

Homoeopathy

Homoeopathy – A Medical Approach and Its History

An exhibition by the Institute
for the History of Medicine
of the Robert Bosch Foundation
Stuttgart, Germany





© Institute for the History of Medicine
of the Robert Bosch Foundation
Stuttgart, Germany

Scientific direction:
Prof. Dr. Martin Dinges
Prof. Dr. Robert Jütte

Typesetting and layout:
Braun Engels Gestaltung,
Ulm, Germany

Homoeopathy – A Medical Approach and Its History

An exhibition by the Institute
for the History of Medicine
of the Robert Bosch Foundation
Stuttgart, Germany

Contents



What is Homoeopathy?

4



The Old School of Medicine

9



Samuel Hahnemann and the Beginnings of Homoeopathy

12



Dissemination and Development

20



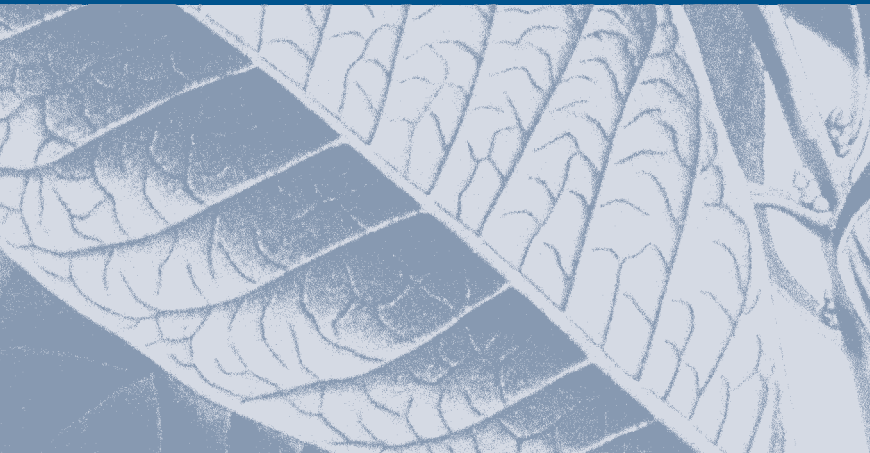
Homoeopathy Worldwide

30



Homoeopathy Today

44



What is Homoeopathy?

Homoeopathy (from the Greek words *homoios* = similar and *pathos* = suffering) is an independent experience-based method of treatment. It was developed in the 1790s by the physician Samuel Hahnemann (1755–1843) from Saxony in Germany.

Homoeopathy does not identify diseases as such, but sees disease as a disorder that affects the whole human being. Fever, pain etc are merely symptoms of this general disorder. Unlike orthodox medicine, homoeopathy does therefore not focus on a particular disease but on the whole person.

A person is considered healthy as long as his or her organism is able to counterbalance any intruding pathogenic agents. Homoeopathic treatment aims at re-establishing the lost balance by using appropriate remedies.



'Classical homoeopathy', as founded by Hahnemann, is based on three principles:

- The principle of similarity ('Law of Similars') which says that a disease is to be treated with the remedy that produces similar symptoms in healthy individuals.
- Drug proving on the healthy person to establish which symptoms a remedy can produce.
- The drawing up of an individual disease picture based on thorough case taking (anamnesis).

01 WHAT IS HOMOEOPATHY?

84) Zittern/kränken im Schlaf?
85) Nach dem Nachtschlaf frisch?
86) Nach dem Mittagsschlaf frisch?
87) Müdigkeit nach dem Essen?
88) Welche besonderen Träume?
89) Zusammenfahren im Schlaf?
90) Welche Lage bevorzugen Sie im Schlaf und warum?

Liste D

Geistes und Gemüthsreize
Auch bei diesen Fragen überlegen Sie bitte, ob Zusammenhänge bestehen zu den Fragen der Listen A, B und C. Bitte die Antworten, wenn möglich, mit Beispielen erläutern.

100) Wie steht es mit geringen Funktionen: Denken, Lernen, Vergessen, Behalten, Rechnen? Beschwerden dadurch? Welche? Abmüdigung gegen geringe Tätigkeiten? Konzentration? Aufmerksamkeit, Zerstreuung, Phantasie?

101) Wie bewerten Sie (oder Ihre Umgebung) Ihre Stimmung? Es gibt da viele Schattierungen: ausgeglichen, schwermütig (wehleidig hoch und tief), heiterlich, verärgert, lebhaft, besinnlicher und besänftigt, impulsiv, pessimistisch, begnügt, usw. Bitte Beispiele.

102) Wie steht es mit Unruhe, Nervosität, Lärmempfindl., Eile, Hastigk., Geduld, Ungeduld, Schreckhaftigkeit?

103) Besonderheiten, Stimmung oder Beschwerden vor, während und nach der Regel?
104) Ausfluß? Wie beschaffen?

107) Welchen Wert legen Sie auf genau und sorgfältige Ordnung (Räumlich, Kleidung usw.)?

108) Welche Folgen oder Beschwerden entstehen durch starke Gemüthsregung (Zorn, Ärger, Schwere, Kummer, Ghaßsucht usw.)?

109) Was empfinden Sie, wenn man Ihnen widerspricht?

110) Was lie Sie sagen über Neigung zum Reden/Redemüssen, Wüßensprechen, Kritisieren und Tadeln (auch sich selbst)? Bei weihen Gelegenheiten?



[2] Samuel Hahnemann, Repertories. Unpublished manuscripts, Leipzig, c. 1817
© Brigitta Ahlborn, IGM

[1] Questionnaire for homoeopathic case taking, by Hugo Ohntrup MD (1914–1996)
© Deutsches Hygienemuseum, Dresden

The Patient's History – Where Treatment Begins

As there is no disease as such in homoeopathy but only the 'diseased person', the treatment begins with in-depth case taking. It is of particular interest how the patient describes his characteristic complaints and symptoms, former illnesses and his situation in life. A physical examination can complement the conversation [1].

The patient's overall symptom picture determines the choice of homoeopathic remedy. Repertories (lists of symptoms matched to particular remedies) and comprehensive pharmacopoeias (detailed descriptions of the proving symptoms of individual remedies) help to find the right medicine [2].

The patient's reactions to the remedy allow conclusions about the healing process and further treatment.

The Simile Principle

The most important basis for homoeopathic treatment is the 'Law of Similars'. According to the similarity principle, diseases can be cured with the substances that, in a healthy person, produce symptoms that correspond to those caused by the disease.



[3] Spanish flies
© IGM picture library



[4] Triturating bowl with the first third of lactose and a good grain of thuja
© Gudjons

The homoeopath compares the symptoms, which were found to be characteristic for a substance in drug provings, to the symptoms displayed by the patient and chooses the remedy with the highest similarity.

Drug Proving

Apart from the patient's history, the homoeopath needs to know the symptoms that the active agent of a remedy produces in a healthy person, that is to say the drug disease, in order to be able to apply the similarity principle.

Each remedy is described by its 'drug picture' which is based on the proving results and knowledge of its typical effect on the sick person.

For a drug proving a group of healthy test subjects are given a potentized homoeopathic remedy for a specified period of time. Only the person conducting the test knows which remedy it is. All symptoms observed during this period of time are registered on a daily basis. Place, time and any changes experienced by the test subjects are faithfully recorded [3] [5] [6].



[5] *Eupatorium perfoliatum*
© IGM picture library



[6] *Silicea*
© Bruno Vonarberg, Brülisau

Potentization

Homoeopathic remedies are specially prepared in compliance with the official *Homoeopathic Pharmacopoeia* (HAB).

To start with, the plant, animal or mineral raw material is liquidized (mother tincture) or pulverized (trituration). In the potentization process these substances are then mixed, step by step, by succussion or trituration: mother tinctures usually with ethanol, triturations with lactose. Certain dilution ratios have to be maintained: 1:10 = D potency; 1:100 = C potency; 1:50,000 = Q or LM potency.

For the preparation of a D2 potency one part of the first D1 potency is again mixed with 9 parts ethanol. The process is repeated until the desired potency has been obtained. One differentiates between low potencies (D1/C1 to D12/C6), medium potencies (D12/C6 to D30/C15) and high potencies (from D30/C15 up to 1000).

Homoeopathic remedies are usually prescribed in form of dilutions (drops), pilules or tablets [4].



The Old School of Medicine

Very little was known about the human body in the 18th century. Although William Harvey (1578–1657) had correctly described the circulation of the blood, metabolism, bacteria and hormones were not yet known.

Based on the doctrine of the four humours, illness was seen as a sign that blood, phlegm and black and yellow bile were no longer in balance. One sought to re-establish the balance by employing blood-letting, laxatives and emetics.

Medical treatment was mostly based on theoretical models. Often drug mixtures were prescribed and high doses of poisonous substances such as arsenic and mercury. In contrast, Hahnemann's strongly diluted and exactly measured doses made homoeopathy look much more attractive.



[8] Bloodletting scene, from: Wolfgang H. von Hohberg: *Calender. Das Land- und Feldleben Adeliger* [Calendar. Country life of the nobility], Nuremberg 1682

© IGM picture library

[7] Hippocrates, engraving by André J. Mécou after Vauthier, no date

© Wellcome Library, London

The Four-Humour-Theory

From antiquity up to modern times, medical treatment was based on the four-humour-theory. The doctrine which was also known as humoral pathology goes back to the Greek physician Hippocrates (c. 460–370 BC). He defined disease as an imbalance of the body humours or fluids (blood, phlegm, black and yellow bile) which could also be caused by adverse air, water or earth conditions [7].

Emptying the body was thus for decades the main ambition. Patients had to undergo debilitating procedures involving blood-letting, enemas and emetics.

The cellular pathology of Rudolf Virchow (1821–1902), which reduced the development of disease to intracellular changes, replaced the four-humour-theory in the end.

Health Care: Physicians, Barber-Surgeons, Lay Healers

In the 18th century health care was not provided by the same professional groups as today. Only a small minority of practitioners had studied medicine, the majority were barbers and surgeons. The barbers used mostly bleeding and cupping while the surgeons carried out surgery and also amputations. Both professions were seen as trades which one learned from a master.



[9] Female anatomy model made from ivory, c. 1700
© Medizinhistorisches Museum, Zurich



[10] Josephinum. State academy for medicine and surgery in Vienna, coloured copperpanel engraving by Karl Schütz, late 18th century. The Josephinum was one of the first academies that provided scientific training for surgeons
© Medizinische Universität Vienna

Many lay healers also knew about the healing power of plants and other substances and applied their medical knowledge at all levels of society.

Up to the 18th century miracle healers, teeth-pullers and sellers of spectacles offered their wares and services on markets and fairs [8].

Medical Training in the 18th Century

For centuries the universities taught all medical knowledge from books. Anatomical studies were carried out on dummies, fold-outs or wax models. Dissections of corpses were very rare. Knowledge of the human body was quite limited and bedside teaching only happened in exceptional cases [9].

In the 18th century a reformation of the medical training set in at some universities. Theoretical knowledge was to be verified and complemented by practical bedside teaching. One of the reformers was Joseph von Quarin (1733–1814), Samuel Hahnemann's teacher in Vienna. Hahnemann said later about his studies in Vienna that it was due to Quarin that he had become the physician he was [10].



Samuel Hahnemann and the Beginnings of Homoeopathy

As a young physician Samuel Hahnemann experienced again and again how little he could achieve with the theoretical knowledge he had acquired. Disappointed, he withdrew from medical practice and, over the following years, made a name for himself as a translator and medical author.

When translating William Cullen's *Materia Medica* in 1790 he came across the Simile Principle which he publicized for the first time in 1796, in the *Journal der practischen Arzneykunde* (Journal of practical medicine). In the 'Rule of Similars' Hahnemann thought to have discovered the foundation for the effective treatment method which he had been trying to find for many years.

In the decades that followed he meticulously investigated the effect of medicinal substances. He published the out-come of his observations in his *Organon der rationellen Heilkunde* (Organon of the Healing Art) in 1810, which, up to the present time, has remained every homoeopath's mainstay.

During the great European cholera epidemic (1830–1832) homoeopathic treatment saved more lives than any other method. This overwhelming success won many people over to the new approach to healing.



[11] Samuel Hahnemann (1755–1843) by Mélanie Hahnemann, 1835
© IGM picture library



[12] Samuel Hahnemann, *Organon der rationellen Heilkunde*, first edition, Dresden 1810, title page
© IGM picture library

Samuel Hahnemann: Life and Work [11]

1755 born 10th April in Meißen/Germany the son of porcelain painter Christian Gottfried Hahnemann and his wife Johanna Christiane née Spieß

1775–1777 medical studies in Leipzig

1777 further studies in Vienna and first work experience

1779 doctorate in Erlangen/Germany

1780 first practice in Hettstedt near Halle/Saale

1782 marriage to Henriette Kähler in Dessau

1783–1785 public health officer in Gommern (near Magdeburg)

1785–1789 relocation to Dresden and opening of practice; work as coroner and registrar in Dresden municipal hospitals; growing dissatisfaction with orthodox medicine and temporary withdrawal from practice; translation of French and English medical and pharmaceutical writings; own scientific publications

1789–1790 relocation to Leipzig, then to Stötteritz near Leipzig; continuation of scientific research; translation of the Scottish physician William Cullen's *Materia Medica* and self-experiments with cinchona bark

03 SAMUEL HAHNEMANN AND THE BEGINNINGS OF HOMOEOPATHY



1792 relocation to Gotha, then Georgenthal;
treatment of the insane F. A. Klockenbring,
Secretary to the Chancellery of Hanover

1793–1796 residence in the German towns of
Molschleben, Göttingen, Pyrmont, Wolfenbüttel,
Braunschweig

1796 Hahnemann phrases the central idea of the
homoeopathic doctrine: *similia similibus curentur*
(let like be cured by like)

1796–1805 residence in Königslutter, Altona,
Hamburg, Mölln, Machern, Eilenburg, Schildau

1805–1811 medical practice in Torgau

1807 Hahnemann for the first time calls his approach
to healing 'homoeopathy'

1810 publication *Organon der rationellen Heilkunde*
(Organon of the Healing Art) [12]

1811–1821 removal to Leipzig; *habilitation* and
teaching [16]; formation of a union of drug provers
with his students

1820 the Leipzig apothecaries sue Hahnemann for
dispensing his own medicines [15]; Prince Karl Philipp
of Schwarzenberg seeks homoeopathic treatment
from Hahnemann



[13] Samuel Hahnemann's pocket pharmacy in book form, c. 1830
© IGM picture library

[14] Samuel Hahnemann's stethoscope from his Paris practice, c. 1840
© IGM picture library

[15] Samuel Hahnemann's first medicine chest
© IGM picture library

[16] Announcement of a lecture by Samuel Hahnemann at Leipzig University, c. 1815
© IGM picture library

1821 relocation to Coethen; opening of a practice with the right to dispense his own medicines [13]

1822 Hahnemann's appointment as court counsellor by Duke Ferdinand of Coethen

1829 50th anniversary of Hahnemann's doctorate; foundation of the *Verein zur Beförderung und Ausbildung der homöopathischen Heilkunst* (Society for the promotion and development of homoeopathic medicine); money collection for the homoeopathic hospital in Leipzig

1830 Henriette Hahnemann dies

1835 Hahnemann marries the French painter Mélanie d'Hervilly-Gohier who is 45 years his junior; relocation to Paris and opening of joint homoeopathic practice which becomes famous all over Europe [14]

1843 Hahnemann dies and is buried in the cemetery of Montmartre



[19] Cholera apothecary, France, c. 1840
© Fonds documentaire Boiron, Lyon

[20] Wilhelm Zipperlen, Der illustrierte Haus-
thierarzt [The illustrated domestic veterinarian],
title page, Ulm 1894
© Deutsches Hygienemuseum, Dresden



Veterinary Homoeopathy

Before the invention of motor vehicles and tractors animals played a much more important part in agriculture and transport than they do today. In 1815 the Coburg court apothecary Donauer published the first veterinary homoeopathic paper: *Suggestions for the more appropriate treatment of sick dogs*. In 1829 Samuel Hahnemann spoke in front of farmers and veterinarians about homoeopathy in veterinary medicine postulating the exact observation of sick animals as well as careful investigation into and thorough knowledge of medicines.

In the 19th century, veterinarians were not everywhere permitted to treat animals homoeopathically because the method was still controversial. At the end of the century interest in animal homoeopathy subsided and was only rekindled in the 1920s. Today, demand is on the increase again and homoeopathy is used more frequently now in veterinary medicine [20].

03 SAMUEL HAHNEMANN AND THE BEGINNINGS OF HOMOEOPATHY



[22] Field Marshal Karl Philipp Prince of Schwarzenberg (1771–1820), portrait by Natale Schiavoni, no date
© Schwarzenbergische Archive, Murau/Austria

[21] Allgemeine Homöopathische Zeitung 1 [first general homoeopathic journal] (1832/33), title page
© IGM picture library

Famous Patients

After the *Organon of the Healing Art* was published in 1810, public interest in homoeopathy grew stronger. When field marshal Prince Schwarzenberg, victor of the Battle of Leipzig, became Hahnemann's patient in 1820, homoeopathy was the topic talk of the day [22].

Kaspar Hauser was also treated homoeopathically. His Ansbach physician Paul Preu corresponded with Hahnemann. Since Hahnemann's times homoeopathic treatment of famous patients has fanned curiosity about the method [24].



[23] Cholera, engraving by Honoré Daumier (1808–1879), c. 1845
© IGM picture library



[24] Kaspar Hauser (1812–1833), unknown engraver, 1828
© Das Gleimhaus, Halberstadt

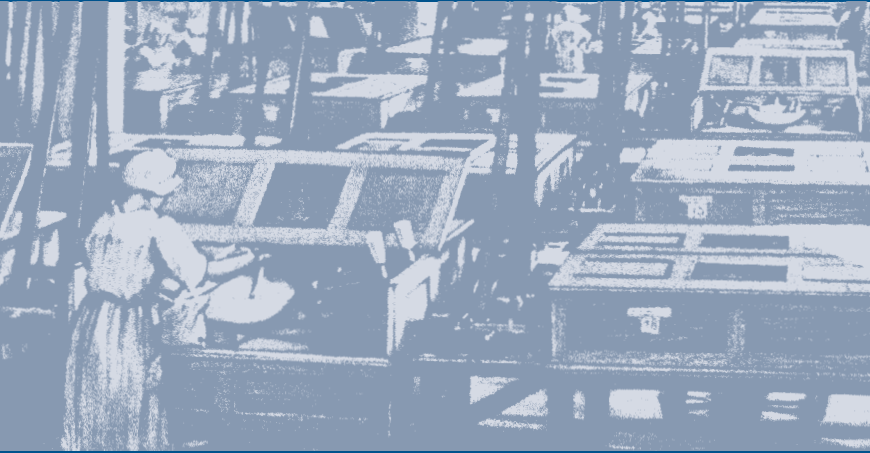
Cholera and the Successes of Homoeopathy

At the beginning of 1817, cholera broke out in India and spread unrelentingly to Europe reaching Moscow in 1830 and Berlin in 1831.

Some physicians, not knowing what else to do, decided to bleed the patients, who were very weak in any case. They treated them with high doses of mercury and opium and forbade them to drink [23].

Hahnemann did not treat any cholera patients himself as the area around Coethen was spared from the epidemic. Soon after the outbreak of cholera he recommended, however, to treat it with camphor. He spoke against blood-letting and not allowing patients to drink. With this therapy many more patients survived than with the conventional method.

Due to the successful homoeopathic treatment of cholera homoeopathy fast gained popularity in many other places [19].



Dissemination and Development

Several factors supported the spreading of homoeopathy during the second half of the 19th century.

Wealthy and prominent benefactors contributed to increase public recognition of homoeopathy. Their social standing drew the attention of wide parts of the population to it.

Since around 1870 the tens of thousands of members of lay societies accelerated the dissemination of homoeopathy, the German States of Württemberg and Saxony becoming the main centres.

During the last quarter of the 19th century some homoeopathic pharmacies began to produce their remedies on an industrial scale. By using modern advertising methods they gained more and more customers.

In the mid-19th century some German universities offered lectures on homoeopathy. But it was only in 1928 that a teaching position for homoeopathy was again assigned in Berlin.

For a time, the National Socialists in Germany incorporated homoeopathy as well as other non-orthodox healing methods into their health policy. Many homoeopaths hoped that this would bring them closer to the looked-for public recognition.



[25] Julie Princess of Oettingen-Wallerstein (1807–1883), lithograph by Ignaz Fertig, 1836
© Jan Kunkel, Munich



[26] Robert Bosch Hospital, Stuttgart, c. 1940
© Bosch Archiv, Stuttgart



[27] Robert Bosch senior (1861–1942), 1936
© Bosch Archiv, Stuttgart

Benefactors – Patrons – Sponsors

A number of wealthy and prominent personalities became generous supporters of homoeopathy after they had undergone successful treatment.

Julie Princess of Oettingen-Wallerstein (1807–1883) had met homoeopathy in Munich through her private physician. In 1883, her legacy helped finance the Homoeopathic Hospital in Munich (1883–1912) [25].

Robert Bosch senior (1861–1942) had been treated homoeopathically as a child [27]. Having had to forsake his first project due to World War I he started a provisional hospital in 1921. In 1940 the newly-built Robert Bosch Hospital opened its doors. Up to the 1960s most German homoeopathic physicians were trained there [26].

Homoeopathic Lay Societies

Between 1870 and 1933 there were several hundred homoeopathic lay societies in Germany, at first mostly in the states of Württemberg and Saxony [30].

These lay organisations promoted the distribution and sales of remedies for self-medication and invited homoeopathic physicians to settle in their area. They also advocated the appointment of homoeopathic chairs at universities and the foundation of homoeopathic hospitals. In lecture evenings they informed their members about the homoeopathic approach



[28] Advertisement for the training of non-medical practitioners, from: *Homöopathische Monatsblätter* 62 (1937), No. 5, p. B 42
© IGM picture library

[29] Tableau of the association course of the Heidenheim Homoeopathic Society celebrating its 40th anniversary in the Heidenheim concert hall, 1926
© IGM picture library

to healing. Because these societies were among the most important buyers of their products the pharmaceutical manufacturers supported their educational endeavours [29].

In 1933, the homoeopathic societies agreed to their alignment (*Gleichschaltung*) by the Nazis. Most of them ceased their activities during World War II. After the war several attempts at bringing the societies back to life in the German Democratic Republic failed. In the German Federal Republic the homoeopathic lay societies did at first not reach the same membership numbers as before the war, but their popularity has been growing again since the 1980s.

Homoeopathic Lay Healers and Non-Medical Practitioners

During Hahnemann's lifetime many lay healers practised homoeopathy, including his second wife Mélanie Hahnemann and his pupil Clemens von Bönninghausen.

Baron Dr Clemens von Bönninghausen (1785–1864) was a lawyer and botanist [31]. After having been cured homoeopathically of pulmonary tuberculosis he became Hahnemann's pupil. Because of his successes as a lay healer he was granted permission to practise in Prussia in 1843 without having studied medicine. His most famous patient was the poet Annette von Droste-Hülshoff.



[30] Small flag of the Röhrsdorf association on its 25th anniversary in 1938

© Deutsches Hygiene-museum, Dresden



[31] Clemens von Bönninghausen (1785–1864), portrait by Julius Roeting, c. 1894 (?)
© IGM picture library



[32] Mélanie Hahnemann (1800–1878), unknown engraver
© IGM picture library

Mélanie d'Hervilly-Gohier (1800–1878) came to Coethen as Samuel Hahnemann's patient and became his wife in 1835 [32]. After moving to Paris together they set up a practice which became highly renowned. From 1857, Mélanie Hahnemann practised together with her son-in-law, the physician Carl von Bönninghausen.

Arthur Lutze (1813–1870) arrived in Coethen in 1850 after an unsettled life as a post office clerk and homoeopathic lay healer. The Lutze Clinic which he founded continued to exist under various directors until around 1915.

The German lay practitioners' law of 1939 gave the lay healers the recognition they had long waited for, but this professional group did not grow considerably after 1945. Only in recent years, with the growing distrust in apparatus medicine, their number has been rising again [28].



[33] Two-story pharmacy of Privy Councillor Virgil Mayer, Cannstatt, before 1915
© IGM picture library



[34] Tincture room in Virgil Mayer's pharmacy, Cannstatt, no date
© IGM picture library

From Workshop to World Enterprise

Almost everywhere in Germany physicians were forbidden to dispense drugs directly to their patients. Yet, the conventionally manufactured medicines often did not fulfil the requirements of the homoeopaths. From the 1830s homoeopathic pharmacies were founded which strictly adhered to Samuel Hahnemann's instructions. These manually working enterprises were soon no longer able to meet the growing demand. From the end of the 19th century some of them began to produce on an industrial scale [33] [34] [37].

In 1866, the apothecary Willmar Schwabe (1839–1917) founded the pharmaceutical company *Homöopathische Centralofficin Dr Willmar Schwabe in Leipzig*. It grew quickly and opened branches worldwide. Also in 1866, he founded his own publishing business and published 200 scientific and popular books on homoeopathy. His *Pharmacopoea homoeopathica* (1872) still provided the basis for the official German *Homoeopathic Pharmacopoeia* of 1978 [36].

Together with his brothers Hans and Friedemund, the pharmacist Dr Gerhard Madaus founded a pharmaceutical laboratory in 1919 which later relocated to Radebeul in Saxony [35].

Using sophisticated advertising, publishing activities and the organisation of further training courses for homoeopathic physicians, non-medical and lay practitioners, these companies opened up an ever growing market.



[35] Year Book 1931 Dr Madaus & Co., Radebeul, title page
© Deutsches Hygienemuseum, Dresden



[36] Trituration machines of the Willmar Schwabe Company, Leipzig, c. 1926
© 60 Jahre im Dienst der Homöopathie 1866–1926 [60 years in the service of homoeopathy 1866–1926], ed. Willmar Schwabe, Leipzig 1926, p. 31

Health Insurance Companies

In 1883, earlier than in other European countries, statutory health insurance was established in Germany. Soon controversy broke out regarding the recognition of naturopathic and homoeopathic treatments by the health insurance companies. Almost all health insurers showed themselves very reluctant to accept homoeopathy in particular.

Saxony was the only state where the health insurance providers accepted the homoeopaths and agreed to pay for homoeopathic treatment. The local statutory health insurer in Leipzig also maintained seven beds in the homoeopathic hospital. In 1910 its board of directors strongly lobbied for the promotion of homoeopathy. Its president at the time was Dr Willmar Schwabe [38].

The costs of homoeopathic treatment, which is listed in the *German Medicines Act* as a special therapeutic approach, have been accepted by more and more health insurance providers since the 1990s.



[38] Advertising badge of the local health insurance company Dresden, January 1914
© AOK Dresden

[37] Illustrated price list of the Homöopathische Central-Apotheke Göppingen, c. 1910
© Deutsches Hygienemuseum, Dresden

Scientific 'Border Crossers'

Despite its rejection by orthodox medicine, there have always been conventional physicians and scientists with a deeper and unprejudiced interest in homoeopathy. Prominent among them were the pharmacologist Hugo Schulz (1853–1932) and the surgeon August Bier (1861–1949) [42].

After Hugo Schulz had studied the principles of homoeopathy in detail and spoken about them favourably in public, his colleagues began to ostracize him. August Bier sparked a heated debate when he asked in a paper published in 1925: *What attitude should we have towards homoeopathy?* The controversy did much to attract public attention to homoeopathy in the 1920s and 30s.



[41] Lecturers on the further training course for homoeopathic physicians in Stuttgart (September 1 to 11, 1926), from left: Ernst Bastanier, E. Epplée (Moscow), Heinrich Meng, Hermann Göhrum, Emil Schlegel, Alfons Stiegele, in the courtyard of the provisional hospital in Marienstraße, Stuttgart
© IGM picture library



[42] August Bier (1861–1949) at his departing lecture in Berlin 1932
© IGM picture library

The Academic Chair Controversy

In the 19th century, applications to the parliaments of the German federal states of Baden, Saxony, Prussia and Württemberg to appoint homoeopathic chairs at the universities were rejected. Nevertheless it was possible up to the middle of the 19th century for individual lecturers and professors in Munich and Leipzig to offer homoeopathy lectures.

Around 1900 several local parliaments began again to look into the question. But only in 1928 the Prussian parliament agreed after long negotiations to grant a teaching assignment at the *Friedrich Wilhelm University* in Berlin. The physician Ernst Bastanier (1870–1953) took on this task and also became leader of the homoeopathic university polyclinic from 1929 [41].



[43] 12th International Congress of the Homoeopathic League, Berlin, August 9, 1937
© Ullstein Bilderdienst, Berlin

Homoeopathy and National Socialism

After seizing power the Nazis began to adapt the health system to their own ideology. In 1935, the leader of the Reich's chamber of physicians, Dr Gerhard Wagner (1888–1939), founded a professional alliance for a new German medicine, which, next to various naturopathic methods, included also homoeopathy.

Many homoeopaths saw this as an opportunity to gain the long awaited public recognition. Like the representatives of other medical professional groups, homoeopathic physicians and lay healers allowed themselves to be taken in by the Nazis and showed themselves sympathetic to them [43].

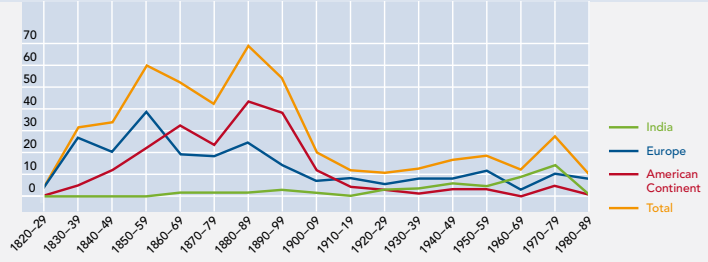


Homoeopathy Worldwide

Still in Hahnemann's lifetime, homoeopathy became known beyond the borders of Germany. Translations of his main writings, personal contact among homoeopathic physicians and a cosmopolitan clientele played a major part in this expansion. Today Hahnemann's approach to healing is represented in many countries worldwide and is often officially included in a country's public health system.

This development was strongly driven by Samuel Hahnemann's main work *Organon of the Healing Art* (1810). By the 1830s it had been translated into several other languages. It thus became known internationally which was quite unusual for a scientific publication at the time.

The world history of homoeopathy can be divided into three phases: rise and consolidation up to c. 1900; stagnation and decline up to c. 1970; then renaissance. Europe was dominant up to the 1860s. After that the homoeopaths in the USA became more active. Since the 1970s India and Latin America have gained increasing importance. At the same time homoeopathy is also experiencing a revival in Europe and the USA [44].



[44] New publications of homoeopathic journals according to continents
© IGM picture library



[45] Front of the Royal London Homoeopathic Hospital, London
© Royal London Homoeopathic Hospital

France

The dissemination of homoeopathy in France was promoted by Hahnemann's Paris practice which he maintained from 1835 up to his death in 1843. At the same time Sébastien des Guidi (1769–1863) made homoeopathy known among the French medical fraternity. In the 19th century the supporters of homoeopathy included noblemen, clergymen and intellectuals. Some of them regarded it as a welcome alternative to the materialism of orthodox medicine [47].

In Paris, Bordeaux and Lyon physicians tested the new healing method in clinical trials. After 1871 homoeopaths founded their own hospitals in Paris and Lyon. In polyclinics in Paris, Marseille, Bordeaux and Nantes more than 100,000 patients were seen per year as early as 1865 which strongly contributed to the dissemination of homoeopathy [48].



[46] Room at the Royal London Homoeopathic Hospital, London, c. 1911

© Royal London Homoeopathic Hospital



[47] Samuel Hahnemann, *Organon de l'art de guérir*. French translation by Ernst Georg von Brunnow, Paris/Lyon 1832

© IGM picture library

Before World War I Léon Vannier (1880–1963) took the first steps towards overcoming the fragmentation in the homoeopathic field: he founded a journal to promote consensus within the doctrine, organized structured tuition, improved the manufacture and sales of remedies and supported further research. From the 1930s competing establishments also aimed at integrating homoeopathy into scientific medicine and the market.

The fusion of several manufacturers in 1967 led to the foundation of the *Boiron* company which has become world leader for homoeopathic medicines [49].

The French national health system acknowledged homoeopathy in 1965 and pays for medicines and treatment. France is Europe's biggest market for homoeopathic medicines. While they were used by 22% of the French population at least once in 1984, the percentage has since risen to more than double that figure. French homoeopaths were also crucial in introducing the method in Brazil and, since the 1970s, also in promoting the training of physicians.



[48] Large room at the Hôpital Saint Jacques, Paris, c. 1914/1918

© L'association Hôpital Saint Jacques



[49] Homoeopathic pharmacy in Marseille, c. 1950

© Fonds documentaire Boiron, Lyon

Great Britain

In Great Britain there have been practising homoeopathic physicians since the 1830s. The Royal family has sought homoeopathic treatment since the 19th century and advocates the approach publicly, thus securing for it a high reputation in society.

The first hospital was founded in London in 1842 by the silk merchant William Leaf (1791–1874). Its competitor, the *London Homoeopathic Hospital*, which goes back to an initiative of the physician Frederick Quin (1799–1878) admitted its first patients in 1850 [45] [46] [50]. Quin was a pupil of Hahnemann's. Also in the early 1840s, the first successful clinical trials were carried out in Edinburgh and elsewhere. By 1846 there were 12 polyclinics in the United Kingdom; by 1853 the number had grown to 57.

The majority of homoeopaths preferred low potencies which can be seen as a rapprochement to orthodox medicine. The decline of homoeopathy first became tangible in the 1880s. Giving preference to high potencies was to underline the distinctiveness of homoeopathy. John H. Clarke (1853–1931) promoted the reception of the work of James Tyler Kent (1849–1916) who, among other things, emphasized the metaphysical aspects of homoeopathy. Clarke trained many lay practitioners, among them Noel G. Puddephatt (1899–1971) who was the teacher of the now famous George Vithoulkas (born 1932).



[50] Frederick Foster
Hervey Quin (1799–1878)
© British Homoeopathic
Association, London



[51] Professor Gustav Schimert
(1877–1955)
© IGM picture library

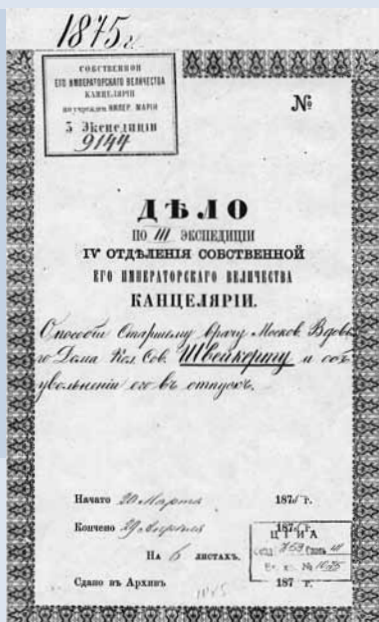
After World War II homoeopathy was incorporated into the *National Health Service* (NHS). Since 1950 it has been acknowledged as a medical specialization and the NHS has been paying for homoeopathic treatment. This circumstance has permitted systematic research into homoeopathy in several NHS out-patient units since the 1980s. The *Royal London Homoeopathic Hospital* is a flagship for homoeopathy in the United Kingdom.

Due to training and the English language the influence of British homoeopaths has remained strong – above all in India, Japan and the USA. Britain's per capita remedy consumption, however, occupies only 13th place in Europe.

Other European Countries

In Belgium, the Netherlands, Austria, Switzerland, Spain, Italy and Greece homoeopathy has long been widespread. Its position in Scandinavia is relatively weak in comparison. In some Central European countries such as Hungary and Poland, as well as in Russia and Ukraine, it is presently experiencing a renaissance.

The Habsburg Military promoted homoeopathic research in occupied Italy with first clinical trials being carried out in Naples in the 1820s. As a result the *Organon* was translated into Italian. Especially in the 1990s Austria organized many courses in Central and Eastern Europe.



[52] File about the financial support and leave of absence granted to the consultant at the Moscow widow's asylum, imperial counsellor Julius Schweikert (1807–1876), 1875 © Anke Dörjes

In Hungary, homoeopathy found supporters early on, among them none less than the national hero István Széchenyi (1791–1860). Two university chairs were appointed in Pest in 1871 and 1873. At the time they were unique in Europe. The Hungarian example was also discussed in Germany. Where there had been a number of hospitals before, only one homoeopathic ward was left in the 1930s, at the *Elisabeth Hospital* in Budapest under the direction of Gustav Schimert (1877–1955) [51].

In Russia, German physicians (e.g. Schweikert junior and senior) brought homoeopathy to the attention of the Tsar and the aristocracy [52]. This clientele made sure that there were homoeopathic physicians in the army and the navy, later also with the state railways and in hospitals. Despite the restrictions imposed by the Soviet Union, some clinical trials were permitted in the 1950s. Polyclinics flourished in Moscow and other metropolises. Some leading party members were treated homoeopathically. In the 1980s homoeopathy was more openly tolerated and, in 1991, it gained state recognition in Russia and the Ukraine.



[53] Pierre Schmidt (1894–1987), 1978
© IGM picture library



[54] Practice pharmacy with LM potencies
of Rudolf Flury (1903–1977), Bern
© IGM picture library

The Swiss homoeopaths were crucial for all of Europe in the 20th century. The Genevan physician Pierre Schmidt (1894–1987) [53] studied classical homoeopathy in the USA and made it known especially in the francophone countries and Italy from the 1950s onwards. In the German speaking countries the same was achieved by the Swiss physicians Adolf Voegeli (1898–1993) and Jost Künzli von Fimmelsberg (1915–1992). Rudolf Flury (1903–1977) rediscovered the LM potencies already in 1942 and was the first homoeopath to produce them again since Hahnemann [54].

European Representation

The European homoeopathic physicians joined forces in 1990 by founding the *European Committee for Homoeopathy* (ECH) to represent their interests in Brussels: the unrestricted practice of homoeopathy by physicians and a unified, high standard of training. In 1999 the manufacturers of homoeopathic and anthroposophic medicines united under the name ECHAMP (*European Coalition on Homoeopathic and Anthroposophic Medicinal Products*) to secure easier access to these medicines on a European level.



[55] Research laboratory of The Hahnemann Medical College Chicago, c. 1899
© IGM picture library



[56] James Tyler Kent (1849–1916)
© IGM picture library

Non-European Countries

USA

It was mostly due to immigrants that homoeopathy became known in the USA in the 1830s. Soon it presented a serious competition for orthodox medicine. In the last third of the 19th century 7% of all physicians were homoeopaths. The pharmaceutical manufacturers *Boericke & Tafel* operated worldwide.

American homoeopaths were particularly successful in the field of training. As early as 1835, Constantin Hering (1800–1880), an immigrant from Saxony in Germany, founded the first homoeopathic academy in Allentown/Pennsylvania. By 1860 there were five colleges; big clinics were added later on. In the USA important clinical trials were carried out. The strongly scientific orientation led to a loss of identity for homoeopathy and to its marginalization after the turn of the century [55].

James Tyler Kent (1849–1916) worked against this trend by emphasizing the distinctiveness of homoeopathy [56]. He preferred strongly diluted medicines and, in 1897, he created a repertory which is still in worldwide use today.



[57] Hahnemann memorial
in Washington/D.C
© IGM picture library



[58] Samuel Hahnemann, Organon del arte de curar, Chilean edition, 1853
© IGM picture library

In the long term, American lay literature also made an impact, for example Hering's introduction to homoeopathy, the *Homoeopathic Domestic Physician* which was first published in Philadelphia in 1837 and saw many new editions as well as translations. It was still translated into Spanish in 1923. Since the 1980s American homoeopathy has been experiencing a renaissance which, this time, started at the West coast and is mostly carried by lay healers [57].

Central and South America

In some Central and South American countries such as Argentina, Brazil, Colombia, Mexico and Uruguay homoeopathy looks back on a long and consistent tradition [60]. It was the Spanish physician Cornelio Andrade y Baz who introduced homoeopathy in Mexico in 1849 [59]. As early as 1854 it gained state recognition after a yellow fever epidemic. A physician's association and a journal were founded in 1861 and, in 1871, a homoeopathic hospital was set up which still operates today.

In other countries the number of homoeopaths picked up again after a first flourishing period, such as in Chile or Bolivia, or after disruptions, as in Cuba, and rose steadily during the last third of the 20th century [58]. Since 1992, homoeopathy has enjoyed systematic support in Cuba. It is now part of the state health service and thus widespread in the entire country. In



[59] Pupils of Higinio G. Pérez (1865–1929)
© IGM picture library



[60] Latin American
homoeopathic journals
© IGM picture library

that region, homoeopathy is at least state-recognized in many countries which means its practice is permitted as a medical method, the training is accepted as a medical specialization or its remedies are officially registered and therefore form part of the pharmaceutical training.

In the 19th century many Latin Americans studied in the USA. But in the first decades of the 20th century a national school was founded in Mexico which gained fame beyond the borders of Latin America in the second half of the century through Proceso Sánchez Ortega (1919–2005). The Argentinean physicians Tomas P. Paschero (1904–1986) and Alfonso Masi-Elizalde (1932–2003) also achieved international acclaim.

Brazil

In Brazil homoeopathy has had an ongoing tradition since 1810. At the beginning it was mostly spread by the Frenchman Benoît Mure (1809–1858) who immigrated to Brazil in 1840 and founded a homoeopathic training institute for physicians and lay healers (!) in Rio de Janeiro in 1843 [61]. A competing foundation where only physicians could train brought to expression the division among homoeopaths. In 1912 the state recognized, academic *Faculdade Hahnemannia* opened and was extended, in 1916, by a clinic of 200 beds. Up to 1965 homoeopathy remained a compulsory subject at the medical school in Rio de Janeiro [62].



[62] Farmacia do Instituto Hahnemanniano do Brasil
© Ciencia Hoje 7 (1988), p. 59

[61] Benoît Mure, Doctrina de l'École de Rio de Janeiro et pathogénésie brésilienne, cover of the first comprehensive Brazilian description of homoeopathy, Paris 1849
© IGM picture library

In the 1930s and 1940s, radio and press regularly broadcasted information about homoeopathy. Since 1926 national homoeopathic congresses have taken place, which were initiated by José E. Rodrigues Galhardo (1876–1942). It was only in 1979 that this vast country set up its first national physicians' association (AMHB).

Since 1977 homoeopathy has been officially recognized in the pharmaceutical, since 1979 also in the medical field. Homoeopathic physicians and pharmacists have a particularly close relationship in Brazil. Today homoeopathy is fully integrated in the state health system (SUS) which has the task to secure health care for the whole population. With c. 4% of physicians being homoeopaths Brazil has one of the highest percentages worldwide [63].



[63] Petition card: Homeopatia direito de todos, Brazil, 2006
© IGM picture library

India

In the Asian region, India and Pakistan are the geographical focus point for homeopathy. It was introduced in the first half of the 19th century by European physicians. Soon, native doctors and lay healers also developed an interest in homeopathy as its concepts were easily reconcilable with traditional Indian healing approaches. At the same time it was seen as modern Western medicine. The fact that it does not rely on 'strong' drugs made it particularly popular.

Bengal became the geographical centre of homeopathy in India. Its capital Calcutta featured most of the training institutes, pharmacies and publishing houses. From there, homeopathy spread especially to the North in the 20th century. On the South Indian coast, local centres had been founded already in colonial times, partly by missionaries, more often due to the cooperation between British state officials and Indian physicians [64].

In 1937 the *Central Legislative Assembly* of India first accepted homeopathy. Since 1973 it has enjoyed full public recognition. Just like Ayurveda and other Indian medical systems, it is organized by the state as an independent discipline next to orthodox medicine. Within this framework, the homeopaths make their own decisions with regard to their register of physicians, training standards and accreditation of the almost 200 medical schools.



[64] Willmar Schwabe's Indian subsidiary in Calcutta, before 1926
© 60 Jahre im Dienst der Homöopathie 1866–1926 [60 years in the service of homoeopathy 1866–1926], ed. Willmar Schwabe, Leipzig 1926, p. 41

Homoeopathic physicians work as part of the national health system, for example in primary care. They operate 230 hospitals of their own. More than 20 national institutes carry out homoeopathic research including the proving of Indian active substances. Homoeopathy has also been used for decades for the prevention and treatment of epidemics [66].

The 154,000 homoeopaths (as of 2007) make up 13.4% of all Indian physicians. This is the highest percentage worldwide. Over and above that, there are 66,000 not academically trained, but registered homoeopaths who are particularly important in providing health care for the poor. Here, homoeopathy proves to be especially effective, economic and relatively easy to use [65].

After gaining independence India developed into an internationally highly acclaimed centre for homoeopathy. Physicians from all over the world have travelled there for decades to gain work experience because homoeopathy is used for many more disease pictures in Southern Asia than, for instance, in Europe. What is also special is the seasonal use of remedies which takes into account the country's climatic conditions.



[65] Homoeopathic practice
in Kannur/India, c. 1990
© Ute Schumann, Hamburg



[66] Samuel Hahnemann,
Organon of the Healing Art,
Indian editions
© IGM picture library

International League of Homoeopathic Physicians (LMHI)

Since 1876 international congresses of homoeopathic physicians have taken place regularly every five years, alternating between the USA, Great Britain and France. Only in 1925, an official worldwide alliance was set up in Rotterdam: the *Liga Medicorum Homoeopathica Internationalis* (LMHI) which has organized annual congresses since then. Conferences have also taken place since 1929 in Central America (Mexico), since 1971 in South America (Buenos Aires) and since 1967 in India (New Delhi). Now, every third congress takes place outside Europe or the USA which is a sign for the growing importance of the emerging homoeopathic markets. At the congresses, several thousands of physicians come together from all over the world, which means that the global exchange of knowledge is greatly accelerated.



Homoeopathy Today

For over 200 years now homoeopathy has proved to be a successful healing method. Although there is not yet sufficient scientific evidence of how it works, its therapeutic efficacy is now also recognized by the *World Health Organization (WHO)*.

Homoeopathy has proved amazingly successful in the treatment of chronic and allergic conditions such as rheumatism, migraines, asthma or skin disorders. We see these symptoms more and more often due to the ageing world population and the increasing pollution through harmful substances in everyday life. Emerging countries also use homoeopathy to combat infectious diseases such as cholera and AIDS.

As homoeopathy is by now practised all over the world, regional specialities develop. Homoeopaths often deal with specific challenges (disease symptoms) by using native, proven medicines. In some countries mostly complex remedies (consisting of more than one active agent) are prescribed, in others the 'classical' single remedies dominate.



[67] Japanese introduction to the homeopathy by Brunton Nelson, book cover, Tokyo 1989
© IGM picture library

Demand and Supply

Since the 1980s the demand for homeopathic treatment and homeopathic medicines has grown worldwide. By 2005, almost a third of all Germans had tried homeopathy; in France it was even 40%. Everywhere, the majority of homeopathy users are women, most have higher education, are rather dissatisfied with their state of health and have an above average interest in health issues. They want to have a say as patients. About three quarters of Europeans wish to see complementary and alternative medicine (CAM) more strongly represented in their health systems. Patients who use CAM are younger than average, which points to a potential further expansion of homeopathy.

The number of homeopathic practitioners is growing disproportionately fast. Almost half of all German general practitioners prescribe homeopathic medicines 'very often, often or occasionally' according to a representative survey. Around 6,000 physicians have adopted the additional title 'homeopathic doctor', three times as many as in 1993. The percentage of homeopaths among general practitioners now amounts to almost 3%. The number of non-medical practitioners with homeopathic specialization is also on the increase.

Comparable growth tendencies can also be observed in other European countries: the percentage of physicians with an equivalent homoeopathic specialization is in some countries higher now than in Germany. In India, Brazil and other nations the number of homoeopaths is also growing fast.

Globalization has also benefited homoeopathy: In Japan, for instance, where there used to be just a few homoeopathic physicians, Torako Yui started a very successful school in 1997 where 700 homoeopaths have been trained over the last ten years. A patients' association which she also initiated is said to have already 20,000 members [67]. In Sri Lanka and Malaysia the health ministries are seeking to obtain information about the efficacy and potential of homoeopathy. In the United Arab Emirates, where homoeopathy has so far not been practised, it is being discovered by physicians now. In South Africa and Australia interest is also growing.

From Physician to Homoeopath

Only physicians with a further specialization in homoeopathy are allowed to use the title 'homoeopathic physician' in Germany. So far, the method has not been firmly established at any universities in Europe. There are, at best, teaching assignments which convey the basic knowledge to medical students. The training of homoeopathic physicians therefore takes place in further training courses that are offered by the homoeopathic physicians' associations or institutes.

Apart from homoeopathic general practitioners, there are also gynaecologists, paediatricians, dentists and veterinarians who offer homoeopathic treatment. Veterinary homoeopathy is steadily gaining importance in some European countries because this kind of treatment, among other things, avoids the drug residue in the animal that tends to reduce its potential for further usage.

Many activities are striving to improve the training of physicians and non-medical practitioners (in Germany). In other European countries the unification of standards is still the most urgent issue. The *European Committee for Homoeopathy* already published the relevant recommendations in 1994.

The Pharmaceutical Market

The homoeopathic pharmaceutical market has been growing by about 5% per annum since the mid-1990s. By now, homoeopathic medicines account for almost 1% of the European pharmaceutical market, but only 0.3% worldwide.

Homoeopathy: Research and Efficacy

Research is supported by the manufacturers and a few foundations. As homoeopathy is not established yet at the universities, it is investigated there only in exceptional cases. In the last two decades individual European countries such as Germany and Denmark have initiated small-scale temporary research programmes which also benefited homoeopathy. The British *National Health Service* supports clinical research to an extent, while India has a broad infrastructure for homoeopathic research.

It still has not been explained satisfactorily how homoeopathy works. More recent investigation has, however, confirmed that highly potentized (i. e. very strongly diluted and succussed) substances do affect humans, animals, plants, cells and enzymes. One explanation for this might be that the potentization and the extra energy it provides cause a restructuring of the solvent.

More important are the studies on the actual, observable effect of homoeopathic treatment. Evaluation of over 600 homoeopathy trials carried out in 2006 for the Swiss *Bundesamt für Sozialversicherung* (Department of Social Security) showed clearly that there is sufficient evidence of the preclinical and clinical efficacy of homoeopathy. It is, in its own right and compared to orthodox therapies, a safe and usually cost-saving method. Some studies carried out by German health insurance companies confirm that its effect is sustained which means that it reduces the cost of health care indirectly.



An exhibition
by the Institute for the History of Medicine
of the Robert Bosch Stiftung,
supported by the Robert Bosch Stiftung,
presented by Goethe-Institut/
Max Mueller Bhavan India.

Institut für
Geschichte der Medizin
Robert Bosch Stiftung

Institute for the History of Medicine
of the Robert Bosch Foundation, Stuttgart
Archives, Library, Research Centre
for the History of Homeopathy and
the Social History of Medicine
www.igm-bosch.de

Robert Bosch Stiftung

The Robert Bosch Stiftung was established in 1964 and is one of the major German foundations associated with a private company. It represents the philanthropic and social endeavors of its founder Robert Bosch (1861–1942). The Robert Bosch Stiftung works predominantly in the fields of International Relations, Health, and Education.
www.bosch-stiftung.de



GOETHE-INSTITUT
MAX MUELLER BHAVAN
INDIA

The Goethe-Institut is the Federal Republic of Germany's cultural institution operational worldwide. We promote the study of German abroad and encourage international cultural exchange. We also foster knowledge about Germany by providing information on its culture, society and politics. With our network of Goethe-Instituts, Goethe Centres, cultural societies, reading rooms and exam and language learning centres we have played a central role in the cultural and educational policies of Germany for over 50 years.
www.goethe.de/india