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Translated by Barbara F. Varon

This booklet written in thesis form touches on the theory of science in discussion of the principles of currently practiced homeopathy. "Not he who uncritically accepts all things ever written by Hahnemann, rather only he who does it "his own way", he who proceeds in an inductive and empirical manner regarding medicinal therapy, he who examines and verifies or disproves teachings set up by Hahnemann in 'an investigative trial to cure', is a real homeopath in Hahnemann's eyes". Such is the conclusion. Buschauer , who is critical of methodology, exposes all sacred areas of contemporary homeopathic schools: The law of similarity, the assertion that by experience, the medicinal and healing power of a remedy can only be determined in a proving on the healthy and not as experience has shown on the sick as well, the breakneck dissemination that homeopathy is an "a priori-mathematically-sound science".

According to Buschauer, dogmatic writings dated back to the platonic and deductive school tradition of North America's J.T. Kent stand in contrast to an Aristotelian, inductive, and empirical homeopathy, the authenticity of which he can sovereignly prove by paying reference to the theory and practical work of Hahnemann's original circle of homeopaths, Bönninghausen and Jahr. Hence, European statement suffices; a statement which is essential in order to clarify the theoretical confusion surrounding homeopathy today.

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Homoeopathy and Homoeopaths

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From the time *Hahnemann* referred to his teachings, soon famed around the world, as "homoeopathy", physicians, but also non-physicians of every stripe who claim to teach and practice his discipline, have called themselves "homoeopaths". One look at the postwar scene by anyone striving for a proper relationship to *Hahnemann's authentic* teachings reveals that most of the so-called homeopaths of today are even further removed from *Hahnemann's* thinking and practice as a doctor [2] than were their predecessors in *Hahnemann's* time. This holds as true for the heirs to the (pseudo!)-classical tradition who assume elitist airs as for the so-called „critics of natural science“.

The observer will find that all so-called homoeopathic physicians who fall into the categories

* Henne, the expert interpreter of *Hahnemann's* original works, has published some 30 papers in the field of therapy history. See page References

described below are not attuned to the scientific achievement of *Hahnemann*, i.e., his reform of the entire field of therapeutics which is the very essence of his new school. They include practitioners

- who, like representatives of the traditional school, of "theoretical medicine" (*Hahnemann*), regard the intrinsic cause of an illness as the object of their (presumably causally related!) treatment or who derive their therapy from it;
- who worship the rule of similars as the binding principle for their prescriptions; who think of the rule of similars, of drug trials on healthy subjects, of extreme dilutions for their "spiritually potent" medicines as the "pillars of homoeopathy";
- who make common cause with lay healers (*Eichelberger, Voegeli*) by standing alongside them in theory and practice and recommending in medical journals their pseudo-scientific writings as standard works on homoeopathy (*Eichelberger, et al.*);
- who falsely regard themselves as "empiricists", as experientially guided practitioners, for they - in a clear departure from the fundamental principle of empirically derived experience (*Überla [4]*) - proceed solely from subjective, therapist-specific (and therefore personal) experience (*Mössinger [3]*).

Since these representatives of homoeopathy have failed to understand by what right *Hahnemann* claimed "to be the only one in recent memory to endeavor a serious, honest revision of pharmacology", they naturally could not advance either the legitimate claim of homoeopathy to occupy the center of scientific medicine, as the rejection in 1976 by the Bavarian faculties of the "memorandum on the establishment of a homoeopathic academy in Munich" demonstrated.

Let us then examine how "homeotherapists" of this ilk, whose influence seems all-pervasive, come by their notion of the intrinsic cause of illness, of the proper object of their treatment, and pinpoint from which intrinsic cause of disease they derive their therapy.

To read *Kent*, or *Künzli*, is illuminating in this matter. The latter has translated *Kent's lectures on Homoeopathic Philosophy* into German, basing himself on the French version "which was updated to reflect current scientific knowledge by P. Schmidt" (sic! 1973, *Künzli*:). *Künzli*'s rendering of *Kent*, called *Zur Theorie der Homöopathie [5]*, a work on which he has lectured for years in Zürich, actually presents the following:

The intrinsic, true cause of any illness is to be found in the original sin of man, in the aberrant thinking and volition of a patient. Bacteria do not cause illness; they are but its consequences, the undertakers, so to speak. The task of a physician thus does not lie in looking at the water supply, unhealthy living conditions, or nutrition as possible causes of disease but rather in creating inner order in the patient, in restoring harmony between reason and will through homoeopathic prescriptions which (according to *Kent's* misinterpretation!) 'primarily affect the mind'.

When one further learns from *Kent* that "organic man is subordinate to spiritual man", that "the human being is defined by his head and heart, by what he thinks and loves", it becomes clear that *Kent* equates *Hahnemann's* "vitality principle" - which also holds for plants and animals! - with "human reason and will" and consequently sees the "dissonance in the vital force" as the "dissonance between reason and will." Thus the mental and psychological *symptoms* of an illness become the *cause* of its somatic manifestations, become the illness itself. Hence *Kent* the dualist - who stands in direct contradiction to *Hahnemann's* thinking.

It is apparent that it was *Kent's* misunderstanding of the importance assigned by *Hahnemann* to the mental and psychological aspects of disease which lead him into fateful error and made

his homoeopathy into a speculative, spiritual science. In truth, *Kent* is a Swedenborgian: one need only recall that, some 60 years after *Hahnemann's* death, he chose to ignore the already verified discoveries of *Robert Koch* and *Louis Pasteur* and rigidly regarded every illness as a "dissonance between reason and will," to be treated in accordance with the "law" of similars. With that he dug the grave of homoeopathy in the United States.

When *Eichelberger*, who was honored with a commemorative publication [6], speaks of the "suffering life force" as the intrinsic cause of disease, one feels compelled to advise him to reread *Hahnemann* [7] and to ponder the import of *Hahnemann's* question: "Is not that which we can perceive of illness in the form of symptoms one and the same as that which remains fundamentally imperceptible, hidden within? Is not the imperceptible - the 'suffering life force' - merely the unreachable, unknowable part of (one and) the same illness?" *Eichelberger* would do well to heed *Hahnemann's* answer, found in the introduction to Organon VI: "Common sense dictates that the cause of a thing or an event can never be the thing or event itself."

According to *Eichelberger*, all of homoeopathy rests on three pillars: the "suffering life force", "spiritual medicines", and the rule of similars. "Hahnemann did not invent, discover, or recognize these three on the basis of the most enlightened information of his day", declares *Eichelberger*. "Instead, like a (nocturnal?) enchanted hunter, he found their scent, sniffed them out, dreamt them." [8] Given these pronouncements, it comes as no surprise when *Eichelberger* confesses that his recognition of the "inherent laws underlying this homoeopathy" is based on the humanistic science of *Rudolf Steiner*.

In his preface to *Homöopathik*, the work of a pastor and subsequent lay healer, *Eichelberger* writes: "Hahnemann's homoeopathy is not a materially based but a spiritually based medical science. With his book *Homöopathik*, G. Risch has performed a valuable service to the German Fellowship of Classical Homoeopathy (an association of physicians, non-medical healers, and educated laymen), for which he merits high praise and gratitude." Why here, as with *Kent*, homoeopathy turns into a "spiritual medical science" is evident from the following in Risch's [9] writings:

After World War II, Switzerland produced a number of homoeopathic physicians, among them *P. Schmidt*, *Künzli*, and *Voegeli*, who figuratively were students of *J. P. Kent* and taught Europe once more about homoeopathy.

Enough - it is unedifying to venture on. *Hahnemann* would surely spin in his grave were he forced to read that he had set off a revolution in medicine which rendered everything else - except for certain surgical emergency interventions - ultimately absurd;

that he had discovered principles which stood diametrically opposed to the fundamental laws of the materialistically based field of microbiology (i.e., official medicine) and would retain their validity until the end of time.

Braun, too, builds on the foundation laid by *Kent*. In his *Methodik der Homöopathie* (Homoeopathic Methodology), a key text for medical courses on homoeopathy [10], he proceeds from the notion of an "intrinsic cause," an inner dependence of every illness, and cites *Blüher* who, in his *Traktat über die Heilkunde* (Treatise on the Art of Healing), sees illness as the expression of original sin, subject to the "principium individuationis". When he writes that "the way back to the original 'malum' leads back to medicine as practiced by the ancient priests", his therapy regresses to the level of pre-Hippocratic medicine, to the realm of priestly magic, to the pre-scientific speculation of *Alkmaion* [11]. Since he locates the cause of every illness in the miasma-based "psora" of *Hahnemann* - conveniently declaring the meaning of "miasma" antiquated and redefining it to suit his contradictory purposes - he, the former microbiologist, deserves to be put right by *von Bönninghausen*:

In homoeopathy, 'miasma' in its etymologically wider sense means any illness - causing *contagious agent*; in the narrower sense, and with the addition of 'chronic', it signifies psora, syphilis, and sycosis, three infectious diseases which are *distinct from one another* and which, *as far as we know today*, appear to be the cause of all chronic illness." (C. v.Bönnighausen, *Die Homöopathie*, Münster, 1834)

Braun, too, would profit from rereading *Hahnemann*, specifically once again the introduction to Organon VI:

It would have suited common sense and the very nature of things better if, in order to be able to cure an illness, they had located, as the *causa morbi*, the origin of that pathology in a prior or subsequent *infection* with (scabies) *miasma*. Then they would have been entitled to boast that they had focused on the *only useful causa morborum* for healing chronic diseases.

Dorcsi [12] who generates therapies based on the notion that a sick person's "constitution" is the intrinsic cause of illness - nowadays with the help of computerized inventories - presents another case in point. He also needs to be reminded that an observable (i. e., pathological!) constitutional susceptibility, diathesis, predisposition, etc. - even if, to quote *Hahnemann*, "it was put right into the patient's cradle" - does not constitute the cause but only the *expression* of the patient's illness, is only the manifestation of an underlying dissonance in the vital force", *Hahnemann* was well acquainted with the term "constitution", but did not use it as an "explanation"; rather, he used it to describe a (robust) body type. When on one page of his work *Dorcsi* writes that as part of nature we inherit a blueprint for body and soul, that we are born with a definite constitution which remains the same all life long, yet on the very next page speaks of the constitution as a "changeable reaction potentiality", the validity of *Hahnemann's* warning against diatheses and predispositions as (imagined) characteristics becomes only too clear. With *Cabanis* and *Pinel* [13], he pointed to the danger of arbitrary, premature classification: "The true spirit of observation is suffocated (by such an approach) since it creates the illusion that one proceeds from already verified facts and can fashion one's therapy accordingly".

The "constitutional approach" has yielded curious fruit, *Fäh* [13] informs us. The traveler along the path of romantic natural philosophy seeking to progress from "the constitution of the patient" by way of "the constitution of active agents" to "the totality of all entities", to "the cosmic", arrives quite easily at "astrohomoeopathy". When he "explains" the effects of medications and the relationships between constitution and disease on the basis of a romantic model, his interpretations put him on a par with the "psychologizers" in medicine who, as dualists, stand in direct contradiction to *Hahnemann*. *Stübler* [14] and *Dethlefsen* [13] exemplify this category.

When *Köhler* [15] admonishes in his homoeopathic textbook, *Lehrbuch der Homöopathie*, to "please read *Hahnemann's* original work, even if his antiquated style makes him slow going at first", and states that "unfortunately, many of the secondary sources seem vaguely suspect to me: they either do not do full justice to the original or they mix what they have taken over with what they have developed on their own without providing a clear, clean demarcation", and that "this includes *Kent*", we heartily applaud him. But when he then takes from *Kent* that

a disturbance of the spiritual life force first manifests itself in aberrant thinking,
leads to aberrant volition and, finally, to deviant action

and from *Dorcsi* that

most chronic diseases have their origin in the constitution

and on that basis concludes that

it will not do to treat individual illnesses; the focus should be on the patient as a whole since the different ailments have their ontological **raison d'être** in the sick person

and, finally, recommends the works of *H. Fritsche* as

a "historically reliable" contribution to homoeopathic literature, including the latter's allusion-packed *Erlösung durch die Schlange* (Deliverance Through the Snake),

he is guilty of the very charge he levels against others.

It is apparent from the evidence presented thus far that *Hahnemann's* teachings have been degraded to a speculative system by all those so called homoeopaths who fail to understand his empirical concept of illness, who want to treat not the *sickness* but the "sick person", and who regard the rule of similars as the highest principle. These so-called homoeopaths do not base themselves on *Hahnemann's* reform of therapeutics; instead, they follow in the footsteps of representatives of the "old school" or "theoretical medicine"; they derive their therapy deductively, *a priori*, from the traditionalists' "*prima causa morbi*", i.e., from a "fanciful" intrinsic cause of disease, according to *Hahnemann's* progressive thinking. To substantiate their fancies, some resort to the Bible, others to speculations and cosmologies grounded in natural philosophy and holism, still others to astrology and mysticism.

Many of today's younger "homoeopathic physicians" think of themselves as "alternative doctors" - a category once reserved for quacks and charlatans, according to *Meerrwein* [16]. These neo-romantic (*Ackerknecht* [17]), esoteric practitioners regard "the speculative as the truly scientific aspect of medicine", (*Diepgen* [18]). Their proliferation is traceable not only to an alarming dearth of methodological critique - already decried by *Anschütz* [19] - but also to a merely superficial knowledge of *Hahnemann's* works for the most part and a near-universal lack of knowledge of therapy in its historical context. This comes as no surprise given the current, as a rule dilettantish, instruction in homoeopathic medicine. Let us therefore examine the *essence of Hahnemann's „reform of medicine“* on the basis of his own writings and those of his star pupil, *G. H. G. Jahr* [20]:

When *Hahnemann*, in his *Organon*, mentions three different methods of healing capable of eradicating or at least ameliorating human suffering, he serves notice that his work is meant to signify nothing less than a new "system of medicine" - comparable to the innumerable and, since *Galen*, constantly changing speculative systems - which would allow for a deductively arrived - at therapy.

In his pamphlet of 1808, *Über den Wert der spekulativen Arzneisysteme* - (On the Value of Speculative Systems of Medicine), as in *Brief an einen Arzt von hohem Range* (Letter to a Renowned Physician), published in the same year, *Hahnemann discards* all medical dogmata, systems, or cosmologies. Like *Hippokrates* before him, he proceeds on the premise that the physician's highest calling is the *curing* of diseases and asks himself why ever since *Hippokrates*, for some two and a half thousand years, that is - Mr. *Mössinger* may checkthis out in the introduction to *Organon VI* - physicians have failed utterly to "find a method by which disease could be studied correctly and treated successfully". They failed, he says, because they believed that illnesses could not be cured as long as their intrinsic cause remained undiscovered and uneliminated.

He recognizes that all observable pathology is only symptomatic of an underlying vital process, of a "dissonance in the vital principle". This dissonance, however, is not the cause but merely "the unreachable, unknowable part of (one and) the same illness", as we already heard earlier. It follows, says *Hahnemann* in the introduction to *Organon VI*, that the intrinsic

cause of disease will always remain elusive, will never yield a therapy by force of deductive reasoning as long as "the nature of the vital principle, that mystery", (*Cabanis* [21]) is not established and functionally explained.

In his *Brief an einen Arzt von hohem Range*, he tells us that he found "the way to look accurately at diseases and treat them successfully" only when he based himself on the *observations* and *experience* gained during years of struggling for safe medicines. Since disease does not manifest itself as the "vital process", as the "thing itself", his success stems from his *empirical concept of illness* by which diseases are understood in terms of their "entire complex of observable symptoms" and medications in terms of their ascertainable effects.

Hahnemann is fully aware of the import of the method, i.e., the "correct approach", (*Methodos*, *Bochensky* [22]) developed by him. "Someone finally had to make a breakthrough, and *that someone was I*," he writes. "The way is clearly charted, unentangled by endless abstractions. It can easily be followed by any observant, studious, diligent physician."

Thus, as the evidence plainly shows, the significance of *Hahnemann's* teachings does not rest in a system of abstractions - which stands or falls with its governing principle - but in *methodology*. While this distinction is critical for the evaluation of his medical philosophy, it is not always drawn, as the recent pronouncements of a historian - whose competence seems doubtful - show [23]. For in order to be valid, a method need not be correct and true in all of its constituent propositions. Since it does not rest on a single fundamental principle but *on a number of empirically derived principles*, each independent of the other and demanding its own experiential verification, *Hahnemann's* method does not fall with any one of its tenets: not with the need for drug testing on healthy subjects; nor the choice of medications according to symptomatic indications; nor the preparation of medicines, their small dosages and often long duration of effect; nor with any of the other areas on which the founder has pronounced himself. Not even with the seemingly fundamental principle of "*similia similibus*".

When *Hahnemann* declared **therapeutics to be simply an experiential science, downplaying the significance "of his modest little book, Heilkunde der Erfahrung, as a teaching tool"** [24], he naturally did not mean purely subjective experience - a fact which many so-called "experiential physicians" misconstrue. When *Hahnemann* writes, "I do not mean the kind of experience to which our conventional practitioners of the old school lay claim, consisting as it does of a lot of variously constituted prescriptions turned loose against a host of diseases", he brings to mind the so-called "complex-drug homoeopaths" who, without regard to the entire range of possible drug interactions and on the basis of an organopathological, purely symptomatic clinical concept of disease, practice a kind of "buckshot therapy" or, on the strength of their "research," actually piece together the "cumulative effect" of a complex of drugs from the effects of its individual components (never mind that those were described in a different context!). "Fifty years' worth of this sort of experience", writes *Hahnemann*, "is analogous to gazing for fifty years into a kaleidoscope filled with colorful, mysterious bits and pieces; with each rotation they reconstitute themselves, forming thousands of everchanging patterns, and there is no accounting for them!"

It is evident that *Hahnemann*, while preceded by *Zimmermann*, the biographer of *A. von Haller*, predates *Überla* in recognizing that results based on experience must be verifiable, communicable, and reproducible in order to fall within the basic definition of empirically derived knowledge. But beyond that he also recognized that data on the effectiveness of (homoeopathic) remedies for specific diseases could be substantiated only on the basis of a sound concept of illness, one which is always identical with itself. Having realized that the clinical, organo-pathological conception of disease did not hold (because the "uneven success

achieved with the same treatment for presumably identical clinical 'illnesses' throws their supposed identity into doubt"), *Hahnemann*, working curatively in the sense of his "psora" theory, treated neither "the patient" nor the "product of disease" but *the illness itself* in accordance with the empirical, Hippocratic concept.

All this is an indication of the position *Hahnemann's* approach occupies within medical science as a whole. As a *therapeutic method*, it not only leaves the other medical disciplines untouched but even teaches that the proven knowledge of the auxiliary sciences of medicine should be employed to cure diseases in the fastest, safest manner possible. In terms of its specifications and rules, however, it is to previous methods as day is to night; they encompass not only his philosophy of healing but also dosage guidelines, indications for the choice of remedies, and rules for their determination.

Through them, through his observation of and experience with the effects and efficacy of individually administered medications - which are and will remain a necessary consequence of his teachings - he created an entirely new science in his time. He is in fact the progenitor of (pure or positive) *pharmacology* which alone furnishes the basis for establishing definite rules for the cure or treatment of diseases through medicines. Since prior to *Hahnemann* there was hardly any trace of (positive) pharmacology nor a school which taught it, his system is the first to deserve the title "scientific pharmacotherapy".

Since scientific pharmacotherapy is impossible without knowledge of the effects of drugs, it follows that a therapeutics based on such knowledge must be valid not only for homoeopathic treatments but for the entire field of medication-based therapy. In order to make *his method* not only the guiding principle for homoeopathic treatments but also *the rule for pharmacotherapy as a whole*, we merely need to test the validity of *Hahnemann's* propositions with further observation and trials - a process he himself started during his lifetime.

Hahnemann called the work which contains the principles of his discipline *Organon of Therapeutics* rather than *Textbook of Homoeopathy* because in it he assigns not only the homoeopathic approach to treatment but every other kind its proper place in medicine. Thus, the principles contained in the *Organon* belong not to homoeopathy but to pharmacotherapy per se. If for the better part of his teachings he concentrates upon homoeopathic treatments, it is only because they lacked rules altogether. But even if those had already existed, there still would have been a need for methodological rules which teach what medical treatment to employ in individual cases from a scientific and ethical standpoint. By providing those guidelines in his *Organon*, *Hahnemann* becomes not only the *founder* of homoeopathy but of *scientific therapeutics itself*.

The basic aim of the *Organon* is to train scientific physicians rather than "homoeotherapists", physicians who know how to employ each possible treatment in its proper place. *Hahnemann* makes *homoeopathic therapy the rule* and all other medical treatments the exception - calling the former "the curative approach best suited to restoring health long-term without negative side effects" - only because a "homoeopathicum", i. e., "a disease-specific remedy", eliminates the *collective symptoms*, i. e., *cures the illness*, whereas a "palliative" merely suppresses a symptom. Thus, in his new school, homoeopathic therapy ranks second, not first in importance. Of overarching importance is the *method itself*, as *Hahnemann* demonstrates. It is the method which makes homoeopathic therapy the rule, and not the other way around.

His *Krankenjournale* (Patient Journals) were first employed by *Henne* [26], later by *Fäh* [13], and most recently by Ms. *Varaday* [27] to illustrate that *Hahnemann* remained faithful to his method; that he never deviated from the path of observation and empirically gained knowledge in his life-long quest for safe remedies; that his initially established rules are therefore neither the "pillars of homoeopathy" nor immutable "laws" but were already

subjected to constant verification, modification, and restriction by *Hahnemann* himself.

In his *Aeskulap auf der Waagschale* (Aesculapius on the Scales), written in 1805, *Hahnemann* had already made the value of "drug trials with healthy subjects" more restrictive; assigning them to normal physiology, he recognized that they may not be transferred to the pathological state without verification. That is why in his RAL Vol. 3, he rejected all symptoms generated in trials with healthy subjects "which do not hold for the sickbed".

Given this skepticism with regard to symptoms associated with "drug trials on healthy subjects", it comes as no surprise

- that he describes roughly 40% of the symptoms included in his *Fragmenta de Viribus*, his first pharmacological treatise based on drug trials with healthy subjects, as having been observed by "others";
- that his *Krankenjournal* No. 5 records his having used 18 medications which are not contained in *Fragmenta de Viribus* and about which we know little or nothing regarding their tests on healthy persons;
- that during some 2,000 consultations he mentions symptoms from the *Fragmenta* studies only 98 times and then frequently does not prescribe remedies which correlate with them;
- that starting with his early *Journals*, in which he listed remedies appropriate for the case at hand, he did *not* base himself on results obtained from "drug trials with healthy subjects" but underscored individual remedies as many times as they had proven themselves effective against the symptom(s) to be treated;
- that very early on he already specified "medication series" which are called "sequential drugs" today and which naturally cannot derive from drug trials with healthy subjects but only from observations of and experience with sick patients.

All this explains why *Hufeland* already expressed doubt as to whether all of *Hahnemann's* catalogued symptoms were actually the result of healthy-subject tests.

If *Hahnemann* had viewed the rule of similars as an aprioristically fixed "law", he need not have listed "curative effects" as such in his *Journals* but need only have referred to them as "drug-induced symptoms". (I have already commented at length in my Baden-Baden baseline lecture on the misrepresentation of homoeopathy as an "aprioristic, mathematically certain science" on the part of *Fraenzki* and *Klunker*.)

In fact, *Hahnemann* frequently did not choose his prescriptions in accordance with the rule of similars, the treatment of the *Marquis D'Anglesia* - which caused quite a stir at the time - being a well-documented case in point.

Henne [28] has shown that *Hahnemann* vacillated for along time with respect to *dosages*; that he frequently prescribed customary doses; and that even his dispensation of drugs in highly diluted form was in conformity with the practice of the most enlightened physicians of his time and did not signify a specifically homoeopathic approach. In 1815 he dispensed the prime tincture of *Bryonia* and referred to it as a "homoeopathic dosage" in RAL, Vol. 3, 3d ed.

Thus, *Hahnemann's* teaching, his "reform of therapeutics", derives its significance from the fact that, as a methodologist, he rejected the deductive approach to pharmacotherapy some 150 years prior to *Martini* [29] and, as the first physician since *Hippokrates*, adopted the *inductive-empirical method* in both theory and practice - he actually considered himself the "perfector" of *Hippokrates* (*Tischner* [30]); it derives its significance from his going beyond *Martini* and pointing us towards the *curative*, from an ethical standpoint preferable, approach on the strength of his empirical concept of illness and his particular investigational method for the longitudinal assessment of a drug's efficacy - which, as I have shown in my Baden-Baden

lecture by citing *F. Groß* - is superior to the experimental one.

Anyone seeking to continue *Hahnemann's* work must always be mindful of the fact that he is not a homoeopath in *Hahnemann's* sense unless he is a true *methodologist*. For such a homoeopath will not uncritically accept everything that has flowed from *Hahnemann's* pen but instead will follow in his methodological footsteps, practice pharmacotherapy under the inductive-empirical approach pioneered by him, and verify or invalidate *Hahnemann's* propositions in his own scientifically based attempts at healing. It is evident that this kind of homoeopath cannot be a nonmedical practitioner but only a physician who has full command of the latest developments in diagnosis, prognosis, and palliative therapeutic procedures *but who also possesses a fundamental knowledge of the (curative) "homoeopathic" pharmacopoeia „since no physician can regard his training complete if he has only mastered the palliative therapy taught at medical school.“ (Jahr)*

Summary

I have tried to show that the significance of *Hahnemann* as reformer of the whole field of pharmacotherapy is neither perceived, let alone understood, by the medical establishment on the one hand nor by so-called homoeopaths on the other. These "homoeopaths" - in the postwar era largely under the spell of the (Swedenborgian) notions of *Kent* - do not carry his "reform of therapeutics" into their own practice and have failed to understand that the essence of his teaching lies in "the method per se". When therapy is based on the concept of an (imagined) "intrinsic cause" of disease, as was the case with representatives of the "old school", of "theoretical medicine" (*Hahnemann*), "when the rule of similars is elevated to a-priori dogma, the homoeopath becomes a cultist, homoeopathy a speculative system, and *Hahnemann's basic concept of homoeopathy as inductive-empirical in nature - demonstrated in both his theory and life-long practice* - is stood on its head". (Buschauer [31])

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Der junge Mediziner wächst auf in dem Glauben an die alles beherrschende Naturwissenschaft. Er kennt die Fakten aus wissenschaftlichen Untersuchungen. Methodenkritik wird aber kaum gelehrt. Das hat bedauerliche Folgen. Weil ihm Kritikfähigkeit an den eigenen Methoden fehlt, kann er auch heute so weitverbreitete, außerschulische Methoden nicht bewerten. (The young physician is growing up in believe of the all ruling natural science. He knows the facts of scientific trials. Critic of methods is rarely teached. This has regrettable consequences. Due to the lacking ability to criticize his own methods, he is not able to evaluate the nowadays widespread non-conventional methods) MMW. 127 (1985).

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Von *Henne*, dem fachkompetenten Interpreten der *Hahnemann*-Originalien, sind über 30 Beiträge zur Therapiegeschichte erschienen.

Henne, the expert interpreter of *Hahnemann's* original works, has published some 30 papers in the field of therapy history.

Henne, expert interpréte des originaux de *Hahnemann*, a publié plus de 30 travaux scientifiques sur l'histoire de la thérapie.

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