and in the earth itself. Such views bring it closer to Goethe, Steiner, anthroposophy, organic gardening and biodynamic agriculture, and a belief in innate essences in nature, and the soil²⁶ concepts that seem implicit to the use of microdoses. Both the organic food and alternative health movements resonate and have inspired the revival of each other.

Such views suggest that homeopathy was influenced by Romantic philosophy in the 1790s, just as the recent revival of alternative medicine can be linked to the distant cultural grandchildren of those times: hippies, back to nature pacifists, and political rebels of the 1960s and 70s,²⁷ who wished to “protest against established society”,²⁸ and celebrate a “truly do it yourself participatory element”,²⁸ hostile to the collective power of experts in fields like medicine. The root and branch revolution that hippies were creating for music, sex, art, racial equality, and looser social morals appealed to the “alternative health types” who derided an arrogant and patrician allopathic medical establishment.

Suspicious of science, these movements shared a trust in nature, proletarian politics, and macrobiotics, and a rejection of overchemicalised food, fertilisers, synthetic drugs, and the “throwaway society”. Such “nonconformist, broadly counter-cultural types”,²⁹ all celebrated “the creative individual”,²⁹ and had a “clear philosophy condemnatory of capitalist and consumerist society”.²⁹ The parallels are substantial, both rejecting authority, and regarding the rights of individuals to stand supreme over corporatism and mass

commercialisation.³⁰ The historical location of the alternative medicine revival, between 1975 and 1980, is hard to locate more precisely, but articles peaked in 1978–9.³¹

Such an impulse, with its pantheistic spiritual outlook, was as suspicious of scientific rationalism as was Romanticism. On this point, it is likely that Hahnemann concurred with Queen Victoria, for whom “all the intellectual and artistic developments of her age flowed by her unnoticed”.³² Also he was as indifferent to the philosophical developments of his day as to its political upheavals,³³ for “we possess no definite references in his writings to a close intellectual connection with any of the contemporary German poets or intellectual giants. Not a word is mentioned of Goethe or Schiller”.³⁴ In a letter to von Villers, Hahnemann complains of the “enormous effort [required] ... to understand even [Kant’s] *Critique of Pure Reason*, as so many German born scientists cannot fathom or understand Kant, let alone translate him. ... I only value Plato when he is quite comprehensible.”³⁵ He struggled in his study of philosophy.

Being “an eclectic”,³⁴ it is doubtful that Hahnemann embraced any philosophical system of his day, as they “offered him little satisfaction”.³⁴ In his schooldays, he had followed Descartes, Spinoza, and Leibniz, and then “proceeded to vitalism and to the Naturalism of Schelling and Hegel. He advanced beyond this into spiritualism, and for a time lost his way in occultism ... he was a strong opponent of materialism ... he rejected materialism ... as an outlook on life and as a fundament of his new theory.”³⁴ Homeopathy bears unmistakably essentialist hallmarks, such as “the conception of dynamisation, in potentising, in giving medicines to smell, and in the long intervals between the individual small doses ... the purely spiritual [the dynamic] came more and more into the foreground ...”³⁴ Even though Hahnemann condemned philosophers after Kant for writing “even more mystically than Kant”,³⁵ yet some thought the Naturphilosophie “of Hegel and Schelling ... actually afforded help to the rising of homeopathy”.³⁶ Hard evidence for this inferred influence remains elusive.

On the other hand, Hahnemann frequently condemned speculative metaphysics, astrology, and theology, and their mediæval supernatural garb, with which he had little patience: “... metaphysical, mystical, and supernatural speculations, which idle and self sufficient visionaries have devised;”³⁷ “... now the influence of the stars, now that of evil spirits and witchcraft ...”³⁸ In an especially contemptuous blast, Hahnemann even questions how “old astrology was to explain what puzzled modern natural philosophy”.³⁹ “[We] were fooled by the natural philosophers ... their whole conception—so unintelligible, so hollow and unmeaning, that no clear sense could be drawn from it.”⁴⁰ We can therefore see in the man, and in the movement he spawned, the influences of Enlightenment inspired science and experiment on one side, and mediæval metaphysics on the other.

In the 1780s and 1790s, “faith in the powers of reason and science was by no means universally held, even in the mideighteenth century in Western Europe ... the first formidable attack upon it, uncompromising, violent and fraught with lasting consequences, came from Germany”.⁴¹ There emerged a divide between Enlightenment and Romantic philosophers.⁴² Homeopathy is undoubtedly still imprinted with both influences, and to an almost equal degree—signalling considerable ambivalence within Hahnemann himself.

The keen feeling of cultural isolation and intellectual inferiority to France, and the emergence of “an idealistic synthesis which appealed to the romantic mood of the German people”,⁴³ meant that “for nearly a generation, German physicians remained philosophically aloof from the achievements of the French School”,⁴³ and deeply ambivalent regarding rationalism in all its then emerging forms. It is sobering to think that until the 1860s, the works of Goethe and Hegel

enjoyed greater influence and respect in German medical schools than did microscopy.⁴⁴

ISOPATHISTS

The attitude of homeopaths is reflected in their view of isopathy, higher potencies, nosodes, and the miasm theory, because it is these topics that most clearly demarcate those of a more spiritual disposition from the materialists, revealing the “intraprofessional tensions over what constitutes proper homeopathic practice”.⁴⁵ Isopathy, the use of diseased tissues as drugs, or “the cure of diseases by their own morbid products or the supposed exciting causes, are, far from being a novelty, on the contrary of very ancient date”.⁴⁶ Robert Dudgeon (1820–1904) was in no doubt that “the honour of having introduced isopathic heresies into the homeopathic school ... [falls upon] our transatlantic friend Dr Constantine Hering”,⁴⁶ who, according to Dudgeon, simply raked isopathy “up from the dust and rubbish of antiquity ... much encouraged by Gross and systematised by Lux”.⁴⁷

Yet, other homeopaths took a more generous view of “the indispensable curative service of the products of disease ... safely administered in sickness”.⁴⁶ “For the past five years I have regularly used the bacillus virus as part of my daily practice ... with great satisfaction”⁴⁸; “I think very highly of Koch’s remedy ... I use it in high potency ...”.⁴⁹ In particular, it was claimed, nosodes—that is, disease products, could be used to neutralise internalised illness states (dyscrasias), and to remove invisible “taints”: “the nosode has removed the miasmatic block”,⁵⁰ ensuring that “the remedy will work again after the block is removed . . .”.⁵⁰ This much at least has been the empirical observation of their regular use in clinical practice: nosodes were not so well proven as “well known polychrests ... but have been so successful”⁵¹; their use “depends more on clinical experience...[which has] accumulated for many years and has been checked by the experience of so many practitioners that it is considered trustworthy”.⁵¹

Yet, Dudgeon denounces isopathists outright as “homeopathic heretics distinguished for the eccentricity of their aberrations”.⁴⁶ Such strong language reveals his abhorrence for that type of person, exposing him as a “non-believer” in miasms, who poured nothing but scorn on the entire theory. Dudgeon and another leading British homeopath, Richard Hughes (1836–1902), “were ‘pathological prescribers’, their ideas contrasting with those of Frederic Quin”,⁵² who mostly used a higher potency, like Hahnemann.⁵³ The low potency pathological approach dominated early British homeopathy, circa 1830–1870. Dudgeon’s emotive language reveals him as almost an allopath, unable to conceive of anything beyond the rather rigid ideas at the core of homeopathy—single drug, similars, and small doses, provings. For example, he “regretted that the word ‘homeopathy’ had ever been coined and declined to accept the nickname of ‘homeopath’”.⁵⁴ He thought “the doctrine of the vital force had been dead and buried half a century”,⁵⁴ and was “shocked at any attempt to resurrect it”.⁵⁴ He also distrusted “the theories built around the process of dynamisation”,⁵⁴ of medicines using dilution and shaking.

One of Hahnemann’s star pupils, Clemens von Boenninghausen, had little patience with low potency types like Dudgeon, calling them “amphibians ... neither homeopaths nor allopaths ... giving low dilutions in frequent repetition”.⁵⁵ This echoes Hahnemann himself when he said: “the converted are only hybrids, amphibians”.⁵⁶ Such tensions between the “genuine homeopaths and the pretenders”,⁵⁷ were soon to grow.

Dudgeon clung doggedly to a tidy image of homeopathy of the weaker allopathic type. Threatened by the challenge high potencies and nosodes posed to his rigid medical beliefs, he simply did not *want* them to be true. For such low dosage,

eclectic homeopaths, the “dangerous” high potency homeopaths “were hopelessly unscientific, metaphysical, and a recipe for the permanent closure of doors to professional credibility”.⁵⁸ Thus, their real problem concerned prestige and a desire to see homeopathy tied more firmly to the allopathic mainstream. Transcendental methods and ideas seriously compromised such a cosy arrangement.

Portraying Dr Hering (1800–1880) as “the original suggester of the heresy”,⁴⁶ isopathy, Dudgeon contends, is “stretching the principles of homeopathy too far”.⁴⁷ It is “a clumsy attempt to revive the doctrine of signatures under a most irrational and repulsive form”,⁴⁶ which he depicts as “ineffable trash”.⁴⁸ While isopathy does stretch the principles of homeopathy, yet at its core, there sits an empirical record of some real cures. Attempts to dismiss the doctrine do not comprise measured intellectual invalidations, but resemble acts of disbelief and prejudice. Some prominent and respected homeopaths, such as Boenninghausen, repeatedly testified in long medical careers to the power of these high potencies: “the great curative power ... of high potencies ... since I almost exclusively employ these”⁴⁹; “the efficiency of high potencies ... [is] beyond all doubt”⁵⁹; “since 1844 ... I have used high potencies almost exclusively”.⁶⁰ Undoubtedly, Dudgeon and others dismissed such claims and wished they would go away.

Dudgeon also confuses isopathy with much absurd material from antiquity, claiming: “Galen says that the brains of a camel are a cure for epilepsy”,⁶¹ and that “the organs of foxes, wolves, dogs, sheep, and swine are arbitrarily selected for supplying the remedial agent”.⁶² This seems like a desperate attempt to smear isopathy with any dirt he can find, including ancient and halfbaked material on “signatures”, claiming that much of it is “the offspring of a prurient imagination or a most perverted pathological creed”.⁶² Demonising isopathists as extreme deviants within homeopathy, a sect within a sect, and opponents of true homeopathy, he calls for them to be expelled from the “mother church” and all ties to be severed.

Condemning nosodes as having no proven therapeutic value and bringing embarrassment to homeopathy as a whole, this revealed his undeclared desire to pull homeopathy closer to the allopathic mainstream. He stigmatised isopathists as unwanted heretics, referring to the “extravagances of the isopathists”,⁶² meaning their use of nosodes and the higher potencies, adopted in the light of the miasm theory.⁶³ Being unable, however, to expel them by sound intellectual invalidation based upon actual homeopathic principles culled from the *Organon*—for example, Dudgeon deviantised them as just “too weird”. He always answers his own rhetorical question: “can we admit the truth of the isopathic principle as a rule of cure”⁶⁵ with a resounding “no”.

Accusing isopathy of being saddled with logical inconsistencies, he claims many nosodes have no rational basis because they are not real remedies: “to give the morbid products of noncontagious diseases and the morbid matters excreted by some contagious diseases, which do not, however, contain the contagious principle of the disease ... these matters are not capable of producing the disease in healthy individuals”.⁶² Elaborating this theme further, he claims: “the infecting principle of measles is contained in the blood ... the matter of ophthalmia neonatorum contains undoubtedly a contagious principle ... therefore, it is with respect to these and similar matters only that the isopathic principle can be applied, for they alone are capable of inducing in the healthy the disease to which they owe their origin”.⁶⁵

His strategy is open to criticism as a clear deviation from mainstream homeopathic principles. By implying that only toxic, infectious or contagious materials can yield homeopathic drugs, he clearly abandons the usual homeopathic essentialism. Though many nosodes were not proven, yet their empirical use as adjuncts and intercurrent remedies conferred upon them great credibility and validity, reinforcing their regular use by growing numbers of respected homeopaths.

Transcendental homeopaths regarded nosodes such as *Carcinosisin* and *Tuberculinum*, as valid remedies, not because they contain any poison, virus, or contagious matter, as Dudgeon demands, but because they are imbued with the “secret essence” of cancer and TB, deriving from the diseased tissue itself. Similarly, in remedies like Sol, Luna, or x ray, the lactose has been exposed to and captured the essence of sunshine, moonlight, or x rays: “imponderabilia [like] electricity and the x ray are both capable of potentisation”⁶⁶; “Lyssin, or Hydrophobinum; saliva of a rabid dog ... introduced and proved by Hering in 1833, fifty years before the crude experiments of Pasteur with the serum”⁶⁷; “Electricitas ... the potencies were prepared from milk sugar which has been saturated with the current”.⁶⁸ Such diseased tissue is deemed to contain the “essence” of that disease, its fundamental but invisible disease creating force, which is the same as Simpson’s “spiritual medicinal power”, but lacks any infective material.

This is an essentialist point of view inherent to homeopathy, and has nothing to do with any “contagious principle” alleged by Dudgeon. The use of nosodes was not based upon “belief”, supposition, or superstition, even though Dudgeon suggests “these isopathic preparations seem to accommodate themselves remarkably to the pathological views of those who administer them”,⁶⁹ which seems an astonishing claim for a homeopath to make. Their use was always grounded in clinical experience.⁷⁰

Because Dudgeon believes that no symptoms can derive from non-contagious material, therefore no cures can devolve from them either. In other words, all provings, and implicitly, all cures, must involve the use of “toxic” (symptom producing) material. In this sense, he denies any natural sympathy that might pertain between a drug and its effects, which modern homeopaths see as innate, and which Dudgeon insists, must be chemically detectable and pathogenic. This is like Simpson saying that “no poison in the billionth or decillionth ... would in the least degree affect a man or harm a fly”.⁷¹ It reads like the outright demolition of a core homeopathic principle and its replacement with a very material and literal reading of a fundamentally allopathic principle.

Dudgeon conveniently ignores Hahnemann’s contention that many otherwise medicinally inert substances can be converted into powerful medicinal agents by potentisation, in line with the maxim that “everything that can hurt is something that can heal”.⁷² Indeed, Shakespeare once observed: “in the infant rind of this small flower, poison hath residence and medicine power”,⁷³ and although it is self evident that “drugs, in crude form ... [do] have the power to make even well people sick”,⁷⁴ yet this line of argument ignores the more subtle dimension of sickness, and those “agents, material or immaterial, which modify disease”.⁷⁵ Because “dream proving”, “vital force”, or remedy essence cannot be expressed in the familiar materialist pater of modern science, they seem ineffable, being taken on trust, as “idealised entities”.⁷⁶ Equally, the idea of contagion becomes a complex subject—“Remedies operate as by contagion. He caught the disease, and catches the cure.”⁷⁷ We do not see “disease itself any more than we see life, mind or thought”.⁷⁸

Sidestepping the genuinely substantial philosophical issues, Dudgeon denounces nosodes as unproven and illegitimate extensions to the *materia medica*. What would he have made of modern remedies like Berlin Wall,⁷⁹ Luna,⁸⁰ or Venus?⁸¹ Can such remedies be presumed to contain any “infective principle” as his view demands? Presumably not. Other homeopaths realised what Dudgeon could not: “the homeopath does not consider it essential that its bacilli be seen in the atom of diseased material which he prepares for medicinal use”.⁸² As a modern master practitioner insists: “the material of the nosodes is much more than the microorganisms involved”.⁸³ The implication that remedies contain some metaphysical essence, acting as the source of their therapeutic power, is an idea Dudgeon was very keen to con-

demn, presumably because it would be unacceptable to allopaths.

A LUMINOUS AND PIVOTAL EXAMPLE

When Dudgeon states that “there cannot theoretically be a more appropriate stimulant than the very agent capable of producing the same state, given in regulated doses”,⁸³ then this could be the nosode, or it could be the most similar drug (simillimum), depending upon the case in hand. Dudgeon rightly states the basis of Similia involves “the curative process in admitting the possibility of cure by an agent capable of producing the same disease”,⁸³ and therefore admitting some uses for nosodes. For example, “I find a good many cases of measles which apparently recovered very quickly under the use of morbilline”⁸³; “varioline in ... cases of smallpox ... [having a] decidedly beneficial influence exerted by the remedy on the course of the disease”⁸³; but he insists that “isopathic agents should, in my opinion, be strictly limited to really infectious morbid products”.⁸³ His views on contagion have a modern ring: “contagion by means of clothes ... and often by the mere emanations from the patient”.⁸³ The concept of contagion is more ancient and more complex than Dudgeon pretends. Right down to the time of Sydenham (1624–89), it was regarded as an invasion by a “*spiritual gas*”.⁸⁴ His deceptively literal and allopathic interpretation of homeopathy, probably blinded Dudgeon to such subtleties.

Frustrated in his attempts to state why he would impose limits upon the use of remedies or miasms, his condemnations lacked focus and failed to attract any followers. If Dudgeon permits entry into the realm of “the real” and “the approved”, only provings and cures obtained by using contagious or toxic material, this would logically invoke a corollary that only material doses can induce symptoms in the healthy and that only material and submaterial doses can elicit cures. Such a ludicrous position almost invalidates the entire basis of homeopathic drugs.

Dudgeon must have denied the great strides homeopathy was making in the 1850s. The reality of the high potencies is not just the reality of *cures*, but also includes the reality of *symptoms induced* in people with such dilutions—“the dynamic potentised drug is the chief factor in both proving and healing”.⁸⁵ A point echoed by Kent thus: “Disease is a proving of the morbid substance. It is not true that there is one law for disease and another for drug effects . . .”⁸⁶ Then too are provings with completely noninfective material.⁸⁷ When Close (1860–1929) mildly suggests that “the whole scale of potencies from the lowest to the highest is open to the homeopathic physician”,⁸⁸ this would seem outrageous to the likes of Dudgeon, so eager to dismiss spiritual links between remedy and patient and with an unwillingness to adopt higher potencies, because of entrenched disbelief and trepidation. He clearly felt this would lead homeopathy into some disastrously *laissez faire* policy, doubtless to the furious applause of allopaths everywhere.

There exists a real province within homeopathy that embraces the nebulous, but it is a province lying entirely beyond the comprehension of someone like Dudgeon; a realm he dare not enter lest “the wheel be broken at the well”.⁸⁹ The desire to negotiate a prestigious relationship with orthodoxy polarised the movement into those who were attracted by nebulous practices and those who were repelled by them, mostly for political reasons. Yet, in terms both of ideas and technique, this polarity already existed even in the *Organon* and, as we shall see, even in Hahnemann himself. It certainly existed in German homeopathy, with its many rebels and dissenters from the official doctrine.

Dudgeon provides a luminous and pivotal example of an articulate but conservative homeopath who at best could only grasp Hahnemann’s teachings in a crudely allopathic fashion; part of a homeopathic “old guard”,⁹⁰ who initially controlled

UK homeopathy, sceptical of high potencies and nosodes, and very resistant to change.⁹¹ Like Hughes, Dudgeon wished to root homeopathy solely within an allopathic framework of familiar and trusted concepts like “diseases” and “remedies”. In the 1890s, however, homeopathy in the UK was influenced by American transcendentalism,⁹² expanding beyond the limits of early Hahnemannian homeopathy. Both strands of the modern movement can be traced back to Hahnemann, not only the allopathic version preferred by Hughes and Dudgeon.

Dudgeon claims that the whole isopathic “affair finds but little favour in Hahnemann’s eyes”,⁹³ and this he feels condemns it as unhomeopathic nonsense. He depicts it as a medical path to be shunned, yet Dudgeon is wrong; Hahnemann was not disapproving, as Dudgeon claims, he was ambivalent. He saw uses for some nosodes and miasms, but also some problems; likewise with the higher potencies. He countenanced these concepts and methods, but stopped short of some other practitioners who embraced them more fully. The dispute over dilutions and potencies not only dominated American⁹⁴ and British homeopathy in the last quarter of the 19th century, it was a widespread division much before that. Having seeds in the *Organon*, it is a conflict inherent to early homeopathy, with clear roots in Hahnemann himself.

The radical new isopathic and transcendental homeopathic conception, which originated about the time of the publication of *Chronic Diseases* in 1828,⁹⁵ was seen as pernicious to people like Dudgeon, gathering to its cause a motley but energetic crew of rebels, dissenters, and freethinkers and garnering support from all those who indulged a taste for the higher potencies.⁹⁶ Transcendental views spread throughout American homeopathy, with its strongly metaphysical inclinations, and also influenced small groups in British homeopathy by about 1870.⁹⁷ “Kent [placed great] ... emphasis upon mental symptoms and the use of high potencies . . . [they gained official approval in Britain] when Dr Octavia Lewin presented a paper . . . in 1903 . . . Dudgeon, who was present at the meeting, raged against the whole idea”.⁹⁸ Dr Clarke “congratulated Lewin on the courage she had manifested in treating them with single doses”.⁹⁹ At the meeting Dr Dudgeon, clearly outraged, “spoke out against the use of high dilutions and quoted . . . ‘quod fieri potest per pauca, non debet fieri per pauca’ . . . if we can get by with few dilutions, we ought not to employ many”.⁹⁹ Dudgeon was ejected from the meeting.¹⁰⁰

DUDGEON AND CLOSE ON DISEASE AND CURE

The shift isopathy inspired in homeopathy, rests in a comparison of the ideas of Dudgeon (1853) and Close (1924). Their differences reveal what real progress had transpired. After 1900, we beheld a relentless movement towards transcendentalism, shamelessly extolling the virtues of high potencies and nosodes (disease products) in even the most serious conditions. While for most of the 19th century, conservative British homeopaths prescribed remedies in low potency, yet “by 1910 there was a complete change from the prescription of 90% material doses to 70% or more of high potencies”.¹⁰¹

Underscoring the essentialist ideas of transcendental homeopathy, the use of high potencies and nosodes became emblems of its new identity, and preferred to the materialist, bacterial, and physiological constructs of allopathy. Homeopathy demarcated and policed the borders of its own identity, by creating a medical and philosophical identity distinctive from the numerically dominant and politically more powerful allopathic medicine. Though the movement had gone into long term decline by 1900, nevertheless, henceforth it was to be “pure homeopathy” or nothing.

When Dudgeon complains that “the disgusting character of many of the preparations introduced into our *materia medica* by the isopathists has been particularly held up to public condemnation by our adversaries”,¹⁰² his was a voice of those

stuck in the past and terrified of change. They were “disgusting” only in their origin, before dilution rendered them as safe as baby’s milk. Indeed, an ethical imperative impels physicians to explore any means of curative treatment: “the homeopaths . . . have not hesitated to explore filth, decay, and disease for morbid products or nosodes. Diseased material from animals and plants, and the poisonous secretions of reptiles, fishes, and insects, are found to be indispensably curative in desperate or obscure diseases”.¹⁰³ Dudgeon conceals his real problems concerning the prestige and social standing of homeopaths: as Dr Burnett himself once bitterly put it, “the social value of [surgery] is a baronetcy. The social value of [homeopathic remedies] is slander and contempt”.¹⁰⁴

Considerable metaphysical fallout from transcendentalism demands consideration. Close states: “the gross, tangible, lesions and products in which disease [results] are not the primary object of the homeopathic prescription”.¹⁰⁵ For Close, it is not symptoms that need correction, but the *deranged function* that lies beneath them: “function creates the organs . . . function reveals the condition of the organs”,¹⁰⁵ and he further insists: “the totality of the functional symptoms of the patient is the disease”.¹⁰⁵ This contrasts with Dudgeon’s claim that disease is a localised affair, a material disorder requiring material doses. Close directs the real focus of homeopathy not upon the tissues, but into “the realm of pure dynamics”¹⁰⁵; what he calls the “sphere of homeopathy is limited primarily to the functional changes from which the phenomena of disease arise”.¹⁰⁶

Manifestly, after 1880 or so, homeopathic philosophy became increasingly concerned with “essence”, the deeper and invisible “genotype” of disease, rather than with the phenotype (the visible); that is, with causes rather than with effects. This shift reflects a form of homeopathy that is subtler and more sophisticated than its allopathic predecessor. When Close speaks of “the morbid vital processes”,¹⁰⁶ insisting that any pathological changes and “physical effects of mechanical causes, are not primarily within the domain of Similia, and therefore are not the object of homeopathic treatment”,¹⁰⁶ he stresses that true homeopathy aims to remove Dudgeon’s external “phenotype” of disease, not directly in the tissues, with material drugs, but indirectly by deleting its root cause, its internal “genotype”—the fount from which all symptoms spring—and by using high potencies. “In faithful treatment, it is sought to accomplish an end far more subtle than the mechanical removal of bacilli . . .”¹⁰³ Homeopaths refused to see symptoms, lesions, tumours, bacilli, etc, as the disease, but instead saw them as the end products of dynamic disease processes: “tissue changes . . . are but the results of disease”¹⁰⁷; “a cure is not a cure unless it destroys the internal or dynamic cause of disease”.¹⁰⁷ Homeopathy seeks to remove the underlying process of disease, not the surface symptoms.

When Close states that the “real cure . . . takes place solely in the functional and dynamical sphere”,¹⁰⁶ he shifts the emphasis from visible pathology resident in the organs and tissues, to the underlying vital processes, conceived to underpin and derange the cells and tissues. Focus has shifted from physical symptoms as such to the vital force, mind and spirit, disposition, modalities, and peculiar symptoms of the patient; from germ and cell to miasm; from the visible to the hidden archetypal and miasmatic realm; from effects to causes; from matter to spirit (essence); from phenotype to genotype. The focus has settled upon those dynamic forces that precede, underpin, and direct, tissue processes and tissue changes.

Even in the perception of remedies and diseases, the focus shifted away from the physical to emphasise the mental, emotional, and dispositional factors of the proving, of the remedy and of the patient. This focus becomes even more clearly visible in the work of modern figures like Sankaran, Scholten, Vithoulkas, Eizayaga, and Candegabe.¹⁰⁸ The “homoeopathic gaze”¹⁰⁹ no longer falls upon the “disease”, the symptoms or the condition, but much more upon the mentality and disposition, constitution, layers, essence, which distinguish each

remedy and case in its uniqueness. Uniqueness and individuality being the true realm of Similia; “homeopathy considers the single patient as indivisible and unique”,¹¹⁰ recognising “health as a dynamic equilibrium”,¹¹¹ of invisible forces ultimately controlled by the vital force. Previous talk of diseases became muted in favour of the individualised nature of cases and patients and the mentality of the case and the remedy—what Vithoulkas and Sankaran call the “essence states”, and what Eizayaga calls the “genotype”.¹¹²

Close traces this view back to its true source: “Hahnemann introduces us into the realm of dynamics, the science ... of motion”.¹¹³ Power, Close insists, resides not in the body, in the tissues, or cells themselves, it “resides at the centre”¹¹³; disease “is the suffering of the dynamis”.¹¹⁴ Close’s efforts to define disease, repay close study. For example, he says that “homeopathy does not treat disease; it treats patients”.¹¹⁵ Disease, he declares, is “an abnormal vital process”¹¹³; “a dynamic aberration of our spirit like life”¹¹³; “a perverted vital action”¹¹⁴; it is “not a thing, but only the condition of a thing”¹¹⁴; in the last analysis disease is “primarily only an altered state of life and mind”.¹¹⁴ This is like Kent equating cure to a qualitative retuning of a piano,¹¹⁷ and is all a very long way from Dudgeon using remedies in material dose to eradicate named conditions.

Close characterises disease as “primarily a morbid disturbance or disorderly action of the vital powers and functions”,¹¹⁸ and as “purely a dynamical disturbance of the vital principle”.¹¹⁸ Because “disease is always primarily a morbid dynamical or functional disturbance of the vital principle”,¹¹⁹ so, “functional or dynamic change always precedes tissue changes”,¹¹⁴ and cure has been established only “when every perceptible sign of suffering of the dynamis has been removed”.¹¹⁸ For Close, it is precisely upon a bedrock of such definitions that “the entire edifice of therapeutic medication governed by the law of Similia”,¹¹⁹ has been erected. Close’s views do derive from Kent, but, they also flow from Hahnemann’s *Organon*: “let it be granted now ... that no disease ... is caused by any material substance, but that every one is only and always a peculiar, virtual, dynamic derangement of the health”¹²⁰; and “it is the morbidly affected vital force alone that produces disease”.¹²¹

Close emphatically distances homeopathy from disease labels, and Dudgeon’s preferred cells and tissues, or material doses of drugs, grounding it firmly in the invisible sphere of causes—the vital force and the non-material drug. When he says, “the tumor is not the disease, but only the ‘end product’ of the disease”,¹¹⁸ he means that disease is not a thing (entity), but a process of change at work within the organism, directed, not under its own power in the cells, but by the power of a deranged vital force that underpins and coordinates all cellular processes. Such is certainly a view of disease as a “dynamic derangement of the life force”,¹⁰⁵ ¹¹⁸ a derangement of process, that precedes any tangible derangement of structure. Kent agrees: “That which we call disease, is but a change in the Vital Force expressed by the totality of the symptoms”.¹²² The remedy for these sickness processes is equally dynamic and nebulous—the potentised drug—which gives rise to the comment by Kent: “lower potency ... less fine and less interior than the higher”,¹⁰⁷ meaning the higher the potency, the deeper it enters and purifies the hidden realm of disease causes—the vital force.

To Close, homeopathy defines its healing mission as being to progressively underange the vital force, which is what he claims its remedies do. This is expressed in words that Kent himself would have used, Close treading perfectly, one might say, in the “verbal footprints” of Kent himself, who in turn we might say closely follows Allen, Hering, and Boenninghausen. They all speak with one voice, even though their voices span ten decades: “That which we call disease, is but a change in the Vital Force expressed by the totality of the symptoms”.

“We do not take disease through our bodies but through the Vital Force.”

“The Vital Force dominates, rules and coordinates the human body.”

“The Vital Force holds all in harmony, keeps everything in order when in health.”

“Man cannot be made sick or be cured except by some substance as ethereal in quality as the Vital Force.”¹²³

Suppression of disease by palliating symptoms is strongly condemned by the transcendentalists. They regard drug induced changes in cases as fundamentally incurative acts: any “removal of the tangible products of disease ... does not cure the disease, but does the patient a positive injury”.¹¹⁸ As Close then adds, “the suppressed case always goes bad”,¹¹⁸ to which Kent adds: “all prescriptions that change the image of a case cause suppression”.¹¹⁹ These positions became bolstered into massive ideological barriers standing between homeopathy and allopathy, preventing dialogue. Once this more sophisticated, spiritualised, and transcendental form of homeopathy had reached maturity, and transformed the entire movement after 1920 or so, a great gulf lay between the two systems, too wide to bridge; no dialogue or reconciliation being henceforth possible. In saying that, “truth looks as black as smoke and false philosophy as bright as the sun”,¹²³ Kent meant that the physical, physiological, and bacteriological realms, which wholly dominate allopathic medical thinking, can never be viewed by homeopaths as the true realms of disease cause: he regarded that as a false and incurative medical philosophy, extending disease and harming patients.

ANGLO-AMERICAN HOMEOPATHY

Rather inevitably, the dispute between supporters of high potencies and low potencies soon spilled over into American homeopathy¹²⁴ and came to bear similar hallmarks to that in England and in Germany. “During the 1860s the homeopathic profession began to fragment over the desire of some practitioners to modify Hahnemann’s practices and to rejoin their allopathic colleagues.”¹²⁵ The remaining high potency devotees were termed “Hahnemannians” and their “extravagant claims had always been an embarrassment to the ... eclectics”.¹²⁶ The Hahnemannians also criticised the homeopathic colleges for wasting “too much time on anatomy, physiology, surgery ... while neglecting the study of materia medica”.¹²⁷ They considered themselves the “legitimate voices of pure homeopathy, proclaiming most homeopaths as mongrels”.¹²⁸ Though a minority until around 1900, they came increasingly to dominate the movement thereafter, in the USA and Britain.

Similar divisions broke out in UK homeopathy in the 1870s and for similar reasons. By 1870, “Drysdale was admitting that Hahnemann’s more extreme views had been ‘a perpetual source of embarrassment to nearly all of us’”.¹²⁹ These views encouraged the use of higher potencies and “case totality” to select remedies, rather than the “pathological approach” of matching remedies to named conditions. In 1881, “Drs Skinner, Berridge, Lippe, Swan, and Bayard attempted to propagate high dilutionist doctrines through a journal called *The Organon*”.¹²⁹ This led to considerable acrimony within the movement, but worse was to come. “The antagonism between the two homeopathic camps began to assume the qualities of earlier exchanges between the regular and new schools. Though *The Organon* had been short lived as a journal, the views it espoused did not disappear. On the contrary, they gained in support. The struggle was symbolised by the exchanges between Hughes and Clarke.”¹³⁰ Kent referred to Hughes as “that skunk I shall fight to the end of my days”.¹³¹

Though Hughes “staunchly defended low dose pathological prescribing”,¹³⁰ storm clouds were gathering. After his death in 1902, the movement increasingly danced to the high potency tune of Dr Clarke, and “by the end of the first world war the views of people like Clarke were in the ascendancy”.¹³⁰ Then

came the influence of James Tyler Kent and “a teaching scholarship which enabled British doctors to go to study with Dr Kent in Chicago”.¹³² A brand of American homeopathy with a “Swedenborgian philosophy, a fervent, religious, and metaphysical reinterpretation of Hahnemann appeared, the Psoric doctrine was reactivated, vitalism re-emphasised, the importance of psychological and ‘spiritual’ symptoms in remedy selection, and the use of the very high potencies advocated”.¹³⁰ The reverberations this shift visited upon UK homeopathy placed it at the upper end of the Richter scale. There is no doubt that the “highs” “were attracted by the spiritual and metaphysical element in Hahnemann’s work”,¹³⁰ and owing to “the dramatic decline of homeopathy after the turn of the century, high dilutionist views increasingly predominated”.¹³³

Such changes erased previous friction within the movement, delaying any reconciliation with allopaths as envisaged by Dudgeon and Hughes, whose “pathological prescribing” was left as a relic of the past, eclipsed by fast moving transcendental developments. Dudgeon reminds one of the description Isaiah Berlin gives of Auguste Comte (1798–1857): “a sad, huge, oddly shaped fossil in the stream of knowledge, a kind of curiosity in a museum”.¹³⁴ Or, Berlin’s view of Joseph de Maistre (1753–1821): “a retrograde figure”,¹³⁵ “an exasperated reactionary . . . vainly seeking . . . to arrest the progress of history . . . defying and denouncing a shifty and vulgar world into which he has been incongruously born”,¹³⁵ “hostile to everything that is new”,¹³⁵ “a queer anachronism . . . peripheral and anomalous . . . swimming against the current of his time”.¹³⁵

In England and America, “[the] purists railed against the corruption of Hahnemannian doctrine by half homeopaths . . . [leading] to an institutional split, with the formation by the fundamentalists of the International Hahnemannian Association [IHA] in 1880, and the appearance of high dilutionist medical schools, such as those formed in Chicago in 1892 and 1895.¹³³ Once again, there was no mood for compromise between two polarised camps. “In 1880 . . . the IHA split, as the purists left to form their own IHA”,¹³⁶ and as before, the purists “held to Hahnemann’s faith in extreme dilutions of drugs”.¹³⁶

DISCUSSION

In interpreting the changes described, one might decide that transition towards a modern dominance by individual mental, dispositional, and lifestyle factors in disease has occurred in all health care fields since 1900, and that the general decline in infectious disease since 1900 has enhanced this shift. During the same period an increasing presence and sophistication of psychological medicine has occurred, a presence virtually unknown in 1900. These factors undoubtedly contribute to the picture. Homeopathy has developed considerably during its resurgence in the last three decades,¹³² becoming highly sophisticated as a distinctive medical tradition. Far from being abandoned, its core beliefs have been deepened and strengthened through attracting many talented minds that it lacked in the so called “dismal period” of 1900–1978.¹³⁸

While being “left for dead”¹³⁹ in that period, homeopathy developed its own ideas in relative isolation, unmolested by allopathic and scientific attacks. This provided time for introspection, during which its ideas matured into a coherent philosophy, inspired by an incentive to develop a medical identity distinctive from allopathy and so crystallise its sense of therapeutic “otherness”.¹⁴⁰ Such a goal was probably achieved more efficiently in isolation. Materialist science denounces homeopathy as impossible; its drugs defy the known laws of physics and chemistry and therefore “the infinitesimal dose is an outrage to human reason”.¹⁴¹ “Homeopathy ‘is illogical’; ‘this doctrine is unbelievable—it runs against the known rules of

medicine”.¹⁴² These aspects are core elements of homeopathic identity as a “deviant medical sect”.

Its ideas were formulated in the 1820s, debated throughout the nineteenth century, and placed in the deep freeze after about 1900, only to re-emerge around 1978. It is a philosophical throwback, still very reluctant to question the words of the Master, deeply adherent to its origins, and tightly adherent about its core beliefs. As Guttentag observed in 1940: “the actual status of homeopathic knowledge is to a considerable extent far below contemporary medical standards”.¹⁴³ Though it has caught up considerably in the last three decades, it is still true that “years of isolation have left very distinct marks of anachronism and rigidity”.¹⁴³ This can be seen, however, as a reaction against the likes of people such as Hughes and Dudgeon, who peddled an allopathic version of homeopathy. By distancing itself from such “failed experiments” of the past, post 1900 homeopathy resolved to “go it alone” as a distinctive medical system in its own right.

Dudgeon’s and Hughes’s failed attempts to promote a low potency pathological homeopathy, echoes a similar impulse in Hahnemann, seeking to force the high potency rebels in the 1830s to follow the rules of homeopathy laid down in his *Organon*. That he himself continued experimenting up to his death in Paris¹³⁹ might well be rank hypocrisy on his part, but this also exposes the warring impulses at work in the man and the movement he spawned. Experiments twinned with dogma seem to dominate the history of the movement.¹⁴⁵ Like science itself, homeopathy seems impelled first by pioneering creative work, making experimental discoveries, then by a phase of “making concepts rigid . . . creating an ossified system of symbols no longer flexible”,¹⁴⁶ such as the conceptual straitjacket of the *Organon*, which might more realistically portray “Hahnemann’s . . . advice in the *Organon* . . . [as] a counsel of perfection and not something he invariably did”.¹⁴⁷ Everywhere he leaves traces of his ambivalence.

Progress has been made in a zigzag fashion by repeated acts of rebellion against the “ossified system” by leading freethinkers and rebels, such as Boenninghausen, Hering, and Clarke, who were addicted to free creative work: new experiments. Such pendulum swings or competing claims of orthodoxy and heresy are also characteristic of intellectual traditions more generally. Rather than comprising a Kuhnian alternation of “normal science” and “revolutionary science”, a “paradigm shift”,¹⁴⁸ such oscillations might better conform to a Popperian view of the repeated construction of new hypotheses, inspired by empirical investigations, then demolished or revised in the light of ongoing empirical investigations and the flow of new data.¹⁴⁹ Progress today proceeds by much the same route, where theory and method intertwined in homeopathy, inspire the retention of those metaphysical elements of theory confirmed by clinical practice—“theory [has been] . . . the hypothetical string upon which . . . [its] clinical pearls of diagnostic and therapeutic description were strung”.¹⁵⁰ Yet, no minority medical system can survive isolation without some relationship with the mainstream. It is this necessity that Hughes and Dudgeon were minded to overemphasise.

Arguably, the shift to transcendental methods resulted from higher potencies proving more powerful clinical weapons, shifting cases and curing disease faster, impelling their rapid incorporation into mainstream homeopathic technique after 1900. The inclusion of nosodes also rested on their usefulness as tools in clinical practice, unblocking “stuck” cases, and allowing conventional remedies to work smoothly.^{50 51} What is the point in using “blunt tools” when high potency dilutions for all cases bring much speedier cures? Respected figures like Boenninghausen in the 1830s consistently used very high dilutions for all conditions.¹⁵¹ Such improved techniques were attractive to American homeopaths eager to adopt them, with few qualms over using nosodes, which for safety have to be used in high dilution anyway.

Regarding the supposed influence of Romantic philosophies and spiritual views, homeopathy sits very comfortably with

forms of transcendentalism, because many non-rational and unscientific concepts are common to both. Such views can be traced to German Romanticism (1780–1830) and have become integral to the subject, parts of its world, its peculiar medical dimension and mindset—seeds carried since the formation of homeopathy, and persistent imprints of that epoch. While some homeopaths are naturally predisposed towards Romantic views, to prove that named homeopaths were consciously influenced by Romantic philosophers would require much further research.

Hahnemann's intellectual ambivalence is easy to demonstrate. Though a lifelong Freemason,¹⁵² and an active member of a Masonic lodge in every town, wherever he lived¹⁵³ (Haebl claims he was always "a good Mason"¹⁵⁴) he nevertheless condemned astrology, "the influence of the stars",³⁹ which he lumps together with "evil spirits and witchcraft",³⁸ and condemns antiquated medical patter about "constellations of the stars, in an influence emanating from the heavenly bodies".¹⁵⁴ He was equally disparaging about the "doctrine of signatures".¹⁵² In his *Materia Medica Pura* we read under Chelidonium: "The ancients imagined that the yellow colour of the juice of this plant was an indication (signature) of its utility in bilious diseases ... the importance of human health does not admit of any such uncertain directions for the employment of medicines. It would be criminal frivolity to rest contented with such guesswork at the bedside of the sick."¹⁵² These are good examples of his fundamental ambivalence.

Certainly, various examples exist. Burnett and Clarke were influenced by figures like Swedenborg, Paracelsus, and William Blake¹⁵⁶; most New England "followers of the New Jerusalem Church were homeopaths almost to a man".¹⁵⁷ The James family, including Henry (1843–1916) and William (1842–1910) were Swedenborgians and in Massachusetts and on the East Coast "among its adherents [were] most of the social, intellectual, and business elite".¹⁵⁷ The ArchDruid Thomas Maughan (1901–75) in the 1960s and 70s trained many modern British homeopaths.¹⁵⁸ Maughan seems to have seen homeopathy as being just as essential to training Druids, as Druidism was to training homeopaths.¹⁵⁹ One of his prominent students of the 1970s, Martin Miles, a London homeopath, invokes a "spiritual paradigm" which has been thoroughly blended with some basic homeopathic ideas: "the physical vehicle is the temple of an indwelling spirit, this outward cloak being an exact reflection of the being who inhabits it".¹⁶⁰ He goes on: "the spirit's descent upon the cross of matter usually amounts to being plunged into the overwhelming darkness of the earthly life".¹⁵⁹ And Kent was equally emphatic: "You cannot divorce medicine and theology. Man exists all the way down from his innermost spiritual to his outermost natural"¹⁶¹; "a man who cannot believe in God cannot become a homeopath."¹⁶¹

Kentianism, was regarded as "metaphysical, dogmatic, puritanical, and millennial..."¹⁶² Both Cooper's "arborivital medicine",¹⁶³ and Bach's "Flower Essences",¹⁶⁴ contain decidedly spiritual overtones.¹⁶⁵ As core elements of homeopathy seem romantic in tone and spirit—non-rational, millennial, and numinous, so Hahnemann might be said to have imbibed the Romantic spirit of the 1780s and 90s, even if not acquiring much of its concrete "intellectual property".

Regarding contagion, before about 1650 it was a concept always regarded as an invasion of the soul by the evil spirit (archeus) of the disease, not as "germ particles".¹¹⁸ Only with Sydenham (1624–89) did the idea of germ particles begin to be taken seriously in medicine, even though it remained an unconfirmed medical idea until the advent of powerful microscopes and Koch's experiments in the 1880s. Even after 1900, there was considerable resistance to the germ theory.

For example, regarding vaccination, "many physicians thought it a very illogical procedure",¹⁶⁶ and a number of epidemics "were traced to inoculation".¹⁶⁶ Added to this, no one knew "how or why vaccination worked".¹⁶⁶ Throughout the

19th century, both in Europe and in North America, vaccines were "denounced as unholy ... useless and dangerous",¹⁶⁷ and efforts were made "to prohibit compulsory vaccination",¹⁶⁷ with the situation becoming "quite serious between 1870 and 1900".¹⁶⁸ Even though some physicians saw the need for quarantine measures—for example, social taboos often seemed to "prohibit notification and isolation procedures",¹⁶⁸ especially regarding infectious diseases like cholera, yellow fever and typhus.¹⁶⁹

In terms of the flow of medical ideas, it seems ironic that as allopathy became spellbound by a very materialist doctrine (germ theory), the same doctrine sounded a very different homeopathic bell, pushing homeopathy in a completely different direction—reinforcing metaphysical and nebulous ideas and techniques (miasms, isopathy, and high potencies). This difference in direction probably arose more from big differences in their respective worldviews,¹⁷⁰ than from differences in technique.

The homeopathic use of bacteria and nosodes ran parallel to a similar discovery in allopathy. Homeopathic tinkering with nosodes and diseased tissues (from 1830 onwards), though noticed and condemned in allopathic circles,²⁰ nevertheless inspired similar experiments in the 1880s by allopaths. A collision of ideas occurred; medical minds in both traditions became engaged with vaccines and nosodes (germs). These reactions to (germs) and disease products form two very divergent paths—one leading to vaccinations and bacteriotherapy via serums and antibodies (the germ theory of Koch and Pasteur and increased use of vaccines—that is, modern immunology), and the other to nosodes, higher potencies, and transcendental views. The interpretations each tradition made of "germs" could not be more different, the idea reinforcing both the latent materialism of allopathy and the incipient spiritualism of homeopathy. This entire episode illustrates the fundamentally materialist nature of allopathy and the increasingly essentialist nature of homeopathy after the deaths of Hughes (1902) and Dudgeon (1904). It illustrates how very similar observations in the world were viewed and interpreted very differently by minds of a very different stamp.

Nosodes encouraged the use of higher potencies, and a move away from Dudgeon's "infective principle". They reinforced the idea of disease being caused not by the "morbific particles"¹⁴⁵ on the material level, but by some "subtle essence" carried by the germ (what Van Helmont called a "spiritual gas") and transferred through potentiation to the nosode. Hence, Kent's dictum of "the higher the deeper" and the concept that the "disease essence" (= miasm) can only be truly neutralised by the highly potentised drug (= what van Helmont called the "drug archeus"). Kent also expresses this very clearly: "The Bacterium is an innocent feller, and if he carries disease he carries the Simple Substance which causes disease, just as an elephant would".¹⁷¹

There is a broad and strong parallel between the metaphysical views of van Helmont and transcendental homeopathy concerning a triad of spirits—vital force, drug essence, and disease archeus.⁸⁴ To which we might add that therapeutic resonance (sympathy) between these three spheres would operate as "*similia similibus curentur*" as well as "*similia similibus causam*"—diseases being both cured and caused by similars. "There is not one law for contagion and another one for proving. They are both one"¹⁷¹; "the quality of contagion is similar in nature to the cure".¹⁹ Such a notion then places Hahnemann's system absolutely in a line with the previous vitalist systems of Paracelsus (1493–1541), van Helmont (1577–1644), and Stahl (1660–1734). And it is also clear that vestiges of Galenic medical theory doggedly persist in all these medical systems: man has "a soul, a vital principle (anima) ... a spirit endowed with mechanical powers, or a most ethereal matter ... the vital principle had the power of thinking and (thus comprised) ... an immaterial substance stemming from God".¹⁷² The "Stahlian concept of Archeus and anima quite

closely reflect the basic characters of Galenic form . . . controlling forces which direct all activities of the living body",¹⁷² Such a "vital force" clearly "has the power of directing the body . . . through mechanical means but itself was not mechanical . . . an essential part of bodily phenomena".¹⁷²

The remarkable shift we have charted underscores an essentially spiritual view of contagionism reminiscent of that held by Fracastoro, Paracelsus, and van Helmont, on the one hand, as opposed to the conception of physical, microscopic, and morbid particles (infective viruses; germs) first made by Sydenham and Boyle,¹⁵⁰ and later systematised into the official dogma of orthodox medicine after Koch and Pasteur. Ironically, both views derive from Paracelsus, it being a chemical interpretation of Paracelsus that was embraced by allopaths, while a succession of vitalists espoused his more metaphysical medical ramblings. Sydenham, however, was not a materialist, for he "stubbornly saw no value in the microscope for revealing his morbid particles",¹⁵⁰ believing it would contribute "very little towards the discovery of the cause and cure of diseases".¹⁵⁰

The impact made by "the isopathic heresy," upon the ideological fabric of homeopathy was exactly as Dudgeon had predicted: it pushed it further away from allopathy. By encouraging belief in the miasm theory (diseases deriving from an internalised imprint, or dyscrasia, of the disease archeus upon the vital force), and the increased use of higher potencies, these developments pushed homeopathy into increasingly nebulous and metaphysical territory.

CONCLUSIONS

It seems that Dudgeon was fully justified in the trepidation with which he instinctively greeted isopathy. What he wanted to cling to was doomed anyway as an allopathic version of homeopathy. Certainly, Dudgeon's "wheel was broken at the well" and the development of transcendental homeopathy abjured scientific materialism. Homeopathy feels fully justified in declaring that the high potencies and nosodes validate spiritual paradigms and vitalist medical views. Undoubtedly, many modern homeopaths point to nosodes and high potencies as providing ample confirmation of the metaphysical remarks made by Hahnemann, Kent, and van Helmont regarding the inherent genotypes of matter, of disease, and of living things. It all hangs together neatly. The corpus of homeopathic expertise of the last century and a half validates such concepts as potency energy, vital force, and disease essence (miasm) that temporarily invades and "poisons" the spirit of the person, inducing symptoms.

While transcendentalists interpreted the germ idea as spiritual contagion by essence, the allopaths interpreted it as physical contagion by microbes. In this sense, therefore, there has certainly been a "triumph of the light"; vitalism has triumphed over materialism within homeopathy. Returning to the question we posed at the start, the two systems of medicine stand as far apart today as ever, both in their methods and philosophies, but most importantly also in their perception of disease cause and cure. It is hard to see how these very divergent medical paradigms might be brought into a dialogue close enough to reconcile their profound differences.

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Academic historians advise us that where historical documents are involved it may not be possible to give name of publisher and place of publication.

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- 34 **See reference 2: Haehl vol 1: 250–1.**
- 35 **See reference 2: Hobhouse: 104.**
- 36 See reference 2: Haehl vol 1: 252; re Romantic influences on Hahnemann see also reference 2: Nicholls: 259–60.
- 37 **Dudgeon RE.** *The lesser writings of Samuel Hahnemann*. London: Leath & Ross, 1895 491.
- 38 **See reference 37: 421.**
- 39 **See reference 37: 490; see also reference 24: Coulter**, vol 2: 327–8.
- 40 **See reference 37: 494.**
- 41 **Berlin I.** *Against the current—essays in the history of ideas*. London: Pimlico, 1997: 164–5.
- 42 **Tarnas R.** *The passion of the Western mind*. London: Pimlico, 1996: 367–75.
- 43 **See reference 14: 187.**
- 44 **See reference 14: 21**, 111–113, 191; Rothstein WG. *American physicians in the nineteenth century: from sects to science*. Baltimore: Johns Hopkins University Press, 1972: 261–2; Warner JH. *The therapeutic perspective*. Cambridge: Harvard University Press, 1986: 262–3; Starr P. *The social transformation of American medicine*. New York: Basic Books, 1986: 136–7.
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- 61 **See reference 37: 141.**
- 62 **See reference 37: 164–5.**
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