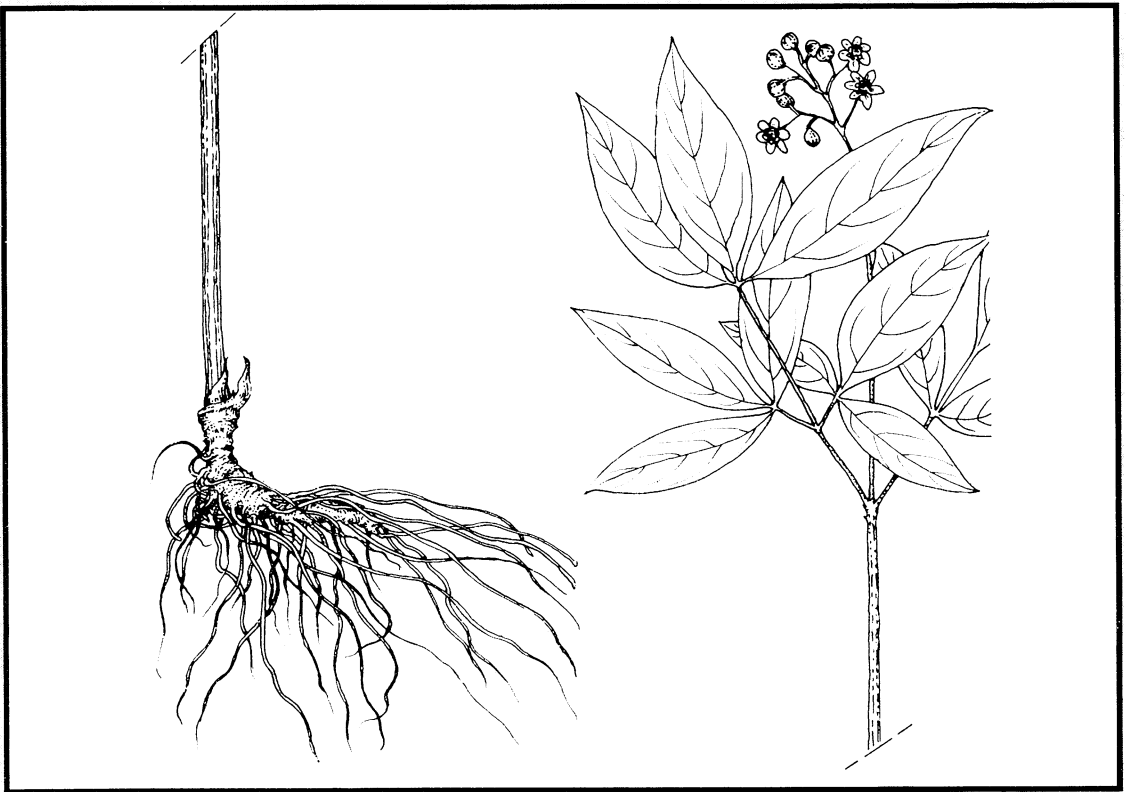
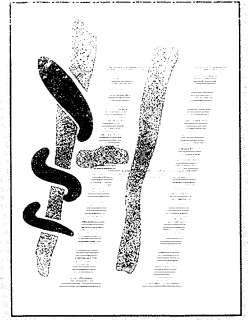


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1 Priestman KG. Adolescent depression. Br Hom J 1978; 67: 248.

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2 Almond DC, Whitten DGA. Rocks, Minerals, and Crystals, p. 76. London: Hamlyn 1976.

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Anthropology and medicine

The image of man in different therapeutic approaches

J. M. SCHMIDT, PHD, MD

Abstract

Fundamental reflections on anthropology in medicine lead on to the image of man on which modern, science-orientated medicine is based, followed by that which underlies homœopathy. Hahnemann's concept of man is considered before elucidating the characteristics and differences between the two approaches and their particular position in the theory of medicine. The strict positivism of science essentially reduces the image of man, whilst the teleological approach, renouncing any claim to be able to investigate life itself, permits a phenomenological recognition of man in all his dimensions.

KEY WORDS: Anthropology; Medicine; Science; Teleology; Phenomenology; Homœopathy; Hahnemann.

Introduction

Initially the question as to the essential nature of the human being appears to be just one of the many questions we ask ourselves as we go through life. It is, however, a very special kind of question, for compared to questions concerning objects external to us it concerns the questioner himself, putting him in question. Compared to questions about everyday objects, data and information, for which an objective answer can usually be found, the fact that the human being refers back to himself with this particular question means that we cannot expect a simple, definite answer. To perceive, establish and ultimately define human nature objectively, would require a neutral point of view outside the object of the question. However, the very fact that human beings are able to ask questions about their own nature represents a major element in human nature, so that conversely it is also true that only a human being can ask this particular question.

Whilst elucidation of this hermeneutic circle has the negative result that we have to

give up all hope of getting a factual, objective answer, the inevitable self-reference of the question actually gives particular significance to the human being as the subject, so that becoming aware of the situation also has a positive result. Just because the answer is not fixed once and for all, human beings have the possibility of taking an active part in designing their own philosophy. They can see themselves the way they wish to see themselves. This essentially open-ended situation in how we see ourselves is the precondition for the realization of human freedom.

Depending on our particular image of the human being, we see and experience ourselves in different ways. Depending on the emphasis given to particular aspects, our ability to perceive these will be increased or decreased. Depending how man is seen in a particular philosophy, a bright light will be cast on some characteristics, whilst others become blind spots.

Such images do of course directly influence the way we deal with other people, from education and training, individual professions and occupations to the system of justice within a society and the medical treatment of patients. Medicine in particular is a field where people are treated according to a specific system, which in turn is based on a specific

Translation of a revised version of an original German paper entitled 'Anthropologie und Medizin—Zum Menschenbild unterschiedlicher therapeutischer Konzepte', published in *Allg Homœop Ztg* 1992; **237**: 95–104 & 140–48.

idea of the human being and his essential aspects. Of the numerous symptoms a patient presents, only those which relate to and are considered important within a particular system are actually considered and used to develop a regime. Depending on the conceptual framework used, a medical practitioner will focus more on specific laboratory parameters, for example, or on Chinese pulse qualities, characteristic food modalities, or important childhood events.

The approach used by a practitioner is thus determined by the prevailing system of medicine. Added to this is another feature peculiar to Western thinking, which is reflected in the whole history of Western science. In China, for instance, medicine has mainly evolved by continually adding new observations and ideas to existing knowledge. In the West, major breaks or changes of paradigm have occurred at frequent intervals. In the East, traditional knowledge was always respected, merely adding to it as time went on, like annual rings added to a tree. In the West, a change of paradigm always meant devaluing everything previously achieved (under different paradigms), so that a completely new beginning was made. The specifically Western approach to science has thus been not so much to add or integrate new approaches, but rather to fight and suppress competing principles.¹

The image of man in science

One of the major breaks in the history of Western science undoubtedly came with the emergence of modern science at the beginning of the 17th century, scientists limiting themselves entirely to facts methodically established by induction based on experiment and observation. The background to this was not the realization that the knowledge obtained so far was wrong, but merely the fact that it proved inadequate in face of the growing interest in gaining definite control of the natural world. Francis Bacon (1561–1626) wrote '*Quantum scimus, tantum possumus*' (our capacity for action depends on how much we know), with knowledge now seen in the light of Thomas Hobbes' (1588–1679) definition:

... imagining any thing whatsoever . . . we imagine what we can do with it, when we have it.²

In antiquity, knowledge was seen to be aware-

ness of the intrinsic nature and purpose of something, without human intervention. Not only does this do nothing to further manipulative aims, but in most cases it actually goes against them.

On one hand, increasing utilization of scientific disciplines, above all chemistry and physics, for medical research has meant a rapid increase in theoretical knowledge and means of practical intervention in chemical and physical processes in the human organism. On the other hand, it soon became apparent that the image of man was inevitably reduced by a science that only took account of measurable and reproducible human properties and relationships which could be defined in terms of scientific laws. The human being became a machine, '*l'homme machine*',³ and continues so to this day in modern medicine. Evidence of this may be seen in specialization—ophthalmology, dermatology, neurology, etc.—and particularly the more recent development of psychosomatic medicine, the subject of which is the interaction between psyche and physical machine, *ipso facto* recognizing and perpetuating the two as distinct entities.

The scientists' image of the human being influences not only modern medicine, however. The reductionist approach of modern science has become a theory of the universe and of man because it also touches on other spheres of life, and above all the final questions people ask themselves as to their position in the universe as a whole. In the 'enlightened' view of modern science, man and his environment are the random outcome of a long period in natural history which started about 10 thousand million years ago with the 'big bang' and progressed via the evolution of stars and planets, from a 'primordial soup' through certain amino acids to the first life forms. Leading ultimately by mutation and selection to the human race with all its cultural achievements. In sociobiology, a discipline that seeks to substantiate this scientific theory, all human achievements—intellectual, artistic, caring or religious—have evolved in a 'natural' way based on causal mechanics relating to matter and rules and can be explained in those terms. Thus Richard Dawkins wrote:

I am treating a mother as a machine programmed to do everything in its power to propagate copies of the genes which ride inside it.⁴

To him, the term 'god' is an essentially mean-

ingless combination of sounds which may, however, affect human brains like a virus and continue to spread among people because of the survival advantage it offers to those infected.⁵

In sociobiology, the scientific image of man outlined above emerges clearly and consistently. In modern medicine it is partly overlaid with the Hippocratic and caring attitudes of medical and nursing personnel and therefore less obvious. This image has evolved through centuries in which the horizon of scientific experience has been methodically reduced to that which is quantifiable, reproducible and follows recognized laws, an approach that has in many respects proved useful. Yet however effective the method as regards technical means of manipulating natural processes, with the horizon thus deliberately reduced, it is inevitably impossible to reconstruct the original phenomena from which the scientific approach was originally abstracted. If the categories of modern science do not adequately cover the human being as a whole, the way he perceives himself in his life sphere, this does not necessarily mean that beauty, art, love, religion, and so forth are 'really' mere illusion or at most epiphenomena of conditions in a physical organism which are capable of scientific explanation. Considering the logical absurdity of any attempt to explain the whole from a part, it is obvious that the principles and methods of modern science essentially cannot be used to gain even an approximate view of the complete nature of man.

So far, we have established that the image of man in modern science, which also provides the basis for modern medicine, cannot do justice to the whole nature of the human being.

Are there any alternatives? We know they exist in philosophical anthropology, but what of applied science? Some are no doubt to be found in this world, among them the universal and cosmological theory of man and the universe on which traditional Chinese medicine is based, to mention just one of the more widely known approaches. In the history of Western medicine, too, concepts of man and the treatment of his ills have evolved that come much closer to the true nature of man than a technological medicine based on strictly scientific principles.

The image of man in homœopathy

Among the medical approaches used in our civilization today, homœopathy has a particu-

larly remarkable philosophy in so far as the sick human being is considered in the fullness of presenting phenomena in a way that is quite different from the usual scientific approach. Both defenders and critics stress that homœopathic case-taking covers practically every area that can be verbalized in some form or other. The homœopath enquires not only into the physical symptoms, but also the patient's particular constitutional characteristics, such as desire for, or aversion to, certain foods, sensitivity to weather conditions, preferred sleeping position, modalities relating to sexual functions, and so on. On the other hand, mental and emotional symptoms are taken just as seriously, ranging from clearly defined fears and anxieties to character traits such as conscientiousness, a tendency to be jealous, and so on, all the way to overt depression. Even states of religious ecstasy are part of the totality of symptoms to be elicited, as are a tendency to curse and similar characteristics. Homœopathic case-taking thus addresses itself to practically every dimension that can be assessed in an interview.

Critics consider this detailed interview, going into the most personal and intimate details of the patient's life, to be the whole reason for the successes of homœopathy. According to them, patients feel they are accepted and taken seriously and this frees a recovery process which has become blocked, causing the symptoms to disappear. In their view, the fact that homœopaths also give medicines, usually in form of small pilules about 1 mm in diameter, is merely a kind of magic, or placebo, given to support the process. Defenders of homœopathy will point out that results are also achieved with infants, animals and even unconscious patients, where feelings of acceptance have no role compared to administration of the medicine. They also refer to the fact that if the wrong medicine is prescribed the patient does not improve, in spite of having a full case-history taken, and that improvement only comes when further interviews have led to the identification of the truly homœopathic medicine.⁶

Whatever interpretation may be put on the cures that homœopaths have undoubtedly achieved, even in chronic diseases, this approach to medicine is based on a philosophy fundamentally different from the scientific view described above. The question is, how has it been possible for an explicitly non-

reductionist, phenomenological approach, in which each human being is seen and recognized as a unique whole made up of body, soul and spirit, not only to become the basis of a specific medical system but also to survive to this day in a world where modern science with its 'enlightened' theory of the universe has been the dominant approach for 3 centuries, steadily gaining ground in the field of medicine?

Samuel Hahnemann's image of man

The history of homœopathy goes back about 200 years. In 1790, Samuel Hahnemann (1755–1843), its founder, tested Peruvian bark on himself. 1796 saw the first publication of his '*similia similibus*' principle; the term 'homœopathic' was introduced by him in 1807, and his main work, the *Organon of Rational Medicine*, appeared in 1810. As both the theory and the practice of homœopathy are the work of a single individual, a brief outline of his educational, medical background and his personal philosophy is in order.

Hahnemann was born and grew up in Meissen (Saxony) educated in the spirit of the Age of Enlightenment first by his father, who was a porcelain painter, and then at St Afra Prince's School, former scholars of which included the poet Gellert and the writer and playwright Lessing. His father, Hahnemann wrote in his autobiography, 'passed on the soundest ideas, discovered by himself, of what might be called good, and commensurate with the dignity of man'.⁷ At school he was taught the classical languages and read the works of both ancient and contemporary poets and philosophers. He went to Leipzig to study medicine when he was 20, familiarizing himself with the theory of contemporary medicine and its preceding sciences during the first semesters. After about 6 months of predominantly practical training at Vienna, Hahnemann was employed in the library of the Governor of Transylvania in Hermannstadt for about 18 months, working on his own to increase his knowledge of languages and 'some complementary sciences'. During his time there he was a member of the local Freemasons' Lodge.⁸

At the age of 24 Hahnemann went to Erlangen, where he obtained his medical degree in about 6 months. He continued to work hard all his life as a medical practitioner, and between times also as a chemist, translator and medical writer.⁹

As to his image of man,¹⁰ Hahnemann on one hand referred to man's physical helplessness and lack of instinct compared to animals, but on the other also considered him 'lord of all forms of life', fully entitled, for instance, to kill animals that presented a threat to him. In spite of, or exactly because of his 'frailty', man was at the same time also the 'noblest of all creatures'. For Hahnemann, man, like the rest of creation, was 'clearly created for the pleasures of life', and all human beings therefore naturally sought 'a form of happiness', and were the only creatures capable of going to excess. Every individual must find his 'pre-ordained' individual limit and arrange his life accordingly. 'The purpose of satisfying our animal needs' is, according to Hahnemann, 'none other but to maintain life, health and the race'. The 'greatest of all physical goods' is 'health', which not all the riches in the world can pay for and the maintenance and restoration of which is 'man's most important and most difficult concern'.

As to artistic and intellectual abilities, Hahnemann considered human powers of invention most important, giving bread-making, the lightning conductor, engines and ships as examples. Industry in this sense was to him still 'the pride of the most fortunate of nations'. On the other hand the human intellect is finite, and our knowledge is limited by our capacity for sensory perception, which means that we are also capable of error. Hahnemann nevertheless confronted the 'ignorance' and 'short-sightedness' of the 'plebs' with the ideal of wisdom and the development and 'ennobling of the mind'. This alone enables humans to rid themselves of prejudices and realize their vocation as 'someone who has adequate reasons for his actions'. The guiding principle for his actions should always be the good. As to the origin of mind and spirit, Hahnemann wrote that the spirit was 'breathed into man from above', and he therefore also called it the 'breath of God' or the 'spark of the divine'. Human beings should therefore seek to 'come closer to the great primordial spirit by ascending the ladder of inner feelings that bring bliss, through activities that ennoble man, and insights that penetrate the universe.'

Greatest 'satisfaction', as Hahnemann thought, was achieved not by wisdom alone, but above all by 'love for one's fellow human beings', 'giving happiness to others' and

'doing good deeds'. It would, however, require some degree of wisdom to perceive how many 'benefits' God had already bestowed on humanity. Sensible education would consist in training the children's bodies, minds and spirits in 'the most suitable way'. Though he considered man to exist in order to 'permanently enjoy' life itself, he nevertheless felt that from the beginning human 'powers' had been 'created for higher purposes'. If he follows his 'divine destiny' and makes 'sublime use of his mind', seeking to 'come closer to the great primordial spirit', at the same time doing good deeds, man can in his estimation be the 'noblest creature in all creation'.

Apart from these exalted goals, Hahnemann also saw the limits that are inescapably set for humanity because of the finite nature of man. Thus he felt the capacity of the human mind would never be sufficient to understand every detail of all the physical, climatic, psychic and other influences to which human beings are constantly exposed. Nor would it be possible, because of the complexity of the reactions involved, to foresee the dynamic effect of a mixture of medicinal agents with different actions—unless a 'god', an 'oracle' or a 'prophetic spirit' were to 'reveal' it.

Apart from these quantitative limitations of the human mind and spirit, Hahnemann also made repeated reference to their qualitative limitations. As the 'earth-bound human being' 'is able to gain knowledge only through sensory perception', the relative crudeness of the senses sets a limit for human knowledge. In Hahnemann's view, we would need to be given 'infinitely more senses than we have, senses of infinite subtlety and fineness' if we are to know and understand the 'countless unknown powers and their laws' that may be active 'in the functions of living organs', things 'we do not even know exist.' This not being so, 'we mortals' are unable to gain full insight into 'the inner processes in a living organism' because we 'lack the necessary firm points' and 'intermediate links' that allow us to proceed 'step by step to the rest', 'right to the innermost point of origin' 'to which the creator of man attached the condition of disease in the sanctuary of that hidden forge.'

In terms of the theory of medicine, such a view of man's potential to gain knowledge means that the 'inner, primary cause of diseases' will be 'forever hidden' because of human weakness'. In Hahnemann's view, the

same applies to all attempts in the philosophy of nature and similar disciplines to arrive at the inner nature of disease by speculatively 'racking one's brains'. For him, thinking that goes beyond the '5 senses' leaves us wide open to imagination and arbitrariness. What is more, a purely speculative theory which does not relate to practical therapeutics would be valueless. Analogous to the 'inner nature' of disease, the 'healing nature' of medicines cannot be comprehended by direct perception or metaphysical cogitation. Here, too, knowledge is limited to drug actions known from experience.

This, then, is Hahnemann's image of man, which runs like a thread through all his writings. It is significant in so far as it provided the basis not only for the history but also for the logic of homœopathy. The ideas of the sublime destination of man and the clearly defined limits of human capacities an equal role in Hahnemann's thinking as he evolved his concepts of rational therapeutics. This has been discussed in detail elsewhere,¹¹ so that it may suffice to outline just the major stages at this point.

The significance of Hahnemann's image of man

In the first place, Hahnemann's search for a reliable pharmacotherapy clearly gained tremendous impetus from the great value he put on 'love for other human beings' and 'doing good deeds'. Health being precious, and every human life of value, medical intervention must be as safe and certain as possible. One of the first obstacles which therefore had to be removed was the uncertainty of contemporary medicine, largely caused by the physicians themselves. Hahnemann undertook a fundamental critical assessment of the materia medica, resulting, for instance, in the decision to make up his own medicines, not to use mixtures, to differentiate carefully between individual cases of illness, refuse to accept superstitions and speculative ideas, and more, all of this largely in the light of his idea of the limits of the human mind and spirit.

Hahnemann's limited acceptance of the scientific approach to medicine also resulted from his desire for certainty at the bedside. Yet although he partly applied the reductionist view to his own patients, he did not allow it to upset or limit his comprehensive image of

man. Instead he limited the area in which the objective, scientific view of man applied to diseases in which it served a useful purpose. He saw the removal of calculi from the gallbladder or urinary bladder as a mechanical, and giving antidotes for ingested acids as a chemical problem, but considered this approach inadequate for 'dynamic diseases'. In his view, the human mind was quite capable of understanding the 'simple material causes' of some diseases but not the 'dynamic causes' of the numerous other diseases. This was due both to the complexity of their constitution and the finite nature of the human mind, something Hahnemann stressed over and over again.

Instead of limiting the horizon of medicine to quantifiable and reproducible scientific facts, Hahnemann's empirical approach included the whole range of phenomena in the sphere of life. He therefore had no trouble in giving consideration also to a number of phenomena that primarily did not fall into scientific categories, for instance a disproportionate systemic reaction to minimal doses, or spontaneous recovery. In offering the potential for these observations, Hahnemann's image of man was fundamentally different from the scientific approach which allows access neither to the unity and wholeness of an organism nor to the spontaneous activity of the variously defined natural healing powers. This teleological approach, which does not deny causal mechanisms but sees them merely as one element, finally enabled Hahnemann, following further empirical studies, to formulate the simile principle as the key to rational treatment of dynamic diseases. Since two similar diseases caused by specific pathological stimuli may cancel each other out, leading to recovery, it should also be possible to do this intentionally, using a specific artificial medicinal stimulus to create a disease similar to the presenting one.

Despite the categorical limits Hahnemann assigned to the human mind and spirit, he had thus managed to discover and formulate a principle the application of which would cure even chronic conditions rapidly, gently, permanently, and above all with certainty. It was entirely in accord with his image of man that in the treatment of dynamic diseases there was no need to know the inner (spiritual) cause, which he felt was forever hidden from us mortals. All that was needed was to gain an accurate assessment of all the symptoms per-

ceptible to the 5 senses. It should be noted that this did not depend on the supposition that the human being is an objective, physico-chemical complex or the like. With his image of man in the background, Hahnemann was able to take account of the whole rich phenomenology of every individual patient. This essentially open approach made it possible to record, with an open mind, highly individual and idiosyncratic symptoms which otherwise would be inexplicable. Homœopathic history-taking also aims to include all rare, strange and peculiar symptoms, so that the patient is seen both as a whole and as an individual.

The homœopathic image of man: Between healing art and science

The image of man on which homœopathy is based is thus not merely more comprehensive, but possibly also more in accord with the true nature of the human being than the exclusively objective scientific approach. Homœopaths do however claim that their principles and method are rational, i.e. scientific, and we must therefore consider how far the homœopathic image of man can be integrated into science as a whole. This, too, has already been done,¹¹ and it may suffice to give brief consideration to the fundamental issues.

For Aristotle and the traditional science that originated with him, science (*episteme*) always related to the general, whilst dealing with the particular was a matter of skill (*techné*). Medical practitioners are in the first place always gaining knowledge of the particular, and treatment is always addressed to individuals rather than humanity as a whole. From this point of view medicine is and always will be a skill. Yet is so far as general rules are applied and the general context is known, it is also a science.¹²

On the other hand we can only arrive at the general by abstraction from the other aspects of an object, or by giving particular emphasis to some parts of the whole. Hegel among others showed that the particular is never arrived at directly but only by way of general concepts. Even terms like 'this', 'here', 'now' or 'I', seemingly entirely concrete and individual, may refer to completely different things without changing in any way. Thus 'now' may refer to day or night, to noon or evening, and so on. Even 'I', the word every individual uses to refer to himself, is such a general term that

it cannot be used to derive the individual nature of a particular person.¹³

Yet the attention paid to the individual nature of every patient is considered one of the primary characteristics of homœopathy. In fact, even the most peculiar of symptoms can only be expressed in terms of general notions, but by virtue of being a combination of several such general notions, a symptom more fully defined by localization, sensation and modalities will be more rare and unusual. What is more, symptoms may only be said to be peculiar if they can be distinguished from the pathognomonic signs of the normal course of a disease. To formulate even the most peculiar of symptoms it is always necessary to abstract from the whole person, realizing that emphasis on one aspect means neglecting others. In purely conceptual terms, therefore, 'lack of thirst with fever', 'desire for salt', 'bubbling sound in ear', etc. are just as general and abstract as, for instance, morning stiffness in specific joints, right-sided migraine or a particular form of skin eruption which are also familiar in conventional medicine.

The difference between the two approaches consists therefore not so much in individuality versus generality of symptoms recorded, but rather in the value they are given as the diagnosis is made and treatment chosen. In science-orientated medicine, symptoms are assessed in the light of pathophysiology and so forth, to arrive directly at the presumed general causes. In homœopathy, phenomena are considered as such and assessed according to the general rules of its method. In either case, therefore, observations are related to general notions which are then utilized according to a general point of view. Formally, this is the scientific method. In either case, however, it requires skill to use the method to help the patient.

The concept of health is the point where the image of man underlying a particular discipline emerges clearly. For example, if our idea of healing is to normalize a laboratory result or blood pressure level by medical treatment, this would be valid in the light of a philosophy where man is seen as a complex, but ultimately passive, machine. If, on the other hand, health is seen as balance and harmony between all powers and other influences within the human being and between him and his environment, this presupposes a universal, cosmological philosophy such as the yin/yang theory of tra-

ditional Chinese medicine. If health is seen not as one of many unstable states of the human body, but as a relatively stable, i.e. essentially normal condition, with the self-healing powers of the organism prevailing over all inner and outer interference, this demands a teleological approach. If we speak of treatment designed to activate self-healing powers, the health of the organism as the goal of these powers must be part of our thinking.

The teleological desire to achieve health of the organism cannot be adequately defined in terms of modern science. Concepts implied in the idea of such a goal, among them wholeness, unity and autonomic action of the organism, as well as concepts such as health, disease or healing, go beyond the horizon of an approach that limits itself to quantifiable and reproducible laws. Because of this, the horizon of scientific affirmation allows us to grasp only part of the human being at a time, and not to comprehend the individual as a whole.¹⁴

With the teleological approach on which homœopathy is based it is, however, possible to see all the presenting symptoms of a patient as the product of a conflict between the organism and pathological stimuli, and to accept that this product has a relative purpose. From this point of view, the symptoms of a disease are not due to random failure in a mechanism that otherwise runs smoothly, but reveal to an expert the direction, or perceptible stages, of the healing effort made by the organism. Consequently, it is advisable not to suppress the self-healing powers, but rather to support them and guide them towards their true goal. Thus something attempted but not quite achieved by nature is taken forward by medical skill. Accordingly, medicinal stimuli are used to which the organism reacts in a similar way as to previous pathological stimuli. The medical stimuli are, however, more powerful and specific in their ability to stimulate vital powers, which may be said to have become bogged down, enabling them to take the healing process to its conclusion.

It is evident, therefore, that the simile principle is entirely plausible in the teleological approach we have outlined, being its logical and historical outcome. conversely, this also means that the simile principle, that is, the application of a specific medicinal stimulus to arouse the organism's self-healing powers, cannot be comprehensible to anyone who bases himself on a purely scientific philosophy

of the kind described above. This must be taken into account when attempts are made to explain homœopathy in 'purely scientific' terms, e.g. some form of electro-magnetic transmission of information, resonance between supposed frequencies of medication and patient,¹⁵ the release of pathogenic biophotons caught up in the DNA,¹⁶ a hierarchic systemic organization of water molecules,¹⁷ and the like.

Conclusion and outlook

It is apparent that the image of man in homœopathy differs quite fundamentally in a number of major aspects from that of science-orientated medicine. Strictly speaking, science can only cover quantifiable and reproducible aspects of the human being which follow recognized laws. These are also taken into account in homœopathy, but merely as elements in a greater whole. The methodological limits set in modern science are not taken as absolute in homœopathy, and this permits openness to phenomena which in principle lie outside the horizon of the scientific approach. Thus the human being is seen not merely as the sum of his physical parts, but as an indivisible, living organism which is conceived teleologically and unlike all other life forms also has a specific dimension of mind and spirit.

One of the main reasons for the difference between the two philosophies is the view taken of the limits of the human mind. In modern science, positivism is dominant, on one hand giving validity only to that which can be scientifically proven, but on the other hand also believing that everything can be scientifically investigated, so that at some point in the future all unsolved problems will be solved. Scientific reasoning is thus seen to be without limits. At the same time man and his world are reduced to categories of science. The human intellect is seen as all-powerful, the human being in the whole of his essential nature as small and one-dimensional.

Homœopathy is based on the conviction held by Hahnemann and his successors that essentially the human mind will never be able to fathom the innermost nature of dynamic diseases, not through science, nor philosophy, or mystical inspirations and the like. For Hahnemann, the nature of a dynamic disease can only be recognized through perceptible symptoms. With all claims to unlimited scientific exploration of the primary cause of a par-

ticular pathological state thus renounced, it is possible to perceive a much broader spectrum not only of specific details presented by a particular patient, but also his problems in the sphere of soul and spirit. In this case, then, the range of the human intellect is seen as small and limited, while the individual person figures large in homœopathic case-taking—rich in facets as well as in depth.

This peculiar dialectic between estimation of the human capacity for understanding and the resulting image of man takes us back to the beginning of this essay. If we are essentially free to design our own image of man, and this in turn has a direct influence on the way we relate to ourselves and to the world, this theoretical discussion also gains practical significance. Depending on the way we want to see ourselves, we can and must consider man inclusive of his cognitive faculties and limits. As these are not objective facts, every decision to take a particular view demands an act of recognition and, being a human action, also has a moral dimension.

Acceptance of a particular philosophy is an act of freedom, but this does not necessarily mean that it is arbitrary. Our recognition should relate only to what has been the case without and prior to it. It should not institute a particular condition of man, but merely bring it to mind. It should restore to man the fullness of his dimensions, the existence of which has been put increasingly in question by scientists in recent centuries.

We do not necessarily need to consider this an act of pure human kindness. Today, facing the potential dangers of modern drugs—'side effects' such as allergies, dependence, iatrogenic disease and mortality—the need to expand the limited scientific image of man has also become an ecological challenge of the first rank.

References and notes

- 1 Unschuld has written about this fundamental difference between the Western and Asian history of science. See Unschuld (1989).
- 2 Molesworth (1962) p. 13.
- 3 See de Lamettrie's book of that title. 1748.
- 4 Dawkins (1976), p. 132.
- 5 *Ibid.*, p. 207 f.
- 6 For further criteria to distinguish homœopathic drug action from placebo effect, see Braun (1983), p. 199.
- 7 Hahnemann's autobiography, quoted in Schmidt (1990), p. 9.
- 8 Hahnemann became a 1st-degree member of 'St And-

- reas zu den drei Seeblättern' Freemasons' Lodge. See Haehl (1922). English edition tr. by M. L. Wheeler (1927) p. 10. Hoede, himself a Freemason, considered this event to have no significance for Hahnemann's life and work, however. See Hoede (1968), pp. 25 & 29.
- 9 Concerning the life and work of Hahnemann, see above all Tischner (1934 & 1959).
 - 10 For details on the quotes that follow, see the chapter 'Mensch' and Part I in Schmidt (1990).
 - 11 Schmidt (1990, 1990/91 & 1992).
 - 12 See Aristotle's *Metaphysics*, book A, 980 f. If 'skill' in this context is seen not as the skill of an artisan (relating to techne) in the classical sense, but more or less in terms of 'artistic freedom' or the like, in the modern sense of not being bound by recognized rules, some physicians may see this too subjectively and be in danger of seeing themselves as individual 'artists', guided by their intuition, and neglecting the proper method of this medical discipline.
 - 13 See Hegel's *Phenomenology of the Mind* (tr. 1910) chapter 1. Or the American translation: *Hegel's Philosophy of Subjective Spirit*. Tr. by J. Petry. Dordrecht: D. Reidel 1979.
 - 14 See Spaemann/Loew (1985), and Schmidt (1990 & 1990/91).
 - 15 E.g. Vithoulkas (1986).
 - 16 Popp (1983).
 - 17 Resch/Gutmann (1987).
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