Bettina Blessing

Pathways of Homoeopathic Medicine
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Complex Homoeopathy in its relationship to homoeopathy, naturopathy and conventional medicine

With a Foreword by Robert Jütte

Translated from the German by Margot M. Saar

With 23 Figures
Foreword

Interest in homoeopathy is undiminished. 72% of Germans prefer to be treated with homoeopathic medicines (Marplan-Institute 1995). Two representative surveys show that homoeopathy has become the most popular alternative healing method in Germany: one was conducted by the pharmacy journal *Apotheken Umschau* in spring 2001, the other in spring 2003 by the market research institute *Gesellschaft für Konsumgüterforschung (GfK)*. A survey among general practitioners and internists commissioned by the medical journal *Ärztliche Allgemeine* revealed that 76.9% of these physicians prescribe homoeopathic medicines, including many complex remedies, "very often, often or occasionally". In Europe, interest in homoeopathy has also been on the rise for many years now, although harmonisation in European pharmaceutical law still seems a far cry.

Like orthodox medicine, homoeopathy encompasses various approaches, some of which look back on a long tradition. Next to classical homoeopathy which is based on Hahnemann's teachings and only uses single remedies there is also complex homoeopathy. Complex remedies are preparations containing several active ingredients that complement each other. They are usually sold as drops or tablets and are suitable for self medication; physicians and alternative practitioners appreciate them because they can reduce the often time-consuming examination of the patient and simplify the complicated remedy selection typical in classical homoeopathy. Similar to orthodox medicines, complex remedies are commonly based on a diagnosis and the general symptom picture. This does not mean that complex homoeopathy goes against the fundamentals of homoeopathy (especially the similarity principle) as has often been suggested, even quite recently. Proponents of complex homoeopathy early on posed the question why ingredients with similar effects could not be combined if the clinical effect of each homoeopathic agent was known from drug provings on the healthy person.

Considering the role played by the complex remedies of various manufacturers on the complementary drug market it surprises that the historical roots of this homoeopathic approach have remained largely unexplored. The history of medicine has tended to focus almost exclusively on the main streams, i.e. Hahnemann's classical homoeopathy and the scientific-critical approach that emerged in the 19th century and flourished in the first half of the last century.

Dr Blessing's study therefore breaks new ground on several accounts, one of which is its investigation of the historically evolved relationship between homoeopathy and naturopathy. Despite all the delimitation attempts on both sides there have been repeated rapprochements in the past. One outstanding example is Emanuel Felke (1856–1926), who, though most famous for inventing the "clay therapy", throughout his career regarded homoeopathy as the backbone of his healing system, the still very popular "Felke Cure".

Spagyrics, although it constitutes a separate section of the medical market, still shares some common ground with homoeopathy in general and with complex homoeopathy in particular. They are linked by what is known as 'electro-homoeopathy'. Little is known about the origin and complex development of electro-homoeopathy. It was introduced by Cesare Mattei (1809–1896), Albert Sauter (life dates not known) and Carl Friedrich Zimpel (1801–1878) among others. All three of them developed spagyrics, a healing method that goes back to Paracelsus, and they created, in strict observation of Hahnemann's similarity principle, a new system which made them pioneers of complex homoeopathy.

It is also little known that the founder of homoeopathy, Samuel Hahnemann (1755–1843), to whom classical homoeopaths like to refer, experimented with so-called “double remedies” encouraged by his pupil Karl Julius Aegidi (1794–1874) and his friend Clemens Maria Franz von...
One of the most important advocates of double remedies was the homoeopath Arthur Lutze (1813–1870), who was very much in demand as a practitioner in Coethen around the middle of the 19th century. He published an unauthorised sixth edition of the Organon in 1865 and, without further explanation, reinstated the paragraph on double remedies that Hahnemann had decided to omit. In her study which draws on a number of sources, Dr Blessing traces the most important contemporary views on the changing and mixing of homoeopathic medicines and proves that the forerunners of today’s complex remedies had many supporters at an early stage.

Reading today’s disputations about homoeopathy we are reminded of the controversy waged in the columns of the leading medical journals of the mid-1920s which had been ignited by the famous Berlin surgeon August Bier (1861–1949) remarking favourably on homoeopathy. Bier had pleaded that critics of homoeopathy examine the controversial approach without prejudice as he himself had done in his Berlin clinic. It was August Bier who saw in the experiments of the Greifswald pharmacologist Hugo Schulz (1853–1932) a convincing scientific foundation for the rule of similars. Since 1903 Bier had publicly supported the Arndt Schulz Rule which states that “weak stimuli excite life processes, medium strong stimuli enhance them, strong stimuli inhibit and the strongest terminate them.” This axiom is still quoted today to explain regulation therapies (to which homoeopathy also belongs).

After World War II Hans-Heinrich Reckeweg (1905–1985) was among the physicians who promoted a healing approach that arose from “holistic thinking”. His treatment system, known as homotoxicology, was the attempt to bring about a synthesis of homoeopathy and scientific medicine. Its historical roots are documented here for the first time. While studying in Berlin, Reckeweg had attended the lectures of Ernst Ferdinand Sauerbruch (1875–1951) and August Bier. Yet, the main influence on the man who was to found the Heel Company was, without doubt, August Bier.

At the time when August Bier stood up for homoeopathy, i.e. the mid-1920s, a group of physicians came together who were convinced that it was necessary to merge the various therapeutic approaches into a “scientifically founded healing method that was developed into an art”. Their motto was “ars una, species mille” (there is only one art, but a thousand approaches). The movement’s mouthpiece or media platform was the journal Hippocrates, which had been founded in 1929 and featured the programmatic subtitle: Zeitschrift für Einheitsbestrebungen der Gegenwartsmedizin (journal for the unity of modern-day medicine). Its editor, Professor Georg Honigmann MD (1863–1930), outlined the journal’s objectives in its first issue: “Medicine must not develop in sole reliance on the ultimately accidental, inadequate, simultaneous or successive, discoveries of the natural sciences, though it should by no means ignore their fertile influence. It must be guided and governed by one unified concept in the development of which it can come to understand the meaning of human disease symptoms.” He also calls for complementing and improving the findings of a “mechanistic, generalising method with other considerations”. Honigmann and his many fellow campaigners, among them a number of renowned physicians, echoed what Bismarck’s personal physician Professor Ernst Schweninger (1850–1924) in his 1906 book Der Arzt (The Physician) had expressed in rather a militant and exaggerated manner: “Smash the gauge that the scholars with unseemly urgency want to impose upon you. Establish your own pathology that addresses the sick person; hurl down the therapy templates of science that shred the human being into small fractions and submit them to the experts for treatment.”
Today’s health care system is viewed with similar reservations. For some years now it has been the aim of the Dialogue Forum on Pluralism in Medicine to facilitate, through open dialogue, the constructive discourse between representatives of orthodox and complementary medicines in order to achieve the best possible patient care. The relationship between orthodox and complementary medicines (the latter includes all alternative medical approaches) is still marked by mutual distrust and delimitation tendencies. This applies also to the German health care system. There is no systematic cooperation yet between the various medical schools of thought. If anything, there is some kind of “asymmetric co-existence” where medical schools teach and apply almost only orthodox medicine while the additional use of complementary medicine has become quite common in wide areas of ambulant health care. The Dialogue Forum on Pluralism in Medicine, founded in autumn 2000 with the support of the president of the German Medical Association (Bundesärztekammer), Professor Dr Jörg-Dietrich Hoppe, has therefore set itself the task of pursuing a critical dialogue among the different medical orientations. Similar to August Bier who spoke up for homoeopathy 80 years ago, there are again representatives of scientific medicine who welcome research into complementary medicine and are open to a constructive dialogue.

Dr Blessing’s historical study shows that homoeopathy was not just under attack from its first beginnings, but that there have always been physicians who approached the controversial healing method openly and without prejudice. That it was complex homoeopathy which helped to build the bridge is one of many insights that this profound historical-scientific documentation from the pen of a recognised expert in social and medical history conveys.

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