

# Sources and Studies on the History of Homeopathic Medicine (Volume 11)

**Jens Busche, *A homoeopathic patients' network in the Dukedom of Anhalt-Bernburg. The von Kersten family and their surroundings in the years 1831-1835***

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The details given in the previous chapters show how Hahnemann gave therapy to four people in the period 1831 to 1835. It can be seen clearly that Hahnemann primarily kept to his own therapy guidelines, as given in his own publications. However, he continually checked his results on patients and modified them as necessary. In the medication therapy, he mainly used those substances listed in the book *Die chronischen Krankheiten*. He also used less-tested medicaments, such as the substance Psorinum in the case of Friederike von Kersten.

The method of application was mainly the olfaction of the medicaments, although he distanced himself from this at the end of the Köthen phase. Even in June 1834, he applied the method of dissolving the potentised substances in liquid, as he had described in the third volume of *Die chronischen Krankheiten*. It is noticeable that, in the late Köthen phase, lower potencies again became more prevalent. He continued this method of dispensation in Paris.

Besides this purely medicament-based therapy, dietary instructions played a major role in his therapy. Therapeutic requirements, such as banned and required foods, as well as outdoor movement therapy, which Hahnemann was particularly keen on, were important additive components in his therapeutic concept. It is clear that the dietary elements of Hahnemann's concept of treatment had a more important role to play than has been shown in previous analyses. It has been shown that the discussion of moderation in contemporary dietetics appears in a similar form in advisory literature of other medical authors. Hahnemann's instructions to patients also show that dietetic topics were tackled regularly. Conradi considers movement therapy as follows: "[...]Movement is the fundamental requirement of the organism for staying healthy [...], no other type of training (as endurance training) can achieve such a profound stabilisation of health [...]." Movement therapy was the most important component of Hahnemann's dietetic and lifestyle instructions. Today, due to scientific investigations, we know that this movement therapy promotes salutogenetic processes on five levels of being. This positive influence also comprises the psychic plane. It aids equilibrium, counteracts depressive states of mind, leads to relaxation and improves sleep. Thus even this aspect of the therapy was able to produce considerable improvements in the patients' subjective state of health. In addition, Hahnemann also employed contemporary therapies in his treatments, such as the success of magnet therapy in fighting the toothache of Rosalie von Kersten.

With regard to the collection of anamneses, it can, overall, be said that Hahnemann kept to his specifications in the *Organon* in two cases out of four. Personal, i.e. verbal, questions were put to Friederike von Kersten as well as to her 17 year-old daughter Rosalie von Kersten. In the case of Rosalie, the anamnesis is very short, due to her young age. Friedrich W. August von Kersten describes his case history in a detailed letter and subsequent verbal consultation. Short addenda to the current state of the illness can be found at the end of the letter and do not correspond to the requirements of the *Organon*. In the case of Julie von Schlotheim, Hahnemann sent medicaments without a first anamnesis. It is likely that three months elapsed between the beginning of the therapy and the personal consultation. However, this cannot be stated with absolute certainty.

The chosen focus of this work - the patient-centred analysis of the available material - shows that word of mouth and the active support by von Braun, as the representative of the nobility, caused patients of higher social standing in the educated middle-class of Anhalt-Bernburg to choose homoeopathic therapy. It is interesting that the ladies of the house took the initiative to try a different therapy and that it took some time for their husbands to follow their example. This supports the theory of Rebecca Habermas that, in the first third of the 19th century, healthcare provision was primarily the domain of women. It is a testament to the conservatism of men that they only followed the example of the women after a considerable period of time and changed doctors.

Both the structure of those families undergoing homoeopathic treatment and exchanges between the families of civil servants, creating an inter-family network, promoted the loyalty of the families to the system of treatment. This is clearly shown in the epistolary reports of crisis situations sent to Hahnemann by family members, with the request for prompt intervention. In this context, there were frequent reports of the homoeopathic interventions from the Lord Chamberlain von Braun. It shows that, alongside the intimacy of the families and the immediate on-site aid, illnesses of family and friends were treated discreetly and did not become a matter of public knowledge. Thus Hahnemann had different sources of information on the current state of health of those family members being treated. The mothers reported on the illnesses of the daughters, the husband wrote about the symptoms of the wife and Julie von Schlotheim wrote to Hahnemann, offering intimate information on the sisters. He thus knew of tensions within the family, was au courant of crisis situations and could provide therapeutic aid. It was also standard procedure to include letters from known people being treated in one's own letters or to deliver them personally.

The authoritative side of Hahnemann's healing concept must be emphasised here. Hahnemann followed a principle of exclusion – allopathic doctors could not be consulted – meaning a high level of patient loyalty. In the case of the von Kersten family, this led to serious tension between Hahnemann and Friedrich W. August von Kersten when the latter's spouse consulted the local allopathic surgeon. In contemporary letters, we can see that another homoeopathic doctor was consulted. However, no secret was made of this to Hahnemann – indeed, it was reported openly. This shows a certain level of tolerance on the part of Hahnemann towards other homoeopathic doctors and lay therapists, providing that they subjected themselves to Hahnemann's doctrines and approved his supervision. However, the von Kersten family maintained another form of patient autonomy by using home remedies in crisis situations. Hahnemann was strictly against the independent use of medicaments, but did not break off the treatment of the family and, in this case, showed a pragmatic attitude to the infringement of this requirement.

The administrative activities of the civil servants being treated and the resulting political influence simplified the propagation of homoeopathy in the Duchy of Anhalt-Bernburg after Hahnemann left in 1835. This can be explained, on the one hand, by the fact that people were treated directly by Hahnemann before he left for Paris and thus did not need another homoeopath. On the other hand, the ambivalent attitude of the civil servants and scepticism of the penultimate duke, Alexius of Anhalt-Bernburg, towards homoeopathy acted as a brake to the spread of the treatment. A functioning healthcare system had already been established, and there was no desire to endanger it

through a competing medical approach. Thus the establishment of homeopathy only really occurred after Hahnemann moved to Paris and Duke Alexius died in 1834. Duchess Friederike, the last regent of Anhalt-Bernburg, chose a homeopathic doctor as her court physician, thus establishing this medical system in the small duchy. It was only after this ducal patronage that Dr Würzler settled in Bernburg as a homeopathic doctor. Prior to this, he most likely practised as a homeopathic doctor outside the borders of the duchy. An important result of this work is the realisation of the fact that high-ranking civil servants functioned as mediators, aiding the increase in the number of homeopathic patients. This was already known in the cases of Clemens von Bönninghausen and Freiherr von Gersdorff, who also provided their own homeopathic therapies. This means that, besides the known network of civil servants, the Lord Chamberlain von Braun also assumed this function in Bernburg.

An important reason for the increase in popularity of homeopathic therapy around 1831 was the successes achieved by the homeopathic and phytotherapeutic recommendations for the treatment of cholera. Both that and his willingness to include new aspects into homeopathic therapy – for example, the argument regarding the dispensation of double agents – show his pragmatism during this developmental phase. With regard to the question of the prescription of double agents during the Köthen Phase, Hahnemann's surviving notes do not show any indication of the prescription of the same. Only a full transcription of all the prescriptions of this period would provide proof of how often Hahnemann prescribed the simultaneous inhalation of two medicaments in 1833. During the Paris era, his indefatigable joy in experimentation and his constant desire to improve his method of healing led to a completely new medical dispensation and potency preparation.

The available sources are only able to evaluate the successes of homeopathic therapy to a certain extent. During the course of treatment, homeopathic treatment could not show any unquestionable healing of chronic ailments or the disappearance of the indicated symptoms from which the patients suffered. Nonetheless, Hahnemann's dietary recommendations caused beneficial effects on the health of those undergoing therapy. In consequence, positive health effects can be seen. This also required active co-operation from the patient, monitored by Hahnemann.

During the early period of the therapy, patients' letters showed a positive response with a slight tendency to improvement. However, this fell away considerably as the treatment progressed. This is most likely due to the novelty of the method of treatment, the expectations of the patients and the self-reflection of keeping a journal of the illness. On several occasions, Hahnemann's notes varied in the evaluation of the progress of the therapy from those of the journal entries of the patients. This different evaluation may be due to the personal consultations, in which patients suggested their symptoms were of less significance. Such a noticeable discrepancy between the evaluation of the physician and the perception of the patients should be pursued in any future analyses of patients' letters, in order to clarify whether this was a feature of Hahnemann's therapy, as part of a heterosuggestive approach. In this context, it is known that "[...] [a distinction is made, J.B.] between a hidden or masked and often indirect suggestion and a targeted, often direct suggestion. Many alternative and homeopathic doctors and non-medical doctors work with the masked suggestion approach. Their belief in the effectiveness of the medications they use and/or their power to convince is carried over to the patients and can cause amazing successes, some merely partial, in the early stages [...]" This affective relationship between the doctor and patient as a part of positive suggestion can be seen in the form of reception, calming, encouragement, consolation and the offer of hope by the consulting doctor, leading to feelings of success on the part of the patients. Hahnemann's charisma as a doctor and his intensive dialogue with the patients – he always wrote affirmative letters, which, through their suggestive character, could have contributed to initial successes – were a key part of his homeopathic therapy. It is not difficult to see that, beside the dispensation of medication and the application of contemporary dietetics, Hahnemann's homeopathic method successfully applied significant unspecific factors drawn from the field of psychotherapy.

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