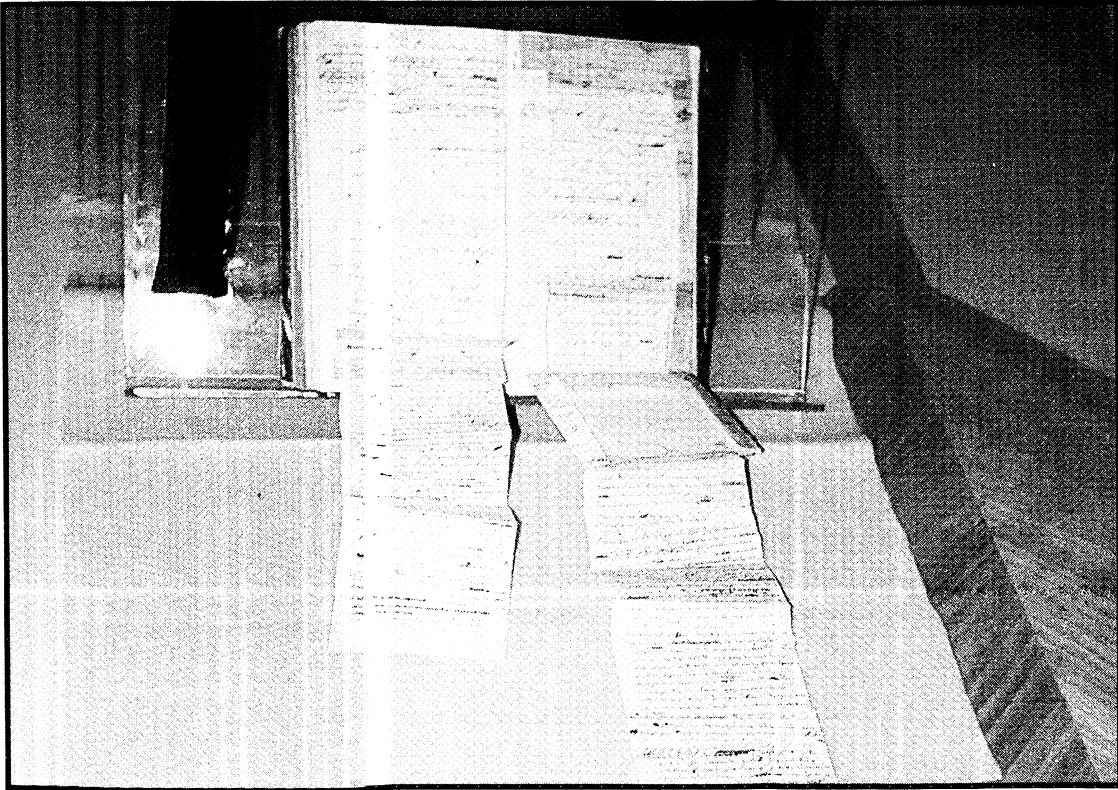
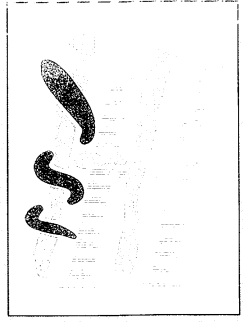


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We prefer papers submitted on disc (3.5" ASCII format). Alternatively articles may be typewritten, double-spaced with wide margins. Pages should be numbered, with the title, author's name, degrees and address on a separate page. The names of homœopathic medicines, books and journals appear in italics, this is indicated in the manuscript by underlining. The binominal system is used for homœopathic medicines, e.g. Natrum mur., Betula alba. Homœopathic potencies are indicated as follows: 6x, 30c, 1M, 10M (or cH, K where the method of dilution is specified).

Graphs, tables and illustrations must be on separate pages, numbered on the back. Legends should be included for all of these, typed on a separate sheet of paper.

References must be numbered consecutively. The form of references should be as follows.

Journals: Name of author(s) followed by initials (if more than 6 authors, give the first 3 and add *et al*). Full title of paper. Abbreviated title of the journal, year of publication: volume number: page number(s). The abbreviation for the British Homœopathic Journal is *Br Hom J*.

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

Books: Name of author(s) followed by initials (if more than 6, as above). Full title of the book, page number. Place of publication: publisher year of publication.

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

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Social and historical

History and relevance of the 6th edition of the *Organon of Medicine* (1842)

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KEY WORDS: Hahnemann S.; *Organon* 6th edn; Haehl R.; Boericke W.; Hahnemann M.; LM potencies; Q potencies; Potentization.

In 1992 I provided the first text-critical edition of Hahnemann's manuscript for the 6th edition of his *Organon of Medicine*. The *Organon* contains all the principles and instructions the homœopathic physician needs to treat his patients homœopathically, which is why it has sometimes been considered the Bible of Homœopathy.

To get an idea of the uniqueness and irreplaceable value of this manuscript, let us briefly look back at its history:

The 1st edition of the *Organon* was published by Hahnemann in 1810, entitled *Organon of the Rational Healing Art* (also translated as *Organon of A Rational Approach to Practical Medicine* Ed.). It went through 5 editions, each of them revised by the author. The last edition to appear in Hahnemann's lifetime was the 5th, published in 1833 in Dresden and Leipzig. However, in 1842, one year before he died in Paris, Hahnemann completed the manuscript of a 6th edition. He went through an interleaved copy of the 5th edition paragraph by paragraph, making changes, erasures, annotations, and additions in his characteristic handwriting.

Due to a combination of adverse circumstances this manuscript remained unpublished for 79 years, until Richard Haehl (1921) and William Boericke (1922) edited and published German and English editions respectively. This, however, was at a time when homœopathy was entering into a rapid

decline, especially in the United States of America. For almost its entire history, American homœopathy has thus been based on the 5th edition of the *Organon*, published in 1833; this also applies to the school of James Tyler Kent who had died in 1916.

William Boericke in San Francisco definitely had the original manuscript of the 6th edition at his disposal for his translation into English, whilst Richard Haehl in Stuttgart had to use mainly a handwritten copy of Hahnemann's manuscript for his German edition. Haehl had actually purchased the original manuscript in Darup (Westphalia) in 1920, but he evidently only went through it for a few days before sending it to Boericke. All subsequent German editions of the *Organon* were based on the edition by Haehl (which was based on a copy of the original). As a result, no authentic German edition existed until 1992.

Today Hahnemann's manuscript of the *Organon* is kept at the University of California, San Francisco (UCSF) as part of the Special Collections in the Library. During the year I spent there as a visiting scholar, doing research on the history of homœopathy in San Francisco, I took the opportunity to look through Hahnemann's manuscript virtually every day. I completed my work on the *Organon* in February 1992—exactly 150 years after Hahnemann had completed his own manuscript. Finally, in May 1992, the first text-critical edition was published by Haug in Heidelberg.

The presentation of my text-critical edition

Revised and extended version of a paper read at the VHAN Conference in The Hague and the LMHI Congress in Vienna, April 1993

is as follows: all text written by hand into the original is shown in italics, with almost 1 700 footnotes representing changes from the 5th edition. It is thus possible to distinguish all parts of the *Organon* which Hahnemann left alone from those which he changed.

The authenticity of Hahnemann's manuscript has been established by graphological criteria as well as by Hahnemann's own written references to this manuscript. In a letter written in February 1842 to Schaub, his publisher in Duesseldorf (preserved in Stuttgart) he said, for instance: 'After 18 months of work I have now finished the 6th edition of my *Organon*, the most nearly perfect of all'...

After Hahnemann's death in July 1843, the manuscript was first in the possession of his widow, Melanie Hahnemann d'Hervilly, who did not accept any of the many offers made by homeopaths to publish it. She did, however, arrange for someone to make a handwritten copy. During the Franco-German War of 1870/71, Mrs Hahnemann, her adoptive daughter, and her husband Carl von Boenninghausen had to leave Paris for the latter's estate in Darup (Westphalia). All of Hahnemann's posthumous works (including the manuscript of the *Organon*) were taken there, and after the death of Mrs Hahnemann everything went to the von Boenninghausen family. Again all negotiations with homeopaths regarding the publication of the *Organon* failed.

In April 1920, under the changed political and economical conditions after World War I, Richard Haehl, with financial aid from William Boericke and James W. Ward, succeeded in purchasing the works of Hahnemann (including the manuscript of the *Organon* and a handwritten copy of it) from the von Boenninghausen family. Haehl immediately sent the *Organon* to New York where it was picked up by Boericke in person in May 1920. In June 1920, the latter presented it at the annual meetings of both the American Institute of Homœopathy in Cleveland and the International Hahnemannian Association. He then worked on the English translation in San Francisco.

Original plans to hand the *Organon* over to the American Institute of Homœopathy, or to the Smithsonian Institution in Washington, DC, for their exhibition on homœopathy, were not realized. After Boericke's death in 1929 James W. Ward kept the *Organon* in his

office and then, in 1933, gave it to the Homeopathic Foundation of California, with whom he shared an office in downtown San Francisco. The Foundation's entire library, which after the death of Ward in 1939 was named in his honour, was moved into the new building of the Hahnemann Hospital in 1940. The *Organon* manuscript was put in the hospital safe and later, when another valuable book had disappeared from that safe, into the private safe of the chief of staff, Howard Engle. After his death in 1952, Elsa Engle, his sister-in-law and former secretary of the Foundation, had to rent a safe at her own expense to preserve the *Organon*, since nobody else from the Foundation showed any interest.

In 1959 Pierre Schmidt from Switzerland (no relation of the present author), on the occasion of his visit to the Annual Conference of the International Hahnemannian Association in San Francisco, asked to see the manuscript but was not able to do so because Mrs Engle had other commitments at the time. After his return to Switzerland, however, Mrs Engle sent him slides of it, at the expense of the California Women's Homeopathic Association. The only person allowed to look at the actual manuscript was Mrs Engle's family physician, Frederic Schmid.

At the request of Heinz Henne at the Institute of the History of Medicine in Stuttgart, a microfilm of the entire manuscript was prepared at the University of California, Berkeley, in 1971 and sent to Stuttgart. After that, UCSF's former Professor of Homœopathy, Otto E. Guttentag, with the agreement of Mrs Engle, gave the manuscript to the Special Collections of UCSF Library where the library of the Homeopathic Foundation of California had been transferred. Thus, in 1974 Guttentag was able to show the original *Organon* manuscript to visitors attending an international homeopathic congress in San Francisco.

Presently, the original manuscript is preserved in the Special Collections of UCSF Library, and open to the public. Users of the Library can look at it under supervision from the library staff. Because of the poor condition of the many old and fragile sheets of paper pasted into it, however, it is generally recommended to use the microfilm. Only in case of specific questions, i.e. when the information to be gained from the microfilm proves to be insufficient, may the original be

requested. Most of it is in the old German handwriting, so that there probably will not be too many people who are interested in reading it. (Most Germans today are unable to read the old script. Ed.)

The library user gets the book on a cloth of felt, on a book-stand, with a velvet page holder. Figure 1 shows the interleaved copy of the 5th edition of the *Organon* which Hahnemann used to insert his corrections and additions for the 6th edition.

Where the space available in this interleaved copy proved insufficient for Hahnemann's emendations, he pasted in small sheets of paper and continued to write on them. If these also proved too small, he pasted new sheets on the original sheets etc. Figure 2 shows a page of the manuscript where the total length of pasted together sheets is almost 1 metre, i.e. more than 4 times of the length of a page in the book.

Now let us look at the famous § 270, the only passage in Hahnemann's entire literary work where he described the method of producing the 50,000 or LM (Q) potencies. The beginning of the main part of the paragraph is in Hahnemann's handwriting (Figure 3). In the second part, the original sheet of paper with Hahnemann's handwriting is torn into pieces, with the missing text written on

another sheet pasted between the original pieces, in Haehl's handwriting. The first footnote to this paragraph is written in another handwriting which, however, can be considered as authorized by Hahnemann, since there are inserted words and phrases in his own handwriting. This section may therefore be assumed to have been dictated and personally revised by Hahnemann. Footnotes 2 to 6 again are in Hahnemann's handwriting. Footnote 7 starts in Hahnemann's handwriting, but with the sheet evidently torn off, the rest is in Haehl's handwriting, with reference to a 'dictation by Hahnemann' which, however, has not been preserved. In § 284 there are no fewer than 3 different handwritings on the same sheet of paper. First Hahnemann's, then his clerk's, and then Richard Haehl's.

These photographs (in the new edition published by Haug, Heidelberg, in 1992, pages



Fig. 1. Interleaved copy of the 5th edition of the *Organon* with corrections and additions for the 6th edition. University of California, San Francisco, Library.

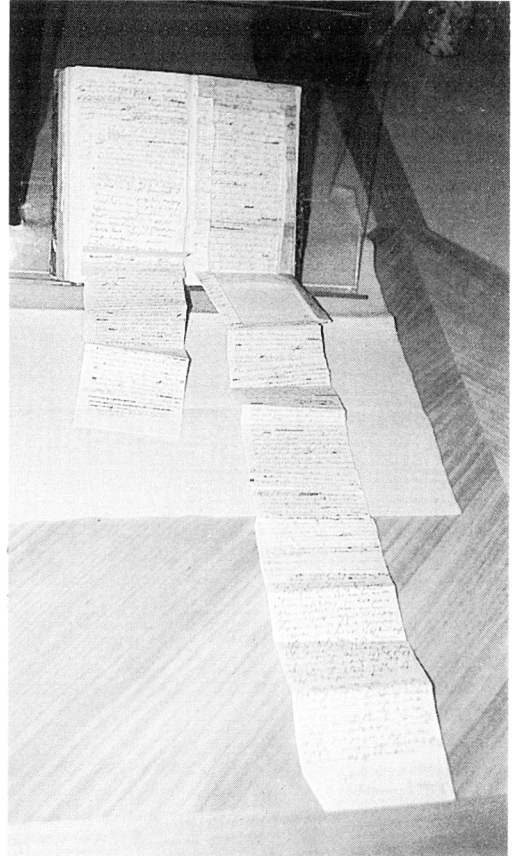


Fig. 2. A page of the manuscript, with additional text on attached sheets of paper.

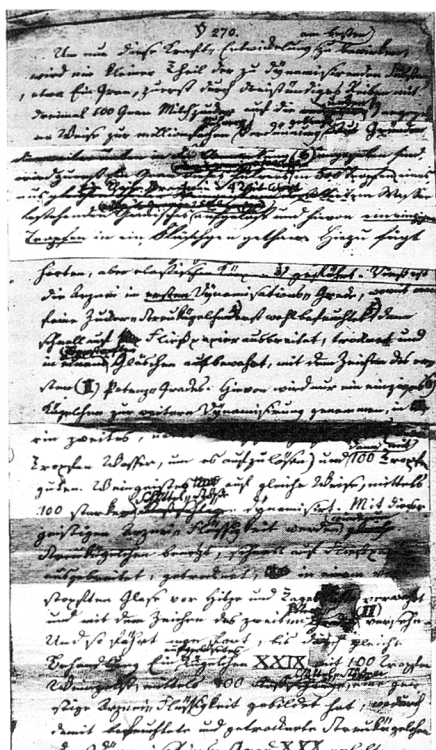


Fig. 3. First part of § 270 of the *Organon*, 6th edition (manuscript).

xxxiv–xl) show why a text-critical edition of Hahnemann’s *Organon of Medicine* is an essential requirement for any kind of serious research.

The practical and historical significance of the 6th edition lies in changes made from previous editions. Hahnemann expressed new thoughts regarding the concept of ‘dynamic actions’, the ‘vital force’, ‘disease’, the status of different forms of therapeutics, the nature and treatment of the ‘chronic miasms’, the self-dispensing of drugs, the administration of single drugs and minimal doses, and also the justification of ‘sniffing’ drugs, the application of magnets, ‘mesmerism’, electricity and galvanism, drugs applied by rubbing into the skin, massage and baths.

The most important innovation, however, was the change in the method of potentization and the corresponding changes in dosage and administration. Since every dilution of 1 : 100 was now followed by a 1 : 500 dispersion, the new potencies were supposed to have a gentler, more rapid action, so that they could

be taken daily, even over a period of several months. This was in complete contrast to Hahnemann’s instruction in the 5th edition of the *Organon* to give just one dose of a high potency and then wait and not give further doses unless the process of recovery slowed down again. Nevertheless, the older method has been used for almost the entire history of homœopathy. Even after the 6th edition had been published in the 1920s, the new posology was at first completely ignored by the homœopathic community. One probable reason is that the new manufacturing procedure was more difficult.

Oddly enough, not even Richard Haehl mentioned the new method of potentization in the preface to his new 1921 edition of the *Organon*; he merely referred to the ‘centesimal’ potencies in § 270. In his biography of Hahnemann, published in the following year, he gave a rough description of Hahnemann’s changed method of giving pilules, but not the method of producing them. Both books were published by the pharmaceutical company Willmar Schwabe.

In the 4 volumes of his history of homœopathy, Rudolf Tischner (1879–1961) made only brief reference (4 lines) to the modification in the method of potentization during Hahnemann’s time in Paris. Even in the revised edition of his work in 1950 he considered it sufficient to mention the new ratio of dilution of 1 : 50,000 and denounce it as a ‘purely spiritualistic concept’.

Rudolf Flury (1903–1977) was the first to take Hahnemann’s instructions regarding the new potencies seriously and actually try them on his patients. In the early 1940s he produced his own 50,000 potencies, calling them ‘LM potencies’. He published his experiences in Lyon in 1950. Adolf Voegeli (1898–1993) had also applied and recommended the 50,000 potencies at a relatively early date. Jost Kuenzli von Fimmelsberg (1915–1992) started to prepare and apply these potencies in 1949. Pierre Schmidt (1894–1987) thoroughly examined the 50,000 potencies in the course of his French translation of the 6th edition of the *Organon*, published in 1952, but—according to his own statement—used them only 2 or 3 times a year.

In 1960 Kuenzli introduced the term ‘Q potencies’ (quinguagintamillesimal potencies) and again described Hahnemann’s directions regarding their manufacture and

application in detail because—in his view—nobody had carried this out accurately until then. Nevertheless, a conference held 5 years later still showed marked differences between the various interpretations of Hahnemann's instructions: some homœopaths started their treatment with Q1, some with Q6 and some with Q18. LM potencies were not offered by pharmaceutical companies until the late 1950s, and finally a manufacturing procedure was also included in the *German Homœopathic Pharmacopoeia (GHP)*. However, until very recently no manufacturer produced Q potencies using the original method given by Hahnemann.

Sceptics among homœopaths usually excused themselves for not considering LM potencies on the grounds that the authenticity of the directions given in the edition of the *Organon* published by Richard Haehl in 1921 was in doubt. Since 1992, however, there is no longer any reason to ignore these directions, because the text-critical edition of the original manuscript vouches for their authenticity.

Why did Hahnemann abandon the old way of potentization and adopt a new one? To answer this question let us first follow the development of Hahnemann's concept of potentization. Hahnemann published his *Principle of Similars* in 1796. The following year he first used the term 'dynamic' with reference to the direct effect of a medicine on the living fibre and nerves of an organism. Applied according the *Principle of Similars*, i.e. in a state of specific sensitivity, some medicines proved too powerful when given in the usual doses. For that reason, he recommended diluting Belladonna to 1/24,000,000 of a grain, for instance, with a few drops to be taken every three days, during an epidemic of scarlet fever in 1800.

If the effect of a small dose needed to be increased in the case of very robust individuals, this, according to Hahnemann, could be achieved in two ways:

- by diluting and stirring the medicine in a glass of water, so that it would come into contact with more nerves when it was taken, or
- by dividing the dose into several single doses. According to an example given by Hahnemann the effect of 2 drops given daily for 5 days proved stronger than that of 10 drops taken as a single dose.

Hahnemann even established a mathemat-

ical ratio for both methods and published this in all of the first 5 editions of the *Organon*.

Apart from these practical tenets Hahnemann was also theoretically convinced of the infinite divisibility of matter. Thus even the smallest part of the highest dilution would, according to him, always still contain 'something' of the original substance and would never become 'nothing'.

Proceeding from these concepts, Hahnemann arrived at ever increasing dilutions in the years that followed: In 1806 he mentioned a dilution which contained only a 'quintillion' of a grain (corresponding to the 15c); in 1809 he had reached a 'sextillion' of a grain (corresponding to the 18c) and in 1816 finally a 'decillion' (corresponding to the 30c). This was the time when Hahnemann gradually progressed to a kind of standardization of the manufacturing procedure of these 'dilutions', as he still called them. He described the systematic dilution and succussion of a tincture in the ratio 1 : 100 (up to the 30c) for the first time in 1816, and in 1818 gave an example for the systematic trituration of insoluble substances with lactose in a ratio of 1 : 100 (up to the 2c). In 1821 he prescribed the number of 10 strokes for each dilution stage.

Meanwhile, Hahnemann had been exposed to more and more hostility, for not only did he lecture on his fantastic doctrine at the University of Leipzig, but he also insisted on dispensing his own medicines. In order to ridicule Hahnemann's posology, his opponents compared the high attenuations with the dilution of one drop of medicine in Lake Geneva. Confronted with this kind of argument, Hahnemann developed a new concept in 1821: medicines would not be dead matter, but rather spiritual entities or powers which would seem to be bound and frozen only when in their crude state. By using a special method of preparation, however, they would become unbound and developed, and their action more rapid and powerful. In 1824, Hahnemann therefore limited the number of strokes per dilution stage to 2 and the duration of triturations at each stage to 1 hour. The purpose was, as he wrote, 'to keep the development of the medicinal powers moderate'. In addition he now also described the dispersion of 1 drop over tiny sugar-pilules. It was only when all elements of his new method of a gradual dilution, trituration and succussion had been introduced that Hahnemann finally coined the term 'potentizing' in 1827.

In his *Chronic Diseases* published in 1828, and in connection with his discovery of the colloidal solubility of insoluble solids, Hahnemann gave very precise instructions on how to manufacture a 3c trituration of any medicinal substance and then process this in the form of dilutions. This direction can be found as Footnote 1 of § 270 in the 6th edition of the *Organon*. In other words, it is the basis for the production of every LM potency.

All editions of the *Organon* state that 'continuing and increasing amelioration (of a disease) precludes repetition of any medicine'. In spite of this, Hahnemann, from 1832 onwards, started to reduce the period of observation after the application of a high potency as far as possible in order to accelerate the healing process, especially of chronic diseases. In contrast to his former view, he now found that repetition of the same dose was necessary as well as possible, even in chronic diseases. As an example, small doses of *Sulphur* 30c could be repeated—if necessary with the use of intercurrent medicines—about 4–10 times at intervals of 7–14 days. In acute diseases the 30c could be repeated even within a couple of hours. In connection with these 2 new tenets,

- 1 that medicines accomplished more, the more frequently they were given, and
- 2 that they could be repeated the more frequently, the smaller the dose.

Hahnemann increasingly stressed sniffing of medicines. An article on the subject which he published in 1832 was incorporated in the 5th edition of the *Organon* the following year. A new paragraph now read: 'The dose of the same medicine is repeated until it ceases to produce an amelioration'.

In the 2nd edition of *Chronic Diseases* (1835) Hahnemann again stressed the necessity to let every dose 'act for as long as amelioration increases'. But as an 'approved exception' he mentioned cases where during the treatment of a chronic disease there is no further amelioration after 7–14 days, and on the other hand no aggravation. Here it would be possible and necessary to repeat the doses of the same medicine in the 'same minuteness', but possibly using modified potencies, e.g. the 30c followed by the 18c, then the 24c followed by the 12c or 6c, etc. The potency could also be augmented by diluting and stirring the dose in a glass of water and dividing it, e.g. over three days. Apparently Hahnemann

recalled principles discovered 30 years earlier. The instructions for administering LM potencies also rest on these principles.

By 1837 Hahnemann had elaborated the procedure: He referred to dissolving 1 pilule in 7–20 spoons of water, adding some spirits of wine for the purpose of better preservation, the daily or hourly administration of a spoonful, depending on whether the disease under consideration was chronic or acute, shaking the liquid with 5–6 strokes before its administration to modify the degree of dynamization, etc. All these instructions are almost identical with those for LM potencies. The only fundamental difference was that the sequence of potencies descended, i.e. first the 30c, then the 24c, etc. Since in this way every dose of a medicine could be 'divided' over 15–30 or more days, it now seemed to Hahnemann that no potency should be too powerful. Instead of the former 2 strokes per potency, he now again recommended 10 strokes. Curiously enough, this short statement by Hahnemann (a preface to *Chronic Diseases*, vol. 3) was omitted from the otherwise complete English translation of the work by Louis H. Tafel. The publishers of this standard work were the pharmaceutical company Boericke & Tafel which had been established by Franz Edmund Boericke and Louis H. Tafel's brothers Rudolf L. and Adolf J. Tafel. In 1839 Hahnemann eventually went much further, recommending '10, 20, 50 or more powerful strokes' at every stage of potentization, coming closer and closer to the final number of 100 strokes prescribed for LM potencies.

This much was published regarding the method of potentization and administration of homœopathic medicines by Hahnemann in his lifetime. Compared with these instructions, the directions for LM potencies found exclusively in his manuscript of the 6th edition of the *Organon* do not seem to be really new. Elements used before were—with reference to the production of LM potencies—systematic trituration to the 3c, subsequent dilution in the ratio 1:100 and 100 succussion strokes per potency, also—with reference to posology—dilution of one pilule in 7–8 spoons of water, addition of spirits of wine, shaking of the bottle before each administration, dilution of a spoonful in a glass of water, stirring vigorously, daily or hourly administration of a teaspoon of the dilution for months, i.e. for as long as improvement continues. What was

new in the manufacture was the additional dispersion of 1 drop over 500 pilules per potency and—in the method of administration—the rising sequence of potencies. However, dispersal of 1 drop over pilules and the administration of a homœopathic medicine in increasing attenuations were already elements in Hahnemann's armamentarium, except that they had not been systematized in this particular way.

As it turns out, these late instructions of Hahnemann do not mean a complete change from all his previous teachings. Rather they are the logical completion of a course he had been following for 10 years. LM potencies were Hahnemann's solution for the following therapeutic dilemma: on one hand physicians are inclined to repeat a high potency as often as possible in order to accelerate the healing process; on the other hand they should refrain from repeating the dose to avoid violent aggravations. According to Hahnemann, it was not until 1842 that he described the most

perfect method of pharmacotherapeutics. Only this guaranteed the 'cito, tuto et iucunde' of Celsus (1st century) as well as the 'rapid, gentle, and lasting' cure that Hahnemann had always advocated.

The significance of the 6th edition of the *Organon* as far as the LM potencies are concerned does not lie in completely new views expressed by Hahnemann (as Pierre Schmidt still felt to be the case in 1961), but rather in the final arrangement of concepts which Hahnemann had used over many years and decades. This kind of arrangement is, however, unique in Hahnemann's entire literary work. If the manuscript had been lost during the last 150 years, we would not have had the opportunity to discover its actual contents, let alone been able to edit it in a serious and scientific way.

Let us therefore bear in mind all the people who contributed to the preservation of this invaluable, historical medical document.

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